

VISION

Vision 10: NCA's long-term strategy

Vision 10: NCA's long-term strategy

PART 1

Our Mission, Vision and Ambitions – at a glance

PART 2

NCA – who we are and what we do

PART 3

Introducing our Places

PART 4

Explaining our Mission, Vision and Ambitions

PART 5

Making it happen – our plan for delivery

Vision 10 at a glance

Our Mission is **Saving Lives, Improving Lives**, which means:

We have a shared purpose and are committed to **improving safety and effectiveness**, giving an **excellent experience**, and **promoting inclusion and equality**.

Our Vision for the next 5 to 10 years is:

to be the **safest and most effective organisation** in the NHS and the **place where people want to work**. We are passionate about **tackling inequalities**, and **improving health outcomes and experiences** in all our Places.

Our Ambitions: to achieve our Vision we will focus relentlessly on:



Improving **Population Health** in all our Places, working with Partners



Caring for and Inspiring our **People**



Improving **Quality** – safety, experience and outcomes



Improving **Performance** – meeting and exceeding standards



Supporting **Social and Economic Development** in all our Places



Financial Sustainability – of our Organisation and Places

NCA – who we are and what we do

Northern Care Alliance NHS Foundation Trust (NCA) is one of the largest NHS providers in the country. In 2020/21 we spent over £1.8bn, around about £5m per day, providing health and care services. Formally created on 1st October, 2021, the NCA was launched as the amalgamation of Salford Royal NHS Foundation Trust (SRFT) and Pennine Acute Hospitals NHS Trust (PAT) – which had been working together as a group since 2017.

Over the last five years, we have significantly improved the quality of care and standards, as recognised by the Care Quality Commission (CQC). Patients and service users in local communities have benefited, such as by improving hospital mortality rates, reducing falls and pressure ulcers and our nationally recognised work to prevent and treat sepsis.

The improvements we have made over the last five years in outcomes such as hospital mortality rates, the reduction of falls and pressure ulcers, and the prevention and treatment of sepsis have been recognised by the Care Quality Commission (CQC). Plans are in place to improve outcomes even more.

£1.8bn

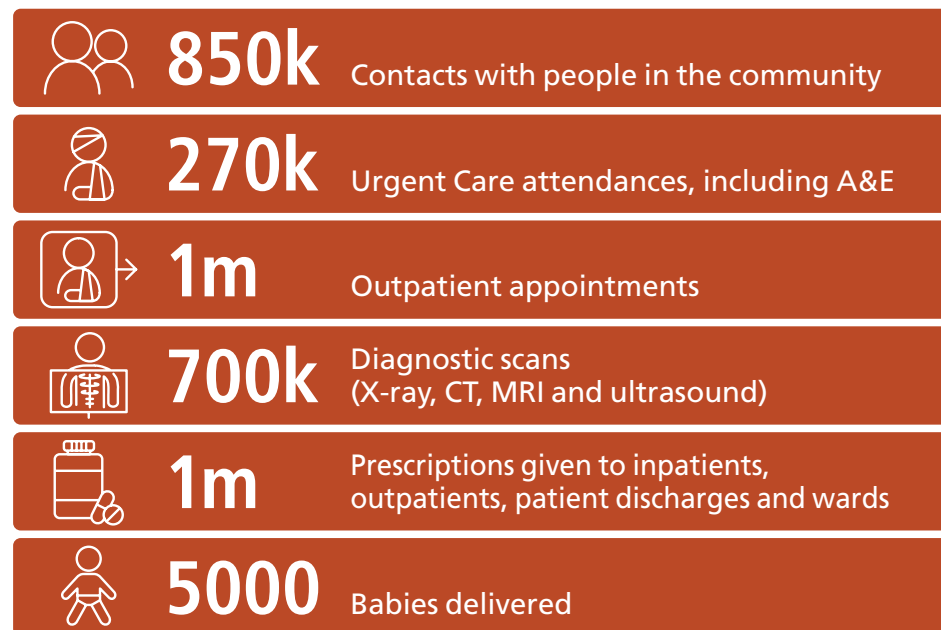
Spent in 2020/21 providing health and care services, around about £5m per day

NCA – who we are and what we do

Our Populations and Services

NCA provides a wide range of hospital, community health and care services to over one million people across Bury, Oldham, Rochdale and Salford boroughs, as well as specialist care to patients from Greater Manchester and beyond.

