Stockport NHS
NHS Foundation Trust

OPERATIONAL PLAN 2017-19

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Public Operational Plan 2017-18 - 2018/19

1. INTRODUCTION

Stockport NHS Foundation Trust has made a fundamental commitment to whole system integration and transformational change, as the only way to create a sustainable Foundation Trust within a sustainable locality.

During the last 12 months strong relationships have developed between providers and commissioners in Stockport, establishing shared decision making processes and a successful bid for transformation monies to support the implementation of its ambitious plans. We continue to be at the forefront of this change as a Vanguard site working on the implementation of a multi-specialty community provider (MCP) model of delivery as part of an Accountable Care Trust in Stockport. This model of care is delivering integrated health and social care through a transformation programme called 'Stockport Together'.

During this period of radical change to the way care is delivered, we have key challenges to overcome in terms of addressing some of our performance issues and financial sustainability. Whilst the way through this is clear in terms of the locality plan, we must improve in these key areas to keep the locality plan on track.

We have continued to experience considerable operational issues across the urgent care system over the last year. This has seen concerns raised by the Care Quality Commission (CQC) and Health Education England North West (HEENW) over the increased risk to quality and safety in the emergency department (ED), due to the issues in the Stockport urgent care system. Plans are being implemented to address these concerns, but the long term sustainability in this area will come from a different integrated care model as part of our Stockport Together programme.

We believe our system wide approach to transforming the way we deliver services in Stockport, supports the system wide challenge of financial balance, with 2016/17 seeing the laying of the firm foundations of the Stockport Together multi-specialty community provider (MCP). These changes have already begun to impact on the care that we deliver across health and social care, with services being community focused and improving standardisation. We plan to continue with these changes in the next two years to transform services, improve outcomes for our population, reduce inefficiencies and provide sustainable services.

Key risks to delivery of our operational plan in 2017/18 are being mitigated by robust action plans with additional support and oversight from Greater Manchester Health and Social Care Partnership, CQC and NHS Improvement (NHSI).

In summary, our current position is that we are still experiencing the legacy issues of unresolved urgent care pressures in the locality, but we are also at the forefront of the solutions to these issues. 2017/18 will be a pivotal year as we need to continue to deliver financial savings and rectify performance issues during this essential transformational implementation process.

2. ACTIVITY PLANNING

We have undertaken a locality planning approach to activity planning for the next two years. We have worked closely with Stockport CCG ('the CCG') using an agreed methodology reflecting historic activity whilst assessing growth, using the *Indicative Hospital Activity Model (IHAM)* to form the basis of our activity assumptions. Consideration of the impact of the Stockport Together programme and its associated interventions for the health economy is also a fundamental aspect of our activity planning.

2.1 A&E activity

Significant investment has been made in 2016/17 as part of the acute interface programme within Stockport Together. The anticipated impact of these deflections is expected to offset growth in 2017/18, with further reductions in 2018/19.

2.2 Elective activity

The assumptions are that growth will be offset by rigorously applying the effective use of resources and robust management of pathways in agreement with commissioners. Our capacity now includes full use of new theatres; as such we intend to reduce outsourcing and the independent sector.

2.3 Non-elective activity

A block contract arrangement was in place for 2016/17 and, whilst spells have been below plan, excess bed days have significantly increased. This has been compared with significant increases in delayed transfers of care and there is a correlation between the increase in delayed transfers of care and the increase in excess bed days. The current level of delayed transfers of care (11%) has caused significant additional financial pressures for the Trust, providing additional capacity at a premium cost for spells where the income does not cover the cost. In line with Greater Manchester intentions to significantly reduce delayed transfers of care, we are working collaboratively with our health and social care partners on a number of initiatives outlined further below.

2.4 Performance against operational standards

System-wide solutions have been put in place in collaboration with health & social care partners across Stockport to help achieve performance of the emergency department four-hour standard by the end of March 2017. However, this is high risk given the current operational issues.

