

Strategic Plan Summary Document
For
2014-2019

Wrightington, Wigan and Leigh NHS
Foundation Trust

Strategic Plan for 2014/15 – 2018/19

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

Name	Mr Silas Nicholls
Job Title	Deputy Chief Executive, Director of Strategy & Planning
e-mail address	silas.nicholls@wwl.nhs.uk
Tel. no. for contact	01942 822163
Date	30 th June 2014

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.

Approved on behalf of the Board of Directors by:

Name (Chair)	Mr Les Higgins
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Mr Andrew Foster CBE
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Mr Rob Forster
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1.0 Executive summary

This document (which covers the period 1st April 2014 to 31st March 2019) sets out the strategic plans for Wrightington Wigan and Leigh NHS Foundation Trust (WWL) in the context of the current and predicted future markets, identified risks to sustainability and potential strategic options. In setting out the strategic plan the associated financial and capacity plans are also outlined.

1.1 Introduction

Wrightington Wigan & Leigh provides both district general hospital services to the population of Wigan and regional orthopaedic services. The Trust has a strong history of operational and financial performance delivery providing a sound basis for the development and delivery of the strategic plan.

1.2 Mission and vision

The Trust's mission is to provide the best possible health care for all of its patients. The vision is to be in the top 10% for everything the Trust does. The overarching strategy is to be safe, effective and caring, reflecting the Darzi definition of quality (patient safety, clinical effectiveness and patient experience).

To track the delivery of this approach the Trust will be closely monitoring a range of metrics including HSMR and patient experience. The Trust has also developed a revised Quality Strategy 2014-17 which outlines the Trust's quality goals against its overarching strategy to be safe, effective and caring.

1.3 Strategy

As a district general hospital, in response to the Greater Manchester proposals to re-align and reduce the number of acute Trusts, WWL intends to continue to provide a full range of district general services including acute general surgery. Linked to this strategy is a commitment to maintaining Trauma Unit status.

The Trust has a clear Service and Site Strategy through which improvement gains will be leveraged from the capital investment with a particular focus on the delivery of regional orthopaedic services at Wrightington Hospital in the £18m phase 1 development and the expansion of the 'Christie at Wigan' model. The Trust already provides an excellent orthopaedic service with a national and international reputation which the Trust will grow through innovation, talent management and

marketing. The investment in capital and service development at Wrightington will enable the Trust to grow income from outside the Wigan Borough.

The Trust will continue to be the hospital of choice for patients and commissioners in the Wigan Borough, offering excellent local services. Furthermore, the Trust will seek to increase market share by working with commissioners and primary care to encourage the local population to seek treatment at WWL (rather than other out-of-area providers). The Trust will adapt services to the changing and challenging needs of the population to ensure that it continues to provide the best quality of care for patients in the most appropriate setting.

Working in partnership with Wigan Borough Clinical Commissioning Group (Wigan Borough CCG) and other key providers through a fully established partnership governance structure, WWL will review its portfolio of services, seeking to develop partnerships for integration and service delivery which in turn will facilitate the delivery of the Borough's Integrated Care Strategy.

During this period, the Trust will be completing the procurement of a new Health Information System (HIS) and commence implementation for completion over 3 to 5 years. The new HIS will incorporate paper-light patient information and administration systems for A&E, Electronic Patient Record, referral letters, and case notes for outpatient clinics. These will be the platform for integration with other health and social care organisations, direct patient access to records and actively prompting staff and patients to monitor health and follow agreed clinical pathways.

The Trust will be investing significantly in developing 7-day services so that the improvement in HSMR is maintained and variation in clinical outcomes is reduced.

WWL will continue its active programme of improvement work in partnership with key networks including the King's Fund and Advancing Quality Alliance (AQuA) and will continue to use these links to support the delivery of key operational and strategic objectives ensuring that the Trust continues to remain in the top 10% for everything it does.

1.4 Market Analysis

Wigan Borough's local population will grow in line with the national average, and the average age of the population will increase leading to a higher prevalence of chronic disease. The health and care needs of the population will continue to be greater than the national average; whilst improvements in life expectancy have been achieved there remains a difference of over 11 years in life expectancy for men across the Borough (8 years for women).

The table below shows a summary of volume of activity and market share that WWL has had for Wigan Borough CCG (previously known as NHS Ashton, Leigh and Wigan PCT) covering the three year period from April 2010 through to March 2013 and also the latest 12 months data available for the period from December 2012 through to November 2013.

Table 1: Summary of WWL Volume Activity & Market Share

	2010/11		2011/12		2012/13		Dec 12 – Nov 13	
	Volume	Market Share	Volume	Market Share	Volume	Market Share	Volume	Market Share
Inpatient activity	71,346	72.0%	72,373	71.7%	72,868	71.3%	69,470	69.9%
Outpatient activity	360,303	70.0%	362,683	69.2%	374,030	72.0%	387,034	70.7%

Key points to note and consider from the activity summary table above:

- Inpatient activity volumes have increased slightly in each of the four financial years and by a total of 2.1% over the last three full financial years but a sharp decline of 4.7 % in the last 12 months
- Inpatient activity market share has reduced by 0.7% over the last three full financial years and a further decline of 1.4% over the last 12 months
- Outpatient activity volumes have increased in each of the last three financial years and by a total of 3.8% over the last three full financial years and a further 3.5% in the last 12 months
- Outpatient activity market share has increased by 2% over the last three full financial years but shows a decline of 1.3% over the last 12 months

The Trust will be seeking to grow income by ‘repatriating’ activity from other local providers. The Trust recognises that in the current economic climate this approach will be challenging but remains convinced that the focus on high quality care that is readily accessible (through the effective management of 18 weeks) will facilitate the delivery of this objective.

