



OPERATIONAL PLAN

1 APRIL 2015 TO 31 MARCH 2016

Your Health. Our Priority.

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1. Introduction

We celebrated ten years as a Foundation Trust in 2014. The past decade has brought significant changes to the running of the NHS, the health needs of the population and a challenging economic climate. Despite these challenges, we have continued to focus on providing high quality, sustainable services and this is reflected in our ongoing strategic priorities;

- *Quality:* Delivering safe, effective and compassionate care, which meets national standards and gains positive patient feedback
- *Partnership:* Working with all our partners to provide excellent care 24/7; sharing expertise, skills and facilities in clinical and non-clinical services
- *Integration:* Integrating appropriate hospital and community health services with social and primary care, to provide high quality care in the community. The proposed model is focused on proactive care; adults with complex needs and based on one referral and assessment route, one integrated care plan and record, one contact point and one pooled commissioning budget
- *Efficiency:* Achieving the required efficiency savings each year, avoiding waste and duplication whilst investing in IT, organisational development and modernising both hospital and community facilities

We are required by Monitor, the independent regulator of NHS foundation trusts, to update our annual operational plan for 2015/16. This must be based on key considerations, outlined by Monitor, that we are required to address. As part of this update, and through working with key stakeholders, we have refreshed our strategy. This is due to factors in the external environment that have impacted our Trust and now require us to revisit some of our assumptions.

We continue to be committed to our strategy. However, we acknowledge that the current model of providing everything to everyone is unsustainable, and therefore refreshing our strategy required a more focused and strategic positioning approach.

This document outlines what is happening external to our Trust and what impact that has had so far internally. We also talk briefly about the new Government and what that means for us.

We discuss changes in our overall performance, how we refreshed our strategy, how we developed this year's operational plan and what our focus is going forward. We then outline our priorities and high-level targets. After that we highlight sections of our capital programme and then move on to show our approach to ensuring continued quality in our services. Lastly, we present our financial information.



2. Our commitment to the strategic direction and the strategic context

As stated, we have refreshed our strategy. This is due to factors in the external environment that have impacted on our Trust and now require us to revisit some of our assumptions.

2.1: Significant changes in the external environment

There have been a significant number of changes in the external environment over the last year;

- *Greater Manchester Devolution* - Greater Manchester Devolution (GM Devo) was launched in 2015 and is a groundbreaking plan to bring together health and social care budgets – a combined sum of £6 billion. There will be a much greater focus on integration and helping the vulnerable in society. These themes align well with our strategic direction and we will work closely with GM Devo to ensure the best possible health services for Stockport. Our Chief Executive has been selected to represent acute providers on the GM Devolution Health and Social Care Programme Board.
- *Healthier Together* - Healthier Together was launched in 2012 and a public consultation took place in summer/autumn 2014 on the reconfiguration of acute surgery and emergency care across Greater Manchester. The proposal focuses on centralising emergency medicine and acute surgery to four or five 'specialist hospitals'. These specialist hospitals will then work with local hospitals in shared or single services. From the ten hospitals in Greater Manchester, three hospitals have already been designated as a 'specialist hospital' and a further three hospitals have been designated as a 'local hospital'. The future of four hospitals remains undecided and Stockport Foundation Trust is one of the four. We want to become a 'specialist hospital'.
- *Southern Sector Partnership* – This is a partnership between Stockport NHS Foundation Trust, East Cheshire NHS Trust, Tameside Hospital NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust. To date the partnership has explored potential reconfiguration of corporate services and clinical work streams such as general surgery, cardiology, stroke, gastroenterology, respiratory, orthopaedics and pathology.
- *Stockport Together* – This is a partnership between Stockport NHS Foundation Trust, Stockport Clinical Commissioning Group, Stockport Metropolitan Borough Council and Pennine Care NHS Foundation Trust. The need to jointly find around £120 million of efficiency savings over the next three years has created the need for rapid transformation of patient services. Stockport Together is strongly aligned to our strategy, and a number of initiatives overlap, such as proactive care and end of life care. The Stockport Together work has been awarded 'Vanguard' status from NHS England (led by Simon Stevens, NHS England Chief Executive), following a joint bid to develop new models of care. Stockport is piloting the multi-specialty community provider model.