We recovered our referral to treatment waiting time trajectory in 2016 and this performance is collectively sustainable going forward. We have plans in place to ensure continued delivery of cancer and diagnostic target compliance in 2017/18.

2.5 System wide resilience planning

Actions as part of the Stockport Together intermediate tier workstream will also help to deflect patients from acute beds and provide care in the most appropriate environment, these include:

- Intermediate Care Hub – a 24 hour phone service to assess a person in need of 'step up or step down' care and 'triage' them to the best service
- Crisis Response Team - 24 hour urgent response to person's home or place of residence within one hour to prevent hospital admission (currently a 9-5 weekday service)
- Recovery at Home - short term 'step up & step down' care in the home provided by one integrated team; and
- Transfer to assess – community staff reaching 'in' to get people home from hospital as soon as they're ready

3. QUALITY PLANNING

3.1 Approach to quality improvement

We have has set out our quality priorities and associated approach to quality improvement in our quality strategy 2015-20, which aims to improve the quality of care for patients and families by reducing harm and mortality, providing reliable care and improving the patient experience. It is one of the supporting strategies underpinning the Trust strategy.

Our improvement approach, supported by innovation and aligned to themes within our financial improvement programme, is underpinned by a culture of strong leadership and clinical engagement. This is supported by the executive leads for quality improvement, the Medical Director and Director of Nursing and Midwifery, as well as a focus on the well-led elements of the CQC framework. These elements include having an inspiring vision, clear lines of accountability and governance, an open, transparent and innovative culture and strong staff and patient engagement. These all form part of our approach to achieving a good or outstanding CQC rating.

Our most recent CQC inspection resulted in a rating of *'requires improvement'* due to the issues previously described in the emergency department. **We have a detailed action plan in place and are taking all necessary steps to improve our internal processes to address the recommendations from the CQC review.** This is monitored monthly by our quality governance committee and the CCG as well as by the Board of Directors.

Our quality improvement plan for the next two years comprises a broad range of local and national quality priorities which are consistent with our local sustainability and transformation plan (STP) and are outlined in figure 2.

Figure 2 - Quality Improvement Plan

Project	Detail/objectives for 2017/18 & 2018/19
National clinical audits	The Trust develops a forward programme of clinical audit activity that addresses the 'must do' and 'should do' clinical audits. An outcome report identifying the clinical audit assurance rating and risk level is provided to quality assurance committee as part of the governance framework.
The four priority standards for seven-day hospital services	The Trust's approach to seven-day services is dependent on local health and social care economy arrangements and is aligned to the multi-specialty community provider Vanguard model where care is built on the concept of neighbourhood localities and seven day access, and has been focused on reducing weekend mortality rates. We are also monitoring national developments and tracking progress against the four Keogh prioritised standards. Our quality assurance committee receives a bimonthly update on progress. We have made recent progress in the following areas: • Development of a general surgery specialist unit which will deliver care in line with standards • Continued development of our stroke service which uses telemedicine to deliver the standards • Consolidation of acute medicine into a single purpose-built ward with resources to deliver standards
Safe staffing	A comprehensive strategic nursing and midwifery 5 year plan (2015-2020) outlines how we plan to ensure we have the right staff with the right skills in the right place, whilst supporting a positive staff experience. This will include in the next 2 years embracing new nursing roles such as the nurse associates, adaptation courses for UK based overseas nurses and targeted international recruitment campaigns. Care hours per patient day are reported monthly via the

