



Stockport
NHS Foundation Trust



Trust Strategy 2020-2025

Making a difference every day

www.stockport.nhs.uk





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1. Foreword

Stockport NHS Foundation Trust is no ordinary Trust. It holds a unique position in the Stockport community as the provider of healthcare to its population, and it is one of its largest employers. It offers a number of specialist services, including our highly rated stroke service, and plays a key partnership role within Greater Manchester, Stockport and East Cheshire.

Like many other NHS organisations, Stockport NHS Foundation Trust has its challenges in terms of improving the quality and performance of its services, as well as managing its finances. We have made improvements to many services over the last few years, but these changes have not always been sustained for a number of different reasons. This is reflected in our most recent inspection from the Care Quality Commission (CQC). As a Trust, we will not be satisfied until the care we provide to all our patients, every day, is of the standard we would want for our own families.

We are not content to just deal with the challenges of the here and now. We have ambitious plans for major changes to how and where care is delivered. In responding to the unprecedented challenge of the Covid-19 pandemic our staff have demonstrated every day their commitment to providing the best possible care for our patients. They have also been innovative in rapidly adopting new ways of working and changing how some of our services are delivered. We will harness the enthusiasm and commitment from the way we responded to Covid-19 to help shape the delivery of our recovery and future plans.

1.1 Why do we have a strategy?

The challenging environment facing us presents an opportunity for us to deliver our services in new ways; working across traditional boundaries and seeking innovative solutions that will help all parts of our health and social care system become truly integrated around the needs of our communities.

We also know that the role of the hospital is changing, and we recognise the part we must play in preventing ill health. More services will be provided closer to or at patients' homes, with many provided via digital technologies.

In this strategy we describe:

- the role the organisation will play in the local and regional health and social care system
- the actions we will take to continue to improve the quality and performance of our services, and achieve financial sustainability
- our horizon scanning towards the future beyond 2025; and
- how we will support our staff to do this and realise our collective potential.

Our strategy will guide us through the transformation and change required to deliver our ambitious future underpinned by our values.

1.2 What is our strategy and how has it been developed?

We have undertaken a major piece of work to refresh our strategy for the future. Our previous strategy incorporated the system approach set out in 'Stockport Together' but this did not maintain the momentum anticipated, hence there was a need for us to refresh our own Trust strategy.

This document sets out Stockport NHS Foundation Trust's vision for its medium-term future, and its aims and aspirations as an organisation that punches above its weight in terms of influencing the development of the local and regional health and social care system, delivering more than just an ordinary district general hospital trust.





Our strategic priorities and objectives have been developed and informed through engagement and listening exercises with our staff and stakeholders. We have also engaged our staff and patients in re-defining the values and behaviours that underpin successful delivery of our strategy.

Our high level strategy is:

- to continue to develop our position as an anchor institution for Stockport (the Borough's second largest employer) to benefit local people and the economy
- to be the leading provider of integrated services locally
- to "punch above our weight" in Greater Manchester
- to become a clinically led and managerially enabled organisation
- to develop our capacity and capability for transformation so that we lead this across the local patch; and
- to forge strategic partnerships with neighbouring Trusts and local partners to ensure sustainability and development of services.

1.3 How will the strategy be delivered?

We will identify annual delivery programmes linked to our strategic and corporate objectives. These will be led by Senior Responsible Officers (SROs) and will identify quantifiable and measurable outcomes, timescales and clear lines of accountability and governance by which to monitor delivery.

We cannot deliver this strategy alone. It has been developed in the context of partnership. Our patients rightly expect their care to be integrated and we will achieve this by working together with partner organisations.

As the NHS starts to plan for the next ten years following the publication of the NHS Long Term Plan – a longer-term funding approach to health and social care – our strategy describes how we will meet these demands differently, creating and taking opportunities to integrate.

Our strategy has been shaped by what we know about the people we serve, including:

- Demographic changes and the ageing population
- Deprivation in some of our communities
- The national move towards integrated care systems
- The need to avoid unnecessary hospital admissions and longer stays
- Public perception and expectations
- Increased diversity within the communities we serve.

Within our Trust there have also been some changes:

- New members of the Board of Directors, including the Chief Executive, Director of Finance, Director of Workforce and Organisational Development, Director of Strategy, Partnerships and Transformation and Non-Executive Directors, all of whom bring fresh experience, skills and focus to the Trust
- A drive to improve the quality of services following recent CQC inspections, with a focus on moving to "Good" and eventually "Outstanding" ratings
- A commitment to improving the performance of a range of services to consistently achieve local and national standards
- A determination to move towards a stable financial position that will underpin successful delivery of quality and performance improvements.

Our refreshed strategy aims to set out a clear road map for how we will adapt to the changing NHS and social care landscape, and sustain a thriving organisation that provides safe, high quality care for the people who need our support, and makes Stockport NHS Foundation Trust a great place for our staff to work and develop.

2. Our plan on a page

Mission:

.....
Making a
difference
every day

Strategic objectives:

A great place to work

- To deliver the five aims of the People Strategy
- Provision of resources; culture and engagement; education and development; high performing – striving for excellence; leadership development
- To improve the health and wellbeing of staff
- To provide equally positive employment experience for our staff from all backgrounds and communities

Investing for the future by using our resources well

- Optimising our clinical outcomes through effective clinical leadership
- Clinical service line strategies will have to achieve financial and clinical sustainability
- Achieve a break even financial position in line with expectations
- Invest in the development and wellbeing of our staff, to support retention and recruitment
- Ensure a shared vision for a fit for purpose environment

Always learning, continually improving

- To embed a culture of safety and create an environment of continuous quality improvement, research and innovation
- Increase our levels of innovation, increasing the pace of change and improving long term decision making
- Positively act upon learning (e.g. learning from deaths/morbidity & mortality/improving flow) and learning what goes well

Working with others for our patients and communities

- Contribute to narrowing health inequalities and supporting health and well-being.
- Develop strong partnerships with organisations in Stockport
- Engage with local communities and neighbourhoods to shape services around local needs
- Develop strong partnership working with Trusts in GM and East Cheshire to support sustainable clinical networks
- Positively influence our reputation

Helping people live their best lives

- To embed an approach of realistic care in order to deliver better outcomes for our patients before, during and after their treatment and to meet the preferences of our patients at the end of life
- Improve the health & wellbeing and experience for our staff and patients
- Play a key role in supporting the priorities of the Locality Plan and CCG strategy – Start Well, Live Well, Age Well, Die Well
- To provide an equally positive experience of services for patients and carers from all backgrounds and communities

Values:

.....
We care
We respect
We listen

Enabling themes:



Digital

Optimisation, business intelligence, infrastructure & agile working



Innovation

Clinical and service innovation and research & innovation



Place

Estates (acute & community), right service, right place



Leadership, culture & workforce

Clinical leadership, quality improvement faculty, staff development and communication



Assurance, governance & standards

Systems & processes, our planning approach and PMO

3. What our Trust will look like in 2025

For our patients and their communities

- We will improve the role patients, their families and carers have in their care and decision making ensuring they have a great experience, which matches their expectations
- We will improve our urgent and emergency care access standards performance and build a brand new Emergency Care and Pathology Campus including an urgent treatment centre
- We will improve flow in the hospital ensuring we reduce days away from home for our patients
- We will improve accessibility to our services, ensuring equality for our diverse local communities, making sure our services meet the needs of all our patients
- We will be in the lowest quartile nationally for clinical errors
- We will embrace the latest technology and modernise key parts of our estate to improve our services
- We will develop more joined up services ensuring patients receive the right care, in the right place and at the right time.

For our staff

- Our organisation will be a great place to work
- Staff from all backgrounds will have an equally positive experience of working for us
- We will strive to have happy staff and satisfied patients making us an attractive place to work
- Our leaders will better reflect the diversity of our workforce and local communities
- We will have a stable, highly motivated workforce, with the skills and expertise to deliver improvements
- We will lead improvement and innovation across the local patch in line with national and regional delivery programmes
- We will improve the wellbeing and resilience of our staff.

