



# *Creating tomorrow's healthcare today*

How we plan to develop your hospitals over the next five years





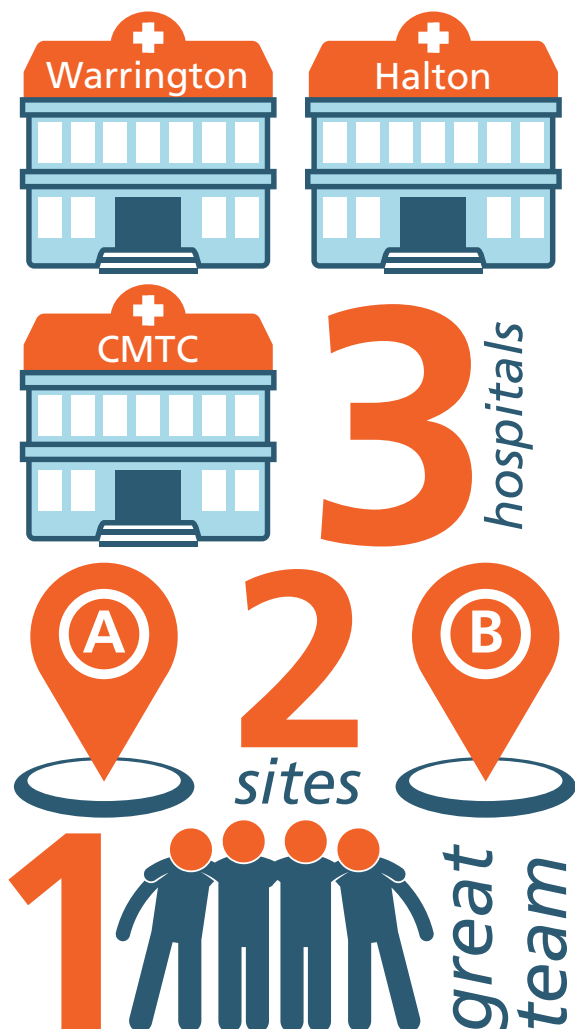
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# Creating tomorrow's healthcare today

Warrington and Halton Hospitals NHS Foundation Trust provides first class services at Warrington Hospital, Halton General Hospital and the Cheshire and Merseyside Treatment Centre located in the North West of England.



The majority of our emergency care and complex surgical care is based at Warrington Hospital whilst Halton General Hospital in Runcorn is a centre of excellence for routine surgery. The Cheshire and Merseyside Treatment Centre is home to our orthopaedic surgery and treatment services located on the Halton campus.

Although each of our centres specialises in particular aspects of care, we provide outpatient clinics for all our specialties and diagnostic (scanning) services at both Warrington and Halton so patients can access their initial appointments close to home wherever possible. We also provide some outpatient and other services in the local community.

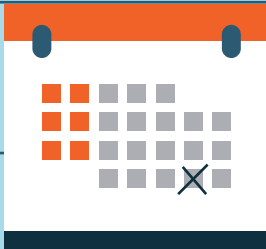
We've invested heavily in our hospitals over recent years - nearly every ward has been refurbished and we've seen development of new facilities and departments that make our hospitals an even better place to receive your care.

Over the last five years we have made massive changes to our services - modernising our hospitals, investing in our staff and, most importantly, delivering quality and safety improvements for our local population.

Staff work across our wards and departments.



4,100



We provide almost **500,000** individual appointments, procedures and stays in hospital each year.

There are over

630



beds across our hospitals.

90%



We have cut hospital infection rates by over 90% in five years.



Patients rate Halton General Hospital and the Cheshire and Merseyside Treatment Centre as five stars on the NHS Choices website. Warrington also scores well at four stars.

The trust has an annual turnover of over



## About this document

This document sets out our vision for the next five years for our hospitals. It allows you to see the plans that we have to continue to deliver these and other improvements in line with the local and national picture and changes taking place in the wider NHS.

We've called our future strategy **creating tomorrow's healthcare today** because that is what we are doing at Warrington and Halton Hospitals - creating a sustainable organisation for the future that will deliver what our local population needs from their NHS hospital services.

Our aim is to reinvent what the district general hospital does and how it works over the next five years.



# What we do and how we do it

Over the last 12 months, working with our governors and external stakeholders, we have defined the long term vision for the trust in a simple statement supported by a set of strategic objectives.

Our vision is to be **the most clinically and financially successful integrated healthcare provider in the mid-Mersey region.**

In order to achieve our vision we believe we need to focus on the **quality** of our services, on the **people** who deliver them and on ensuring our organisation's **sustainability**. We call this our QPS framework - it is the framework for everything that we do.

## Nine things we are doing as part of QPS

### Quality

Delivering excellence for our patients.



- 1 We will reduce harm and focus on having no avoidable deaths by managing and reducing clinical and operational risks.
- 2 We will improve outcomes, based on evidence and deliver care in the right place, first time, every time.
- 3 We will focus on the patient and their experience, adopting 'no decision about me without me' as a way of life and we will get the basics right so our patients will be warm, safe, clean, well fed and well cared for.

