Stockport NHS
NHS Foundation Trust

Stockport NHS Foundation Trust Five Year Strategic Plan

Background

Why have we produced this strategic plan?

All organisations need to understand how well they are doing, and how they can develop and improve their services in the future. This is called developing a strategic vision, and gives a picture of what we want our organisation to look like in the longer-term.

This document is our strategic plan, and gives you a picture of what we would like our organisation to look like in 2019, five years from now. Monitor, the organisation that regulates NHS Foundation Trusts such as Stockport, has also asked all Foundation Trusts to submit a 5-year strategic plan by the end of June 2014.

This strategic plan fits alongside our operational plan 2014 to 2016, which tells you what we will do in detail for the next two years. It is hard for any organisation to know for sure what will happen in five years' time, so we are only able to include the high-level picture in this strategic plan. In some cases, this is likely to include a mix of the options we are looking at. The final choice will depend a lot on what happens across the NHS.

About Stockport NHS Foundation Trust

Stockport NHS Foundation Trust (The Trust) was one of the first ten Foundation Trusts in the country and it delivers hospital care for children and adults across Stockport and the High Peak, as well as community health services for Stockport, Tameside and Glossop. The Trust also provides Stroke services across the whole of south Manchester and Urology services to Cheshire and Tameside.

The populations of Stockport, High Peak and Tameside and Glossop are varied neighbourhoods stretching from the large town and borough of Stockport and the nine towns that compose Tameside, which are very different to the more rural (countryside) areas in High Peak and Glossop.

Our main hospital is Stepping Hill, which provides emergency, surgical and medical services for people in Stockport and the local area. We also provide hospital services from the Devonshire Centre (neuro-rehabilitation), The Meadows (complex needs and palliative care), and Swanbourne Gardens (respite care for children and young people with complex healthcare needs). Community health services in Tameside and Glossop are run across 17 sites including Shire Hill Hospital in Glossop, as well as across Stockport.

Health care needs in the local area

Health and Wellbeing in and around the Stockport and High Peak areas

Health inequalities - Stockport[1]

Overall, Stockport is similar to the national average for deprivation (access to resources and opportunities), although it includes some of the most affluent areas and least deprived in the country. It also has some of the most deprived areas. While the length of time people can expect to live (life expectancy) has improved in all areas of Stockport over the past 20 years; marked inequalities (differences) still remain.

The main causes of death are heart disease, cancer and respiratory (lung) disease, which together make up three out of every four (75%) deaths. These diseases link strongly with poor lifestyle choices, such as smoking, excess alcohol, poor diet and not living an active life. There are also inequalities that are linked with mental wellbeing in Stockport. Reducing inequalities in health is a key priority for Stockport.

Health inequalities – High Peak[2]

The health of the people of High Peak is generally better than the England average. Deprivation levels are low and life expectancy for men is higher than the average for England. However rural deprivation is often hidden by traditional indicators, so there may be more deprivation that people are able to measure.

Health inequalities – Tameside and Glossop[3]

The life expectancy for men and women in Tameside and Glossop remains below the average for England. As with Stockport, some of the lowest rates of life expectancy are found in the most deprived wards (areas) in the borough.

An ageing population, and increasing levels of long-term health conditions

People's health is generally improving, but the demand for NHS services continues to rise. Many people are now living with one or more long-term conditions (e.g. asthma, diabetes, dementia), and so they need more NHS care. All of the boroughs (areas) served by the Trust are experiencing a population that is ageing, and this group of people is expected to become increasingly older. Often older people need more health care than younger people.

This increased need for NHS care is happening at a time when the range and type of medical care is developing very fast. This means that we are able to treat people who in previous generations would have died or been handicapped. But often these new treatments are costly.

The United Kingdom has been facing extreme financial pressures over the past few years as spending on public services such as Health, Education, Welfare, and Defence has exceeded the amount of monies received by the government through taxation by about £100bn a year. As a result, many public services have faced cuts, well documented in the media, and the Health Service has not been immune from this. Monitor, the Foundation Trust's Regulator,

[1] Heath Inequalities, A refresh April 2013, Stockport Joint Strategic Needs assessment, and 21st Annual Public Health Report for Stockport
[2] Profile of High Peak. Public Health contributing to the Joint Strategic Needs Assessment process 2012, Derbyshire County
[3] Tameside and Glossop Joint Strategic Needs Assessment 2011-12

forecasts that in 2015/16 there will be a £5.1bn (6.4%) financial problem in hospital services across England. Hospitals will be required to be more efficient to save money, but despite this there will still be a £1.5bn problem.

Continuing to provide high quality and safe NHS care

What we believe our organisation should live by: our guiding principles and values

We believe that our future organisation should be at least as good as it is now, and we really want it to be even better. This means we want to keep doing the important things that matter to our patients, such as providing high quality and safe care. We also want to provide care that is focused on the patient, and we show dignity and respect to everyone who comes to our organisation.

With our local organisations such as the Council, we want to promote good health and wellbeing. This will help to stop some people becoming ill, and also to help people to manage their long-term conditions (eg diabetes) and stay healthy.

We also want to help people to stay independent, so people are able to live in their own home for longer. Where we can, we would like to give people the care they need closer to home, so that they do not have to come into hospital.

We also want to carry on working in partnership with other organisations to deliver even better services. We will need to work flexibly to make our services fit around the needs of the patient better, such as opening outpatient clinics in the evening or at weekends.

As the services the Trust delivers is paid for by public money, it is important we spend this money properly, and get as much good quality health care for the people as we can.

We also want to continue to be sustainable organisation, and we also want to be a good neighbour in our community. We are aware that we are here as a hospital, but we are also in a residential area, and we need to be mindful of this. We have an important social role to play in our communities. We also need to be sustainable financially and clinically, and we talk about this in the next part of this document.

Our values come from **'Your Health, Our Priority'** promise. Each day these values drive the actions of everyone who works for our Trust. Our Values are:

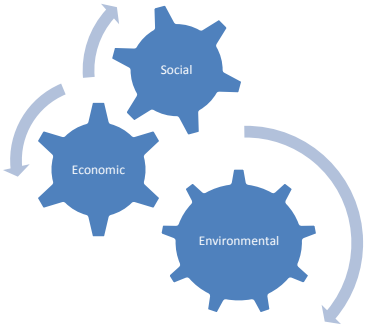
Quality and Safety
We deliver safe, high quality care
Clean and safe environment for better care

Communication
We treat people with dignity and respect
We communicate in a clear and open way

Service
We provide effective and efficient care
Right care, right place, right time.

Sustainability, what does this mean for Stockport NHS Foundation Trust?