For our partners

- We will forge strategic partnerships with neighbouring Trusts and local partners to ensure clinically led, sustainable services
- We will lead and contribute to aspects of developing a different system model which further integrates health & social care for patients, making the best use of our collective resources
- We will work with local partners to deliver a borough wide approach to improve health and social care, so that Stockport is known for its areas of excellence and not its challenges.



4. Our Trust

We are no ordinary trust.

We hold a unique position in the Stockport community as the provider of healthcare and we are one of its largest employers. We are an integrated provider of acute hospital and community services to the people of Stockport, as well serving the populations of East Cheshire and the High Peak in North Derbyshire.

We offer a number of specialist services and play a key partnership role with Greater Manchester, Stockport and East Cheshire. With an annual budget of around £300 million and about 5,000 staff we provide healthcare for residents in Stockport, East Cheshire and North Derbyshire as well as patients we treat from other boroughs in Greater Manchester who choose our services.

The marked variation in deprivation across the area we serve – one of the five most polarised populations in England in terms of health and wealth – has an impact on the health and care needs of local people. While the health of the local population is generally improving many people are living with one or more long term condition, such as diabetes or dementia as shown in the graphic on page 11.

We are also seeing advances in healthcare, which mean we can care for people who would previously have been untreatable, and as a result are living longer. However, they are increasingly frail and need more health and social care support.



4.1 Our services

Our main hospital is currently known as Stepping Hill, which provides emergency, surgical and medical services for people living in Stockport and surrounding areas. Our stroke services have been rated as the best in England, and we also run one of the largest orthopaedic services in the region. We offer a range of core district general hospital services as well as some specialist services, such as orthopaedics, stroke, and urology that have a national reputation for excellence. We are also one of four designated specialist sites for acute and general surgery in Greater Manchester.

We run the Meadows in Stockport which is a community Transfer to Assess, intermediate nursing care facility and Swanbourne Gardens which provides overnight breaks for children and young people with severe learning disabilities. We also currently run the Devonshire Centre for neuro-rehabilitation although this service will soon transfer to Salford NHS Foundation Trust.

We are proud of our community health services that run across 24 health centres and community clinics in Stockport. Our vision for neighbourhood services is to provide a joined up, high quality, sustainable, modern and accessible health and care system.

The new community models of care address the challenges of rising demand, supporting the growing number of people with complex and long-term conditions and the root causes of the financial challenges of Stockport.

We are an associate teaching hospital, helping to train doctors and nurses for the future.

In our region, we are one of four specialist hospitals for emergency and high risk general surgery; one of three specialist stroke centres; and one of only two orthopaedic departments delivering C-spine surgery in Greater Manchester.



5. Our population & demographics

We deliver healthcare services to meet the needs of the populations of Stockport and neighbouring areas of North Derbyshire and East Cheshire. Within these demographic areas, all boroughs have a higher than average population aged 65+ with more acute health needs.

5.1 Stockport

Stockport has a population of 291,045 residents, with 313,610 people registered at one of Stockport's 37 GP Practices. The population is growing by around 1,000 people a year and is expected to continue to grow at this rate over the life-span of this strategy.

Overall, Stockport is one of the healthiest places to live in Greater Manchester, and the wider North West, with health outcomes broadly in line with national averages. Rates for deaths from cardio-vascular disease, road injuries, childhood obesity and physical activity in adults are all better than national averages. However, rates of alcohol harm, breast feeding initiation, and infant mortality are all below the national average.

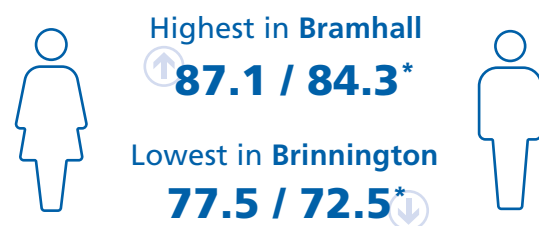
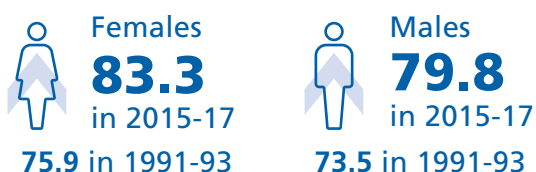
These borough wide figures mask significant health inequalities between different parts of the borough, for example life expectancy is 11 years longer for men in the most affluent parts of the borough than for those living in the most deprived. Declining health starts earlier in the more deprived parts of the Borough; 55 years compared to 71 years.

Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently 19.8% of people are aged 65+ and this is likely to rise to 21% by 2024, with an additional 5,800 people aged 65 or over. This presents a significant challenge to our community and acute services often resulting in more frail elderly patients requiring hospital admission with increasing complex care needs.



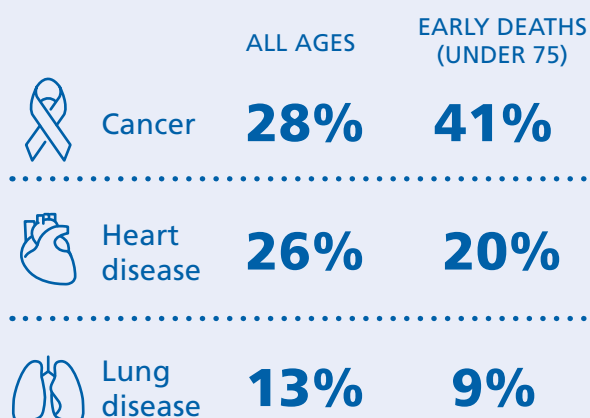
Stockport's population has a wide range of health needs

Life Expectancy at Birth



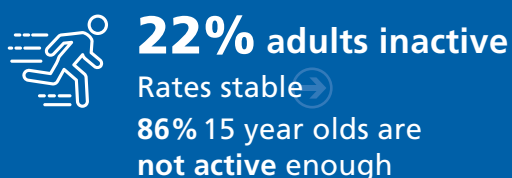
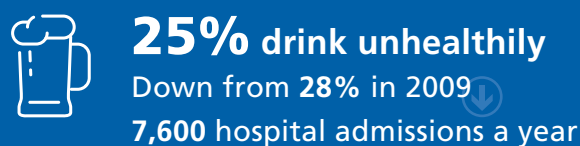
*in 2015-17

Mortality - Cause of Death



Health Determinants

26% adults have three or more lifestyle risk factors



Mental Wellbeing

15% low wellbeing
Rates stable →
25% low wellbeing in deprived areas

Mental Health

35,075 anxiety
34,070 depression
2,825 dementia

1,625 learning difficulties
2,740 serious mental health

Long-term Conditions

at least 93,500 with 1+

 **46,135** hypertension
 **12,320** heart disease

 **20,415** asthma
 **7,405** COPD

 **9,760** cancer
 **7,500** kidney disease

 **16,505** diabetes
 **2,250** epilepsy

5.1 Stockport continued

Cancer is the main cause of death in Stockport, but 40% of cancers are preventable through lifestyle choices such as improved diet and exercise. Liver disease is the only area where mortality rates in Stockport are significantly worse than the national or peer average, making alcohol consumption a key issue for the borough.

40% of people registered with a Stockport GP have one or more long-term health conditions, increasing the complexity of care needs in the borough (see full list in appendix 3). Hypertension is the most common condition, affecting 46,135 people. Asthma is the major condition affecting school aged children – more than 2,000 cases – and anxiety is the major long-term condition among young adults, affecting over 3,000 people between the ages of 15 and 24.

Over half of Stockport adults have one or more long term conditions.

70% of all the health and social care spend is driven by these people.

They account for half of all GP appointments and **7 out of 10** occupied hospital beds.



Being in hospital isn't good for people who don't have a medical need to be there.

If we don't change the way we do things Stockport health & social care is unsustainable.

Worse care and wellbeing outcomes for Stockport residents

£153m health and social care deficit

Lower quality services

Less services



The right care, support and knowledge isn't in place to enable people to stay out of hospital.

36% of these admissions were potentially avoidable.

15% of Stockport residents account for half of all A&E attendances and nearly **80%** of all emergency admissions.

(July 15 - June 16)



Stockport has an aging population.

Nearly 20% of people here are over 65, with a growing number of long term conditions.

5.2 Cheshire East

The Cheshire East Council Borough profile for 2019/20 estimates the population of Cheshire East to be 378,900.