	safe staffing report to the Board of Directors and on the Trust website. The monthly results are also reviewed by the strategic staffing review group chaired by the Director of Nursing and Midwifery, and care hours are triangulated with acuity audit outcomes as well as safe staffing monthly figures.
Mental Health standards	The RAID (rapid assessment interface and discharge) team provide psychiatric liaison and assessments across the hospital site. The primary point of referrals to RAID is the emergency department. Referrals are triaged and the team provide mental health and risk assessments of people who present in mental health crisis - if appropriate an onward referral is made for early intervention in psychosis or improving access to psychological therapies. Following this assessment RAID will develop an appropriate discharge plan collaboratively with service users.
Actions from the Better Births review	The Trust is actively working to achieve the summary table of recommendations taken directly from this national maternity review report and has a detailed action plan outlining our current position and future plans.
Improving the quality of mortality review and SI investigation and subsequent learning and action	Each business group undertakes mortality reviews which are peer reviewed. A robust process is in place in respect of incident investigations with a comprehensive route cause analysis process which is validated at senior director level. Serious incidents are also externally reviewed by the CCG. All action plans and lessons learned are reported via the business group boards, quality governance and quality assurance committees via the monthly governance review.
Anti-microbial resistance	The Trust ensures that principles of good antimicrobial stewardship and appropriate use of antibiotics are built into all activities, communications and training. In light of the current national sepsis CQUIN (commissioning for quality and innovation) we have introduced a sepsis screening and action tool and are adapting our patient monitoring software (Patient-track) to deliver a consistent trigger for use.
Infection prevention and control	
Sepsis	
Falls	The Trust monitors all patients and staff falls, with more focused work carried out to reduce the number of avoidable falls which cause harm. There is a Trust falls group which monitors the number of falls and acts on lessons learned as a result of incident investigations. Key issues are reported via the quality governance and quality assurance committees to the Board.
Pressure ulcers	There is a robust process in place to monitor the number of avoidable pressure ulcers developed in the Trust. Root cause analysis is undertaken and actions for improvement are agreed with the business groups. These are reported via the business group quality boards and the quality governance committee quarterly and reported to the Trust Board on a monthly basis.
End of life care	The end of life care team provides support utilising the national 5 priorities of care guidance to support the dying patient. The specialist palliative care team are available for support 7 days a week. The Stockport end of life portal for anticipatory care is used to ensure key information is shared with professionals to deliver the right care, in the right place, at the right time for end of life patients.
Patient experience	The Trust's nursing and midwifery 5 year strategy and the Trusts 5 year quality improvement strategy focus on working with people to provide a positive experience of care to meet the needs of a diverse population, whilst providing an excellent patient experience.
National CQUINs	NHS England has provided a programme of national CQUINs (commissioning for quality and innovation) for acute and community providers for the next two years 2017-19. These CQUINs have been created to support the ambitions of the five year forward view. The Trust will engage with the process to endeavour to deliver improvements in the topic areas.

4. WORKFORCE PLANNING

Having the right numbers and types of clinical staff is crucial to the efficient and effective operation of our Trust. The time taken to train staff, the challenging changing landscape and the scale of the exercise, mean that our workforce planning is a complex issue and process.

We have continued to use the workforce repository and planning tool in assisting with the determination of our workforce requirements, which has been particularly useful in the Stockport Together programme. Plans are in place to continue with this approach across our transformational change programmes, including the modelling of the impact of 'new' roles, such as the implementation of the advanced pharmacists within the emergency department and acute medical settings.

We are working closer with Health Education England North West and local practice education facilitators to support the potential impact as a result of the changes to nursing and allied health professionals bursaries.

In response to recruitment and retention challenges, a number of initiatives are in place for 2017/18:

- International recruitment of nursing staff, with a particular focus on theatres and intensive care
- Development and implementation of a recruitment and retention strategy and associated framework of benefits in support of attracting and retaining staff
- Continuation of the recruitment to advance practitioners in existing service areas, with plans to expand
- Exploration of the development or expansion of 'new' roles such as advanced pharmacists, advanced radiotherapists and non-medical endoscopists
- Starting the training of nursing associates with the first cohort commencing training in January 2017
- Development of generic roles in collaboration with our social care partner, working within the integrated children's service and neighbourhood teams within Stockport Together; and
- Development of a detailed plan to increase the number and level of apprenticeship places throughout ourTrust to ensure achievement of the target and full utilisation of the levy

4.1 Workforce Development

In order to ensure the workforce have the right skills and competencies to support our strategy, and to meet the requirements of the Stockport Together programme, a learning and development and clinical skills plan has been created in conjunction with senior clinical staff. This identifies the priorities over the next two years to support workforce transformation, including the need for greater partnership working and skills development across health and social care.