1.5 Service Developments

The Trust has undertaken a detailed assessment of its current strengths, weaknesses, opportunities and threats and has used this to develop an outline proposed strategic model for the future, as well

as to identify key areas of risk. The activity forecasts and downside reviews reflect the market assessment, commissioner intentions, known threats and planned service developments.

Key service developments are the £18m Orthopaedic Centre at Wrightington, the upgrade of Endoscopy facilities on the Wigan site and the relocation of out-patient department services in Leigh and out into the community to improve access to services for the Borough population.

In addition, moving towards the provision of integrated services across the Borough, one of the key programmes of work is a programme of work known as Integration Max which aims to achieve a fundamental change in the way patient care is provided to eliminate avoidable admissions and delayed discharges, substantially reduce out-patient follow-up appointments and move hospital based treatment for frail elderly into the community, predicated upon a model of self-care and advanced care plan delivered in partnership with service users, carers and professionals.

1.6 Strategic Risks

The Trust has identified the strategic risks in respect of strategic plan and the Board's Assurance Framework reflects these risks. These risks can be summarised as relating to a potential failure to deliver the agreed service developments as planned, ability to agree scope and scale of disinvestment in acute services with Wigan Borough CCG; possible failure to achieve financial balance; inability to transform and retain an appropriate workforce and the impact of *Healthier Together*. The Trust has a range of mitigation strategies identified for these risks should they be required.

Arguably the most significant risk at the present time is that associated with *Healthier Together*. The Trust has worked closely with Wigan Borough CCG and the *Healthier Together* Programme Team to ensure that its views are fully represented. A detailed risk register can be found in the risk section of the report.

1.7 Summary

The Trust's strategy is predicted on maintaining safe, effective and high quality services, putting patients at the centre of service delivery and ensuring that it is in the top 10% for everything that it does. The Trust has developed comprehensive Strategic and Operational plans which clearly describe the Trust's planned journey for the next 5 years, identifies key risks to delivery, clarifies the role of the Trust in the context of the wider Wigan health and social care economy and which will ensure that the Trust is well positioned to achieve its stated strategic vision.

2.0 Profile of Wrightington Wigan & Leigh NHS Foundation Trust (WWL)

2.1 Background

Wrightington, Wigan and Leigh NHS Trust (WWL) was formed on 1st April 2001 following the merger of the former Wrightington Hospital NHS Trust with Wigan and Leigh NHS Trust. On 1st December 2008 the Trust achieved Foundation Trust status and now employs approximately 4,658 members of staff and has over 500 volunteers who all play their part in delivering high quality, safe and effective patient care.

2.2 Service provision

Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is the provider of acute hospital services to the people of the Wigan Borough and surrounding area. The Trust provides district general hospital services for the local population of over 318,000. WWL provides specialist orthopaedic services which are offered to a much wider regional, national and international catchment area.

The Trust provides services on the following sites:

- Royal Albert Edward Infirmary – main district general hospital site, located in central Wigan, hosting the Accident and Emergency Department
- Wrightington Hospital – a specialist centre of orthopaedic excellence
- Leigh Infirmary – an outpatient, diagnostic and treatment centre
- Thomas Linacre centre – a dedicated outpatient centre in central Wigan
- Wrightington Wigan & Leigh Eye Unit – a specialist Ophthalmology unit at Boston House in central Wigan

The Trust serves a population of approximately 318,000 residents in the Borough of Wigan and is geographically situated in the heart of the North West of England with Greater Manchester to the East and Merseyside to the South West. The Trust provides predominantly district general hospital services with the notable addition of specialist Orthopaedic services at Wrightington.

2.3 Activity

The Trust has a strong history of operational and financial performance delivery providing a sound basis for delivery of the 5 year strategic plan. Total income for the Trust in the year ended 31st March 2014 was £262.5m with £245.0m (93.3%) coming from the delivery of clinical services. The

majority of the Trust’s clinical income, being £176.2m, comes from its host commissioner Wigan Clinical Commissioning Group (WCCG). Non-clinical income for the period is £17.5m with the majority of this income received to fund education and training, services provided to other organisations and commercial activities such as the provision of catering services.