- **67,400** (17.8%) are aged 0-15
- **226,100** (59.7%) are aged 16-64
- And **85,300** (22.5%) are aged over 65.

Between 2017 and 2027 the population is expected to increase by 11,400 (a 3% increase), but this figure masks the fact that the working age population is expected to fall by 6,100 (a 2.7% decrease) and the number of people aged 65 and above is expected to increase by 17,000 (a massive 20% increase). These figures indicate an increasing demand on health and care services from an ageing population.

Overall Cheshire East is a relatively affluent area; however, there are a number of pockets of deprivation – where health and wellbeing are likely to be worse than the average – whose figures are often masked by borough wide statistics. Latest (2015) data indicates there are 18 small areas in the most deprived 20% nationally; six of these areas are in the most deprived 10% of areas nationally. We see approximately 26,000 patients from East Cheshire which equates to 7% of the population.



5.3 North Derbyshire

Approximately 786,000 people are estimated to live in the county of Derbyshire. The population is older than the England average. The population is expected to increase by 79,000 (10%) over the next 20 years and the number of people aged over 90 years old will treble.

Average life expectancy and healthy life expectancy for both men and women is significantly lower than the England average. There is a large difference in healthy life expectancy between men and women living in the most and least deprived communities.

The High Peak area of North Derbyshire borders Stockport. It is this area where most of the patients we see and treat from Derbyshire live. As with other parts of Derbyshire, the population is generally older than the England average. We see over 50,000 patients from this area annually, which is more than 10% of our annual patient activity.



6. Our performance

We are committed to providing the highest quality and safest care for patients, as well as contributing to the health and wellbeing of the people we serve. Our performance is examined critically so that we can build on good practice and keep on learning. Achieving key national and local clinical and performance standards is a priority as the visible measurable of the quality of our services.

Like many other NHS organisations we face challenges in consistently achieving these standards, and our performance has followed national trends, but our aim is always to improve.

Stockport CCG has identified six delivery programmes in their recently published strategy; four of these directly align to our services:

Community Care

Community health services cover an extensive and diverse range of activities and are sometimes difficult to define. Our community services include

- Child health services
- Community therapies
- District nursing
- Falls services
- Intermediate care
- Active recovery
- Crisis response
- Specialist nurses (e.g., diabetes, heart failure, incontinence, tissue viability)
- Wheelchair services

Our services are delivered in a wide range of settings – including all 24 of Stockport's health centres, as well as in people's own homes – this means they are often less visible than the services we deliver at Stepping Hill. This doesn't mean they are any less important. By being an integrated provider of both acute hospital and community services we can make sure that our patients get the right care, in the right place and the right time.

Stockport Family is an integrated service for children, young people and families; it brings together social workers with the wider children's workforce, such as health visitors, school nurses and midwives. Staff from our Trust are part of the dedicated workforce that is committed to different ways of working with children, young people and families.



Maternity & Children

Some 3,075 babies are born at Stepping Hill each year, and our maternity services are well regarded with high patient satisfaction levels.

We are always striving to improve the safety and quality of maternity services and as such we are working towards full implementation of Better Births and Saving Babies Lives Care Bundles. We are also part of wave 3 of the national Maternity and Neonatal safety collaborative.

We are part of the Stockport Family integrated service working with partners in the local authority, commissioners, primary care and schools. This service is regarded as an exemplar model for the delivery of integrated children's services.

We are also proactively working with teams at East Cheshire NHS Trust to support the future design of services for Macclesfield patients.

Elective Care

Nationally, demand for planned, elective care has grown by 26% over the last decade. As demand for hospital services has grown, so too have waiting times.

In collaboration with our local partners, we will manage demand for elective care by diagnosing, treating and managing follow-up care for more people out of hospital, where clinically appropriate, in line with the ambition of the NHS Long Term Plan.

The resulting reduction in pressure on hospital services will allow us to reduce waiting times and meet all national standards.

In partnership with Stockport CCG, we are working as a locality leading work on behalf of Greater Manchester to reform elective care.

Urgent Care

The Stockport health and care economy has been significantly challenged in managing urgent care in recent years. This has resulted in emergency and urgent care performance across the system remaining below the national standard.

The introduction of same day emergency care, whereby patients with some medical concerns can be assessed, diagnosed, treated and safely discharged home the same day rather than being admitted, has been introduced. This is being delivered through, our Clinical Decision Unit, an Ambulatory GP stream, our FRESH team, multidisciplinary Frailty Intervention Team, Community Crisis Response Team, GPs in the emergency department, and extended opening times for the Ambulatory Care Unit, all providing a collaborative approach with partners working together to respond to system challenges.

Stockport's Urgent & Emergency Care Delivery Board brings together partners from across health and care to support alternatives to emergency hospital admissions in the community; to improve processes within the Emergency Department; and to enable better patient flow in hospital, helping people to get home and regain their independence.

The partnership approach is underpinned by the strategic aims set out in Stockport CCG's strategy of Start Well, Live Well, Age Well, and Die Well.

A recent capital award of £30.6m to build an ambitious Emergency Care and Pathology Campus at Stepping Hill will help to transform the way we are able to provide urgent care in the future.



7. Our improvement journey

The Trust has been inspected a number of times by the Care Quality Commission (CQC) in the last three years. We have been rated as 'Requires Improvement' on each occasion. While specific improvements have been identified by the CQC following individual inspections, the report of the most recent inspection, published in May 2020, indicates that these have not been sustained.

We do not aspire to be a 'Requires Improvement' Trust. We want to be rated as 'Good' and eventually 'Outstanding'. While there is clearly much work still to do, the Trust is determined to redouble our efforts and build on changes that have been made recently to make the necessary improvements to get us there. It is the right thing to do for both our patients and our staff.

7.1 Emergency and urgent care

A key part of us achieving a CQC 'Good' rating will be tackling the pressure on our emergency and urgent care services, and in achieving the four hour wait for treatment standard. Our Emergency Department (ED) was designed for 50,000 attendances per annum and we currently receive over 100,000 per annum.

In 2018/19, we spent £1.2m provided by NHS England to expand the number of consulting and treatment rooms in the existing emergency department to incorporate additional capacity for the number of patients attending our ED.

In the longer term, the building of an Emergency Care and Pathology Campus at Stepping Hill Hospital and changes in practice will help us to redesign provision of urgent and emergency care on the Stepping Hill site and aid greater integration of patient pathways. Learning from the experience of managing the Covid-19 pandemic will also be important. We are working closely with partners to help create a fit for purpose and sustainable urgent care system in Stockport and we are supporting our clinical and professional leaders to do this.

The new funding of £30.6m will enable the Trust to construct a three storey purpose built Emergency Care and Pathology Campus. It will include an urgent care treatment centre and Same Day Emergency Care (SDEC) services.



7.2 Improvements made

There are huge challenges currently facing the NHS, and Stockport is no different – scarce workforce, an ageing population, a rising demand for health and care services, financial pressures, to name just a few. And when things are tough, as they undoubtedly are currently, we quickly forget the positives, but just looking back over the last 12 months we have lots to be proud of.

We've seen:

- the number of compliments received by our services rise
- patients highly recommend us as a place to be cared for
- new clinical staff join us
- huge engagement from staff across the Trust in the development of our new values and behaviours
- hundreds of Proud to Care certificates awarded to staff throughout the organisation
- great developments driven by patient feedback such as the veteran's passport to health and care that has been hailed nationally as an example of good practice
- national accreditation for a number of services, including Macmillan accreditation for our cancer care and Baby Friendly recognition for our integrated maternity services; and
- a host of regional and national awards for everything from our services and staff, to our approach to equality and diversity.

All of these positives are down to the dedication, enthusiasm and commitment of our staff, who despite all the pressures continue to work every day to make a difference to our patients and their colleagues. They demonstrate the power of strong teams that care about and support each other. This is never been more evident than in the magnificent way our staff have responded to the Covid-19 pandemic.

Areas where we are still working to make improvements include:

- pressure ulcers have been reduced but we are working to reduce them further
- reducing the number of times we move patients during their hospital stay; and
- improving our discharge planning process.

