

SUMMARY

5 YEAR STRATEGIC PLAN

YEAR ENDING MARCH 2015 - 2019



Introduction

Tameside Hospital NHS Foundation Trust (THFT) serves a population of just over 250,000; this is expected to increase by 10% by 2033, with growth in the number of older people. Deprivation is higher than average and approximately 10,500 children live in poverty; 32% of the population live in areas that are in the 20% most deprived in England.

The health of the people in Tameside is generally worse than the England average; the poor health and well-being challenges facing the local population are Heart Disease, Stroke, Chronic Obstructive Airways Disease, Cancer and Diabetes. The main underlying causes of these diseases relate to alcohol; obesity; smoking and age related issues such as frailty and dementia.

The average life expectancy for both men and women is below the England average; whilst there has been an improvement, the rate of improvement is slower in the more deprived areas.

Market Analysis

THFT has one main commissioner, Tameside and Glossop Clinical Commissioning Group (T&G CCG), and three other key commissioners Manchester, Oldham and Stockport Clinical Commissioning Groups.

The Trust has developed excellent working relationships with local GP commissioners and has, during 2013/14, increased the elective activity referred to the Trust. The Trust also attracts increasing numbers of referrals from GPs outside the Tameside and Glossop area. THFT has a good understanding of the market within which it is operating. The main competitors for elective services are Stockport NHS Foundation Trust (SFT) attracting 8.2% of referrals and Pennine Acute Hospitals NHS Trust (PAHT) attracting 3.9% of referrals from GPs in Tameside. Other NHS competitors are Central Manchester University Hospitals NHS Foundation Trust (CMFT), Salford Royal NHS Foundation Trust (SRFT) and University Hospitals of South Manchester NHS Foundation Trust (UHSM), predominantly due to the specialist services which they provide.

The other main area of competition comes from private providers of NHS healthcare, namely the neighbouring BMI hospitals and Care UK; levels of referrals to private hospitals have not increased in recent years.

Strategic Challenges

THFT is currently in special measures as determined by Monitor, the extent of the challenge for the Trust is informed by its financial position and its response to its safety and quality challenges, highlighted by external reviews (Keogh, Care Quality Commission (CQC) and Health Education England) into its services.

Safety & Quality Challenges

THFT created an Improvement Central Action plan (ICAP) which details all the actions required to address the concerns raised by the reviews. The vast majority of the actions have been delivered through the implementation of a quality strategy and a focus on service transformation underpinned by staff/patient engagement and Board/staff development. Only one Keogh related action remains amber, which is related to medical staffing levels, an issue that THFT has in common with other small acute trusts. THFT's solution is to maintain



appropriate staffing levels through careful selection of interims and alternative recruitment strategies, including shared posts with our partners.

The Trust has gained assurance, on the degree to which change, post Keogh, has been embedded, through audit, observational visits, panel reviews and reviews from external bodies. The Keogh review team revisited the Trust in December 2013, 6 months into the Improvement Journey; they acknowledged that significant improvements had been made and that the improvement journey continued. An unannounced visit by the CQC in January 2014 agreed with their conclusions but also found that the Trust was not meeting all CQC national requirements and action was needed; the Trust would be subject to further reviews to ensure improvements are implemented and sustained.

A CQC Chief Inspector of Hospitals inspection took place in May 2014: the report is expected in July 2014.

Financial Challenge

The Trust reported a deficit of £3.6m at the end of 2013/14 against a target surplus of £1.7m, a shortfall of £5.3m. This adverse result was mainly due to:

- Under-delivery on sustainable efficiency and productivity schemes
- Additional costs, of responding to the various external reviews of the Trust for example, an increase in medical and nursing staff.
- Premium costs of locum medical staff

The Trust has submitted plans to Monitor, the regulator of Foundation Trusts, showing an expected deficit in 2014/15 of £17.5m. This reflects the underperformance on savings targets in 2013/14, the recurrent investment in staffing which began in 2013/14 and other cost pressures. The Trust has set itself a 4% savings target equivalent to £6.1m and is seeking £14.3m funding support from the Department of Health to support the financial plan. Going forward, the Trust is working with local commissioners to restore financial balance within 3 years by developing a strategy that complements the Healthier Together proposed models of care for acute surgery and offers the local population a local service for urgent care and in-patient general medical care, outpatient, day case and non-complex elective in patient surgery in the hospital. The Trust will also seek to expand its services into community care and social care to become an integrated care provider working with other organisations.