2.2: Internal to our Trust

During 2014/15 we began to reshape the way that we operate. This was to be in the best position to deliver our strategy from 2015/16 and over the coming years. Examples of this include;

- Developed the 'Building a Sustainable Future' (BaSF) portfolio. This includes service line innovation and transformational plans for financial, operational and clinical sustainability, as well as exploring income generation opportunities to bring in additional income for NHS services
- Strengthened our medical, clinical and managerial capacity and capability. This was in order to become more resilient as we move into a challenging new financial year and this continues into 2015/16
- Developed our organisational development strategy as staff are our greatest asset and vital to help deliver transformation change in the future



2.3: Changes in our overall performance

We experienced a number of challenges last year in regards to our performance against national standards. This mainly relating to unscheduled care pressures, a challenge experienced by NHS trusts across the country as we all face a greater than ever demand on services;

- We did not achieve the A&E four hour target for the year 2014/15, although our overall performance was better than the previous year. This is still a risk area and a lot of resources at a Trust and local health economy level are being invested in trying to improve the unscheduled care system.
- The 18 week referral to treatment standards were largely achieved. Unfortunately, due to the extreme winter pressures experienced across the NHS this resulted in cancellations of elective/scheduled work which made the last quarter of the year unachievable.
- We did not achieve the cancer 62 day target in quarter three and quarter four of the 2014/15 year. We brought in the national intensive support team to check our processes and monitoring and offer advice and support. This resulted in an action plan to help achieve this target.
- We achieved other standards, including infection control and access standards.



2.4: Significant changes in government or regulatory policy

With the new Government now in place, we anticipate that the focus on many key areas will continue. These include seven day services, increasing choice, integrated care, caring for an elderly population, investment in skills and capabilities, and the need to do things differently. These fit well with our strategy and the national 'Five Year Forward View'.

The Government has pledged, in their manifesto, around £8 billion additional funding to invest in front line NHS services. This will be passed to clinical commissioning groups who are responsible for buying healthcare services on behalf of the local population. We receive our money from them to deliver these services. We feel that with our plan and strategy we can build business cases to ensure additional investment in health services for Stockport, both in the hospital and the community setting.

2.5: How we refreshed our strategy and developed this year's operational plan

In order to refresh the strategy and develop this year's operational plan we have done a number of things.

These are;

- Within our Trust a group of medical, nursing, pharmacists, allied health professionals and managers looked at our performance over several years. This included clinical, operational and financial performance data and information. Financial sustainability going forward is something that all NHS Trusts have to consider.
- We also re-looked at our capability to deliver and excel at certain services, along with an analysis of the health market surrounding us which also includes private health providers.
- We spent a lot of time getting to know who our patients are and why they come to our Trust. This included collective, not individual, health profiles of our population using public health information. The health of people in Stockport is mixed compared with the England average. Life expectancy for both men and women is similar to the England average, but Stockport has an ageing population, with increasing needs and new challenges. We then looked at what services we have within the hospital and our community services and how much specific services are used, ie: which services are the most popular/most used.
- This then gave us a view of what the hospital and our community services should be providing in the future to meet the needs of our population.

Our focus going forward will be care for the elderly and cancer. This will be supported by our core clinical support services such as; pharmacy, radiology and pathology.

This does not mean stopping the provision of services on the Stepping Hill Hospital site, but that we need to adapt to how we provide certain services efficiently.

The principles behind this focus are;

- Focus on the elderly where mobility is a key consideration
- Multiple conditions is a prominent factor in the care for the elderly
- Patient is driven by the need to get urgent care at the nearest place
- Providing convenience of all relevant services located close to patients as a one-stop service

This strategic direction will result in;

- Being considered as a specialist in all aspects of care for the elderly and cancer
- Delivering true integrated services
- Providing care on the basis of individual rather than speciality
- Ability to build significant cost advantage through specialisation and focus
- Open opportunities for new revenue channels





3. Translation of our strategic priorities into targets

Our strategic priorities have not changed. Our outcomes and metrics based on the refreshed plan are listed below.