### People

Committed to and caring for our staff.



- 4 We will ensure that our teams are skilled, available in the right numbers to deliver our services and fit and well in work so that we improve their working lives.
- 5 We will communicate openly with our teams and expect the same from them in return. We expect staff to take accountability for their actions and will support them to do so. We want to be an employer of choice and we encourage loyalty from our staff and recognise their discretionary efforts.
- 6 We will reward talent, supporting the development of leaders as role models within the organisation and invest in the education, training and development of our teams.

### Sustainability

Being here for our communities, now and going forward.

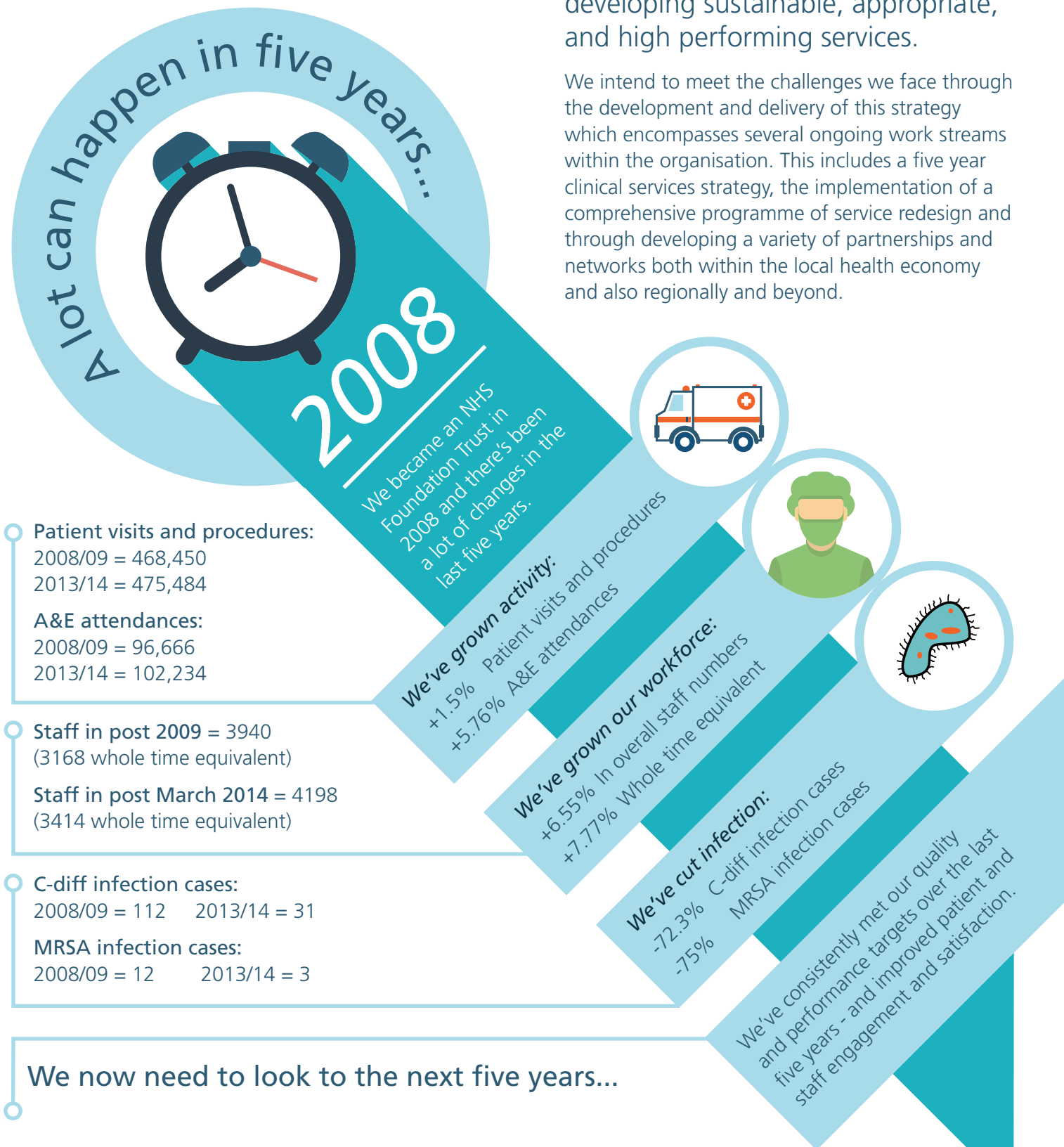


- 7 We will ensure we have effective leadership and provide robust assurance to our board of directors, ensuring compliance across all areas of regulation and develop and encourage our governors and members.
- 8 We will ensure we have robust contracts for services provided and develop service line management so that we understand how effectively we use our resources, invest in IM&T and look for opportunities to collaborate on services for reciprocal benefit.
- 9 We will be recognised as a good corporate citizen, market our services effectively and develop and diversify our business whilst also pursuing the collection of charitable funds.