We have a strong track record in being a sustainable organisation. By this, we mean meeting the needs of patients now, without affecting the ability of future generations to meet the needs of their patients. Sustainability is often split into three areas:



The Trust has a strong track record in all three areas of sustainability for example:

- Social responsibility - we won the Stockport Council Young Stars award for our work with young people through apprenticeships, work experience roles, and volunteering. We held a wedding reception on our stroke unit for one of our patients. We also kept our UNICEF baby friendly level 3 award, one of the few maternity units in England to do this;
- Economic – we have delivered cost reductions of £14.2 million in 2012-13 and £9.3m in 2013-14. Our regulator Monitor has rated us as a financially viable organisation[4]; and,
- Environmental - we won £1.3m from the Department of Health to save even more energy.

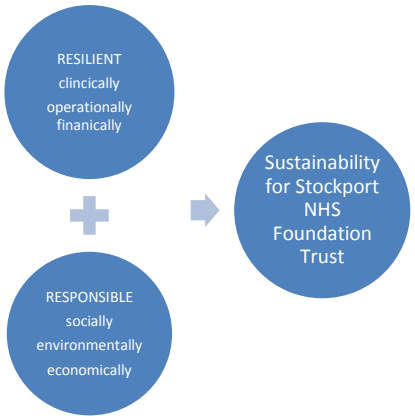
Part of being sustainable is also being able to cope with the knocks that life brings along the way; to keep delivering our services and maintaining a healthy bank balance. In other words, we want to be a resilient organisation. Work has started across the organisation on our own 'Building a Sustainable Future' programme. This work coves six major areas of our organisation, including staff, finances and buildings and facilities.

The regulator Monitor looks at sustainability in a slightly different way, and wants all Foundation Trusts to be resilient clinically, operationally, and financially. This is because the NHS is facing so many pressures, and so we need to make sure we are:

- Clinically sustainable, including 24 hour cover arrangements, some shortages in staff, and the public want access to more complex care;
- Operationally sustainable, as there is increasing demand, at a time of reducing resources; and,
- Financially sustainable, as the public purse is being squeezed, and the Trust is having to deliver more care with less money and fewer staff.

[4] Monitor's Continuity of Service Rating

We believe these two ways of looking at sustainability include everything we want our organisation to be now, and in the future:



What outcomes do we want to deliver for our patients and their carers?

In our Operational Plan 2014 to 2016, we said that our priority areas were Quality, Partnerships, Integration and Efficiency. We still believe these are the right priorities for our organisation for the next five years, but we have decided to combine the partnerships and integration into one priority area called Collaboration. This is because the work we are doing in these two areas overlaps.

Our refreshed priorities and outcomes are below:

Table 1: Strategic priorities and Outcomes for the Trust

Priority	Strategic outcomes
Quality	• Patients health and well-being is supported by high quality, safe and timely care • Patients and their families feel cared for and empowered
Collaboration	• The Trust is an effective member of a modern and innovative health care community • Patients' receive better quality services through seamless health and social care
Efficiency	• The Trust is able to demonstrate to Governors, local communities, partner organisations and regulators that it makes the best use of its resources • Trust staff are enabled to deliver their best care within a high quality environment

How Stockport NHS Trust works as part of the whole National Health Service

Who are our partners in delivering high quality health care to our local patients?

Most NHS services are commissioned (bought) by organisations called Clinical Commissioning Groups (CCGs). There are 211 CCGs across England, each commissioning care for an average of 226,000 people[5]. Part of the job of a CCG is to consult with (seek the views of) the public about what type of NHS care they want to be able to get in the future.

CCGs and local Council's also look at what the experts (Public Health staff) think future health needs will be, based on all of the evidence and information they have now. The CCGs and local Council's use this to develop their own strategies on where they want to improve health and social care for local people. These are called Health and Wellbeing Strategies.

As a local provider of health care, we have made sure our operational plan will help the CCGs to make improvements in the areas they have chosen in their Health and Wellbeing Strategies. These areas are shown below:

Table 2: Health and Wellbeing priority areas for the local populations served by the Trust

	Health and Wellbeing Strategies for populations served by the Trust		
	Stockport 2012-2015	**Tameside & Glossop 2013-2016**	**High Peak (Derbyshire) 2012-2015**
Themes	Early intervention with children and families	Starting well – ensuring the best start in life for children	Improve health and wellbeing in early years
		Developing well – enabling all children and young people to maximise their capabilities and have control over their lives	
	Physical activity and healthy weight	Living well – creating a safe environment to build strong healthy communities and strengthening ill health prevention	Promote healthier lifestyles
	Mental wellbeing		Improve emotional and mental health
	Alcohol		
		Working well – creating fair employment and good work for all	
	Prevention and maximising independence for everyone	Ageing well – promoting independence and working together to make Tameside a good place to grow older	Promote the independence of people living with long term conditions and their carers
	Healthy ageing and quality of life for older people	Dying well – ensuring access to high quality care to all who need it	Improve the health and wellbeing of older people

As CCGs are clinically led by GPs, they cannot commission the services that are provided by GPs. This is because the GPs would be paying themselves for providing services. We call this type of problem a conflict of interest. Instead, GP and primary care services are commissioned by a national organisation called NHS England.

[5] www.Kingsfund.org.uk

NHS England provides the senior leadership for the NHS in England. This organisation decides what the main NHS priorities are, and also the outcomes they want the NHS to deliver for patients. The priory areas are[6]:

Table 3: NHS Outcomes Framework domains

Domain 1	Prevent people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following surgery
Domain 4	Ensuring that people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

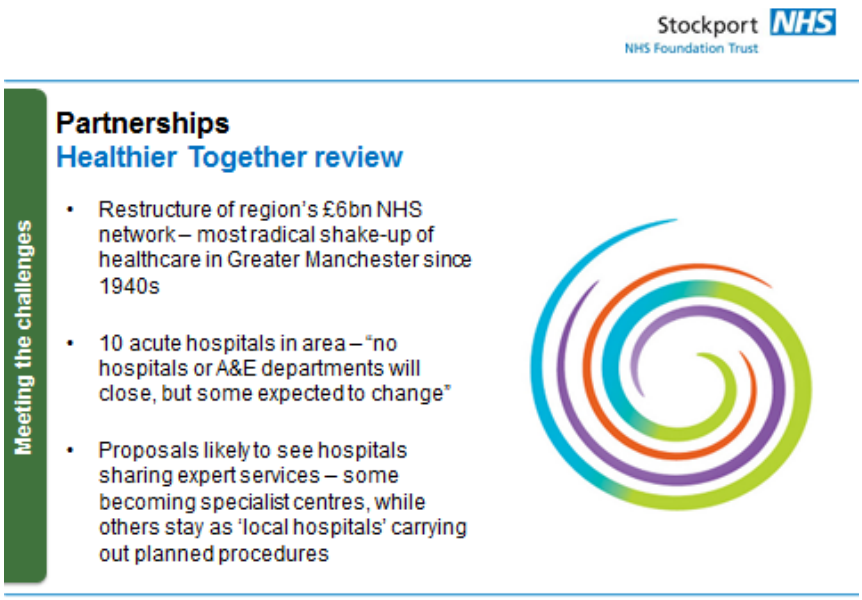
All NHS organisations, both Trusts and CCGs are working hard on these national priority areas, and their local Health and Wellbeing priority areas. In our operational plan, we have made sure the work we plan to do over the next two years helps to deliver these priorities.