5. FINANCIAL PLANNING

5.1 Financial Performance 2016/17

We faced an extremely challenging financial environment in 2016/17. We received support from the national financial improvement programme to help deliver an ambitious cost improvement plan.

Our forecast summary financial performance is summarised in the table below:

Fig. 2 - Financial performance summary 2016/17

	Plan £m	Forecast out-turn £m	Variance £m
Income	290.9	290.9	-
Expenditure	(282.5)	(292.2)	(9.6)
EBITDA	8.3	(1.3)	(9.6)
Non-Operating Expenditure	(14.3)	(14.3)	-
Surplus / (Deficit)	(6.0)	(15.6)	(9.6)
Year-end cash balance	18.3	9.9	(8.4)
Recurrent Cost Improvement Programme	25.7	8.0	(17.7)
Capital Expenditure	10.0	8.9	(1.1)
Finance Use of Resources Metric	3	3	-

5.2 Financial Planning 2017/18 – 2018-19

Our financial plans for the next two year period are summarised in the table below:

Fig. 3 - Financial planning summary 2017/18 – 2018/19

	Plan 2017/18 £m	Plan 2018/19 £m
Income	272.3	271.9
Expenditure	(284.4)	(279.4)
EBITDA	(12.1)	(7.4)
Non-Operating Expenditure	(15.3)	(17.0)
Surplus / (Deficit)	(27.4)	(24.4)
Year-end cash balance	5.0	4.9
Recurrent CIP	15.0	15.0
Capital Expenditure	13.6	9.0
Finance Use of Resources Metric	3	3

5.3 Efficiency savings

We are on track to our control total in 2016/17. We continue to develop our savings plans for 2017/18 and 2018/19 with an emphasis on organisational transformation in collaboration with our health and social care partners. This incorporates ongoing review of the recommendations and benchmarking data from Lord Carter's provider operational productivity work programme and the model hospital data.

5.4 Capital planning

The key capital investment programmes for this year are aligned to our strategic plan which was refreshed in 2015/16. Restrictions on capital resources mean our plans represent the highest priority schemes. The main focus is the implementation of the fully integrated acute and community electronic patient record (EPR) systems in 2017/18. Both projects are strategically important to deliver high quality care enabled by a single patient record allowing information with partners. The projects will facilitate transformation of practice at both hospital and community level and link into the vanguard project to remodel patient pathways.

Fig 4. - Capital Plan 2017/18

Preparing for the future impact of collaborative working as part of the Stockport Vanguard multi-specialty community provider and the roll out of Greater Manchester Healthier Together are key areas of focus for our capital development plans in 2017/18.

Capital Expenditure Plan	£'000
Healthier Together Schemes	**4,130**
Internally Funded Schemes	
• Equipment	3,659
• Information Management & Technology	2,650
• Estates	1,698
Capital Expenditure Plan (Excluding Finance Leases)	**12,137**
Specific Finance Leases	1,490
Capital Expenditure Plan (Including Finance Leases)	**13,627**

6. LINK TO LOCAL SUSTAINABILITY & TRANSFORMATION PLAN

As reported last year the refresh of our Trust Strategy in 2015/16 allowed the Board to confirm that it is aligned with the Greater Manchester sustainability and transformation plan (STP) as well as the Stockport locality plan.