Patients and service users may receive health and care at home, in the community or at one of our four main hospital sites: Fairfield Hospital in Bury, The Royal Oldham Hospital, Rochdale Infirmary and Salford Royal. To illustrate the scale and range of our services, each year we provide:



Our service offer varies by locality according to local provider context and commissioners. For example, in Salford we provide Adult Social Care services to local people.

Our People

Across our hospitals and community services we employ over 20,000 people – our “NCA family” – including:



As explained later in our Ambitions, supporting our People (colleagues) and helping them deliver the best care is critical to delivering our Vision.

NCA – who we are and what we do

Our Ways of Working

We work closely with many partners in the NHS. To deliver the best, joined up care we collaborate with colleagues in primary care, mental health, local authorities and the VCSE sector (Voluntary Community and Social Enterprise). While many pathways and services are directed specifically at adults or children, we work with our partners to ensure 'all age' approach is adopted wherever possible. Furthermore, we serve a diverse population which requires tailored approaches to ensure that our patients and services users can access the right support for them, regardless of age, disability, ethnicity, gender, marital status, religious belief, sexual orientation and gender identity. Across our footprint, we recognise the need supporting, the mental health as well as physical health needs of our population.

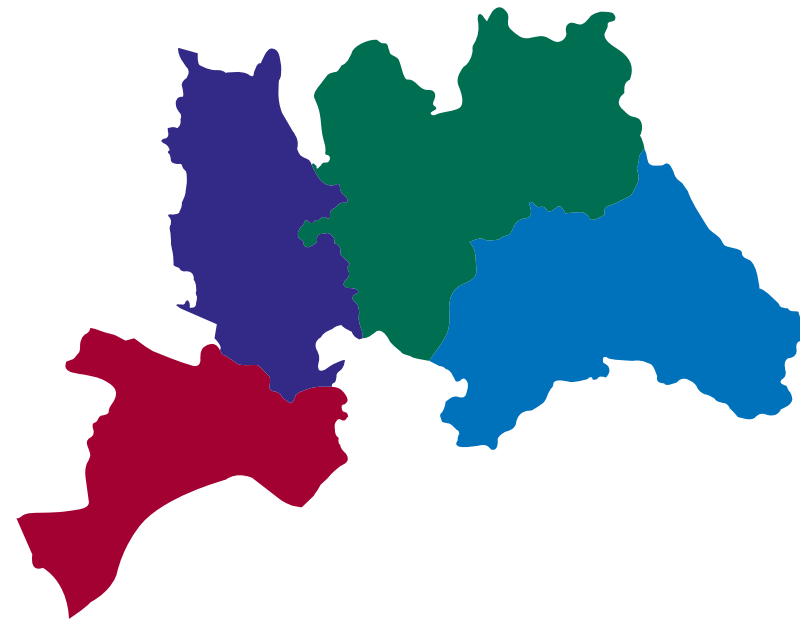
We are part of the Greater Manchester Integrated Care System, collaborating with other Trusts, on areas such as specialist cancer care, elective surgery and diagnostics.

Within the NCA we give colleagues opportunities to contribute to our future development in many and varied ways, such as through Research and Innovation, Digital, Education and Leadership Development.

In March 2021 we created a new Collaboration Strategy, recognising the importance of working productively with our system partners. Collaboration is a skill which can be improved through feedback, reflection and learning. We emphasised that:

- NCA is wholly committed to collaborating with partners in the health and care system. We have worked well across GM in the past and are even more committed today in the spirit of NHS reform and in response to increased system pressures.
- We will always be driven by the best interests of our patients and service users, and by supporting our people.

Helping us listen to and reflect the views of local people, we have more than 25,000 public members, just under 20,000 colleague members and our services and users are supported by around 500 volunteers.



                             **25k** Public members

                             **20k** Colleague members

 **500** Services and users support volunteers

 = 500 people

Introducing our Places

Most of the care we provide is to local people in the four boroughs of Bury, Oldham, Rochdale and Salford, whose status we summarise on the next page¹. Some of our services provide care for people across Greater Manchester, the North West of England, and some receive national and international referrals.