Partnership working

There are many different NHS organisations in Greater Manchester and the areas close to Stockport, such as East Cheshire and the High Peak and Glossop. We know that our patients sometimes need to use the services and be cared for in more than one place, and so all the organisations are working together to make the services better. This working together is often called partnership working.

Healthier Together and Southern Sector Partnerships

Across the Greater Manchester area all NHS organisations are working in a partnership on a review called Healthier Together. This work is looking at how a fairly small number of services such as general surgery and acute medicine will be provided in the future.



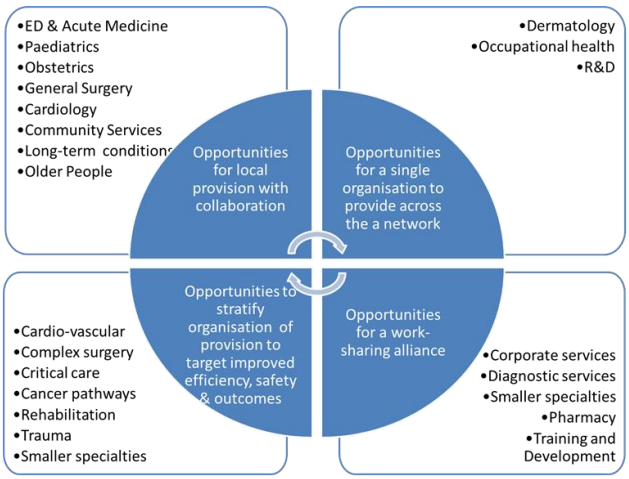
[6] Department of Health The NHS Outcomes Framework 2014-15

Across the southern part of Manchester, the four hospital Trusts are working closely together: Stockport, Tameside, University Hospital South Manchester, and East Cheshire.

Partners involved in the Southern Sector arrangement

	East Cheshire NHS Trust	Stockport NHS Trust	UHSM	Tameside NHS Trust	Totals
Budget	£176m	£300m	£400m	£160m	£1,036m
Staff	3,500	5,300	5,500 + contracted out services	2,400	16,700
Population	450,000	400,000	750,000 (including tertiary flows)	250,000	1,850,000

This partnership working is called the Southern Sector Partnership. This Partnership is looking at how the four Trusts can work more closely together and deliver improvements to patient care and reduce costs. The main areas of work are shown below:



Our regulator Monitor knows that it is hard for Trusts to be able to deliver their services with the money they receive. All Trusts are having to reduce costs to balance their books and not be overspent.

Earlier we explained about the financial challenges facing the NHS, and our Trust is not immune from these. National policy expects Trust's to reduce costs by becoming more efficient by 4% each year – this means that each year we need to permanently reduce our costs by c.£12m. Over the last three years we have already reduced our costs by £30.4m, and so we are now finding it very difficult to find the necessary savings. Therefore, we need to work differently, to transform, by reorganising – either on our own or with our partner organisations, as we are all facing the same problems.

Our CCG is trying to reduce the pressure on the Trust by finding alternative services to treat patients and therefore 'deflect' them away from the hospital-based services.

Monitor, NHS England and the Trust Development Agency (who support East NHS Cheshire Trust as it is not a Foundation Trust), have decided to provide support to 11 areas across England, that face very tough financial decisions. This support is called the Challenged Health Economy work. The Southern Sector is one of these areas. In this document, we have included to the Challenged Health Economy work as part of the Southern Sector work. This help means we have extra help from national planning experts who work with the four Trusts in south Manchester. Together we are looking at how we can provide even better care in the future and reduce the costs of our services.

This work includes our own senior doctors and nurses, as well as our Chief Executive and the Director of Finance. This work has helped us to develop this strategic plan; and the suggested future options for our organisation that we talk about this later in this document.

Stockport Transformation Board *(the name of this is changing)*

As well as working with organisations across the areas, we are also working very closely in Stockport, with the local Council and Stockport CCG. This work is to help local people have easier access to care from their GP and other community staff at evenings and weekends. We are also trying to move care from the hospital into the community, and to give people other choices for emergency care as well as the A&E department, which is designed for the most poorly people.

Children's services in Stockport are now provided in a more joined up way, from both health staff and social care staff. This is much better for children and their families, who now have a service that is more focused on their individual needs. This is a big change to how we look after children, and so it will take us two to three years to make all the changes.

The main areas of the local Stockport work is shown over the page, and we talk about these later in this Plan:

Stockport NHS
NHS Foundation Trust

Meeting the challenges

Partnerships

Stockport Transformation Board

- Urgent care strategy
- Outpatient reform
- GP practices working together to provide wider range of pro-active and responsive services
- Primary and community health teams will provide range of integrated services 7 days a week – to manage long term conditions
- Mobile-health and electronic health services to expand

Why do we need to change?

Challenges facing the NHS

The challenges our Trust is facing are no different to any other NHS organisation. You will have heard in the news about the pressures the NHS is facing every day, with increasing numbers of people needing care, an ageing population and financial pressures.

Our local CCGs know about these pressures, and North Derbyshire CCG has looked at some of the differences between NHS care now and 100 years ago. The CCG has made a slide showing these interesting changes, and they are using it when they talk to the public about future of the NHS[7].

NHS
North Derbyshire
Clinical Commissioning Group

1914		2014
43 million	**UK population**	63.2 million
52 (male) 55 (female)	**Average life expectancy** (if born in this year)	90.7 (male) 94 (female)
0.3% (male) 1.2% (female)	**Chance of living to 100** (at birth)	32.9% (male) 39.9% (female)
63%	**Chance of dying before 60**	12%
130	**Infant mortality per 1,000**	4
Infectious, perinatal and respiratory diseases	**Most likely cause of death**	Cancer and heart disease
39,000	**Deaths from TB**	261
Owbridge's Lung Tonic Curic Wafers Pistoia Gout Powder	**Common medicines**	Simvastatin (lowers cholesterol) Ramipril (lowers BP) Aspirin

Locally delivering your NHS across North Derbyshire.
Working together for everyone's health because everyone matters.