# What's in our strategy?

All of the commitments in our five year strategy are based on improving the patient experience and delivering high quality safe healthcare by developing sustainable, appropriate, and high performing services.

We intend to meet the challenges we face through the development and delivery of this strategy which encompasses several ongoing work streams within the organisation. This includes a five year clinical services strategy, the implementation of a comprehensive programme of service redesign and through developing a variety of partnerships and networks both within the local health economy and also regionally and beyond.



# Context -

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# The changing health landscape

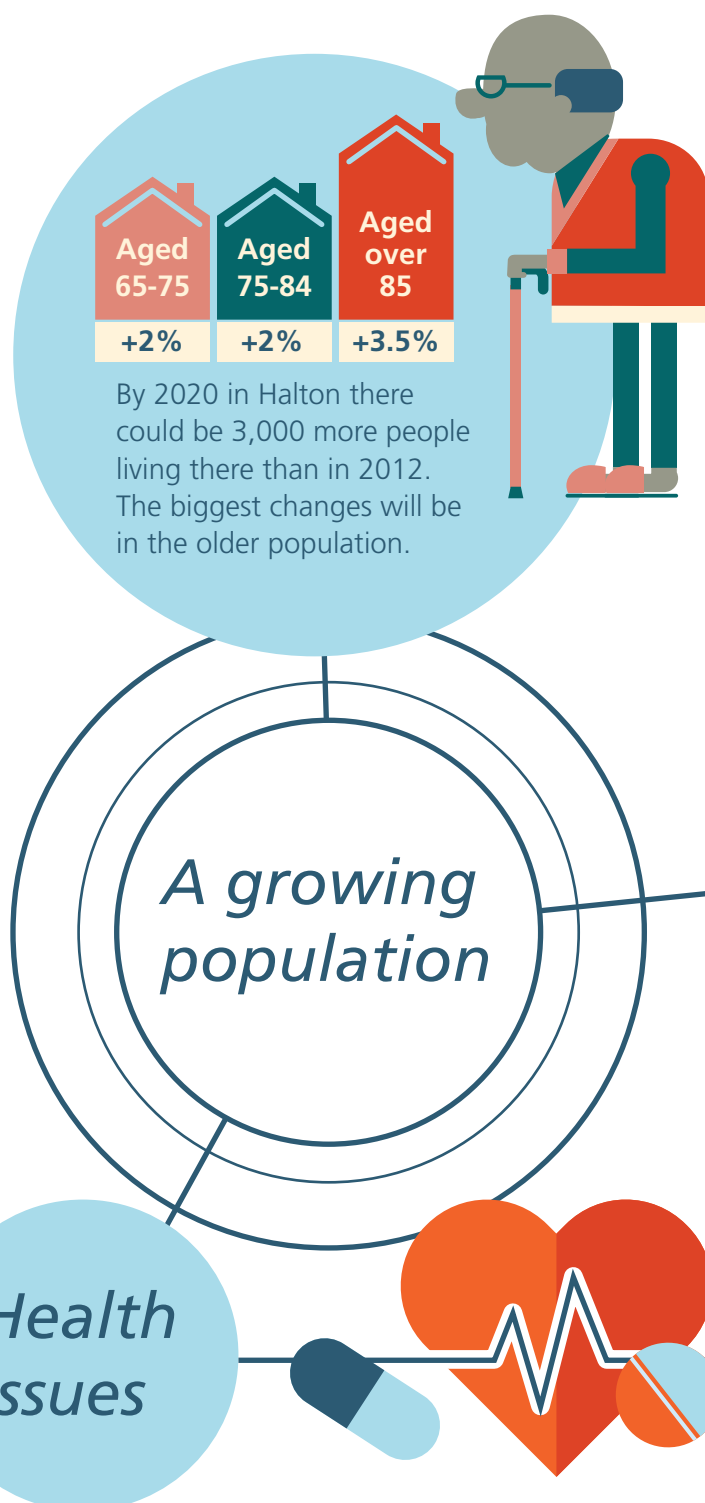
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At all levels within the NHS today significant challenges are being faced. The provision of services in the UK is coming under unprecedented pressure and despite improvements the current system delivery needs to change to meet the needs of the 21st century.

The main drivers for change are:

- demand for healthcare, in particular acute services, is increasing;
- there are wide and unacceptable variations in care across hospitals in England;
- there is a growing body of opinion that services should be centralised where necessary;
- as a consequence of the increase in demand for acute services and the variation in patient outcomes the workforce is coming under unprecedented pressure - hospitals alone cannot deliver the healthcare needs of the modern population;
- the scale of the financial challenge facing the NHS means that individual hospitals simply increasing their productivity is not the whole solution.