6.1 Regional Plans

The Greater Manchester plan intends to improve population health, quality of care and control cost by removing the boundaries between mental and physical health, primary and specialist services, health and social care. The Greater Manchester plan, to which we have contributed - '*Taking Charge of our Health and Social Care*' - outlines the vision for Greater Manchester for the next five years and beyond. The Greater Manchester plan focuses on four key areas:

- A fundamental change in the way people and our communities take charge of, and responsibility for, their own health and wellbeing
- A focus on local care, and local care organisations, where doctors, nurses and other health professionals come together with social care professionals in co–located teams, in increasingly community based settings
- Hospitals across Greater Manchester working together to make sure expertise and experience can be shared widely; and
- Other changes which will make sure standards are consistently high across Greater Manchester, and will generate significant financial efficiencies, for example; sharing back office functions across organisations, making best use of the public sector estate, investing in new technology and embedding research and innovation

6.2 Locality Plans

The health and social care organisations in Stockport are beginning to transform the way in which health and social care is delivered and improve outcomes in line with the Stockport Together plan. To date, a shadow provider board is in place for the multi-specialty community provider which has begun to implement new services focused on in four key areas:

- **Enhanced Primary Care -** Direct access physiotherapy, enhanced pharmacy support in neighbourhoods and additional capacity to address low level mental health issues in Practice Populations. All three schemes were identified by GPs themselves.
- **Integrated Neighbourhood Teams –** Are beginning to work holistically to meet the health and social care needs of neighbourhood practice populations working particularly with GP practices to identify and then intensively manage the 15% of their patients at greatest risk of future admission in order to avoid crisis and reduce the risk of a hospital episode using risk stratification and Intelligence gathered from all agencies.
- **Healthy Communities programme** - Targeted approaches in the acute setting, intermediate tier and neighbourhoods to support access to community and voluntary assets, peer support particularly for carers under pressure, increased health trainer and social prescribing capacity
- **The Intermediate Tier Hub** - Rapid response providing a maximum 1 hour response time including mental health for those most at risk of admission through - an overnight sitting service, intermediate care bed and home based, re-ablement and the discharge to assess model

Our community service teams, specialist nurses, allied health professionals and medical staff will all play a central role in these proactive developments.

Other developments in the strategy are focused on providing better support to locality based teams through increased access to rapid diagnostics and specialist opinion, as part of the planned care programme, and the redesign of acute services to play a part in the single point of access to emergency care.

7. MEMBERSHIP AND ELECTIONS

Periodic refresh of membership of the Council of Governors is achieved by means of an election cycle which results in a proportion of Council seats being subject to election on an annual basis. Any unscheduled vacancies that arise are also incorporated in the annual elections. Elections during 2016/17 were held in the following constituencies:

- Staff - 2 staff governors
- Cheadle & Bramhall - 4 public governors
- Marple & Stepping Hill - 4 public governors

The elections took place during the period July to October 2016 and all seats were filled. The election in the staff constituency was uncontested. Elections are scheduled to be held in the following constituency during 2017/18:

- Heatons & Victoria - 4 public governors

Our aim is to ensure that all elections to the Council of Governors are contested through a programme of awareness raising, publicity on the opportunities for members to become governors and delivery of prospective governor workshops. These activities will enable us to develop a cohort of prospective governors to mitigate the risk of future uncontested elections.

We anticipate that plans to establish a multi-speciality community provider (MCP), as part of a new Accountable Care Trust, in Stockport during 2017/18 will provide an opportunity to significantly enhance engagement between governors and members of the local community. The MCP will be based on a neighbourhood model which will facilitate alignment of governors to relevant neighbourhoods and provide access to appropriate forums for neighbourhood engagement. This will allow our governors to better reflect the views of members and the public during Council of Governors activities. There is the potential that the MCP development will result in a change in composition of the Council, particularly through the nomination of additional appointed governors. We will seek to manage any transition effectively in conjunction with our governors and representatives from partner organisations in the local health economy.


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