In summary, across the NCA footprint:

The health of people in Oldham, Rochdale and Salford is generally worse than the England average, with all areas being in the 20% most deprived districts / unitary authorities in England, with over 20% of children living in low-income families. The health of people in Bury is more varied compared with the English average and has about 15% of children living in low-income families. Life expectancy and healthy life-expectancy for men and women across all our localities is lower than the England average. Note: all references to the 'average' below are comparisons with the rest of England.

Within each of the four boroughs, life expectancy can vary by around ten years, for people living in the most and least deprived areas. This is a stark statement of health inequality.

These profiles provide powerful evidence to support our Vision giving even greater attention to improving Population Health and reducing inequalities.

¹ Office for Health Improvement & Disparities, Public Health Outcomes Framework, Area profiles, data accessed January 2022.

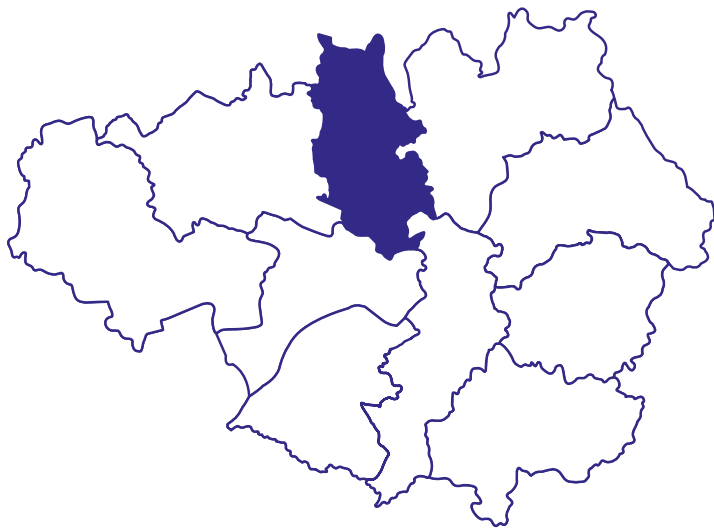
Note: all references to the 'average' are comparisons with the rest of England.










Introducing our Places

Bury

Bury has a population of c.191,000 and around 11% of the population are from BAME communities. It is a large market town on the River Irwell best known for its 'world famous' traditional open-air market. It was the Greater Manchester Town of Culture for 2021, and had a special programme of events throughout the year.

The health of people in Bury is varied compared with the English average. About 15% of children (5,615) live in low-income families (which is better than the average for England). Life expectancy for both men and women is lower than the national average.



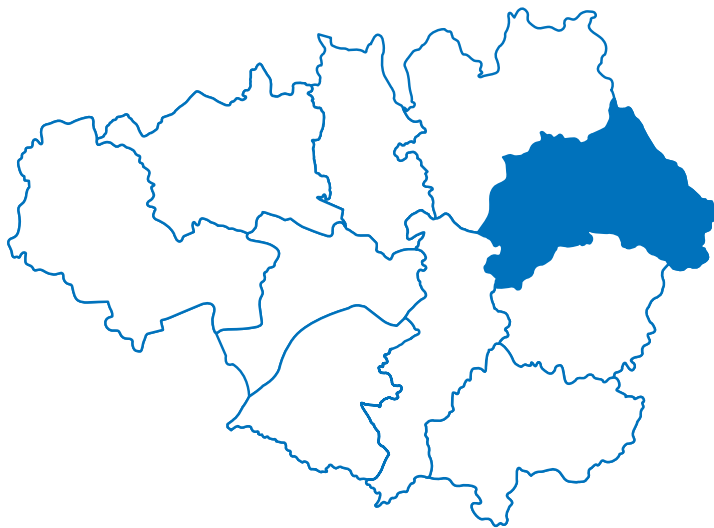
	c.191k	Population
	11%	From BAME communities
	15%	Children in low-income families
	78.4yrs	Men life expectancy Worse than average
	82yrs	Women life expectancy Worse than average
	55.6%	Cancers diagnosed at early stage
	10.3%	Adults that smoke Around the average
	37.4%	Obese Year 6 children Around the average
	20%	Most deprived districts in England

Introducing our Places

Oldham

Oldham has a population c.238,000, encompassing several former mill towns, which saw population growth from the Victorian era due to the location of a burgeoning cotton industry. With the demise of that industry in modern times growth reversed and unemployment and poverty rose. Today Oldham is the most diverse of the communities served by the NCA in its mix of ages, incomes, ethnicities and cultures. For example, nearly 23% of the population identify as black, Asian or ethnic minorities (BAME).