Table 2: Overview of Trust Services

Site	Wards and Theatres	Services
Royal Albert Edward Infirmary (RAEI); Wigan Lane, Wigan	21 Wards 8 Theatres	<ul style="list-style-type: none"> • Accident and Emergency • Critical Care Unit • District general hospital in-patient and day case services - medicine, surgery, maternity and paediatric • Outpatients • Diagnostic Services • Community based services including matrons and Hospital @ Home
Wrightington Hospital; Wrightington, Wigan	6 Wards 10 Theatres	<ul style="list-style-type: none"> • Elective Orthopaedic Centre • Rheumatology service • Related outpatient services • Diagnostic services • Private Patient Unit (19 beds)
Leigh Infirmary; The Avenue, Leigh	2 Wards 3 Theatres	<ul style="list-style-type: none"> • Day and short stay surgery • Neuro-rehabilitation – in-patient • Outpatients • Hanover Diagnostic and Treatment Centre
Thomas Linacre Centre; Parsons Walk, Wigan,	Nil	<ul style="list-style-type: none"> • Outpatient and diagnostic Services

2.4 Competitive Environment

WWL services are commissioned primarily by Wigan Borough CCG although NHS West Lancashire CCG also commission services for some of their population. Wigan Borough CCG has a total population base of c.320,000 with 65 GP practices providing services to the local population across the Borough. The other major commissioner for Trust services is NHS West Lancashire CCG, which is made up of 23 GP practices and covers a population of c.112,000 people in Ormskirk, Skelmersdale and the surrounding communities.

2.5 Market Growth

Analysis of current and forecasted activity suggests that a growth area for the Trust to exploit will be in Orthopaedics. With the advent of commissioning initiatives such as Procedures of Lower Clinical Priority, which require the Trust to seek to prior approval for certain procedures, the level of activity in other surgical specialities is declining whereas activity in Orthopaedics is increasing in line with an ageing population.

2.6 Marketing Strategy

Over the last few years, WWL has refrained from developing a comprehensive marketing strategy as capacity constraints across all sites would not have allowed the Trust to manage any additional referrals / activity that could have resulted from the introduction of such a plan. However, this area is now seen as a priority to ensure the income base of the Trust is maintained and wherever possible increased therefore detailed plans have been developed to address the requirements for both appropriate capacity and the marketing plan. The marketing plan will need to ensure that it mitigates the risks and maximised the opportunity from the PEST and SWOT assessments noted below:

2.7 Political, Economic, Social and Technology (PEST analysis)

Table 3: PEST Analysis

Political	Economic
<ul style="list-style-type: none">• Coalition government may not exist after 2015• Healthcare policy may be subject to further change	<ul style="list-style-type: none">• On- going period of economic austerity• Local financial pressure will continue• National deficit affecting government spending

<ul style="list-style-type: none"> • Local political environment unlikely to change in the immediate future 	<ul style="list-style-type: none"> • Overall affordability of the NHS could be questioned in the longer term
<p>Social</p> <ul style="list-style-type: none"> • Ageing population with multi-morbidity • Increasing public expectations in relation to health care • Increasingly well informed public awareness in relation the healthcare issues 	<p>Technology</p> <ul style="list-style-type: none"> • On-going reductions in length of stay • Drive towards less surgical intervention • Development of minimally invasive surgery • Video conferencing/ internet / telemedicine all being widely used

2.8 Strengths, Weaknesses, Opportunities and Threats (SWOT analysis)

Table 4: SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> • High level of performance in relation to key quality and activity indicators • High standard of estate across Trust • International reputation in orthopaedic service provision • Strong local brand • No capacity pressure on elective site caused by the level of emergency admissions • High level of clinical expertise • Excellent location of Wrightington Hospital close to motorway links • High levels of capital investment 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Location can make access difficult for patients from out of area for some sites • Recruitment is challenging in some specialties for medical staffing and generally for nursing • Further investment required on main site to provide additional single patient rooms • Limited previous marketing activities • Limited integrated community services • Multi-site geography

Opportunity	Threats
<ul style="list-style-type: none"> • Ageing population likely to cause an increase in demand for some non-elective and elective care • Development of integrated models of care with the Community Trusts and local CCG's • Development of private patient income and a new Private Patient Unit • Site rationalisation and land sale • Increase Wigan CCG market share through repatriation of activity 	<ul style="list-style-type: none"> • Private sector competition is growing • High levels of patient expectations • Aggressive NHS competition • CCG affordability of demand led activity • Service reconfiguration plans for the North West of England (<i>Healthier Together</i>) • Change of health policy following the next general election • Operational constraints • Maintaining Continuity of Service Risk Ratio of 3 as a minimum

In overall terms, the issues noted in both the PEST and SWOT assessments highlight the need to exploit the opportunities offered by the strong brand and the new facilities being developed across the Trust, whilst taking account of the risks that do still exist in the market place, such as that of aggressive competition and the increasing levels of patient and public expectation.

2.9 Marketing and Communications Plans

It is important that the Trust's external marketing uses a variety of vehicles to ensure that the key messages are effectively delivered to the appropriate audiences and those who have influence on them – for example GPs who influence service user choice of provider. This approach will ensure the messages are delivered via a variety of routes which will match the diverse range of preferences the Trust is attempting to reach.

All marketing vehicles will have a defined purpose and will be used to communicate with specific target audiences to help the Trust to achieve the stated marketing objectives. The following list is a summary of the primary marketing vehicles the Trust will be using:

- The Trust's web site
- Press and media relations (including reputation management)
- Internet and web-based content (e.g. NHS Choices, Patient Opinion, social media etc.)