7.3 Ward/department accreditation process

The ACE programme was developed to support improvement in the fundamental standards of care and leadership at ward level. All wards have now completed this programme. Going forwards, our improvement work as part of this strategy will ensure that the programme not only sets the framework of expectations in relation to the standards we expect, but also that the framework becomes team and multidisciplinary focused to reflect the nature of the care we deliver across our clinical pathways.

7.4 Capital investment

To improve our performance against the Cancer 62 days treatment standard, we have announced a large-scale investment in two new CT scanners at the hospital, and expansion of our endoscopy services with two new assessment rooms and facilities. The new facilities will increase our capacity and mean swifter treatment for patients undergoing endoscopy and CT scan procedures, including those being scanned for signs of cancer. They come from a major investment of £4.4m, a proportion of which comes from the Healthier Together Programme to improve patient outcomes across Greater Manchester.

8. Our finances

We are committed to the safe delivery of a financially sustainable future for Stockport NHS Foundation Trust.

Overall Trust	c£340m
Patient care activities	£278m Acute commissioned services – £246m Community services – £32m
Other operating income	£62m External support (PSF/FRF/MRET) – £28m Other income – £34m

Stockport CCG accounts for around 70% of our contracts with Derbyshire CCG being our second biggest commissioner (10%). Eastern Cheshire CCG accounts for around 6%, Specialist Services 5% and Tameside 4%. We have a contract with 19 commissioners in total and a number of other commissioners from many areas not under a contract providing the Trust with its income.

Approximately 72% (around £245m) of our budget is spent on staffing. Ensuring the most effective spending and use of our resources on staffing is crucially important, and the Trust is committed to reducing the amount we spend on agency and bank staff each year – this remains a major priority.



Each year we invest around £9m on capital improvements to the Stepping Hill site and our community locations, this includes upgrades to our estate and IT infrastructure and new and replacement medical equipment.

Since 2014, NHS funding has grown much more slowly than historic long-term trends. NHS providers are facing significant financial challenges, and very little central investment in transformation and capital is available. Local authority budgets are under significant pressure, affecting social care and public health provision. The impact upon us directly is that we have continually had a high proportion of patients in hospital beds who are medically fit for discharge and awaiting social care packages or placements, which results in a delay to their discharge from hospital.

In line with the publication of the NHS Long Term Plan (the LTP), the Government announced an increase in NHS funding to support the development of a new 10-year long-term plan for the NHS. While this funding is welcome we recognise that this will not match the levels of increased demand the NHS is expecting to see and we will have to redouble our efforts to ensure the increased funding is used as efficiently and effectively as possible to increase productivity, reduce waste and face the challenges we foresee.

The ageing population and increasing demand for our services places a significant financial strain upon acute and community services. We need to work in partnership with primary care, health and social care and commissioners to lead transformation programmes to meet these challenges. Emblematic of this is the approach being led by ourselves, with the CCG, on a system response to frailty. The Trust's involvement in the national Acute Frailty Network from mid-2019 is pivotal to this system approach.

The Trust's underlying financial deficit is currently in excess of £43m. Our long term financial plan therefore indicates that we will require continued support through Financial Recovery Funding (FRF), and will require efficiency savings at levels in excess of the national requirement. Having delivered £47m in efficiency savings over the previous 5 years, the Trust is finding the continued delivery of savings in excess of the national requirement extremely challenging.

We have recently been awarded funding for a £30.6m Emergency Care and Pathology Campus development. This will help us to improve our Emergency Department estate and also introduce new services in line with increased provision of Same Day Emergency Care for patients as set out in the LTP. This forms part of a longer term estate and site redevelopment plan which will require additional external capital funding. We continue to plan for the release of external capital funding associated with being designated a Specialist Site for urgent and acute general surgery as part of the Healthier Together Programme.

NHS England & Improvement (NHSE/I) and other national bodies are increasingly developing approaches to help with improving hospital productivity (including clinical productivity), though a focus on reducing agency and locum spending, the Carter Review, and the Getting It Right First Time (GIRFT) programme.

The Trust will work closely with NHSE/I, system and local health partners to develop a single ambitious plan for Stockport's health & care system, embedded within the Greater Manchester Spatial Framework and Stockport Metropolitan Borough Council's Borough Plan. It will be critical to achieve our ambition to ensure a financially sustainable future for Stockport NHS Foundation Trust whilst also helping to secure the sustainability of the health and care system locally.



9. Our strategic environment

9.1 NHS Long Term Plan

The NHS Long Term Plan (the LTP) was published in January 2019, following an announcement in June 2018 of a £20.5bn annual real terms increase in NHS funding by 2023/24. It follows on from the publication in 2014 of the Five Year Forward View of the NHS (5YFV) which in many ways can be seen as a blue print for the new Plan; many of the themes with the 5YFV such as care being delivered closer to home through greater integration of primary, community and hospital care, focus on population health and long term conditions, and further acute care collaboration are expanded in the LTP.

The LTP sets out to bring about big changes including:

- moving the NHS to a **new service model** of fully integrated care in which patients get more options, better support and properly joined up care at the right time in the optimal care setting
- **improving outcomes for major diseases**, including cancer, heart disease, stroke, respiratory disease and dementia
- **boosting out-of-hospital care**, supporting primary medical and community health services with spending on these services £4.5bn higher in five years' time
- **ensuring all children get the best start in life** by continuing to improve maternity safety, including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025
- **supporting older people** through more personalised care and stronger community and primary care services
- making **digital health services** a mainstream part of the NHS; and
- **better access to mental health services**, giving 370,000 adults with severe mental illness and 345,000 children greater support, with an additional £2.3bn being invested in mental health by 2023 to 2024.

The Trust's own strategy aims to align its vision, mission and priorities with the changes outlined in the LTP.

The LTP reinforces our recent strategic direction of travel, endorsing our commitments to locality working and collaboration with acute hospital partners. It also sets some new challenges and opportunities for the Trust to respond to, specifically in terms of advancing new technologies and digital solutions to deliver our clinical services.

9.2 Greater Manchester health and care devolution

Greater Manchester (GM) has acted as a trailblazer for English devolution. In 2016 GM was the first region in the country to take control of its combined health and social care budgets – a sum of more than £6 billion, under a programme known as 'Taking Charge'. GM proposed to do this by:

- transforming the health and social care system to help more people stay well and take better care of those who are ill
- aligning our health and social care system to wider public services such as education, skills, work and housing
- creating a financially balanced, sustainable system; and
- making sure our services are clinically safe throughout.

We have been actively involved in all aspects of Taking Charge and the wider Health and Care Devolution agenda. This has included discussions on potential changes to key hospital services such as Musculoskeletal (MSK) and orthopaedics, benign urology, paediatric surgery, breast surgery, cardiology, respiratory, vascular and neuro-rehab services. We have acted as 'Provider Transformation Lead' for the benign urology work stream in recognition of our expertise and leadership in this field, working with clinicians, managers and commissioners from across GM to develop a Case of Change and new Model of Care.

In 2019, GM were asked to respond to the LTP and have agreed the following system priorities for the next two years:

A Model of Care and Support for the 21st Century

- Local Care Organisations
- Primary Care
- Social Care
- Improving Mental Health and Wellbeing
- Improving Hospital Care
- Reform of the Urgent & Emergency Care System

Our Population's Health

- Creating a Population Health System
- GM's Cancer Plan

Building a Sustainable System

- Continued Reform of the Commissioning System
- Delivering our Workforce Strategy
- Sustainable Development
- Unlocking Economic Potential
- Innovation (including Digitally-Enabled Care)

9.3 Stockport locality

The Stockport Locality Plan is the health and care strategy for the Borough. Partners in Stockport worked together to refresh this in 2019.

The Locality plan refresh:

- recognises where good progress has been made over recent years
- restates partners' commitment to reforming the health and care system together; and
- provides an outline of important next steps.

The Stockport Locality Plan also serves as our local 'road map' for the delivery of local and national commitments under 'Taking Charge' and the LTP.

Over the next five years, we will play our role in reforming health and care in Stockport to create a sustainable, person-centred system where organisations work together to improve population health, reduce health inequalities, and deliver better outcomes for local people. We have a large part to play in this; both leading and playing a role alongside partners.

We are the integrated provider of both hospital and community services – community services are crucial to keep people well, treating and managing acute illness and long-term conditions, and supporting people to live independently in their own homes.