[7] Slide reproduced with the kind permission of North Derbyshire Clinical Commissioning Group

There are many pressures on the NHS and we have shown several of these below:

We also know that we need to change the way we work because:

- There are some old fashioned ways of working in the NHS, that can be less efficient
- Pressures on the finances
- Several hospitals are finding it hard to meet some of the national targets such the four hour wait for A&E services
- Shortage of trained staff/new staff needed for roles, which means the NHS has to pay more for temporary staff or have a vacancy with no one doing the job.
- Outdated facilities
- Changes to social care with more people benefits from reablement services that try to keep people living independently
- The NHS knows that people living with mental health problems need more effective treatment. People who are ill in their mind need good care as much as people who have problems with a part of their body.

Changing where people receive their care

Centralising specialised care

The NHS is learning that focusing care in one place can often lead to better outcomes for people. This is because doctors and nurses need to see a lot of patients with the same serious condition to learn how best to treat them, and to do research to improve care in the future. This means that often a hospital or care service needs to see a minimum number of patients in a year, to maintain the skills of the doctors and other staff. This also means the teams are larger and more sustainable, and the roles are more attractive to staff.

This type of centralised or specialised care is becoming more common. A local example is stroke services, where Stockport NHS Foundation Trust is now a stroke centre for the surrounding area of south Manchester.

More less complex care closer to where people live

People want local care where possible, and the NHS wants to move care closer to people. All NHS organisations are working hard to see which services can move out of hospitals and into the community. Our Trust has already made this change for diabetes care in Tameside. Now our hospital diabetes specialist doctor goes out to Tameside each week, to care for the patients in local community clinics.

However, this move towards more local care has to be balanced with the specialised care that is being provided in only a few places across the country, we talked about above. When we ask patients how far they will travel to get their care, patients often say they are happy to travel a longer way, if it means they get the best care. We know travel times are important to people, and we know that travel times for emergency care need to be at a safe level. We talk more about travel times later on.

Lack of staff in some areas of the NHS

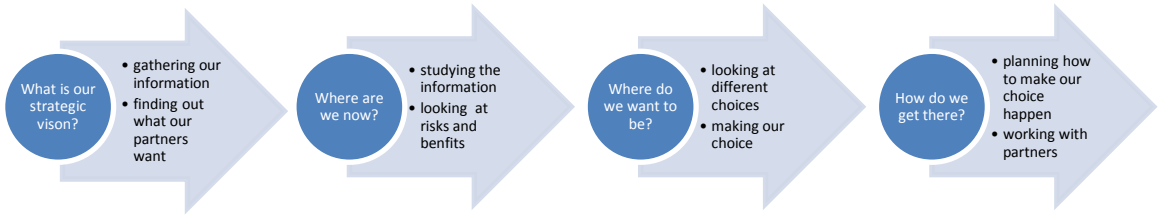
The NHS often has periods when it is hard to recruit certain types of staff. At the moment it is particularly difficult to recruit doctors, such as Consultants in some speciality areas including emergency care in our A&E departments, as well as medicine for older people and intensive care. It is becoming more difficult to recruit nurses, as more hospitals are increasing the number of qualified nurses they have on the wards.

It is always a balancing act to train the right amount of people for the jobs in the NHS. We are working hard to develop our planning processes, so that we can better inform the people who commission (buy) the training places for students are our universities and colleges.

You can see from this long list of pressures facing the NHS that DOING NOTHING IS NOT AN OPTION. We know that we need to change how we work, so that we can continue to provide the best care for future generations. To help us know understand how we need to change we have worked with experts, and with our local and national NHS partner organisations. We have used several different ways of looking at what we need to change, and how we did this thinking is described in the next part of this document.

Developing our strategic plan

We have broken down the development of our strategic plan into four stages, shown below:



Stage 1: What is our strategic vision?

We have worked with our Board of Directors, Governors, local partners and national experts in economics to look at what our vision for the future is. *We want to provide safe, effective, accessible, efficient patient centred care for our patients their families and carers and the public.*

Stage 2: Where are we now?

Review of the Trust

We have worked with our partners and national experts to understand our local health care market (market analysis). This helps us to look in a step-by-step way at what we are good at (**S**trengths), what we need to do better (**W**eaknesses), where we could develop our services in the future (**O**pportunities) and what may make it difficult for us to improve and deliver our plans (**T**hreats). This way of thinking is often called a SWOT analysis. We found that we have:

- many **S**trengths, such as world class care, for example urology (Kidney/bladder);
- some **W**eaknesses, such as not consistently meeting the national four hour A& E waiting time target;
- lots of **O**pportunities, such as building on our areas of expertise such as orthopaedic surgery; and,
- several **T**hreats, such as the need to reduce our costs, and shortages of skilled staff in some specialities.

The full SWOT analysis is shown over the page:

Table 4: Our analysis of the Trust's Strengths, weaknesses, opportunities and threats

Strengths	Weaknesses
• Good reputation based on high quality care • Lowest (best) risk rating from CQC • Major local employer with a stable workforce • Experience of successfully implementing major change • At the forefront of IT developments • Strong and clear leadership • Actively engaged Board of Governors • Good levels of liquidity (cash in the bank) • Able to attract and retain medical staff	• Some of the estate (buildings) are old or in need of replacement • Traditional healthcare model in many areas • Relationship with CCG has been strained in the past • Not achieving A&E four hour wait target, and pressures on achieving 18 weeks and cancer targets • Lack of integration of some IT systems can sometimes lead to inefficiencies
Opportunities	**Threats**
• Realise fully the benefits of being a combined community and acute Trust • Potential for more service innovation • Build on the improving relationship with the local CCG to deliver better emergency care, both in A&E and in primary care • Help High Peak patients to get easier access to hospital care, and improved discharge when they are ready to go home • Develop our expert services such as urology, trauma and orthopaedics, maternity, and urology, and the potential to offer these services to other local hospitals and populations • Develop the estate – including plans to build a new theatre and ward block, and recondition exiting buildings • Potential to reconfigure our corporate or back office functions with organisations in the Southern Sector	• Economic climate • Rising patient expectations • Recruitment difficulties in some areas • Reduced demand due to increasing competition or better demand management • Changes to tariff prices, and increasing case mix completely that is not fully funded • Population is getting older placing more demand on services • Increasing proportion of patients living with long term conditions • Future governments may make further changes to NHS policy and structures