Priorities (expanded on the four strategic priorities)	Refreshed expected outcomes for 15/16. We will:	Refreshed key targets to be measured in 15/16
1a. Quality- Patients health and well-being is supported by high quality, safe and timely care	<p>Maintain achievement of national service standards</p> <p>Begin implementation of revised quality strategy</p> <p>Evaluate early benefits of Patienttrack and identify development plan for roll out and use</p> <p>Develop quality Innovation programme based on new strategy for elderly and cancer patients</p>	<p>Monitor compliance framework standards:</p> <ul style="list-style-type: none"> • A&E four hour target • 18 week referral to treatment targets • Cancer targets • Infection control targets <p>Implement quality plan for 2015/16 and associated key performance indicators</p> <p>Continue to roll-out to maternity and paediatrics (having achieved medicine and surgery) and introduce alerting function to improve timely escalation of deteriorating patients</p> <p>To complete innovation cycles in a minimum of 10 areas focused on improving quality for elderly and cancer patients</p>
1b. Quality- Patients and their families feel cared for and empowered	<p>Implement the patient experience strategy</p> <p>Continue delivery of programmes to enhance caring values and behaviours</p> <p>Evaluate improvements in communication by Trust staff with patients and their carers with a particular focus on dementia care</p> <p>Involve patients and their families in the innovation programme</p>	<p>Implement patient experience plan for 2015/16 and associated key performance indicators</p> <p>Links to quality strategy detailed measures at 4.1</p> <p>Taking forward the dementia CQUIN (commissioning for quality innovation) measurement process from 2014/15</p> <p>Recruit patients and families/carers to the first wave of innovation workshops in elderly care and cancer</p>
2a. Partnership- The Trust is an effective member of a modern and innovative health care community	<p>Ensure the Trust plays a substantial leadership role in the proactive care workstream within Stockport Together</p> <p>Ensure the Trust plays a key role in designing the new Stockport Together care system</p> <p>Delivery of CQUIN measures</p>	<p>Stockport Together - key measures will be; :</p> <ul style="list-style-type: none"> • agreed system design • full business case • agreed implementation plan <p>Delivery of CQUIN measures, target increased to 90% from 85% for 2015/16</p>
2b. Partnership - Effective and efficiently run services across the Southern Sector Pship	<p>Implementation of a sector wide electronic patient record system (subject to business case approval)</p> <p>Implementation of further agreed clinical shared services</p>	<p>Delivery of electronic patient record sector business case and contract sign by September 2015</p>

		<p>Realignment of the scope of the south sector clinical programmes to fit with refreshed Trust strategy with clear goals. Six specialties in scope – delivery plans for each expected by quarter 2 2015/16</p>
<p>3a, Integration- Patients' lives are easier because they receive their treatment closer to home</p>	<p>Take responsibility for the development of multi-specialist neighbourhood teams in the community setting</p> <p>Work with commissioners to provide specialties within and out of the scope of our strategy into a community setting.</p> <p>Ensure workforce planning is focusing on the new community hub arrangements within proactive care – e.g. creation of new roles, training for new doctors</p>	<p>Delivery of Stockport Together neighbourhood hubs by October 15</p> <p>Commence with dermatology during quarter 1 then creating a schedule of next specialties for 2015/16</p> <p>Workforce plan for new system design to be created in quarter 2 as per Stockport Together system design process</p>
<p>3b. Integration- Patients' receive better quality services through seamless health and social care</p>	<p>Identify leaders from the acute part of the organisation to work within the social care and Community setting to spread learning</p>	<p>Identify secondments and backfill to allow key leaders to commit additional time during quarter 1</p>
<p>4a. Efficiency- The Trust is able to demonstrate to governors, local residents, partner Trusts and regulators that it makes the best use of its resources</p>	<p>Safely reduce costs and embed transformation ethos across the Trust</p> <p>Roll out at least a further two transformation projects in-year</p> <p>Maintain continuity of service risk rating of ≥ 3</p> <p>Continue the implementation of the comprehensive Workforce Plan Building a Sustainable Future Programmes to deliver savings in line with targets</p>	<p>New innovation programme to commence roll out in June. Five areas undertaken within quarter 1 and 10 areas by quarter 3</p> <p>Monthly monitoring of CoSSR and proactive view undertaken at FSI. Maintain COSRR of 3 (or above)</p> <p>To be monitored through the Workforce and Organisational Committee with appropriate KPIs</p> <p>To be monitored against Building a Sustainable Future (BaSF) plan through BaSF Committee using existing key performance indicator schedule</p>