To do this, we will work together with partners in the following three broad areas:

01. addressing population health and health inequalities
02. building and integrating new models of person-centred care; and
03. ensuring best outcomes from hospital services.



9.4 Impacts of change

These changes will ultimately deliver the following outcomes:

- our citizens will see tangible improvements in health for everyone in Stockport
- residents will recognise improvements in services, making a real difference to lives
- people will recognise their role in maintaining their own health and be supported to be independent, well and connected to their communities
- the people of Stockport will have access to a high quality health, care and wellbeing services
- people will be able to make a social and economic contribution to the local economy where inequalities are reduced
- across Stockport, partners will work together across the public, private, voluntary and community sectors to give individuals and neighbours seamless health and social care services
- the Stockport System will lead the way in meeting the challenge of reducing dependence on the acute health and care sector and focus on building prevention and quality of care at home
- delivery of a health and care system fit for the future.

The Stockport Health and Wellbeing Board will work with local people to build on our draft outcomes framework, making it reflective of an all-age approach.

9.5 Stockport place strategy

The Greater Manchester Spatial Framework (GMSF) is tasked with assessing economic and housing needs across the 10 GM boroughs to 2035. This work has assessed the need for new housing and has identified the requirement for Stockport to deliver 15,500 dwellings in the period up to 2035.

Work within the borough is ongoing to identify sites for the expected development of housing. We will continue to work with partners to ensure that future developments are in line with an overarching estates plan in Stockport, as well as regional strategies, such as the Greater Manchester Primary Care Strategy, as well as Stockport Locality Plan.

We have commenced our own estates planning for our hospital site and community locations. This will continue to evolve over the course of this strategy, responding to the changing demands in health care needs, whilst starting to deliver ambitious plans to modernise our estate.



10. Beyond Stockport

10.1 Derbyshire North

A significant number of patients seen at Stepping Hill Hospital live in Derbyshire, particularly those patients who live near to the border of Stockport in areas of the High Peak such as New Mills and Whaley Bridge. For many of these residents, Stepping Hill is seen as their local hospital because it is the most accessible.

The Trust also delivers outpatient and community services to residents in the Buxton area. The Trust is excited to work with local partners in the development of a new facility known as the Buxton Community Hub Project. This new development offers the potential for the Trust to develop and to work with others. The Trust has particularly close links with the Primary Care Network covering the High Peak.

10.2 East Cheshire

A significant number of our patients also live in East Cheshire, in areas such as Poynton and Disley. We are an active partner in the Cheshire Sustainability and Transformation Partnership (STP) sustainability review that has taken place in East Cheshire. This is shaping the future provision of health and care services for East Cheshire residents.

We are pivotal to a number of key work streams delivering programmes associated with the East Cheshire Place 5 year plan.

Joint executive and clinical discussions continue to take place between the Trust and East Cheshire NHS Trust about how we jointly develop a strategic alliance. This will enable and support clinical diligence on the development of clinically sustainable services.

We have a real opportunity to lead and collaborate with partners in Cheshire and Derbyshire to offer innovative and sustainable clinical services to the local populations, delivering integrated health and social care, building on the strengths we have and making a positive difference to our patients.

10.3 Greater Manchester

We are a committed partner in Greater Manchester's Health and Social Care partnership (GMHSC), commonly referred to as GM devolution. Alongside all health and care partners we have committed to make the greatest and fastest improvement to our residents' health. Over the next few years, GMHSC has agreed a number of system priorities.

We have an interest in all these system priorities, however, a number speak directly to our own strategic areas of interest:

- making sure our community services work seamlessly across primary, community, secondary and social services to deliver excellent care and support to our communities
- improving urgent and emergency care, including implementing the Healthier Together Model of Care and the Stockport Emergency Care and Pathology Campus proposals; and
- transforming the care we offer in hospital to achieve consistently high standards for the benefit of all patients:
 - over the course of this 5 year strategy we will work proactively with GM partners on the Improving Specialist Care (ISC) programme on developing new models of care for services such as benign urology, neuro rehabilitation, breast services, vascular, respiratory, cardiology, orthopaedics and paediatrics
 - within each of these services there is general recognition that hospitals need to work more collaboratively with each other and with closer alignment with primary and community care
 - we will also continue to develop our clinical support services such as pathology, radiology and pharmacy services in line with the proposed GM partnership plans.

10.4 South East sector – Healthier Together

We continue to strengthen our role as one of four designated hub sites for emergency medicine and acute surgery as part of the Greater Manchester Healthier Together programme. We continue to work with partners in the South-East Sector to implement the service models identified to improve outcomes for patients and save lives.

Fundamental to the implementation of the programme is the principle that general surgical services should be provided by combined teams of clinicians working together as a single service. We will continue to progress the development of these services, acting as the specialist hub with Tameside and Glossop Integrated Care Organisation as our partner in the sector.



10.5 Our role and influence

As well as making direct improvements to the services we provide it is also important that our clinicians are involved in local, regional and national networks – using their skills and knowledge to influence at the highest level. And we're already making an impact in this area with our Executive Medical Director representing all District General Hospital Medical Directors on key networks, while our Chief Nurse leads the region's nurse network. Our joint Medical Director is also building strong partnerships across High Peak and East Cheshire with primary care colleagues. Other members of the senior team are also well connected regionally and nationally, ensuring Stockport's voice is heard and that we're influencing local and national service and policy development.

We have a lead role in parts of the reform agenda in urgent care, cancer and the elective care programme – chaired by our Chief Executive jointly with Stockport CCG chair on behalf of GM. Our Trust executives play key leadership roles in system partnership governance arrangements in place across GM and East Cheshire, building relationships and developing the way GM works as a system comprising 10 Local Care Organisations (LCOs).

Our clinicians have to be at the forefront of developing the clinical strategies for our services, whether that's working with colleagues in other trusts to create a speciality hub for South East Manchester, stabilising services in East Cheshire, building elective capacity, shaping our diagnostic capacity, improving our approach to frailty, or changing the way urgent care is delivered. Clinical leadership will be crucial to the success of all those initiatives that will help to shape a health and care system that fits the needs of the population we serve.

11. Our strategy 2020-2025

11.1 Process for developing our strategic plans

We have undertaken a major piece of work to refresh our strategy for the future, envisaging the role the organisation will play in the local and regional health and social care system. Our previous strategy incorporated the system approach set out in 'Stockport Together' but this did not maintain the momentum anticipated, hence there was a need for us to refresh our strategy.

In developing our strategy we have engaged with our staff, governors, commissioners, patients and partners. We have looked at the national, regional and local changes that have occurred over

the last two to three years, we have considered the needs of the population we serve, and explored what new national policy may mean for health and social care services in Stockport.

Taking into consideration our strategic environment, the Board of Directors have developed a new strategic view. This has been developed via Board development sessions, engagement with our staff and partners and reviewing the significant changes that have occurred since 2015 and envisaging the future changes ahead of us.

Steps we took to develop our strategy



Received external support to develop a refreshed strategic view – we consulted with over 600 of our staff. We incorporated feedback from this engagement into our strategy.



Our Board of Directors held strategy sessions, discussing some key questions to reach agreement on important aspects of our future aspirations, including our approach to partnerships, culture, transformation and what we stand out for.



We began an engagement exercise to determine a new set of values as it was felt the existing ones were not inspiring and did not capture the essence of the Trust – we engaged all staff and met with almost 1,000 to hear their views to inform a revised set of values.



The publication of the Long Term Plan provided an opportunity to ensure consistency with the expectations of the plan with our own strategy. Updates were incorporated for review by our Board of Directors.



This final version of our strategy incorporates our new mission, aims and values for the organisation, which have been shaped from engagement with our staff and from workshop sessions with the executive team and senior leadership group.



11.2 Our mission

Our mission is “Making a difference every day”

What do we mean by this?

Through our engagement work to develop new values for the Trust, it was clear that, for many, the most important aspect of working here and of working in the NHS is to be able to make a difference to people's lives.

Through this strategy every member of staff will understand the mission of our organisation is to make a difference every day; whether this is a nurse delivering vital community services, a doctor performing life changing surgery, a health care assistant caring for an ill patient and their family, a porter making sure that patients are moved safely from one part of the hospital to another.