We then used this table to help us understand better the local NHS. We found three main themes that made a difference to our health market:

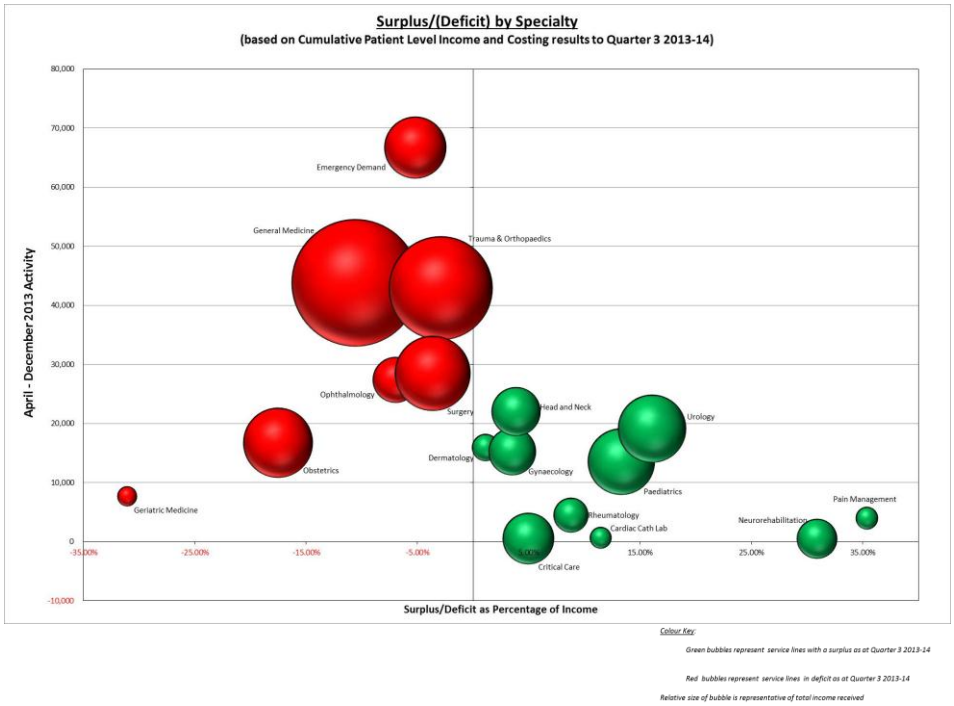
Review of the local healthcare market

- **Stockport NHS Foundation Trust**

We are used to hearing on the news about the market share of the big supermarkets or banks; and we can look at healthcare in a similar way.

The size of the NHS market (or the amount of money spent each year) in Greater Manchester is around £6 billion. There are ten acute trusts in Greater Manchester, so patients have some choice in where they go to receive their healthcare.

In our organisation, we also know how much each service costs to provide, and how many patients we see, and operations we do. This is shown in a chart below:



We can see from this picture that we need to reduce the costs of delivering some of services, while still giving good quality care. We are already looking at how we can do this. One way may be to buy some items together with our partner organisations eg hip replacements. Often if we buy in bulk, we can get a lower price per item.

The information that we use to make this picture, can help us to decide the possible future options for the services we provide. For example, we can think about:

- Growing a service that is large and profitable;
- Re-engineer an important local service that is currently not profitable; and
- Get support from other hospitals for services we provide that are small or not profitable.

Across our organisation we have seven funded intensive care beds, and six funded high dependency care beds. We also have 17 theatres, and we use four of these for day case procedures. In 2013/14 we provided over 318,000 outpatient appointments (patients who visit the hospital for care, but don't stay overnight).

As part of our strategic planning work, we are working with our local CCGs to look at how many wards and theatres we will need in the future. This work is linked to our estates (buildings) management plan. We know that some of our buildings on the Stepping Hill site are old, or may not meet the needs of the new types of services. We also want to make best use of the community builds as well. We also know what repairs and maintenance we need

to do to keep our buildings in good condition, such as repainting, repairing pot holes in the roads. We have detailed lists of this work and we look at how much money we have, and decide how best to spend it each year.

Our strategic plan also looks at how many staff we have now, and how many we think we will need in the future. From this work we know that we have quite a lot of staff in the Trust who are now able to retire on their pension. We do not know the exact number of people who may retire before they are 65 years old, so we make an estimate (best guess). Some of these people may not be replaced, and this will help us to keep the costs down. But for some of the roles we know we will need to recruit and train new staff in the future.

We are also finding it harder to recruit to some posts, such as A& E consultants and some nursing posts. We are trying different ways to recruit staff, and we talk about this in the section on how we will make the changes, later on in this document.

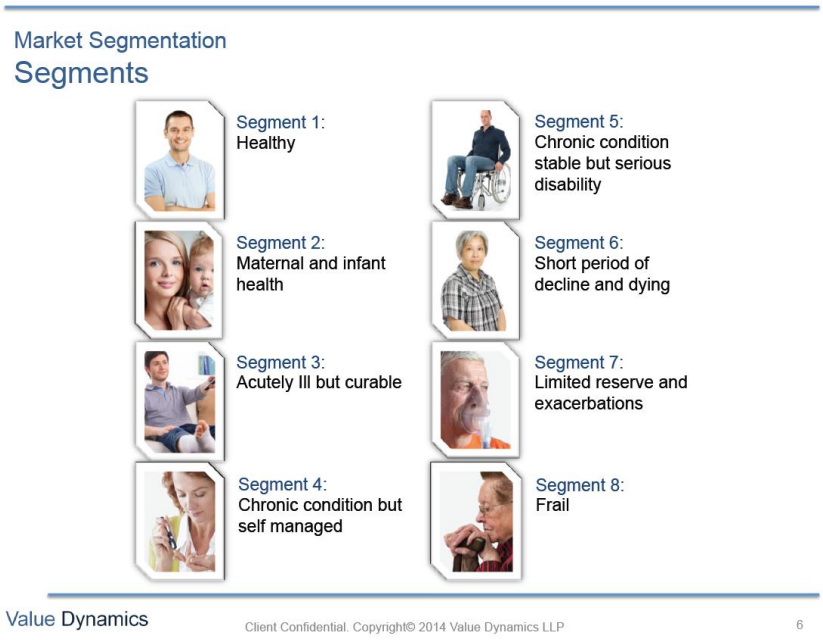
- **Patients who use services**

We recognise patients have a choice, and more patients will begin to choose where they go for their treatment and complain if they are not happy with the service they receive.