4b. Efficiency-Trust staff are enabled to deliver their best care within a high quality environment	<p>Delivery of the other elements of the organisational development strategic work programme</p> <p>Coaching strategy implemented</p> <p>Complete embedding the strategic objectives within staff personal development plans</p> <p>Implement electronic patient record system, subject to business case approval</p> <p>Commission the surgical and medical centre scheme</p>	<p>Refresh of organisational development strategy in quarter 1 to ensure alignment with the innovation programme</p> <p>Introduction of value based recruitment approach in quarter 2</p> <p>Development and implementation of workforce plan in response to refreshed strategy in quarter 2</p> <p>'Manager as Coach' programme – ongoing throughout 2015/16 to ensure 50% of managers trained.</p> <p>Implementation of reviewed performance appraisal policy in Q1</p> <p>Embedding of revised personal development plans approach and value based framework in quarter 2,3 & 4</p> <p>Electronic patient record: Implementation key performance indicators will be determined in September business case</p> <p>Surgical and medical centre - due for completion April 2016. Commissioning plan due by quarter 2 15/16</p>
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3.1 Our capital programmes and how these support our strategy

The key capital programmes have all been mapped against our refreshed strategy in order to ensure that they are fit for purpose. These include;

- *Medical and surgical centre* - this is a new three storey building providing an additional 149 beds, two operating theatres and assessment capacity for both medicine and surgery. It is very important in that it supports the key specialties within our strategy, such as urology, orthopaedics, general surgery and general medicine. It also means we could use the old areas to increase our total beds and operating theatres to a level that provides an immediate solution if we become the 'specialist' hospital for the South Sector of Manchester, under the Healthier Together reorganisation of acute surgery and emergency care.
- *Urology robot* - we have taken the strategic decision to purchase a robot for complex cancer surgery in order to strengthen our improving outcomes guidance (IOG) compliance within the urology service. This is also particularly important in developing our cancer theme and offers a significantly higher quality option to our patients with improved outcomes.
- *Electronic patient record (EPR)* – we see the electronic patient record as strategically important and a necessary investment in our future ability to deliver high quality care. It will enable us to improve our management information/ business intelligence data.
- *Medical equipment* - the replacement of key medical equipment this year has largely focused on the cancer theme and is mainly endoscopic equipment.
- *CT* – we will be buying a new state-of-the-art CT scanner to improve our diagnostic capability and capacity

In addition to these schemes, we have several business cases in development in response to our refreshed strategy;

- *Additional diagnostic capacity* - this is vital to our cancer theme and there is a potential business development opportunity to provide capacity for neighbouring Trusts
- *Private patient income* – we are considering a business case to develop a private patient income to bring in additional income for our NHS services
- *Additional theatre capacity* - this is to prepare for any additional work that may result from changes in the services provided by neighbouring Trusts



4. Quality priorities

We have a strong reputation for clinical quality and we will continue to put patients at the heart of everything we do. We will specifically prioritise patient safety and the patient experience.

We aim to become one of the safest trusts in the NHS and therefore plan to deliver continuous improvements in a range of areas of care. This will be underpinned by a culture of strong leadership and clinical engagement, of enhancing capacity and capability for quality improvement amongst our staff, of robust measurement and monitoring and of putting the patient first.

We have joined the National 'Sign-up to Safety Campaign' which aims to reduce avoidable harm by 50%. We are also part of the 'Making Safety Visible' programme run by HAELO to develop stronger analytical and predictive capability for quality improvement.

We will focus on two strategic outcomes which were agreed in 2014/15; that 'patients health and well-being is supported by high quality, safe and timely care', and that 'patients and their families feel cared for and empowered'.



Strategic Outcome 1: Patients health and well-being is supported by high quality, safe and timely care