Strategic Context

The context in which THFT is developing the strategy is complex and multifaceted. There are several layers working in tandem and at differing pace which influence the development of the strategy.

Healthier together is the Greater Manchester (GM) reform programme which aims to deliver consistent standards of care across GM by reforming community and hospital based care. While this model provides a framework to deliver the Greater Manchester Quality and Safety standards, it is expected that there will be local tailoring of the model within individual single services to suit the local population and demographic.

The Southern Sector Collaboration, the Trust, along with 3 other Trusts (University Hospitals of South Manchester, Stockport and East Cheshire) signed a 4 way partnership and memorandum of understanding to collaborate to benefit patients, improve quality and effective use of resource.



Challenged Health Economy (CHE) Programme developed to enable commissioners and providers to work together to develop integrated 5 year plans across the health economy.

Care Together Programme, commissioners across Tameside and Glossop Health and Care Community (Tameside & Glossop Clinical Commissioning Group (T&G CCG) and Tameside Metropolitan Borough Council (TMBC)) have come together to address the health and social care challenges faced by the local population. Their proposal is to create an integrated provider that offers clinical viability and more importantly a safe and sustainable service that has patients and the wider population at its heart. Their aim is to develop and integrate health services so that prevention and care are joined up to ensure patients experience and benefit from better outcomes, with only those conditions that require intensive support taking place in a hospital environment; the majority of care being delivered within a patients' own community.

Strategic Options

The Trust, has considered 3 options to address the organisational and local health economy strategic challenges. A key requirement for the Trust is that the preferred option delivers services that are clinically viable and safe, whilst addressing the need to transform the organisation to one that puts patients first. The aim is to remove the artificial barriers of primary, secondary and social care and develop a continuum of prevention, treatment and care that has the right person in the right place delivering the most appropriate interventions, service and care for the patient in their own home or very close to it and is financially sustainable. The three options are:

- Option 1 – Base Case – No change to current clinical model at Tameside.
- Option 2 – Care together – This is the commissioner driven option and acknowledges the need to develop integrated care pathways for patients across community, primary, secondary and social care sectors and focuses on the delivery of a newly formed Integrated Care Organisation (ICO) from 2016.
- Option 3 – Trust Strategy - Builds on Option 2 with THFT leading the implementation of the Integrated Care Model but with the primacy of safe and sustainable care which will provide community, primary, social care and mental health services for T&G patients through local, integrated care pathways. This option also tackles the financial deficit of the Trust and builds the organisation over a period of five years.

Preferred Option

The Trusts preferred option is the option of stabilising the organisation as described by option 3 (Trust Strategy). This represents and acknowledges that while we need to transform the health economy we cannot begin with an organisation that is not fit for purpose. The requirement and duty of THFT to deliver safe affordable care, challenges the Trust to identify and apply a clinical and financial fix to bring the organisation closer to a point from where transformation can begin. Further, the LHE has agreed that a local solution for local people is the answer, so the clinical model is designed to maintain those services that maintain a clinically safe model and local provision balanced against affordability

The Trust's view is that the first two options are not financially or clinically viable or sustainable and believes that the second option has not been tested for clinical interdependencies. And the most important component of staffing skill mix has not been accounted for when developing the clinical model, to the extent that it may be unsafe to run the remaining services.