Overall, these challenges mean that local hospitals will have to think differently about what services they provide in what locations and how. The situation in Warrington and Halton is no different, but it does face some unique challenges and could therefore benefit from a variety of opportunities.





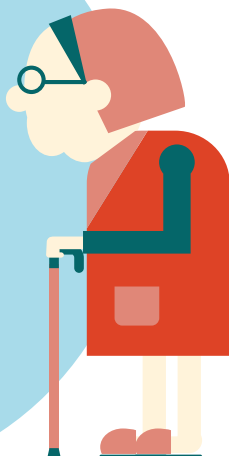
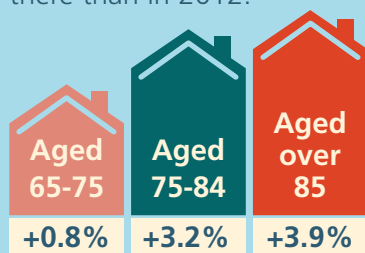
“ We must radically review the organisation of hospital care if the health service is to meet the needs of patients... this will require service reconfiguration. Decisions about service redesign must be clinically led. ”

Royal College of Physicians

## The scale of our financial challenge

Over the past year we have been assessing the financial challenge in the coming years and identifying potential options for further productivity gain and service transformation in order to reduce the cost base at the same time as delivering on quality and safety - a key feature of the Francis Report. This analysis has indicated that the scale of the challenge is equivalent to annual savings of around £11m (around c£56m over the next five years).

By 2020 in Warrington the town can expect to see 17,000 more people living there than in 2012.



## National drivers to improve quality of care

The Francis Report is the final report into the quality of care provided by Mid Staffordshire NHS Foundation Trust. The report's chair, Robert Francis QC, concluded that patients were routinely neglected by a trust too focused on financial targets, so much so that it lost sight of its responsibility to provide safe care. The report contains 290 recommendations which have implications for all levels of the health service and all who work in the NHS.

Many of the recommendations following the Francis, Berwick, & Keogh reports that define quality care as providing patient safety, patient experience, and effectiveness of care, are already in the process of being implemented by us locally.

We have been keen to use these reports as a springboard to providing better quality care and a number of themes have stimulated planned action in the key areas of:

- A focus on a culture of caring
- Improving leadership
- Communication with patients.

Our area has a higher prevalence of Coronary Heart Disease, Dementia, Depression, Chronic Kidney Disease, Hospital readmissions within 30 days (65yrs+) and Admissions to residential care from hospital (65yrs+). It also has poor health outcomes including mortality from cancer and cardiovascular disease, emergency admissions of alcohol related liver disease, a high proportion of people feeling supported to manage their condition and unplanned hospitalisation.



# Our key challenges and opportunities

## Collaboration opportunities

### Working with partner organisations

- Serving a population of 313,000 we operate on the lower end of the ideal scale for a full range of District General Hospital services which nationally is seen as a 450,000 - 500,000 population base. The trust is also surrounded by trusts serving population sizes of similar size so there are opportunities to collaborate to provide services.
- Increasing subspecialisation and reductions in junior doctor staffing rotas will be challenging for us as well as for the other trusts. The scale of activity for some of our specialties and neighbouring trusts is in the lower quartile when compared to trusts across the country.
- The clinical viability of providing all of the services that we currently provide is questionable due to the smaller population size that we serve so collaboration is essential to keep providing them.

## Productivity opportunities

### Maximising our current potential

- We've already identified a number of ways that we can be more efficient. A focused programme to drive performance in these areas will be executed and form the basis of early years CIP delivery.
- A review of income identified significant variation in a vast range of specialties. A programme of medical productivity will need to be designed and executed, changing our ways of working.
- The scale of possible internal productivity gains is between £5.9m and £20m but no more.

## Growth opportunities

### Developing our services

- There are a number of core business opportunities open to the trust (that will support the reduction in the cost base and deliver income generation and which we can implement ourselves) including:



#### 1 Site reconfiguration

Using our two hospital sites in the best possible way to be more efficient.

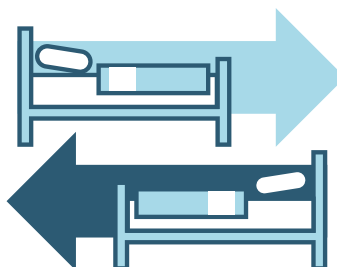
#### 2 A new model of ambulatory care

Reducing the need to admit patients from A&E to hospital.



#### 3 A new model for complex discharges

Ensuring that our beds are not blocked by patients who have completed their hospital care but cannot go home as they are waiting for community care packages.



#### 4 Service expansion

Growing our services in key areas - service wise and geographically.



# *In context -*

# *How we're responding*

With the national context in mind, our five year strategy is based around meeting nine clear challenges that have been identified through our analysis and engagement work.

**1 PROVIDING SUSTAINABLE, HIGH QUALITY INTEGRATED SERVICES**

We will develop sustainable clinical services which deliver improved care in terms of clinical effectiveness, patient safety and patient experience.