The health of people in Oldham is generally worse than the English average. Oldham is one of the 20% most deprived districts / unitary authorities in England and about 22% (11,755) children live in low-income families (worse than the average for England). Life expectancy for both men and women is lower than the national average.



c.238k

Population



23%

From BAME communities



22%

Children in low-income families



77.2yrs

Men life expectancy
Worse than average



80.5yrs

Women life expectancy
Worse than average



54%

Cancers diagnosed at early stage



12%

Adults that smoke
Around the average



40.7%

Obese Year 6 children
Around the average



20%

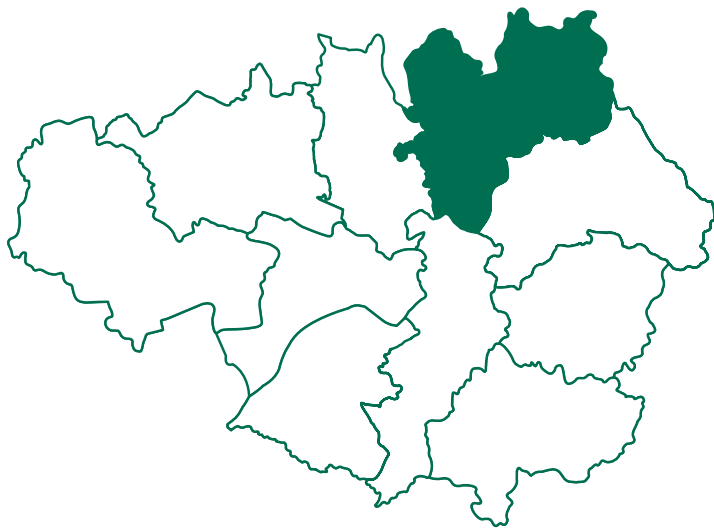
Most deprived districts in England

Introducing our Places

Rochdale

Rochdale has a population of c.224,000 and is ethnically diverse, with close to 20% of the population from BAME communities. It is a former mill town located at the foothills of the South Pennine and is known as the birthplace of the modern Cooperative Movement. It has a rich history and heritage and has benefitted from public and private sector investment in recent years helping to improve and regenerate some areas.

The health of people in Rochdale is generally worse than the England average. Rochdale is one of the 20% most deprived districts / unitary authorities in England and about 21% (9,745) children live in low-income families (worse than average). Life expectancy for both men and women is lower than the English average.



c.224k

Population



20%

From BAME communities



21%

Children in low-income families



76.7yrs

Men life expectancy
Worse than average



80.9yrs

Women life expectancy
Worse than average



54%

Cancers diagnosed at early stage



16%

Adults that smoke
Around the average



38.8%

Obese Year 6 children
Around the average



20%

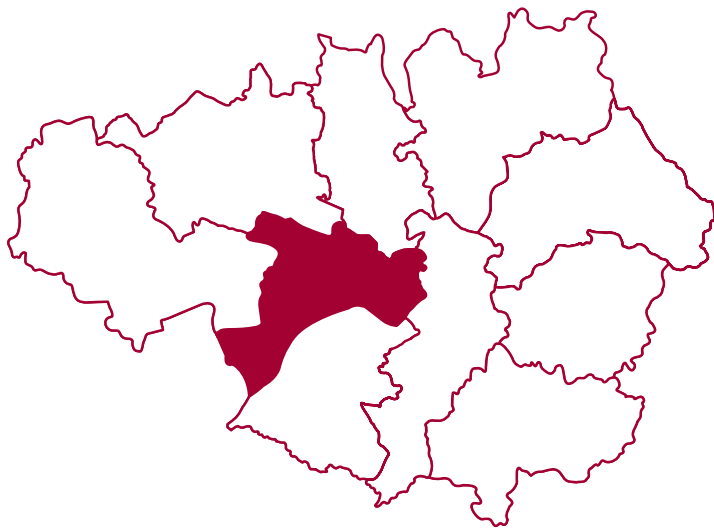
Most deprived districts in England

Introducing our Places

Salford

Salford has a population of c.263,000, with around 10% of the population from BAME communities. It is located in a meander of the River Irwell which forms part of its boundary with Manchester. The MediaCityUK development at Salford Quays has changed the face of the city, creating a globally important home for creative, digital and media industries.