The ability for THFT to remain clinically viable and safe throughout any period of change remains the overriding principle governing any change process. The work carried out by the Trust demonstrates that option 3 optimises financial, clinical and operational capabilities to address the financial situation in a way that is clinically safe, effective and manageable.

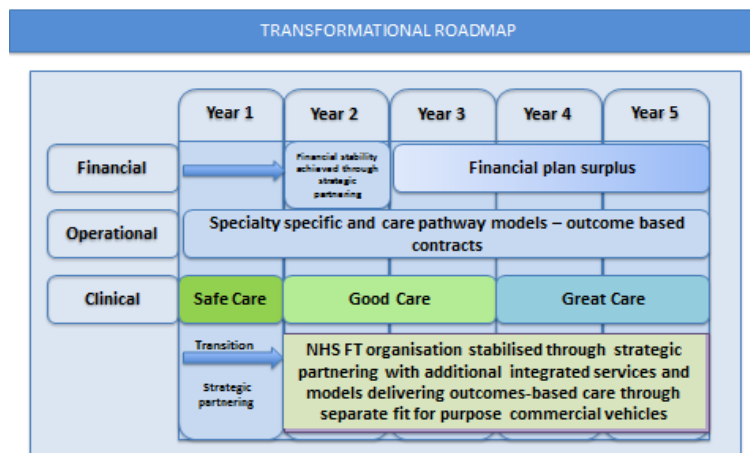
Plans and Supporting Initiatives

THFT has developed a five year strategy that fixes and then develops, the delivery of services to the local community based on best practice and proven concepts from within the NHS, the international health care community and also from sources outside health.

THFT's strategy has a number of key elements as follows:

- *exit special measures* – achieving this will enable the focus and resources to move toward the radical improvements to services at the core of the plan;
- *form Strategic Partnerships* – to share best practice, make better use of resources, obtain new financing and improve quality and sustainability;
- *introduce Outcome-based Care* – to enable the focus to be squarely on patient outcomes and the value-add of care given
- *implement Care Pathways* – to embed best practice, continuous improvement and proportionate controls into the clinical lifecycle;
- *become an Integrated Provider* – to improve the delivery of health and care services to the local community by integrating everything together under the umbrella of THFT construct;

THFT acknowledges that significant transformational change is needed and is pursuing the two stage strategy to transform the organisation to an Integrated Care Model that will be safe, sustainable and affordable whilst evidencing real improvement in health outcomes.



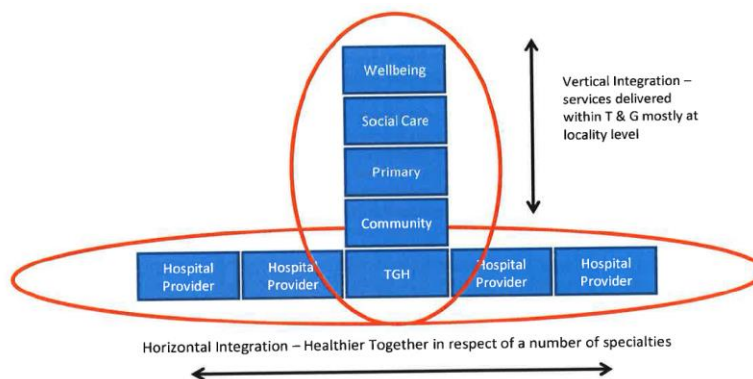
Both ahead of and alongside transformation, the Trust's plan is to develop a number of Strategic Partnerships with a range of organisations across the Greater Manchester area and beyond to provide expertise, capacity, capability, investment and leadership to improve quality of care. It is recognised that such partnerships will only work where there are clear benefits for both parties and a shared motivation to achieve (or exceed) the expected outcomes.