We aim to motivate colleagues throughout the Trust to see what needs to be done and take ownership for delivering on what we say we're going to do. We aim to give people the confidence to take the responsibility their role gives them and make decisions for themselves within a framework of accountability and responsibility.

We know our staff and our teams will do everything they can to make a difference every day.

From the launch of this strategy we want every team to take ownership of our strategic aims and our values. We want teams to use these to shape how they will make a difference in their services, with the patient at the heart of these conversations.

It is because of the unique group of staff at Stockport NHS Foundation Trust that we can look forward to 2020 and beyond with confidence that we can continue to make the improvements we need to make at a pace that will ensure we are able to rise to the challenges facing all health and care services, but also achieve our ambitions for the future.

11.3 Our strategic objectives

The 2020/25 Strategic Plan includes five new strategic objectives. Each has a number of objectives, improvement measures and details of how we will monitor these. Each reflects our intention to continue as an integrated, acute and community provider of services.

Our five strategic objectives are:

- A great place to work
- Always learning, continually improving
- Helping people live their best lives
- Investing for the future, using our resources well
- Working with others for our patients and communities.



11.3.1 A great place to work

Objectives	<ul style="list-style-type: none"> To deliver the five aims of the People Strategy Provision of resources; culture and engagement; education and development; high performing – striving for excellence; leadership development To improve the health and wellbeing of staff To provide equally positive employment experience for our staff from all backgrounds and communities
Improvement measures	<ul style="list-style-type: none"> Improved retention Improved vacancy rates Improved substantive infrastructure Improved sickness absence Improved levels of staff engagement and morale Reduced levels of agency staffing Increase in apprenticeships and the numbers of staff in 'new roles' Career development
How we will monitor this	<ul style="list-style-type: none"> People Strategy – pipeline development and succession planning Equality Delivery System and Senior Leadership Diversity profile (NHSE/I) Workforce Race Equality Scheme (WRES) & Workforce Disability Equality Scheme (WDES) Quality Improvement Plan Staff survey – and associated action plans Nursing, Midwifery and Allied Health Professionals strategy Communication and engagement strategy

What does this mean for....

Our patients

- Skilled and responsive workforce
- Learning organisation
- Compassionate, realistic care
- Timely treatment
- Quality of care
- Agility – adapt to and influencing changing times.

Our staff

- Great experience at work
- Increased retention
- Opportunities for training and career prospects
- Teamwork
- Recognition of contribution.

Our partners

- Integrated working
- Shared responsibility.

What does 2025 look like?

The organisation will be a great place to work.

We will strive to have happy staff and satisfied patients.

We will have a great reputation for the work we do and people will want to work here.

11.3.2 Always learning, continually improving

Objectives	<ul style="list-style-type: none"> To embed a culture of safety and create an environment of continuous quality improvement, research and innovation Increase our levels of innovation, increasing the pace of change and improving long term decision making Positively act upon learning (e.g. learning from deaths/morbidity & mortality/ improving flow) and learning what goes well To develop support packages for medical and nursing students, trainees and clinical development roles
Improvement measures	<ul style="list-style-type: none"> Integrated Performance Report (IPR) metrics Benchmark outcomes; model hospital, national clinical audits Staff satisfaction survey Outcomes from GMC trainee survey Measurement against quality improvement priorities Quarterly governance and mortality reports Ward/Department accreditation process
How we will monitor this	<ul style="list-style-type: none"> Delivery of our quality improvement strategy and Trust improvement programme Research and Innovation studies Clinical audit plan Mortality review group Deteriorating patient group Quality Faculty / QI training Through our complaints and compliments

What does this mean for....

Our patients

- Better care, improved service and satisfaction, confidence in the organisation
- More patients to attend for their treatment locally
- An environment to match the quality of care given.

Our staff

- Proud of care provided
- Desire to develop and improve themselves within the organisation
- Enthusiasm to be a team member/leader and fully demonstrating there is no 'I' in a team.

Our partners

- They will have confidence in us to work with us and vice versa
- We will fulfil our potential with our partners
- We will demonstrate our future strategy.

What does 2025 look like?

There should be no organisational boundaries, ensuring care is seamless.

We will have a stable, highly motivated and engaged workforce, with the skills and expertise to enable us to deliver improvements in line with national and regional delivery programmes.

We will be in the lowest quartile nationally for clinical errors.

11.3.3 Helping people live their best lives

Objectives	<ul style="list-style-type: none"> To embed an approach of realistic care in order to deliver better outcomes for our patients before, during and after their treatment and to meet the preferences of our patients at the end of life Improve the health & wellbeing and experience for our staff and patients Play a key role in supporting the priorities of the Locality Plan and CCG strategy – Start Well, Live Well, Age Well, Die Well To provide an equally positive experience of services for patients and carers from all backgrounds and communities
Improvement measures	<ul style="list-style-type: none"> Friends and Family test results National clinical audits and other outcome measures Mortality dashboard Safeguarding metrics End of life metrics Staff survey
How we will monitor this	<ul style="list-style-type: none"> Patient experience group Realistic care programme End of life strategy

What does this mean for...

Our patients

- More emphasis on self-care
- An increased level of independence
- More emphasis on being involved in 'what does it mean for me' – an asset based approach.

Our staff

- Makes every role more meaningful
- More days where you feel satisfied as opposed to dissatisfied
- Developing a healthy workforce and role modelling behaviours for the wider population.

Our partners

- A shared vision across the system to improve lives.

What does 2025 look like?

Patients have had a great experience, which matches their expectations.

We will improve the role patients, their families and carers have in their care and decision making.

11.3.4 Investing for the future by using our resources well

Objectives	<ul style="list-style-type: none"> • Optimising our clinical outcomes through effective clinical leadership, and understanding where we should be developing, collaborating or disinvesting • Clinical service line strategies will have to achieve financial and clinical sustainability • To achieve a break even financial position in line with expectations • To invest in the development and wellbeing of our staff, to support retention and recruitment • To ensure a shared vision for a fit for purpose environment, reducing our carbon footprint, utilising technology to support patient care, visitor and staff experience
Improvement measures	<ul style="list-style-type: none"> • Getting It Right First Time programme • Reducing unwarranted variation; model hospital • Performance against SOF access standards • Delivery of financial plan/cost improvement plans • Measuring impact of QI • New investment in capital development • Reducing our carbon footprint, measuring effective and efficient use of our estate
How we will monitor this	<ul style="list-style-type: none"> • Clinical services strategy • Estates strategy and delivery of our site masterplan • Financial strategy • Clinical service efficiency plans • Digital strategy

What does this mean for....

Our patients

- Great environment
- Enabled to go home quickly
- Care is delivered by the right staff, at the right time in the right place
- Consistent high standards
- Will only come to hospital when appropriate

Our staff

- Feel valued and listened to
- Empowered to make changes
- Well led – leadership at every level

Our partners

- Trust and confidence
- Investment across the system
- Shared vision

What does 2025 look like?

We will have modernised key parts of our estate from capital investment.

We will improve the wellbeing of our staff.

We will be a clinically outstanding rated organisation, ensuring we maximise the use of our resources.

We will play our part in delivering a medium term financial strategy for the Stockport system.

11.3.5 Working with others for our patients and communities

Objectives	<ul style="list-style-type: none"> • Contribute to narrowing health inequalities and supporting health and wellbeing • Develop strong partnerships with organisations in Stockport including PCNs; SMBC; CCG; voluntary sector to reduce reliance on hospital care and promote independence • Engage with local communities and neighbourhoods (PCNS) in Stockport, East Cheshire and North Derbyshire to shape services around local needs • Develop strong partnership working with Trusts in GM and East Cheshire to support vibrant and sustainable clinical networks, providing services matched to need • Positively influence our reputation to further develop public confidence and assurance for our regulators
Improvement measures	<ul style="list-style-type: none"> • Health inequality metrics • Urgent & emergency care demand and flow as a measure of how well Stockport Partnership is going • Community engagement metrics – tracked through outcomes around shaping service delivery on a neighbourhood basis • Improving Specialist Care – metrics for seven day service priorities in the next five years • Opportunities created by partnership working and influencing reputation
How we will monitor this	<ul style="list-style-type: none"> • Health & wellbeing strategy for Stockport • Improving Specialist Care programme in GM • East Cheshire place strategy • Communication and engagement strategy based on stakeholder mapping exercise

What does this mean for....