- Advertising (print and media including radio)
- Trust publications and printed media
- Trust hosted events / briefings
- Electronic Notice Boards / Posters
- Social Media (Twitter and Facebook)
- Patient Information (managed by Engagement/Patient Information)

2.10 Internal communications

Good internal communication is essential to the effective performance of any organisation as it cannot function without explaining to its staff what their roles are and what is expected of them. The Trust's internal communications strategy aims to ensure that WWL recognises the importance of staff engagement in decision making in order to facilitate the delivery of both national and local targets without compromising on patient experience or quality of service through an efficient and effective approach.

The Trust recognises that effective internal communications is one of the key drivers of employee engagement and encourages all staff to understand that good communication is everyone's responsibility as this approach has been proven to add significant value to an organisation's productivity and the morale of employees. Staff who are involved in decision making and who are empowered, motivated and encouraged will deliver consistently effective communication.

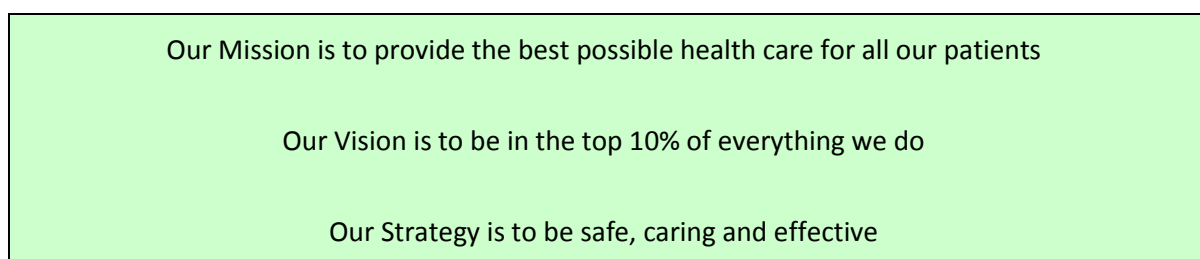
3.0 Strategy

WWL's Strategic Plan (2014-19) has been developed within the context of an NHS and social care system that continues to face unprecedented levels of austerity, an increasing focus on quality, rising patient expectation and an aging population, as well as competition from other providers and regional plans to reconfigure hospitals. A constant focus on delivering patient centred quality services, combined with partnership working will be the key for WWL to develop robust models for future service provision.

WWL believes that the quality and safety of services are the most important factors influencing patient choice when selecting a care provider. WWL recognises that the provision of hospital services in the future will need to change to ensure that they remain safe and of a high quality, that new national standards are achieved, that patient expectations are met and that services are financially and clinically viable and sustainable.

In terms of importance, the Trust Board has made a commitment to put quality on a par with finance and performance, with safety being the highest priority of all. These values are reflected within the Trust Mission, Vision and Strategy (see figure 4) and as depicted in the WWL Wheel overleaf (see figure 5) which describes the Trust's Mission, Vision and Strategy as values and key priorities. The wheel emphasises the commitment to quality and puts patients at the heart of everything WWL does.