**2 SUPPORTING DEVELOPMENT OF INTEGRATED CARE**

We will play a key role in supporting the design, development & integration of primary (GP led), acute (hospital based), community and social services led care to provide a seamless service for our patients.

**3 BRINGING CARE CLOSER TO HOME FOR PATIENTS**

We will support the local health community in providing care closer to home for the patients of Warrington, Halton and neighbouring areas.

**4 PROVIDING GOOD ACCESS TO CARE THAT IS NEEDED**

We will deliver the level of access to our services, and level of clinical activity, that meets the expectations of our patients and as required by our commissioners.

**5 DELIVERING FINANCIAL SUSTAINABILITY**

We will deliver the range of services within agreed financial boundaries, whilst supporting the development of the Better Care Fund.

**6 TRANSFORMING USE OF OUR ESTATES AND TECHNOLOGY**

We will deliver major site infrastructure changes and utilise information technology led transformational change and support increased use of telemedicine to reduce admissions to hospital.

**7 JOINT WORKING ACROSS SERVICES**

We will work with partners to develop a truly integrated service with single points of contact to signpost patients to the most appropriate service/location.

**8 CHANGING CULTURE**

We will embed a culture of true staff engagement and involvement in clinical decision making.

**9 MAKING SEVEN DAY SERVICES A REALITY**

We will embed seven-day services into the culture of the organisation and in the service models being developed as part of our Clinical Services Strategy.

# What you will see -

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# Services in focus

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We need to deliver three core things: transformed and modern urgent and emergency healthcare; modern and excellent elective healthcare; and increasing amounts of community based care.

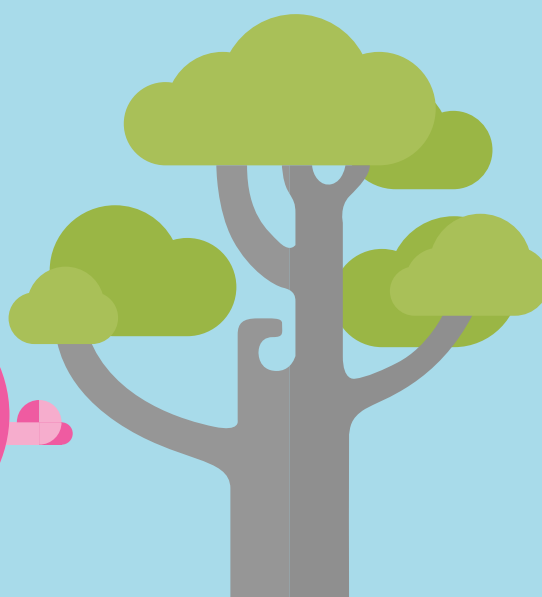
We will need to take three steps to deliver these outcomes over the next five years and our strategy is structured to reflect these three steps:

- 1 A sustainability and transformation programme** focused on ensuring a return to profitability and improved efficiency over years 1 and 2 by improving our productivity, controlling costs more effectively, improving our estate, modernising our information technology and bringing back activity to the trust from other hospitals wherever possible. This will happen over the full five years life of this strategic plan with the early years work enabling further development and modernisation.
- 2 A modernisation programme** which encompasses modest service level growth, growing levels of collaboration and - where appropriate - integration with other healthcare providers on particular services.
- 3 A strategic change programme** to deliver stability beyond year 5, which includes the development of a range of strategic partnerships.



### Controlling our costs

Our average savings target will be around £11 million every year.



### Growing our services

Working in partnership with other NHS providers to look at opportunities for clinically viable services.



### Longer term strategic partnerships.

# Quality in focus

Our quality strategy focuses on three core components: delivering a safe organisation; a clinically effective organisation; and an excellent quality of experience for our patients.

Each year we identify a series of quality improvement priorities that are developed in partnership with our governors and other stakeholders. These are published, and reported on, in our annual quality account.

Our quality improvement priorities are reviewed every year. For the current year they are:

## • Complaints

To improve the percentage of complaints responded to within timescales agreed with the patient. To provide detailed reports on themes and lessons learned as a result of complaints.



High quality, safe healthcare services



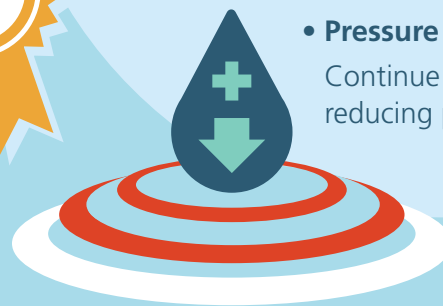
## • Improvement in lowest performing indicators in In-Patient Survey

Develop plans to make improvements in areas where we fall below national average and have not demonstrated improvement in past two years.



## • Pressure ulcers

Continue work on reducing pressure ulcers.