We are now used to getting things immediately, be it TV programmes on demand, same day delivery of a fridge. People now expect faster healthcare too, and are not happy to wait a long time to be treated. The NHS also wants to treat people quickly, and help them to return to health as soon as possible.

We know that the birth rate (number of babies born) in the Stockport area is staying about the same. But some women are choosing to have their babies at the University South Manchester NHS Trust, or Central Manchester NHS Trust rather than at Stepping Hill Hospital. But we still have the costs for the larger unit, which we have recently refurbished.

When we looked at the types of people who use our services now and in the future, we found they fell into eight groups. These are shown below:



This information has shown us that we can expect our business to continue to grow in the future to be able to look after:

- Patients with long-term conditions, who self-manage (eg asthma patients)
- Patients with long-term conditions, with a severe disability (eg some stroke patients)
- Patients who are poorly for a fairly short period and then pass away (eg some cancer patients)
- Patients who are poorly and need a lot of care for quite a long time (eg serious heart conditions) and
- Frail elderly patients (some may have dementia).

When we look at these types of patients' we found that their care needs are slightly different, but often most groups of people want the Trust to:

- ✓ Be accessible (easy to reach, and open when the patient needs the care),
- ✓ Be able to look after patients who need complex care urgently,
- ✓ Have a good reputation for giving high quality and safe care, and
- ✓ Be an organisation people trust and feel happy to turn to in their time of need.

This is good for our organisation, as this matches our core values that we talked about earlier in this document, which are:

Quality and Safety:
We deliver safe, high quality care
Clean and safe environment for better care

Communication
We treat people with dignity and respect
We communicate in a clear and open way

Service
We provide effective and efficient care
Right care, right place, right time.

This information also shows us how we need to improve, so that we can meet the needs of patients in the future. We need to make sure our services focus on:

- ✓ Helping people who are less mobile, and may find it difficult to come into our buildings and get their care;
- ✓ Have more joined up services to look after people who have multiple (more than one) illness or condition;
- ✓ Offer high quality urgent care (such as A&E) that patients can get to easily when they are very unwell; and
- ✓ Make it easier for patients to get their care all in one place – a one-stop shop.

- **CCGs who commission and purchase services**

As we said before, CCGs are GP led organisations who decide what types of healthcare to buy from which organisations. CCGs buy (commission) most of the hospital and community care across England. NHS England buys GP and primary care services and very specialised

services such as children's heart surgery. The main organisations that commission services from the Trust is shown below:

Table 5: Trust commissioned income by the main purchasing organisations

Commissioner	Percentage of Trust commissioned income
NHS Stockport CCG	62.0%
NHS Tameside & Glossop CCG	12.9%
NHS North Derbyshire CCG	8.0%
NHS Eastern Cheshire CCG	4.0%
NHS England Greater Manchester Area Team	3.8%
NHS England Specialist (Cheshire, Warrington and Wirral Area Team)	3.5%
Stockport Metropolitan Borough Council	1.8%
Tameside Metropolitan Borough Council	1.2%

The amount of money given to CCGs and NHS England to pay for health care services they commission is worked out using a new funding formula. This complex calculation uses more up to date information, including the levels of deprivation (access to resources and opportunities). This means that more money is given to the more deprived areas, to try and reduce the health inequalities (differences).

The NHS payment system is called Payment by Results. Importantly, this system aims to ensure a fair and consistent basis for hospital funding rather than being reliant mainly on historic budgets and the negotiating skills of individual managers.

Of the services purchased from the Trust six out of every ten (61%) are based on this payment mechanism. Each year the tariffs (pricing structure) on which Payment by Results is based, are decreased in line with the governments estimates of the savings Trusts can make in efficiency gains. For the year 2014/15 the tariffs have been reduced by 1.5%, from last year.

It can sometimes take a long time for the contract for services between CCG and the Trust to be agreed. This is so the best package of care can be agreed, and also because the financial arrangements are complex. The Trust still cares for the patients, while the paperwork is being agreed each year.

CCGs are now able to look at buying care from organisations other that the NHS. These new organisations have to meet high standards and be approved (Any Qualified Provider) before the CCG can buy their services.

CCG are beginning to shop around more when buying services. Therefore the Trust needs to make sure it is attractive to CCGs who want to buy services. When we say 'attractive' we mean the Trust needs to keep on giving patients high quality care, based on the evidence of what works best, in a clean environment, by caring staff. It is important for the CCGs that patients report the Trust's service has been good, and the national Friends and Family test can help with this. As the CCGs spend public money raised from taxes, it is important that they spend the money well, and the Trust service is value for money.

Stage 3: What do we want to be in the future?

Looking at the options for future care at Stockport NHS Foundation Trust

As we are working in partnership with other NHS organisations, we have talked to them about our issues and challenges; and what our organisation could look like in the future. It is important that we have these discussions, as we all need to make sure that we agree what is best for the NHS in and around the Greater Manchester area. These discussions are happening in regular meetings as part of the Healthier Together review, and Southern Sector partnership. We have also carried out our own work.

These discussions have been a great help to all the Trusts in the Southern Sector. They have helped us all to learn about each other's problems and how we can work together to improve the NHS service across the area. We now know what will happen if we do not make any changes. We have also looked at what changes we could make, and these are very similar to the ideas that the Healthier Together team are thinking about. The idea is to have a new type of Specialist Hospitals and Local Hospitals spread across the Greater Manchester areas. These two choices (options) are described below:

Base case- do nothing, and – stay as we are

This option will mean that our organisation carries on as we are for the next 5- 10 years. This means we are unlikely to build major new facilities such as new theatres or wards. We will also find it more difficult to recruit and retain staff, and this will then make it more difficult to be clinically resilient. When we look at how much this will cost us if we do not change how we work, we will be overspent (in deficit). The Trust needs to make sure that it balances its books, and gets in at least as much money as it spends providing care to patients.

Therefore, we believe that this option is not a solution to our problems. Our partners and our regulator, Monitor agree with us. We have to change how we deliver care in the future, to do nothing is not an option. This doesn't help us to stay clinically, operationally and financially sustainable in the provision of patient care in the future.

Option 1 – become a specialist hospital

This option would mean that our organisation still delivers a wide range of local services and also grows in some areas. If we were a specialist hospital, we will probably provide more urgent and very complex surgery, for example hard to treat cancers, and maybe use robots to do some parts of an operation. Our A&E department will take all serious cases such as major road traffic accidents, immediate life threatening condition, babies and children (paediatric A&E). We will also provide critical care for a lot more patients.