Quality area	Objectives What does success look like?	Measures	Delivery Plan	What resources do we need to mitigate risk of non-delivery?
Reduce hospital related mortality - sepsis	<p>100% compliance with national guidance on sepsis.</p> <p>Focus on the 'golden hour' so that within one hour of suspicion of sepsis, there is:</p> <ul style="list-style-type: none"> administration of antibiotics intravenous fluids early escalation to senior medical review 	<p>CQUIN targets (commissioning for quality innovation) - sepsis screening; 'golden hour'</p> <p>Mortality; overall reduction in mortality</p> <p>Mortality: reduction in mortality related to sepsis ICD code (excluding labour)</p>	<p>Agree on 'sepsis' pathway in A&E to facilitate compliance with key interventions:</p> <ul style="list-style-type: none"> antibiotic within one hour oxygen administration IV fluids within one hour completion of fluid balance blood monitoring within 15 minutes of arrival <p>Setting up screening process at triage.</p> <p>Interface communication between A&E and acute medical unit.</p> <p>Formation of delivery group</p>	<p>Clinical engagement: setting up of delivery group</p> <p>IT support: adaptation to Advantis A&E system adaptation to acute medical unit Advantis Ward</p> <p>Setting up intranet site for sepsis.</p> <p>Clinical audit department: collection of data/analysis</p>
Reduce hospital related mortality - overall weekend mortality	Reduce Trust mortality weekend metrics to week day level	<p>Mortality statistics including</p> <p>Weekend mortality statistics</p> <p>Weekday mortality statistics</p>	<p>Gap analysis of current Trust position against 7 day audit toolkit.</p> <p>Theme analysis of crude weekend mortality data</p>	<p>Once gap analysis identified business case will be required.</p> <p>Undertake PDSA (plan, do, study, act) as part of Making Safety Visible Programme to improve patient outcomes</p>
Provide harm free care - Pressure Ulcers	Reduce the prevalence and incidence of pressures ulcers (grades 3 and 4) avoidable and unavoidable, acquired in hospital and community settings year on year, working towards an aspirational target of zero avoidable grades 3 and 4 pressure ulcers by 2019.	<p>Safety Cross Safety Thermometer data</p> <p>Internal database that includes trends Numbers of serious adverse events</p> <p>Numbers of avoidable/unavoidable pressure ulcers Open and Honest Care Programme</p> <p>Measurement of healing rates of pressure ulcers Annual prevalence audit</p>	<p>Further development of database for accurate reporting</p> <p>Action plan to be realised from pressure ulcer summit held November 2014</p> <p>Updated pressure ulcer guidelines to be agreed and implemented</p> <p>PURIS project (pressure ulcer reduction in Stockport) to establish whole health economy working and consistent measurement</p>	<p>iPads for verification in acute and community services</p> <p>If PURIS project (pressure ulcer reduction in Stockport) successful then funding from clinical commissioning group required to continue</p> <p>Equipment co-ordinator for managing and monitoring pressure relieving contract</p> <p>Secondment of band 5 into tissue viability team on a rolling development</p>

			Annual mattress audit Standardisation of equipment across the whole health economy	programme
Provide harm free care- Falls	<p>Reduce the incidence of falls associated with injury and death from a baseline of 23 (2013/14) by 10% year on year by 2017.</p> <p>Work towards reducing all avoidable falls (number to be determined) associated with injury and death to zero by 2019.</p>	<p>Safety Cross Safety Thermometer data</p> <p>Internal database that includes trends</p> <p>Numbers of serious adverse events</p> <p>Numbers of avoidable/unavoidable falls (major and above categories)</p>	<p>Development of more accurate database linked to Datix</p> <p>Review of ward environments including all new builds</p> <p>Whole health economy working to avoid admissions and educate patients/carers</p> <p>Falls clinic in community</p> <p>Exercise clinics in community</p> <p>Whole health economy training linked to equipment</p> <p>Continuation of multi factorial programme (care bundle)</p> <p>Policy/ assessment /care planning</p>	<p>Falls co-ordinator post</p> <p>3 year contract for mats and sensors increase in budget</p> <p>Enhanced healthcare assistant team to look after pts with dementia /risk of falls who need specialising (1:1 support)</p>
Provide harm free care- VTE	Reduce by 50% hospital acquired venous thromboembolism (VTE) (for inpatients and those re-admitted with confirmed VTE within 30 days)	<p>Reduction in mortality related to VTE</p> <p>Reduction in confirmed cases (positive CTPA/Doppler/VQ scans) with no reduction in radiological investigations</p>	<p>95% compliance for root cause analysis of patients diagnosed with VTE within 30 days of discharge.</p> <p>95% compliance for root cause analysis completion for incidents of VTE of inpatients.</p> <p>Implementing 'lessons learnt'</p>	<p>Clinical engagement, setting up delivery group</p> <p>Setting up tracking of VTE events in patients.</p>
Provide harm free care- Medication errors	Reduce medication incidents which cause harm by at least 50% from the 2014/15 baseline.	<p>Achieving 95% compliance with medicine reconciliation within 24 hours.</p> <p>Reduction of 75% in unintended omitted critical medicines (electronic prescribing and medicines) report). Reduction in medication errors on discharge (picked up by Datix).</p>	<p>Medicine reconciliation Implementation of diabetes task and finish group action plan.</p> <p>ePMA (electronic prescribing and medicines) relevant modifications.</p> <p>Educational programme.</p>	<p>Clinical pharmacy service to achieve 95% medicine reconciliation within 24 hours and to provide adequate cover for all clinical areas. (dependent on business case and recruitment).</p> <p>IT support for ePMA (electronic prescribing and medicines) changes.</p>