Figure 1: WWL Trust Mission, Vision and Strategy

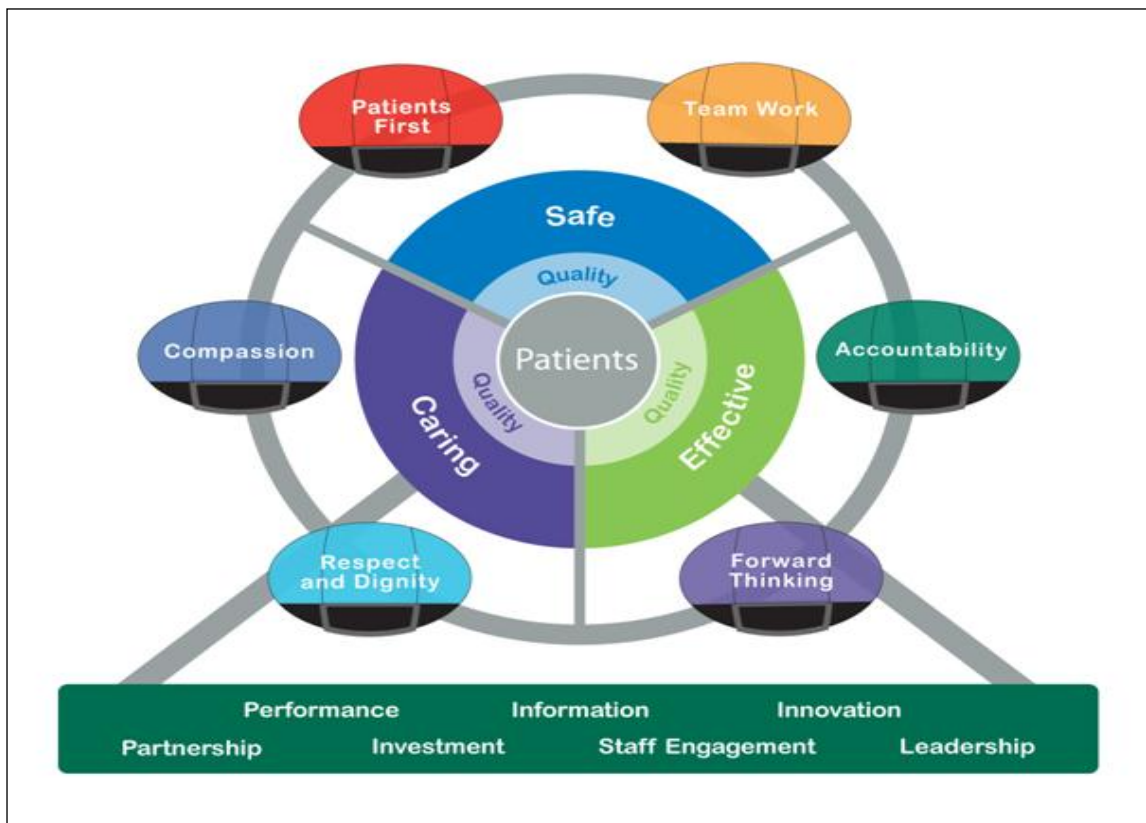


In more detail, the three components of the Trust's strategy are as follows:

- Safety will be improved through a reduction in standardised mortality ratio for all specialities and a reduction in instances of harm as measured by the Incident Reporting Systems
- Effectiveness will be delivered through a clear alignment of services and planning with the audit programme; the introduction of evidence based pathways and the continuation to evidence cash releasing savings as a consequence of quality initiatives

- Care will be improved by the focus on patient experience as measured by the patient experience dashboard; improved staff satisfaction as measured by the staff survey:

Figure 2: WWL Wheel



3.1 The New Model of Hospital Care for Wigan and Beyond

The Trust believes that how hospital services are provided in the future will need to change to ensure that they remain safe and of a high quality, that new national standards are achieved, that patient expectations are met and that services are financially and clinically viable and sustainable. This need for change is well documented with much detailed analysis and possible solutions being contained in the CCG Strategic Commissioning Plan, the Wigan Health and Well Being Strategy as well as the wider Greater Manchester Strategy outlined in the Healthier Together Future Model of Care. In response to this WWL will need to change its model of care and look to find new ways to deliver services. WWL are proposing that a new model of hospital care and secondary care provision is developed and implemented. This model consists of five key elements:

1. Focused on Value - WWL becomes a smaller organisation, with the hospital elements of its provision becoming more focused on its areas of clinical strength, on complex and high cost diagnostics and on orthopaedic service provision to the North West as a whole. WWL

increasingly will only provide services that other health care providers are unable to do due to factors such as economies of scale, clinical expertise and value for money

2. Integrated Care - WWL will be part of an integrated health and social care system across the borough of Wigan that looks to keep people out of hospital where ever possible. When people do need to come into hospital there stay is kept as short as possible so that they can return to their home as quickly as possible
3. Convenient Outpatient Services - WWL working with partners in primary and community care will be part of a new system of providing outpatient services in the local community as well as reducing the number of outpatient appointments that patients have to attend
4. A key player in the North West of Greater Manchester - WWL will collaborate with its partner Foundation Trusts in the North West Sector of Greater Manchester to create shared services and to pool resources where it makes clinical and financial sense to do so
5. Doing what's right for Patients - WWL explicitly recognises that where there is strong evidence based clinical argument for it to stop providing services it will do so and will work collaboratively with commissioners and other providers to ensure the safe transfer of services

3.2 Building a Local Consensus

Broadly there is a high level of agreement locally on what the future shape of healthcare will look like across Wigan, in particular there is clear agreement that whilst maintaining clinical and financial viability for both the hospital and the health economy, there needs to be a substantial shift of resources out of the hospital and into primary and community care. There are however several areas where there are differing points of view.

3.3 The size of the reduction in Hospital Services and the future role of hospital services

The CCG starting point is to reduce spend on services at WWL by up to £69 million over five years. WWL disagrees with this figure, believing that such a large reduction would destabilise the Trust financially as well as practically being very difficult to deliver. WWL feel that a reduction of up £25 million is more realistic. This disagreement will be resolved by having a joined up and agreed vision of what the hospital service in Wigan will look like and provide in the future which will then help determine the level of resourcing that the hospital services are likely to require.

3.4 The role of Wrightington Hospital

Wigan Borough CCG and Wigan Council have sometimes expressed the view that WWL should close Wrightington Hospital. WWL fundamentally disagree with this approach viewing orthopaedics as a

key part of the Trust and noting that the relocation and re-provision costs would be unaffordable. In addition the current location of Wrightington is ideal for WWL to build its service catchment area across Lancashire, Cheshire and into Merseyside. Whilst this continues to be an area of disagreement it does not present a barrier to the strategic plans outlined in this document.

4.0 Market and context

4.1 National context

4.1.1 Safe and Sustainable

The publication of the Francis Report in February 2013 and the Keogh Report will place 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 are 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.

4.1.2 National Clinical Standards

The national policy requirement for continued improvement in clinical standards and outcomes may, in the medium term, result in the traditional district general hospital service model being unsustainable in a number of specialities that WWL currently provide. WWL is responding to this issue by considering the options for partnership working in key areas and developing service models that ensure that the provider with the most appropriate expertise leads the provision of the relevant service.