Option 2 – focus on being a local hospital

This option will mean our organisation will still deliver a wide range of services, but our A&E department won't take the most seriously ill people from events such as major road traffic accidents. We will still provide urgent and planned surgery, but we will not always undertake the surgery for the patients who need very complex care. We will provide high dependency care, and some critical are, but not as much as the specialist hospitals will do. We may also have the opportunity to develop further community services.

The talks between the organisations in the Healthier Together work and Southern Sector have not yet finished. As these possible changes to the hospitals are very big, it is important that the teams carefully consider the options of specialist and local hospitals. We also need to consider the best arrangement for maternity services, and more specialised services.

Financial impact

The scale of challenge facing the health economy is huge. The four local Trusts in the Southern Sector partnership have been working together and looking at the options to make us both more clinically and financially sustainable. If we do not 'transform' and work together differently then we face a deficit of at least £28m by 2018/19 – this is after delivering a similar value in savings before then. Continuing to develop the Trust in the way we would like to, by building a new ward and theatre complex (D-Block) and implementing an electronic patient record will add to this challenge.

However, working with our partners to change the way we deliver our services and for us to become either a Specialist-hospital or a Local Hospital improves our financial viability. It must be noted that it doesn't solve the problem completely, and therefore further action will still be required in conjunction with our CCG, but it does reduce the financial problem for the Trust by between £8m and £28m.

Travel times

When deciding on the two options, everyone has considered how long it will take people to travel to a hospital. The teams of Healthier Together and Southern Sector have agreed what they feel are safe travel times. Both teams are aware of the new approved transport infrastructure plans, such as new road or rail links.

Here at Stockport NHS Foundation Trust we are also thinking about the needs of patients who live in the High Peak and Glossop areas. Most of the people who live in these areas travel to Stepping Hill Hospital for their hospital care, as it takes a long time to travel to any other hospital in an emergency. We know that this needs to be thought about when deciding what type of hospital Stepping Hill becomes in the future. North Derbyshire CCG looks after the needs of the patients in the High Peak and Tameside and Glossop CCG looks after the patients in Glossop. Both CCGs are involved in the talks in the Southern Sector and Healthier Together, and are working to make sure the needs of these patients are met when these changes to the hospitals are made.

How do we choose which option is best for Stockport NHS Foundation Trust?

We have looked at what these two options could mean for our organisation. However, the final choice of what type of services we will deliver in the future will not be our decision. This may be a blend of the two options for some hospitals. The local CCGs will decide what services they want to commission (buy) from us, and if we will be a specialist hospital or a local hospital. The CCGs will listen to what the public think should happen through the public consultation events.

We can however look at the pros and cons (benefits and risks) of each option, and how we will need to change to deliver care in this new way in the future. These are on the next page.

Table 6: If Stockport NHS Foundation Trust was to become more of a specialist hospital

Benefits	Risks and drawbacks
All services available on one site	Will require capital investment to build new theatres, and recondition / expand the number of wards
Favourable travel times for large number of people within the Southern Sector	Operationally more complex challenges, eg maintaining A&E targets with increasing number of patients
Established regional and national reputation for several clinical services	Will need to quickly learn how to be a lead partner in clinical networks to support rotas and doctor cover at the local hospitals, which is an added risk.
Significantly reduces the forecast overspend, and increases efficiency such as reduced length of stay	We will need to effectively manage the rapid expansion of the organisation, while still delivering high quality and safe care
Maximise the one-stop-shop and integrated care we can provide through our acute and community teams	Potentially have to focus more on acute services rather than community, particularly Tameside and Glossop
Attract site investment eg for new buildings	
Improved clinical and financial resilience	

Table 7: If Stockport NHS Foundation Trust was to become more of a local hospital

Benefits	Risks and drawbacks
We can focus more closely on what we are very good at doing – caring for our patients, as we will be providing a range of services relevant to the local population	Some local people may be taken to another hospital for major emergency care, such as large scale road traffic accidents, and complex surgery
Local people will still get a wide range of services on our sites, but the service may be provided by another organisation with even more expertise than we currently have.	It will take time for the hospitals to change, and so we will need to carefully make this transition (change)
It helps to reduce our forecast overspend	The range of services we are paid for will change, and if we are not careful, this may make it harder to balance our books.
We could further develop some of our best services such as urology, stroke and joint replacements, and care for patients from other hospitals	Our staff will be part of clinical networks, and may be managed by other organisations. This will still mean that patients get a good service, but we need to help the staff to adjust to this new way of working.
We could decide in the future to perhaps focus even more of our effort on caring for older people. As more people are getting older, this will be a good service improvement for local people	Some services may no longer be provided by the Trust, but may still remain on our sites.
Improved clinical and financial resilience	Potential for additional travel times for patients in outlying areas
Allows full integration with the community, and further develop community services	

Our preferred option: What we think works best for Stockport Foundation Trust

At the present time Stockport NHS Foundation Trust is more than a local hospital, but does not offer all the services of a specialist hospital. We know that more work needs to be done to fully understand what services need to delivered at each hospital in Greater Manchester. We also think that more hospitals will share staff and services, and not every hospital will own all of the services that are provided at their site. Using the information we have at the moment we believe that the Trust should be more than a local hospital, in order that the maximum number of patients have a favourable travel time; and indeed the Trust already offers many of the services of a specialist hospital (e.g. intensive care, stroke centre).

Having considered the key issues of access to services and travel times, the Trust's preferred option for its main Stepping Hill Hospital to become one of the new specialist hospitals. Whilst the Trust provides a number of the services that make up those of a specialist hospital, the Trust also recognises that this preferred option is likely to require the Trust to work in a network with another specialist hospital in order to provide the full range of required services at Stepping Hill, and overcome any risks associated with this option. As such, in the future, the Trust may not be the only provider of hospital services on the Stepping Hill site. Such arrangements are similar to our current agreements for Dermatology with Salford Royal and cancer services with The Christie.

We know that the other hospitals in the Southern Sector are also making their preferred choice for their future. The decision on what our hospital will be in the future will be decided by the local CCGs following public consultation.

Stage 4: How do we get there?

New ways of working

Hospitals working more closely together

Whatever option is finally chosen for our organisation, we know that we will be providing care in a different way in the years ahead. We are already looking at how we can do some of this change now, by working with our local partners. One example is the dermatology (skin) service. This service is now provided together with Salford Royal NHS Foundation Trust, and the doctors come to Stepping Hill Hospital to see our local patients. We made this change because we believe this offers our patients an even better quality of care. This is because Salford Trust is already a specialist dermatology site, with a larger team of staff, who already do research that can benefit our patients.