Our patients

- Joined up care
- Fewer days away from home
- More care in the community
- Better access to core/ specialist services

Our staff

- Pride to work here
- A clear future for staff
- Working towards broader integration
- Stronger community engagement

Our partners

- Working for the best interests of patients
- Mutual trust
- Shared problems – ownership of performance

What does 2025 look like?

Development of a different system model which has further integration of health & social care.

We will be known for our areas of excellence and not our challenges.

People ownership, not paternalistic view of Trust.

12. Our values

We have listened to over 650 staff and partners as we consulted on our new strategy. We have engaged with 5,200 staff and met with almost 1,000 staff to hear their views on the Trust values and behaviours – in addition receiving over 2,500 comments and suggestions from staff as to what matters to them.

The Board held a number of strategy sessions to determine what we want to stand out for as an organisation. This led to an engagement exercise to inform a new set of values and behaviours for the organisation.

An engagement programme – ‘How we Live our Values’ – was undertaken to ensure that the outputs are truly understood, embraced and owned by all our staff, patients, partners and stakeholders. This took place between July to October 2019.

Engagement was carried out via informal conversations and face to face briefing sessions delivered by the Executive team, senior managers and clinicians, supported by a briefing pack for staff. The engagement sessions provided the opportunity for conversations about what makes our staff feel proud to work here, what a good day feels like for our staff and our patients, and what our staff and patients value.

Feedback was also provided, on ‘How we Live our Values’ postcards (designed specifically as part of the engagement programme), via emails to a dedicated address and from photographs taken by staff of their engagement sessions.

Based on the feedback, a working group identified key themes and proposed a new set of values which were agreed by the Board of Directors. Our new values were launched in December 2019.

Our values form a central part of our working culture, and help to support the care we provide for patients and the community.

We want to see our new values and behaviours embedded in every aspect of our organisation, from our job descriptions and annual appraisals to the everyday way we work together. We want to maximise opportunities for staff to help shape the development of the organisation going forward, and proactively build our reputation as an organisation that actively “cares, respects and listens” to our staff, our patients and our partners.



WE CARE about:

Each other
Our patients and their families
The communities we serve
The environment

We support them and deliver on our promises



WE RESPECT

Each other
Our patients and their families
Our partners

We are kind and helpful, and we expect the same in return



WE LISTEN to:

Each other
Our patients and their families
Our partners

We act on and learn from what we hear

13. Our enabling themes

The Trust has identified five themes that will support the development and implementation of our strategy, these are:



Digital

Optimisation, business intelligence, infrastructure & agile working



Innovation

Clinical and service innovation and research & innovation



Leadership, culture & workforce

Clinical leadership, quality improvement faculty, staff development and communication



Assurance, governance & standards

Systems & processes, our planning approach and PMO



Place

Estates (acute & community), right service, right place

Using these themes to underpin how we deliver our strategic objectives will ensure we can achieve our ambitions, make improvements in quality, in our performance and finances and recruit and retain a highly skilled, motivated and energised workforce. We will be developing specific enabling strategies for each of the five enabling themes (see Section 14).



Together we can make a difference every day.

14. Delivering our strategy

We will identify annual delivery programmes linked to our strategic and corporate objectives. These will be led by Senior Responsible Officers (SROs) and will identify quantifiable and measurable outcomes, timescales and clear lines of accountability and governance by which to monitor delivery.

Each of our business groups will develop a summary plan, identifying their key deliverables and outcome measures in relation to the strategic objectives over the next 3-5 years. This will form the foundation of annual business planning, supported by our overall approach to quality improvement, financial planning, and delivering our performance measures.

All of us have a crucial part to play in helping to achieve our strategy. We will work to ensure that every member of our staff understands their contribution to delivering our strategic objectives and that this is included in their individual and team objectives.

Embedding change is a key challenge and issue. We will utilise opportunities with external strategic partners and our internal resources in strategic planning, improvement and transformation to support the delivery of changes. The growth of our quality improvement faculty and improvements led directly by our services will lead to innovation and new ways of working.

As the NHS and the wider world continue to change we will annually review our strategy, maintaining our flexibility and responsiveness and ensuring it is fit for purpose.

14.1 Supporting strategies

Detailed service changes and the impact of all strategic development programmes will be developed through an overall clinical strategy for the organisation and clinical service line strategies, which will underpin this.

In order to achieve our ambitions we also need a number of supporting strategies, plans and frameworks to enable delivery of our vision for the future of local health and care services.

They include:

- Clinical services strategy
- Digital strategy
- Estates strategy
- Finance strategy
- Nursing, midwifery and allied healthcare professionals strategy
- Patient experience strategy
- People strategy (including inclusion & diversity and organisational development)
- Quality improvement strategy
- Risk management strategy and associated framework.

The list above is not exhaustive; we have other supporting strategies e.g. dementia, communication and engagement, and research and innovation. Those already in place will be reviewed to ensure alignment, while others may require further development to best support delivery of our overarching strategy.



15. Governance

The strategic objectives established by the Board of Directors will be operationalised through a process of annual planning, agreeing service priorities and the allocation of team and personal objectives. A Board Assurance Framework (BAF) will be developed and kept under review to ensure full alignment to the strategic goals. The BAF will focus and drive accountability for delivery, support the management of risk and enable the Board to make strategic adjustments as and when the Board determine these are necessary for organisational success.

Following annual planning and determination of service priorities, detailed implementation plans will be developed with support from the Trust's

Programme Management Office. Programme management will be coordinated and reviewed by a new management group to be known as the Transformation Board; their work will be overseen by the Trust Management Board who in turn provide assurance on implementation to one or more of the Board's Committees as outlined in the table below.

The Trust will develop and keep under review the adequacy of the performance reporting system in order to ensure key performance indicators are developed for each strategic goal, performance is measured and reported, assurances are reviewed and, where necessary, decisions taken to enable improvement.

Strategic Objectives		A great place to work	Always learning, continually improving	Helping people live their best lives	Using our resources well to invest in the future	Working with others for our patients and communities
Assurance Committees	Quality Assurance Committee		✓	✓		✓
	People & Performance Committee	✓			✓	
	Finance & Performance Committee				✓	
	Audit Committee				✓	
	Trust Board					✓

15.1 Operational plan

Each year, NHS England & Improvement (NHSE/I) require Foundation Trusts to produce an operational plan that details the Trust's approach to activity, quality, workforce, finance, sustainability and for the forthcoming year. It is important that our annual operational plan aligns with those of Stockport CCG, other commissioners and the wider GMH&SC to form a coherent system-wide operating plan that contributes towards our collective aims and objectives.

Our new 2020-25 strategy sets out longer term aims and priorities for the Trust which will help to shape and guide annual operational plans over the next five years.

15.2 Business group plans

In support of our new strategy, and to underpin annual corporate objectives and the operational plan, business groups will be supported to set out five year strategies aligned to our new strategy.

Annually, plans will be developed that highlight key priorities, risks and ambitions in relation to our priorities and five strategic objectives. Our annual planning cycle will be reviewed and refreshed to ensure that it is consistent with the requirements of NHSE/I in relation to the submission of the Trust operational plan, and that it remains relevant for the environment we operate in.



16. Next steps

Successful realisation of our new strategy will involve a number of key next steps:

16.1 Launching our strategy

We will formally launch our strategy with our staff, patients and partners. This will involve a communications plan with regular briefings for staff to ensure it is fully understood and all staff play their part in developing each delivery programme to achieve our ambition.

16.2 Clinical services strategy

Our clinicians will be at the heart of delivering our future aspirations for the local population, utilising horizon scanning and intelligence from international developments in clinical fields as well as national best practice to inform our future developments in health care. It is vital our clinicians shape our overall clinical strategy as well as individual service line strategies. The clinical service line strategies will reflect best practice in our approach to meeting the needs of our population. They will also have achieving financial and clinical sustainability as key objectives.