4.2 Regional context - Healthier Together

Greater Manchester, in common with the wider national position, faces massive challenges in the health and social care agenda both in terms of improving outcomes for people and in meeting the increasing financial pressures. Life expectancy across Manchester varies by up to 14.9 years and current projections for the financial situation estimate a £742m funding gap across health and a further £333m gap in social care, resulting in a total gap of more than £1 billion out of a current £6billion spend across Greater Manchester.

In response to this assessment the 12 Greater Manchester Clinical Commissioning Groups (CCGs) launched a programme of work (*Healthier Together*) in February 2012 which aims to deliver a planned strategy of change for health and social care reform which reduces variation in care by ensuring all services meet agreed clinical standards for delivery. It is anticipated that the existing 10 acute hospitals across the conurbation will re-configured resulting in some hospital providing less acute service.

Given that WWL's strategy is to remain a fully developed district general hospital, the outcome of this consultation could threaten the strategic plan.

Within this context the Trust has continued to be involved in the development of the *Healthier Together* service reconfiguration discussions. The Trust's strategic partners within these discussions are Bolton Hospital NHS Foundation Trust and Salford Royal NHS Foundation Trust. Throughout this process the Trust has built good relationships with NHS Greater Manchester in particular building on the credibility gained by delivering the first shared pathology service in the city.

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.

WWL feels that it has the basis for a clear future vision of hospital services which compliments the model of care being proposed by *Healthier Together* and gives alternative options on how services could be organised in the future.

4.5 Service development and delivery plans

4.5.1 Future hospital model

WWL is focused on providing value for money and believes that retaining a full A&E and comprehensive district general hospital service is paramount since WWL is one of the best performing Accident and Emergency Departments in the North of England. The geographical location of Wigan combined with poor transport infrastructure means that it would be difficult for patients and their families to reach hospitals outside of Wigan. WWL acknowledge the difficulties that other Trusts have experienced in recruiting A&E staff, this has not been a problem for WWL due to a combinations of WWL's A&E having a strong reputation along with the Trusts innovative approach to recruiting A&E medical staff. Having a fully functioning A&E department gives a sense of place to a community, and like Wigan Council WWL believes in Wigan; a fully comprehensive A&E is an important part of the Town of Wigan.

The Wigan and Leigh sites will be important diagnostic hubs for complex diagnostic services where there is a strong argument (due to economies of scale and expertise) to centralise services – examples of this type of service that would remain within the acute Trust would include MR Scanning, CT Scanning, and Endoscopy. However, WWL will also look to widen the access to

diagnostics by making them available later at night, at weekends and through more direct access routes for GPs and other providers.

WWL will continue to build its position as the main provider of orthopaedic services across the North West of England. Currently 10% of all orthopaedic procedures in the North West are done at Wrightington and approximately 70% of Wrightington's workload comes from outside of the borough of Wigan. The clinical outcomes at Wrightington are amongst the best in the country and the Trust plans to build on this success which in so doing will also provide local people with an outstanding orthopaedic service. In addition the Trust will look to provide more day case and outpatient services on a local basis starting at Leigh.

Where the Trust has areas of clinical expertise such as Cardiology WWL will look to develop the service where it is clinically and financially appropriate to do so. This will support the plan to attract Wigan patients back to their local provider from other provider Trusts.

4.5.2 Future service configurations

As outlined WWL believes that the changes to the healthcare market in the future will require significant changes to the acute service model that WWL currently provides in the next 3-5 years; as outlined by Wigan Borough CCG's is to reduce 'acute' spend by c. £69 million over the next 5 years. Furthermore, WWL believe that the traditional approach to delivering Cost Improvement Plans (CIP) will not be deliver the level of economy required meaning that more significant action will be required and therefore the Trust's response is to develop a range of models of care, many of which will be based upon partnership working

In response to this assessment the Trust undertook a review of the potential regional events of significance (over a 5 year period) considered either likely to occur or particularly high risk if they did occur, within the region. From this review the Trust formed a view of possible 'upside' and 'downside' scenarios and considered possible mitigating actions on a specialty by specialty basis using high level financial, clinical and operational performance data. The high level assessment enabled the Trust to develop a potential vision for partnership and prioritisation for the future which is being developed within the Divisions.

Figure 3: Proposed model of service configuration



4.5.4 Integrated Care

The Trust will support Wigan CCG, the Local Authority, Bridgewater Community Trust and 5 Boroughs Mental Health Partnership NHFT in the rapid roll out of extended integrated neighbourhood teams, creating alternatives to hospital care such as step up or step down beds, working ever more closely with adult social care, providing clinical support to nursing homes, providing rapid access diagnostic clinics so that patients can be discharged to diagnose, rather than admitting patients in order to diagnose them.

The Trust will work closely with partners in Bridgewater Community Healthcare to continue to support the work with patients who have long terms conditions as well as working with 5 Boroughs Mental Health Partnership NHSFT to implement the *Rapid Assessment Interface and Discharge* model of care for patients with acute mental health related issues attending Accident & Emergency.

Co-terminosity of services will be an important factor in helping to integrate services across the Borough; WWL will work closely with all of its local partners to ensure that where appropriate that this happens whether that be in the form of co-located teams or having shared geographical areas of operation.