## • Falls

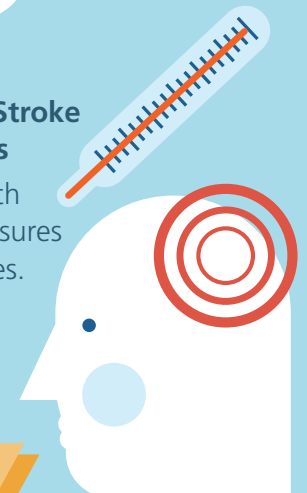
Establish a 10% reduction for falls resulting in moderate - catastrophic harm.



-10%

## • Advancing Quality (AQ) Stroke and Pneumonia measures

Increase our compliance with stroke and pneumonia measures to improve patient outcomes.



## • Transparency and openness about what we're doing



# What you will see -

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## Facilities in focus

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Over the next five years we will begin the process of further modernising our estate. The aim is to ensure that our healthcare services are provided in modern, fit for purpose accommodation.

The critical building works between 2015 and 2017 involve the demolition and re-provision of facilities between the Warrington and Halton sites to generate efficiencies and savings and improve conditions and environment to enable more strategic future site use.

This will see Warrington emerge as the emergency (hot) site and Halton becoming a day case and surgical centre (cold site).

### The next two years

Years 1 and 2 of our programme will involve:

- The demolition and removal of facilities at Warrington including Cheshire House, Daresbury, Kendrick and residential accommodation.
- In order to do this there will be a focus on the provision and construction of new facilities at Warrington for administrative services (so we can clear the older inefficient hospital buildings), to provide new accommodation for our stores and catering facilities and facilities management and complete a flagship development of a new centre of excellence for Ophthalmology on both the Warrington and Halton sites.
- This will be complemented at Halton by minor works to make land available for future long term development of new facilities on that site.

### Looking further ahead

Our longer term plans will focus on the development of the Halton site which will modernise and improve facilities and services whilst also rationalising site usage and enable a reduction in running costs.

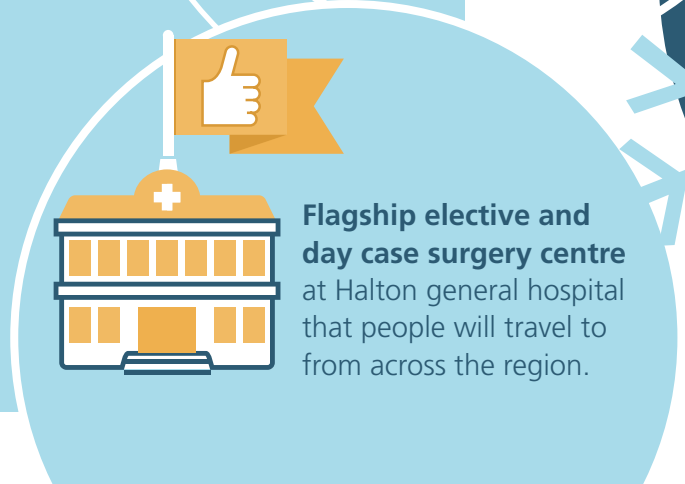
This will in turn lead to the creation of an elective and day case flagship centre for the region.



**Demolishing our older buildings.**



**Creating new healthcare environments at our hospitals.**



**Flagship elective and day case surgery centre at Halton general hospital that people will travel to from across the region.**

# Technology in focus

Our Information Management and Technology strategy is a key part of our strategic plan over the next five years. Effective use of IT can support all elements of our plan - from new ways of working and efficiency through to improving quality.

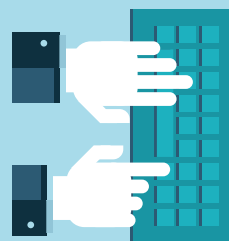
It is aimed at providing services that are focussed on improving staff access to patient information and supporting speedier and more effective decision making. We have three key priorities:

- **Connecting people:** with information as we move from PCs to Tablets.
- **Consolidating and optimising current systems:** with new ways of working and investing benefits to reduce our costs.
- **Move to paperless:** by implementing an electronic patient record to replace paper with electronic notes to support high quality care.

## What are hot and cold sites?

Many hospital trusts based over two sites try and focus emergency work (hot) on one site and planned, routine surgical work (cold) on the other.

The main benefits of this are being able to group your expert staff together in one place (e.g. emergency doctors working together as a team at the hot site) and reducing the number of operation cancellations as routine surgery at the cold site is not impacted by emergency work which can sometimes take priority.



## The next two years

Our major developments over the next two years will include the following:

- New integrated Patient Administration System (Lorenzo) and an integrated electronic patient care record.
- Introduction of iBleep - electronic bleep systems to summon medical staff.
- Introduction of wireless mobile devices and electronic document management systems.
- Development of care co-ordination systems.
- Introduction of e-rostering system for all areas.
- Introduction and development of patient web access technology and systems.
- Introduction of e-Prescription connectivity.
- Delivery of electronic medicines management systems.
- Reducing paperwork and moving to a paperless hospital.