By working with our doctors, nurses and allied health professionals to explore the opportunities and challenges facing each of our services we will together develop a robust and effective clinical strategy that will provide a road map for how the Trust will evolve over the coming years. This will include improving the way we manage our emergency workload to eliminate delays and reduce waiting times, offering the same model of care to our patients across all seven days of the week and investing in our clinical leaders.

The process for the development of clinical strategies will be clinically led, engaging teams throughout the Trust. When completed, the strategy will need to have addressed the complexity of regional and national issues such as:

- Greater Manchester Health and Social Care Partnership Improving Specialist Care reviews of individual services
- the introduction of the new models of care in relation to Urgent Care and high risk Elective General Surgery
- local plans for fully integrated community based care; and
- primary care reform and the transformation of social care service.

The new clinical strategy will require that all community and acute services currently delivered by the Trust are reviewed and that each service within the Trust portfolio has an agreed strategic direction. This could include whether the service:

- has the opportunity to have an increased role in the local health and social care economy
- needs to be delivered as part of a robust, safe and sustainable district general hospital model; and
- may need to look to collaborate with other organisations to ensure a robust and sustainable service is provided.

Every acute service also needs to focus on care that can be delivered outside the hospital in community settings, utilising digital technology and in partnership with primary and community colleagues or other providers.

16.2 Clinical services strategy continued

The table below is an example of some of our acute services and the potential opportunity:

We anticipate that developing our overall clinical strategy, and the individual clinical service line strategies, in a really comprehensive and engaged way will take most of 2020/21. The clinical strategies will also need to continue to evolve and develop over the period of this five year strategy and will therefore be reviewed on a regular basis.

Specialty	Opportunity
Orthopaedics	Increased Sector Role
General Surgery	Increased Sector Role
Urology	Increased Sector Role
Paediatrics	Increased Sector Role
Ophthalmology	Increased Sector Role
Stroke	Increased Sector Role
Gastro	Increased Sector Role /DGH Model
Older People	DGH Model
Obstetrics And Gynae	DGH Model
Diagnostics	DGH Model
Critical Care	DGH Model
Respiratory	DGH Model
Ear, Nose, Throat (Paeds)	DGH Model/Collaboration with partners
Haematology	Collaboration with partners
Oral Surgery	Collaboration with partners
Neuro-Rehab	Collaboration with partners

Monitoring compliance

The Trust is committed to ensuring compliance with documents and will actively monitor the effectiveness of such documents.

Process for monitoring compliance with this policy

CQC Regulated Activities	8, 17, 18, 20
Process for monitoring e.g. audit	Annual review
Responsible individual/ group/committee	Board of Directors Director of Strategy, Planning & Partnerships
Frequency of monitoring	Annual
Responsible individual/group/ committee for review of results	Board of Directors Director of Strategy, Planning & Partnerships
Responsible individual/ group/committee for development of action plan	Finance & Performance Committee Director of Strategy, Planning & Partnerships
Responsible individual/group/ committee for monitoring action plan and implementation	Finance & Performance Committee Director of Strategy, Planning & Partnerships

Equality impact assessment

OFFICE USE ONLY

Submission Date:

Approved By:

Full EIA needed:

Yes/No

Equality Impact Assessment – Policies, SOP's and Services not undergoing redesign

1	Name of the Policy/ SOP/Service	Trust strategy
2	Department/ Business Group	Corporate
3	Details of the Person responsible for the EIA	Name: Andy Bailey Job Title: Associate Director, Strategy & Planning Contact Details: Andrew.bailey@stockport.nhs.uk Ext 4568
Associate Director	What are the main aims and objectives of the Policy/ SOP/Service?	<p>The main purpose of this strategy is to describe the future strategic direction for Stockport NHS Foundation Trust for the period 2020-2021.</p> <p>This articulates our organisational mission, strategic objectives and values and our future aims and aspirations by which the organisation will inform its decision making.</p>

For the following question, please use the EIA Guidance document for reference:

5	A) IMPACT	B) MITIGATION
	<p>Is the policy/SOP/Service likely to have a differential impact on any of the protected characteristics below?</p> <p>Please state whether it is positive or negative. What data do you have to evidence this?</p> <p>Consider:</p> <ul style="list-style-type: none"> What does existing evidence show? E.g. consultations, demographic data, questionnaires, equality monitoring data, analysis of complaints. Are all people from the protected characteristics equally accessing the service? 	<p>Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?</p> <ul style="list-style-type: none"> ✓ Think about reasonable adjustment and/or positive action ✓ Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. ✓ Assign a responsible lead. ✓ Produce action plan if further data/evidence needed ✓ Re-visit after the designated time period to check for improvement.
Age	Positive – development of our services will look to improve known health inequalities experienced by younger / older people, for example, in relation to isolation and older people.	

Carers	<p>Positive – the development of our services will ensure reasonable steps that can be taken to accommodate carer’s requirements, such as:</p> <ul style="list-style-type: none"> • Time of meetings or interviews • Flexible working • Carer’s assessments <p>The strategy sets out a specific intention for carers to have more involvement in decision making of patients they care for</p> <p>We encourage a workforce that can recognise and react to the individual needs of staff and recognise the support staff may require as carers, and consequently looking to develop a Carers Staff Network.</p>	
Disability	<p>Positive – the development of services will look to improve known health inequalities experienced by disabled people, for example, people with learning disabilities have a shorter life expectancy than the general population.</p> <p>Our estates strategy and planning to modernise our facilities will make all reasonable steps that can be taken to improve the experience for disabled persons, patients, visitors or staff.</p> <p>Our People plan, including our equality and diversity strategy, will take steps to make reasonable adjustments employment practices to ensure ‘accessible to all’ in line with the Reasonable Adjustments Policy which provides a Health Passport for all staff requiring any reasonable adjustments.</p> <p>We hold the Disability Confident Employer accreditation Scheme and is working towards the Disability Confident Leader accreditation.</p> <p>We have published a Workforce Disability Equality Standard (WDES) action plan.</p>	

Race / Ethnicity	<p>Positive – the development of services will look to improve known health inequalities experienced by different ethnic groups, for example, high rates of diabetes amongst Bangladeshi community.</p> <p>We submit the WRES national data annually and the have developed a Workforce Race Equality Standard (WRES) action plan.</p>	
Gender	<p>Positive – our Trust policies ensure equal access to recruitment, personal development, promotion and retention and the equality of opportunity in relation to health care for individuals.</p> <p>We encourage a workforce that can recognise and react to the individual needs of staff and will support a staff member's gender identity choice.</p>	
Gender Reassignment	<p>Positive – our Trust policies ensure equal access to recruitment, personal development, promotion and retention and the Equality of opportunity in relation to health care for individuals.</p> <p>We are signed up to the Manchester Pride All Equals Charter and are developing an LGBT action plan to support equal access to health care and employment within health care.</p>	
Marriage & Civil Partnership	<p>Positive – our Trust policies ensure equal access to recruitment, personal development, promotion and retention and the Equality of opportunity in relation to health care for individuals.</p>	
Pregnancy & Maternity	<p>Positive – our Trust policies ensure equal access to recruitment, personal development, promotion and retention and the Equality of opportunity in relation to health care for individuals.</p> <p>We encourage a workforce that can recognise and react to the individual needs of staff and will support staff members in line with Pregnancy and maternity policy. The Trust provides agile working to support flexible working.</p>	

Religion & Belief	<p>Positive – our Trust policies ensure equal access to recruitment, personal development, promotion and retention and the Equality of opportunity in relation to health care for individuals.</p> <p>We are committed to working towards providing a multi faith/health and wellbeing space for patients and staff.</p>	
Sexual Orientation	<p>Positive – our Trust policies ensure equal access to recruitment, personal development, promotion and retention and the Equality of opportunity in relation to health care for individuals.</p> <p>The Trust has signed up to the Manchester Pride All Equals Charter and developing an LGBT action plan to support equal access to health care and employment within health care.</p>	
General Comments across all equality strands	<p>We are committed to promote equality, inclusion and diversity for both our staff and our patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment.</p>	

Action plan

What actions have been identified to ensure equal access and fairness for all.

Action	Lead	Timescales	Review & Comments



Stockport
NHS Foundation Trust



To find out more, please visit our website
www.stockport.nhs.uk or telephone
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