WWL is one of the national pilots for 7 day working, where the Trust is also planning to move its Accident and Emergency service and paediatric and obstetric services to being consultant led up until midnight.

The Trust anticipates that the delivering of integrated services (which includes the redesign and relocation of out-patient based services in addition to in-patient services) should enable WWL to achieve savings of £20 - £25 Million. The cash releasing element will be achieved through reducing inpatient beds and closing wards and the associated reduction in whole time equivalent staff, many of whom may transfer to other community based providers of care.

5.0 Finance

5.1 Introduction

The Trust's financial plans for the five years commencing 2014/15 demonstrate the Trust's ability to maintain financial sustainability whilst continuing the Trusts' objective of ever improving quality. The plan is based upon the strategy and service development plans outlined in earlier chapters, to establish WWL as a strong, financially viable foundation trust that is able to continue to develop services and deliver its corporate objectives. The plan is ambitious, but also realistic of the increasingly challenging environment the NHS and WWLFT face. The downside scenarios demonstrate how we would react if our plans do not materialise, and the Governance structures and scrutiny committees are designed in such a way as to highlight in advance potential deviations from plan, the Trust has a good record of reacting nimbly and firmly to changes in environment to maintain financial surety, and this approach is expected to continue.

The Trust has prepared plans based on nationally accepted assumptions and overlaid WWL service strategies to exploit strengths whilst re-aligning forecasts to account for local health economy commissioning plans and the effect of the Better Care Fund. The Trust has subsequently made assumptions about activity growth and inflation which recognise the difficult economic climate.

The Trust has completed a full portfolio review of all service lines and assessed both longer term clinical and financial sustainability. Services have been assessed in line with guidance against grow, merge, transform and cease scenarios. The financial impact of which is included in the base case, CIP and downside scenarios. The main themes of the WWL plan are:

- Growth of service lines with extensive site investment plans when WWL has a competitive advantage and aim to grow ; i.e. Orthopaedics, IVF (in partnership with Liverpool Women's FT)
- Collaborations when WWL requires a clinical partner to ensure clinical sustainability; i.e. Vascular and Oncology
- Re-provision where high quality patient care requires an alternative local provision; i.e. Neuro-rehabilitation
- Maximisation of commercial opportunities and income generation i.e. Catering, IT facilities, Devolved financial management, Private patient offerings
- Modernise and improve quality through implementation of world class Information Technology i.e. Health Information System with Allscripts

- Deliver base case efficiency of at least 4% per annum but capped at 5% through safe reduction in headcount numbers and site rationalisation: all CIP plans safety assessed prior to implementation by the Medical Director and the Director of Nursing
- Land available for sale utilised as cash mitigation under a downside scenario i.e. Billinge and Whelley land sales (over and above required trading profit)

Commercial income growth is not planned to exceed the 5% increase proportionate to NHS income and therefore Governor approval is not required, although Governors are kept fully informed of the Trust plans and any major developments as appropriate.

The Trust is part of the Greater Manchester 'Healthier Together' project which could see the rationalisation of services between neighbouring Trusts. The initiative has been significantly delayed and the outcomes postponed until late 2014. For these reasons, and the necessary lag between public consultations, reviews, appraisals and actual implementation the Trust's plan does not reflect any impact from the 'Healthier Together' project, however acknowledgment has been given as part of downsides scenario planning should a negative reality occur from the programme.

5.2 Financial Headlines

The Trust plans to deliver a £3m trading surplus in each of the years 2014/15 – 2018/19. In 2014/15 and 2015/16 the surplus is increased by land sales (£1.9m and £1.0m in 2014/15 and 2015/16 respectively) which are incorporated on top of the trading surplus to provide additional financial comfort and protect against any delays in sale completions.

The Trust is also anticipating impairments in all years except 2017/18 which reflects the continued investment and upgrade of the trust infrastructure for the benefits of our patients.

Table 5: Financial Analysis

	Year 1 14/15	Year 2 15/16	Year 3 16/17	Year 4 17/18	Year 5 18/19
Income (£m)	260.0	263.0	263.8	262.5	260.6
Expenditure (£m)	(243.0)	(244.8)	(244.3)	(243.4)	(241.4)
EBITDA (£m)	16.9	18.3	19.4	19.0	19.2
EBITDA %	6.6%	7.0%	7.5%	7.3%	7.5%
Profit from land sale (£m)	1.9	1.0	-	-	-
Trust Financing (£m)	(13.9)	(15.3)	(16.4)	(16.0)	(16.2)
Trading Surplus / Deficit (£m)	4.9	4.0	3.0	3.0	3.0
Trading Surplus %	1.9%	1.5%	1.1%	1.1%	1.2%
Impairments (£m)	(1.3)	(5.4)	(0.8)	0.0	(2.3)
Surplus (Deficit) After Tax from Continuing Operations	3.6	(1.4)	2.2	3.0	0.7
Cumulative CSR	4	4	4	4	4
Capital expenditure (£m)	21.6	24.0	8.2	7.2	8.5

5.5 Year Capital Plans

The Trust is planning to invest £69.5m in its capital programme over the next 5 years which includes a major site redevelopment programme and installation of a new world class Hospital Information System (HIS).

The table below provides further details of the Trust's 5 year capital plans.