	Partner Organisations	Illustrative Partnering Objectives
Clinical	LHE partners: Local Acute: Tertiary	<ul style="list-style-type: none"> To reduce risks and enable removal of special measures; To secure access to clinical skills, leadership and delivery resources; focussing on the specialties flagged in the Keogh Report; To improve clinical effectiveness and regulatory compliance;
Commercial	Commercial Partners	<ul style="list-style-type: none"> To support co-development of care pathways and provision capability which can drive transformation; To develop business/commercial capability;
Financial	Investment Partners	<ul style="list-style-type: none"> To increase financial agility; To achieve an improved financial position/prevent the position from worsening; To give confidence to investors and secure investment; To underpin a financial strategy to manage commercial operations; To secure enhanced capability to develop commercial/business and financial strategies
Operational	Operational Partners	<ul style="list-style-type: none"> To improve productivity measures such as length of stay; To separate risk/innovation from core business; To develop integrated outcome focussed clinical pathways which can transform care models, e.g. cardiac services, urgent care services; To develop new and strengthen existing delivery controls (assurance processes) across care pathways;
Leadership	Academic Partners Provider Partners	<ul style="list-style-type: none"> To develop leadership and management capability; To specifically develop clinical leadership; To enhance specific commercial and other technical skills; To support the implementation of the Trust's OD strategy focussing on cultural alignment; To provide strategic partnerships management capability; To support delivery of the 5 year-plan

Integrated Care Organisation

THFT's vision, along with that of its commissioners, is to provide patient centred coordinated care for the population of Tameside and beyond. THFT will work across the continuum of care as defined by our local Commissioners to link, coordinate or integrate with the best providers available, across:-

- Social Care
- Primary care services
- Community services
- Mental Health
- Diagnostic Providers
- NHS & Private secondary care providers
- 3rd sector organisations
- Private sector companies
- Voluntary groups and the population



Ref: Care Together Programme



THFT will adopt the principles of integrated care whilst working to stabilise our financial position and engage with partners. We will proactively manage care commencing with patients with conditions most at risk of emergency hospital admission, leading the co-ordination of care delivery by working with healthcare, 3rd sector and social care professionals and patients, to agree the goals of care and to achieve the desired outcomes. THFT will work with local Commissioners to translate these in to an agreed set of indicators, which will enable services to be contracted over a 5+ year period.

Quality Plans

THFT's goal is to become an organisation in which every member of staff understands their role and responsibility in delivering great care and works to that goal every day. The Trust is committed to improving patient safety, patient experience and patient outcomes through setting challenging targets that will show patients that we provide safe, personalised, effective care, first time, every time.

This goal is reflected in the Trust's mission statement and corporate objectives which have been agreed by the Trust Board. The mission statement has been developed to ensure it is future proof with regards to the Trust's strategic direction and also incorporates the themes which have been identified in the work that has been undertaken with staff in respect of values and behaviours. The mission statement is:

At Tameside Hospital 'everyone matters'

Our aim is to deliver, with our partners, safe, effective and personal care, which you can trust

The corporate objectives, each with a number of key outcomes, aligned to the Trust's Patient Safety Programme and Quality Improvement Strategy are as follows:

- All patients receive harm free care through the delivery of the Trust's Patient Safety Programme.
- To improve the quality of patient care through the implementation of the Trust's agreed Quality Strategy.
- To improve the patient experience through a personalised, responsive, compassionate and caring approach to the delivery of patient care.
- To develop a continuous quality improvement culture which promotes patient quality, safety, personalised and effective care.
- To develop a Strategic Service Plan which will secure clinical and financial sustainability for the Trust in conjunction with the Trust's strategic partners and key stakeholders.
- To work with our partners, stakeholders and the community to develop the reputation of Tameside Hospital as a provider of safe, high quality, effective care.

Conclusion

We have looked at a number of options to support the delivery of safe and sustainable healthcare for the population of Tameside & Glossop over the next five years and beyond. We believe that our chosen option, option 3, allows for the delivery of the most effective healthcare which can 'flex' to the needs of the local population. This option also tackles the financial deficit of the Trust and builds the organisation over a period of five years.