		<p>Increase in near miss reporting.</p> <p>Reduction in 50% errors in insulin prescribing and administration that cause harm.</p>		Clinical engagement
Provide harm free care - healthcare associated infections	<p>The aim over the next five years is to reduce healthcare acquired infections as follows:</p> <p>a) MRSA bacteraemias – zero cases attributed to the Trust year on year</p> <p>b) Clostridium difficile – zero cases due to lapses in care by 2019</p> <p>c) Ventilator associated pneumonia (VAP) – achieve 100% compliance with the nationally recognised evidence-based care bundle for VAP</p> <p>d) Device related bacteraemias (central/peripheral) – zero cases by 2019</p> <p>e) Catheter associated urinary tract infections – 50% reduction by 2019</p>	<p>Number of hospital acquired MRSA bacteraemia defined as confirmed positive blood cultures post 48 hours after admission.</p> <p>Number of hospital acquired C.diff cases (post 72 hours of admission) that are attributed to lapses in care.</p> <p>Rate of VAP per 1000 ventilator days (current VAP incidence is 5.8 per 1000 ventilator days)</p> <p>Catheter related bloodstream infections in critical care (high dependency unit and intensive care unit) as measured by number of cases per 1000 catheter days (current CRBSI is 1.16 per 1000 catheter days).</p> <p>Catheter related bloodstream infections on general wards attributed to lapses of care.</p> <p>Catheter related urinary tract infections number of confirmed bacteraemia attributed to urinary catheters.</p>	<p>Implementation of aseptic non touch technique (ANTT) training for nursing staff, including healthcare assistants, medical staff with monitoring and tracking of compliance at business group level.</p> <p>Reducing rate of urinary catheterisation. Antibiotic stewardship</p> <p>Environmental cleaning</p> <p>Compliance with regionally approved ventilator associated pneumonia (VAP) bundle (focussing on mouth care, now prescribed on ePMA (electronic prescribing and medicines); use of subglottic suction ports for endotracheal tracheostomy tubes)</p> <p>Compliance with preventing catheter related bloodstream infections (CRBSI) bundle. Use of chlorhexidine impregnated dressings.</p> <p>All hospital clostridium difficile infections (CDI) to be subject to serious adverse event to identify lessons in care.</p> <p>All community acquired CDI cases (with hospital admission in last 3 months) to be subject to review by infection prevention team.</p>	<p>IT support</p> <p>Business case to review funding and upgrade of IC net (infection prevention database). Improved extended antibiotic stewardship</p> <p>Addressing capacity to facilitate timely access to vascular expertise</p>

			<p>Development of IC net system (infection prevention database).</p> <p>Review of utilisation of side rooms and process for access.</p> <p>Use of alert systems on Advantis</p>	
Provide harm free care- diabetes	<p>Achieve 100% compliance with national evidence-based guidance</p> <p>Reduction by 5% year on year (to 25%) of insulin related prescribing and administration incidents</p> <p>Reduction by 100% of Never Events related to insulin prescribing/administration</p>	<p>Annual audit against national evidence based guidance standards.</p> <p>Electronic prescribing and medicines (ePMA) generated reports.</p> <p>Datix incidents.</p> <p>Never events reporting</p>	<p>Education and training programme to commence for relevant groups of staff</p> <p>Increase functionality of Advantis ED for prescribing insulin.</p>	<p>Admin support to monitor e-learning programme use.</p> <p>Posters, handbooks and training packs purchase.</p> <p>IT support</p>
Provide reliable care	Achieve 100% compliance with the Advancing Quality evidence-based care bundles for a set of specific medical conditions in order to ensure the best possible outcomes for patients.	<p>Appropriate care scores for:</p> <ul style="list-style-type: none"> • Acute kidney injury • Sepsis • Diabetes • Alcoholic liver disease • Chronic obstructive pulmonary disease (COPD) 	Through the CQUIN monitoring process, ensure all relevant staff are aware of 2015/16 Advancing Quality requirements Extend Advancing Quality `measurement and monitoring systems and processes to include new measure groups	Sustainability of measurement and monitoring systems and processes
Reduce readmissions	To aim for top quartile performance when compared to all acute providers.	Reduction of re-admissions rate as reported on CHKS and NHS Choices indicators.	<p>Set up a task and finish delivery group. Identify key problem areas from audit intelligence.</p> <p>Assign specific interventions to business groups in the light of problem areas identified.</p> <p>Develop a process for undertaking a root cause analysis for every re-admission.</p> <p>Review relevant coding practices</p>	Engagement from: Information department, coding department, audit department, business groups and clinicians.