Table 6: 5 Year Capital Plans

	2014/15	2015/16	2016/17	2017/18	2018/19	5 Year Total
WWL 5 Year Capital Plan	£m's	£m's	£m's	£m's	£m's	£m's
Service and Site	12.05	16.13	1.83	0.22	0.00	30.22
Service and Site Contingency	0.30	0.00	0.15	1.10	0.66	2.21
IM&T	4.90	3.79	2.16	2.44	4.42	17.70
Estates Maintenance	1.10	1.17	1.40	1.00	1.13	5.80
CiP Innovation	0.25	0.25	0.25	0.25	0.25	1.25
Medical Equipment	3.00	2.70	2.40	2.20	2.00	12.30
Total	21.60	24.03	8.19	7.21	8.45	69.48

Notable schemes are:

- Ward and theatres redevelopments at Wrightington £18.9m

- Endoscopy Decontamination Unit £2.0m
- Hospital Information System £12.9m
- Oncology Unit and Pathology Laboratory £2.8m

The 5 year plan also includes provision for estate maintenance £5.8m and the purchase of medical equipment £12.3m.

6.0 Workforce and leadership

6.1 Workforce sustainability

The transformation agenda is driving a need for the Trust to have a flexible workforce which is consistent with both the Trust's plans and the wider health economy. 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. Workforce is the key to achieving the Trust's mission and vision by ensuring that there are the appropriate numbers of skilled and well-motivated staff to meet the needs of patients both today and in the future.

The Trust is operating in a difficult climate where there are national shortages of health care professionals. National shortages in qualified nursing are mirrored in the Trust. However, the Trust mitigates against this position through local and international recruitment campaigns in addition to return to practice programmes. The Trust intends to continue with these initiatives to attract appropriately trained and experienced nursing staff in addition to enhancing links with the local universities. WWL's established relationships with agencies and NHS Professionals provide temporary staffing solutions to short term requirements and hard to fill posts.

The Trust is a pilot site for the national 7-day working project and has, as a result increased its medical staffing establishments; notably in Emergency & Acute Medicine. As these posts have been difficult to fill, the Trust will be recruiting to attractive international training fellowships. These shortages continue to be raised in the annual workforce planning return to Health Education England.

Whilst a lot of work has been undertaken to reduce temporary staffing costs, patient acuity and vacancies in key areas has recently resulted in these costs increasing. The costs of safely staffing services must be balanced within the overall context of no net increase in funding. Developments are generally funded by business cases based upon the reinvestment of savings from previous programmes and income generation.

In medical posts, the job planning process is challenged annually to review the allocation of clinical time to ensure the most effective and efficient services for patients. It is used to identify appropriate ways in which to reassign non-clinical duties into Direct Clinical Care.

Appendix 1: Wrightington, Wigan and Leigh NHS FT Sustainability Statement

Key Planning Assumptions

Wigan Borough's local population will grow in line with the national average, and the average age of the population will increase leading to a higher prevalence of chronic disease. The health and care needs of the population will continue to be greater than the national average; whilst improvements in life expectancy have been achieved there remains a difference of over 11 years in life expectancy for men across the Borough (8 years for women).

A core element of the Trust strategy is based on the integration max programme which will result in a movement in service provision away from WWL and into the community setting and will result in a decrease in demand for hospital services. Over the next 5 years this will reduce 123 beds - resulting in £18.4m income reduction and £10.2m expenditure reduction.

The Trust has a strong history of operational and financial performance delivery providing a sound basis for delivery of the 5 year strategic plan. Total income for the Trust in the year ended 31st March 2014 was £262.5m with £245.0m (93.3%) coming from the delivery of clinical services. The majority of the Trust's clinical income, being £176.2m, comes from its host commissioner Wigan Clinical Commissioning Group (WCCG). Non-clinical income for the period is £17.5m with the majority of this income received to fund education and training, services provided to other organisations and commercial activities such as the provision of catering services.

Cost Improvement Programme

WWL's 5 year cumulative CIP target is £57.92m (capped at 5%). The Trust has identified a number of key themes in relation to Cost Improvement Plans (CIP); the intention is, at the appropriate time, to develop comprehensive projects across divisions and departments to deliver each of the themes. Based on recent performance on CIP delivery the Trust is confident that the plans in place will deliver the required savings via safe reduction in headcount and site rationalisation.

Major Plans & Projects

The Trust has a clear Service and Site Strategy through which improvement gains will be leveraged from the capital investment with a particular focus on the delivery of regional orthopaedic services at Wrightington Hospital in the £18m phase 1 development; which will significantly increase our market share in Trauma & Orthopaedics, which also includes the expansion of the 'Christie at Wigan' model. There are also plans in place to develop an IVF service in partnership with Liverpool Women's NHS Foundation Trust.

In addition to the Service and Site programme the Trust is in the process of completing the procurement of a new Health Information System (HIS) and planning to commence implementation for completion over 3 to 5 years. The new HIS will incorporate paper-light patient information and administration systems for A&E, Electronic Patient Record, referral letters, and case notes for outpatient clinics. These will be the platform for integration with other health and social care organisations, direct patient access to records and actively prompting staff and patients to monitor health and follow agreed clinical pathways.

Declaration

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.