# What you will see -

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# Workforce in focus

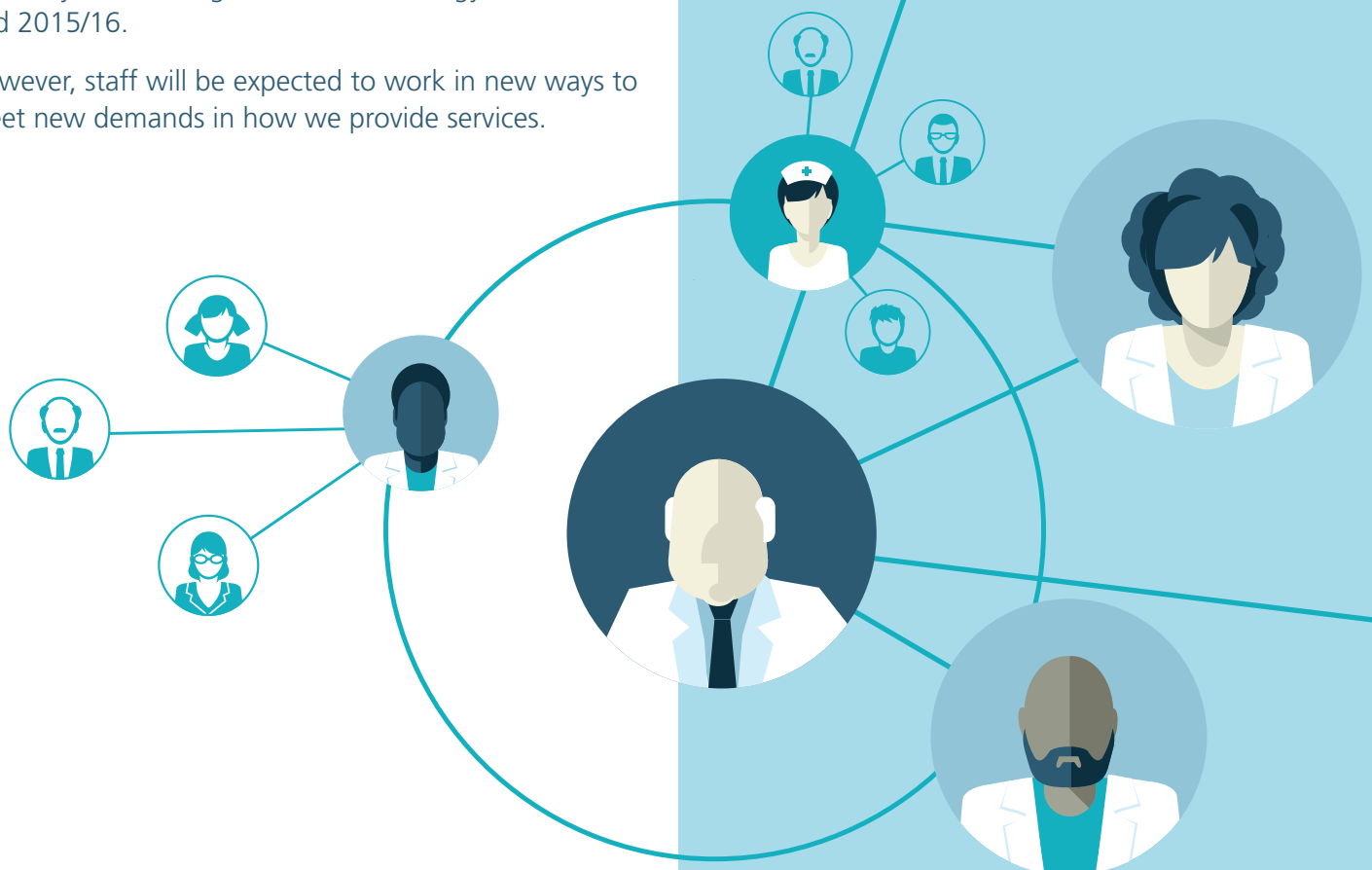
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Our strategic people plan is designed to support the achievement of the nine objectives for the hospital. It specifically underpins the achievement of delivering sustainable, appropriate and high performing services for our patients and communities, supporting and developing our workforce, and is underpinned by the vision of having a truly engaged workforce.


We anticipate that the number of staff in the trust will remain relatively stable over the five year period although small changes will happen as a result of efficiency initiatives across the trust as we introduce new ways of working and new technology in 2014/15 and 2015/16.

However, staff will be expected to work in new ways to meet new demands in how we provide services.