Strategic Outcome 2: Patients and their families feel cared for and empowered

Quality area	Objectives What does success look like?	Measures	Delivery Plan	What resources do we need?
Capturing and learning from patient and family feedback	<p>We will make it easy for patients, their families and carers to tell us about their experience of our services by a variety of methods, and we will act on their feedback to improve our services.</p> <p>We will extend and embed the Friends and Family Test in accordance with national guidance and use the results to learn and to improve our care and the experiences of patients and their families.</p> <p>We will endeavour to include and involve patients in all appropriate Trust strategic or operational meetings where their input can make a difference to our services.</p>	<p>Friends & Family Test (FFT) results</p> <p>National surveys</p> <p>Local surveys / reviews / 'deep dives'</p> <p>iPad survey results</p> <p>NHS Choices</p> <p>Stories of care complaints</p> <p>Quarterly reports</p>	<p>Ensure compliance with Friends & Family Test (FFT) – national guidance and monitor action plan to ensure inclusivity.</p> <p>Ensure monthly FFT and iPad results are available and maintain assurance log updates to reflect actions taken.</p> <p>Undertake a 6 monthly review of iPad questions to reflect themes and trends identified in feedback.</p> <p>Approve Standard Operating Procedure for governance arrangements to ensure monitoring of actions for issues raised via patient feedback.</p> <p>Work in partnership with HealthWatch. Undertake a review of the Trust's 'User Groups'.</p> <p>Ensure results from patient feedback are included in training programmes as appropriate.</p>	<p>Support form communications team to help publicise 'You Said' 'We Did' aspects of service.</p>
Provide care with dignity and compassion	<p>The Trust's dignity and respect standards are monitored for effectiveness through the appropriate patient feedback methodology, enabling learning and improvement.</p> <p>Annual Patient-Led Assessments of the Care Environment</p>	<p>Monitor dignity and respect aspects of patient feedback as above</p> <p>Patient-led assessments of the care environment PLACE results and action plan</p> <p>Monitoring via PLACE steering group</p>	<p>Monitor monthly/quarterly feedback reports (Friends & Family Test & iPad).</p> <p>Monitor complaint trends and ensure action plans are in place to address shortfalls and monitored for progress.</p>	<p>Engagement from the business groups to support the governance standard operating procedures, and address shortfalls identified. Recruitment of patient reps</p> <p>Co-ordination of patient-led assessments of the care environment (PLACE) audits.</p>