We think that sharing doctors and other staff across organisations will become more common in the future. There are many different ways we can share staff across NHS organisations, and we are keen to look at all of these choices. We also think that more doctors will be available to see patients in the evenings, at night in an emergency and during the weekends.

The way that other types of staff work will also change in the future. Because of the national Keogh and Berwick reviews, and the sad events at Mid-Staffordshire Hospital, we will see more qualified nurses on the wards, providing better care for patients. We will also see more

senior nurses specialising in one area, who can do some of the work of junior doctors. This will help to fill some of the gaps in services where it is hard to recruit doctors.

Hospitals treating patients more quickly

As hospitals become larger, or focus their care on specific groups of patients, the staff learn how to provide even better care, often at a lower cost and more quickly. We are investing in our computer technology to help us work quicker and maintain safety. All of these changes could mean in the future that some patients will come to the hospital or community clinic for their care, but the patient will not have to stay overnight. Or if they do stay in hospital, their length of stay will be much shorter.

More care in the community

As more services are provided in the community, we expect nurses to play a bigger role in caring for patients. We may find in the future that patients who are very old, or very poorly with long-term conditions, may have a dedicated nurse who looks after them on a regular basis. We have already made this type of change for diabetes patients in Tameside and Glossop. The new service provides consultant care to the patients in community clinics, which means the patients, do not have to go to Tameside Hospital for their routine appointments.

Other types of staff also change how they work. More staff will have access to portable computers, and so the staff will be able to work closely with patients in their own homes. This can help to reduce the need for a patient to come into hospital.

Closer working between health and social care

We mentioned earlier in this document about the plans to bring health and social care services closer together. This is called integrating services. All the local CCGs and Councils are keen to make this type of change happen. The Government is also keen to support this change, and has decided that some of the money that is now spent by the CCGs will be spent by Councils from next year 2015/16.This should mean patients get services that are more joined up. Patients may also benefit, from being looked after by one team that is made up of all the staff they need (for example health and social care).

The CCGs are now working hard to manage the handover of the money to the local Councils. As the CCGs will have less money from 2015/16, this means they may have less money to commission (buy) services from the provider Trusts. The Southern Sector partnership is looking at how best to manage this change.

Offering people a wider choice for urgent care

It is well known that across the country A&E departments are becoming busier. This is because more people are going to A&E for treatment, and often these people are older and need a lot of care, or they have long term conditions that also need a lot of care. At Stepping Hill Hospital the A&E service has struggled to consistently meet the national target of 95% of people being seen within four hours for their treatment. We have worked hard to improve the speed of the A&E service, and our patients still tell us that they feel they are well cared for by our staff. We know we need to do even better, and we are recruiting more doctors to work in

the department. This together with lots of other changes we have made to the service will help us to meet this national target.

We are planning and making these changes with our local CCGs. The CCGs know that as well as improving the speed of service in the A&E department, there needs to be a wide range of changes to the services people can use in primary care. This includes GP surgeries being open later in the evening and at the weekend, together with providing care in people's homes, such as intravenous antibiotic therapy. This may help to reduce the number of people who go to A&E for care.

Managing risks

As this is a big change to all the hospitals in the Greater Manchester area, we know that there will be risks (problems) that will need to be managed. We are used to managing risks every day, as part of running our hospital well. We have processes in place that help us manage risk, and the senior doctors, nurses, and Executive Directors are all involved in managing risks. We will have a clearer picture of the risks to delivering the change, once the decision has been made on the type of hospital we will be in the future. Some of the risks we know about already, and what we will do to try and reduce or stop these risks from happening are shown below:

Table 8: Possible risks and actions to reduce the risks, for the options on the future type of hospital this Trust may become

Possible risk	Action to reduce the risk
The final decision on what our Trust will be in the future, make take longer than we expect	Work hard to understand the best shape for our organisation, and the services we need to improve and the services that we may share with other organisations
More money is needed to change our hospital for the future	We are working hard to reduce the costs of running our organisation, so that we can save money for future developments
It becomes harder to recruit or keep staff	Make sure our organisation is a place people want to work in. Look at sharing more staff across other organisations
Our buildings are not the right type for future service	We are looking at what changes we may need to make to our buildings. For example, in June 2014, our Board is looking at the option to build new theatres and wards.
We may find it harder to meet national service targets	We are monitoring if we are meeting the national targets, and where we need to improve we are investing in supporting our staff to provide an even better service.

Making this vision happen

Delivery Plan

We are continuing to look at the information that we have and how to further develop how services will be delivered across the Trust. We are doing this work with our Board of Directors and our Governors. We are also continuing to work very closely across the

Southern Sector partnership, and across Greater Manchester. Together, we will work out the most sustainable solutions. This work will also be informed by the public consultations that the CCGs will lead.

This thinking and planning is very important and complex, and will take us many months to complete. We expect to spend a lot of the next twelve months planning the changes to services. Once the plans have been agreed, we will then begin to make the changes. We expect some of the first changes to be to how we use our existing staff, theatres and equipment. We may for example start to do more work in the evening or at weekends. Following this we expect that NHS organisations will share their staff more often across the different hospitals. This will be an important step in making the changes happen across Greater Manchester, as well as the Southern Sector. These changes will take place in discussion with our staff side colleagues (union representatives). The final change will probably be change to buildings, as these take time to plan and build, such as new ward blocks.

Communicating the changes, to our staff, patients and the wider community

We know these changes are important, and so we will be making sure we keep everyone who is involved aware of what is happening. The job of keeping everyone informed of the changes is the responsibility of all the NHS organisations across the area. We will do this through our communication delivery plan. The activities we will use include:

Internally:

- Our monthly Team Brief events, presented by the Chief Executive, and shared across our organisation; and
- Start the Year events, presented by the Chairman and Executive team; and
- Through regular communications such as emails, and on our intranet pages.

Externally:

- Media, press release;
- Stepping Up newsletter, autumn 2014 edition (12,000 members);
- Website;
- Social media, with links to website (Facebook and Twitter);
- Plasma screens across hospital;
- Monthly podcast by the Chief Executive; and,
- Quarterly page in Stockport Council Newsletter.

Keeping the work on track (performance management)

To make sure we keep on track and make these changes happen on time we will check the progress regularly. Senior doctors and managers will check the work is going to plan, and report this to the Board of Directors and our Governors. If work is delayed, action will be agreed to get us back on track.

It is hard to know what may happen in the next five years. We know that we need to keep an eye on things that could affect our plans. We will pick up any issues and discuss them with senior clinicians, managers and other local organisations. We know we need to be flexible, and that our plans may need to change.