*Over the next five years:*







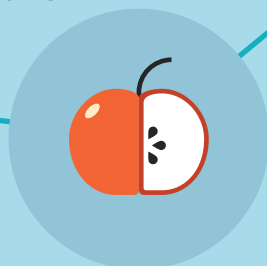
## Developing our leaders for the future

- We will be developing our leaders through a variety of routes, right through from the tools and training that we give to managers in their first appointment leading a team, through to more formal development for middle and senior managers which will enable them to motivate and engage their teams.
- Our workforce planning will become more sophisticated over the next five years to take account of significant changes across the health and social care system.
- Taking account of changes such as the provision of more seven day services, person centred care and a more integrated approach to patient pathways will present challenges in relation to supply of people with the right skills. This coupled with funding, education and commissioning challenges will mean we have to look at new workforce models for the delivery of care, often in partnership with other organisations.
- We have an on-going need to provide a level of education and learning support to all colleagues to enable them to do their jobs effectively.
- We will increasingly make demands on all staff in relation to new ways of working, technology and changes to care pathways and we will need to ensure that our education and learning plans take account of all of this.
- We have developed a health and wellbeing strategy and will be developing a plan for each year to include specific initiatives that will encourage people to take responsibility for their own health and wellbeing as well as support that we can provide as a Trust.



**Sophisticated workforce planning for the future.**

**Health and wellbeing for staff - looking after our teams.**



# Summary

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**Creating tomorrow's healthcare today is about taking Warrington and Halton Hospitals NHS Foundation Trust forward over the next five years.**

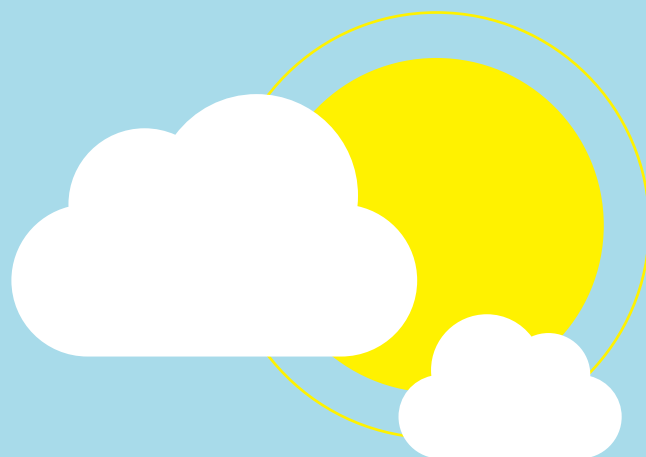
We believe we have a strong future and are in a position to meet the challenges faced by the health service and the wider public sector during this time.

This won't be easy but this plan has set out what you will see from our hospitals in this time. There is a focus on continually improving quality of our care, embracing new ways of working to grow our services and an investment in the key things that will make this happen - new buildings, state-of-the-art information technology and developing our workforce.

***We have a unique opportunity to redesign the district general hospital of the future at Warrington and Halton Hospitals.*** It's going to be an exciting and challenging period.

We want our patients, members, public, staff and wider stakeholders to understand our plans moving forward. We want these groups to work with us on developing them further. In 2015 will be asking more formally for people's ideas on what they want from their local hospitals so we can do that.

We hope you are excited and encouraged by our plan and that together we can work to create tomorrow's healthcare today at Warrington and Halton Hospitals.



# Glossary

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## **Acute services**

Where the patient requires treatment for an episode of illness or in an emergency that usually requires a hospital stay.

## **Advancing Quality**

AQ is a programme that defines best practice care in key conditions and measures if a patient has been given that care.

## **Ambulatory care**

A patient focused service where some acute conditions can be treated without admission to hospital.

## **Better Care Fund**

A joint budget for health and social care.

## **CIP**

Cost Improvement Programme, a hospitals overall plan to save money through efficiencies and new ways of working each year.

## **Cold site**

A hospital site focusing on routine, non-emergency care, often surgical.

## **Commissioners/Clinical Commissioning Groups**

The bodies run by local general practitioners (GPs) and healthcare professionals who run primary care services. They hold the budget for the majority of health care locally and then commission health services from hospitals.

## Further reading and useful links

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Our website [www.whh.nhs.uk/letscreate](http://www.whh.nhs.uk/letscreate) has a range of further information on our strategy and updates on our progress. You can also find out a lot more about the trust and the people who work for us on the website.

## **District General Hospital**

The NHS term used to describe non-specialist general hospitals like ours.

## **Hot site**

A hospital site providing emergency and urgent care.

## **IM&T**

Information Management and Technology, the use of technology and information in the hospitals to support care and administration.

## **NHS Choices**

The national NHS website with information about all NHS services

## **Patient Administration System**

The PAS is the central computer system for managing patient records and information in the hospital.

## **Staff in Post**

The total number of individual people employed by the hospital.

## **Whole Time Equivalents**

The number of staff if part time roles are merged (e.g. two part time staff in post may be counted as one whole time equivalent).

## Contacting us

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We really want to hear your comments and ideas about our future plans and what we want to do. Drop us a line at:

- Email - [letscreate@whh.nhs.uk](mailto:letscreate@whh.nhs.uk)
- Phone - **01925 664222**

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