	<p>(PLACE) robustly assesses the dignity aspects of patient care and act on the results.</p> <p>For nursing and midwifery staff incorporate specific objectives on the themes of dignity and respect within the Trust's Nursing and Midwifery strategy</p>	<p>iPad surveys</p> <p>Nursing strategy action plan</p> <p>Patient Feedback from local/national surveys</p> <p>Display of dignity and respect standards. Nursing care Indicators</p>	<p>Monitor annual patient-led assessments of the care environment (PLACE) action plan, and work to address shortfalls identified.</p> <p>Work with facilities staff to co-ordinate 'mini' PLACE assessments.</p> <p>Feedback results to Quality Governance Committee</p> <p>Raise awareness of the strategy amongst staff i.e. shared leadership/flyers/ training etc.</p> <p>Recruit staff using the Trust values based behaviours</p>	<ul style="list-style-type: none"> - Time - Staff/Rep training.
Improve care for patients with dementia	<p>We will continue to make improvements to the ways in which we care for patients with dementia so that these patients and their families and carers have a positive experience of care.</p> <p>We will fully implement the Trust's dementia strategy and improve the outcomes for patients with dementia.</p>	<p>Length of stay reductions for patients with dementia</p> <p>Improvements in carers survey outputs</p> <p>Increased compliance with Kings Fund dementia environment audits</p> <p>Increased training compliance with dementia at all agreed levels</p> <p>Reduction in security requests for patients with dementia</p>	<p>Review of dementia strategy in line with Kings Fund dementia conference 2015 literature</p> <p>Potential establishment of 5 working groups as follows:</p> <ul style="list-style-type: none"> i. Environment ii. Active days and calm nights iii. Patient pathways; including direct access / least restrictive interventions / assessments / RAID iv. Training v. Refreshed Strategy written in partnership with Carers 	<p>Agreed portion of facilities budget for environmental changes</p> <p>Potential business cases as required to support any changes to dementia patient pathways</p>
Complaints management and Duty of candour	<p>Improve the Trust's complaints response rate, achieving our annual target of 85% responses within the required timeframe, agreed by complainants.</p>	<p>Complaints response rates</p> <p>Numbers of complaints upheld by the Parliamentary and Health Service Ombudsman</p>	<p>Refresh the complaints process</p> <p>Hold business groups to account for response rates</p>	<p>Capacity and capability of governance teams in business groups</p>

	<p>There will be a revision of existing complaints training for staff to encourage and empower staff to resolve complaints as near to the 'source' of the complaint wherever possible as this improves resolution for patients and families and learning.</p> <p>We will continue to strengthen our duty of candour towards all patients involved in a notifiable safety incident.</p>	<p>Numbers of 'comeback' complaints</p> <p>Specific patient and family feedback on the complaints process</p>	Measure effectiveness of complaints training	
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5. Financial information

5.1 Annual plan overview

Our cost improvement programme, which currently totals £11.8 million has been identified. The planned deficit for 2015/16 is £13.1 million.

EXCLUDING CRP	Annual Plan 2015/16 £k
<u>INCOME</u>	
Clinical Income - NHS	265,425
Non NHS Clinical Income	1,118
Other Income	29,503
TOTAL INCOME	296,046
<u>EXPENDITURE</u>	
Pay Costs	(225,222)
Non-Pay Costs	(81,411)
TOTAL COSTS	(306,633)
EBITDA	(10,587)
Financing Costs	(14,331)
RETAINED SURPLUS / (DEFICIT) FOR PERIOD	(24,918)

INITIAL 2015/16 OPENING BUDGETS	Annual Plan 2015/16 £k
<u>INCOME</u>	
Clinical Income - NHS	265,425
Non NHS Clinical Income	1,118
Other Income	32,314
TOTAL INCOME	298,856
<u>EXPENDITURE</u>	
Pay Costs	(217,762)
Non-Pay Costs	(79,881)
TOTAL COSTS	(297,643)
EBITDA	1,213
Financing Costs	(14,331)
RETAINED SURPLUS / (DEFICIT) FOR PERIOD	(13,118)

5.2 Capital

It is vital that we continue to invest in our service as well as make efficiency services. Key schemes within include:

- Completion of surgical & medical centre
- Electronic patient record
- Medical equipment including:
 - Urology robot
 - CT scanner
 - 3 gastroscopes
 - 2 ultrasound machines
 - Endoscopic CO² regulator

This investment will be funded by £7.5 million of resources that will be generated from our own resources in-year (depreciation less loan repayments), £1 million to be spent on medical equipment and £9.8 million being funded from using cash balances / loans.

5.3 Cash

Our 2015/16 cash flow statement is below;

Annual Plan Cashflow Summary	1516
	Total
Opening Cash at 31st March 2015	44.6
Income	299.0
Expenditure	(299.1)
Movement in working capital	(0.1)
Financing Income	9.5
Financing Expense	(6.5)
Non Operating Expenses	(0.4)
Capital Programme 1516	(18.2)
Closing Cash Flow 1516	28.8



6. Conclusion

Our refreshed strategy was approved by the Board of Directors on 24th April 2015.

This plan sets out the work we intend to deliver in the short term for the local population, whilst supporting the development of our longer term strategy within the context of a new Greater Manchester health and social care system.

For more information please refer to our website: www.stockport.nhs.uk

14th May 2015





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Your Health. Our Priority.