The health of people in Salford is generally worse than the English average. Salford is one of the 20% most deprived districts / unitary authorities in England and about 21% (10,460) of children live in low income-families (worse than average). Life expectancy for both men and women is lower than the England average.



c.263k Population



10% From BAME communities



21% Children in low-income families



77.1yrs Men life expectancy
Worse than average



80.5yrs Women life expectancy
Worse than average



38.9% Cancers diagnosed at early stage



12.7% Adults that smoke
Around the average



38.9% Obese Year 6 children
Around the average



20% Most deprived districts in England

Explaining our Mission, Vision and Ambitions

VISION

Our Mission

Saving Lives, Improving Lives

We have a shared purpose and are committed to improving safety and effectiveness, giving an excellent experience, and promoting inclusion and equality.

Our Vision

**Safest and most effective
organisation**

**Excellent outcomes and
experience**

**Improve health and
tackle inequalities in all
our places**

**The place where people
want to work**

Our Ambitions

Population Health

Improving Population Health in all our Places, working with Partners



Our People

Caring for and Inspiring our People



Improving Quality

Improving Quality – safety, experience, outcomes



Transforming Performance

Improving Performance – meeting and exceeding standards



Supporting Development

Supporting Social and Economic Development in all our Places



Financial Sustainability

Financial sustainability – of our Organisation and Places



Explaining our Mission, Vision and Ambitions

Explaining our Mission

Saving Lives, Improving Lives

which means:

We have a shared purpose and are committed to **improving safety and effectiveness, giving an excellent experience, and promoting inclusion and equality.**

- Our Mission is the enduring purpose of the organisation, what we exist to do. This is our clear, elevating goal.
- We must balance:

'Saving Lives' – treating illness and disease, and

'Improving Lives' – supporting better health, enabling self-care and wellbeing.

- We aim to shift the balance: from services often responding to problems (deficits) and crises, to being more proactive – building on the strengths of users, carers, families and neighbourhoods.
- Improving Lives also means supporting our People to be healthy and happy.

Explaining our Vision:

Our aim is to be the **safest and most effective organisation** in the NHS and the **place where people want to work**. We are passionate about **tackling inequalities, and improving health outcomes and experiences** in all our **Places**.

- This our strategic direction for the next five to ten years.
- It is based on the reflections of our People (colleagues), Senior Leaders and listening to our Populations and Partners (especially Local Authorities and Commissioners).
- In setting and pursuing our Vision we are both:

Ambitious, optimistic and hopeful.

And well aware of the extremely challenging and changing context our People and Populations face.

- We will work with others to make the biggest difference, such as improving population health.

Explaining our Mission, Vision and Ambitions

In a nutshell, our Vision statement has four elements



Safest and most effective organisation

Using the most important measures, such as hospital infections, mortality and productivity to compare ourselves with other similar NHS organisations. We will learn from others, adopting best practice from the UK and beyond.



Tackling inequalities

Our local populations face stark inequalities, and in some cases these are getting worse. Inequality can be experienced in many ways, such as differences in: accessing services; receiving care and support; and outcomes such as life expectancy and healthy life-expectancy.

Inequality is also relevant to our People, who should be treated fairly and equally in their employment, training and career progression, regardless of race, religious beliefs, sexuality and gender.



Improving outcomes and experience

What matters most is the perspective of our patients and users. How they feel is reflected in clinical outcomes, specific to diseases and procedures, and measures of care quality and the experience of receiving NCA services.



The place where people want to work

Only by attracting the best people to work at the NCA can we deliver the best care. We know that reputation and the experience of working at the NCA are key. We will create an environment where we listen to and value colleagues' contribution and support their development.

To help achieve our Vision, and know we are making a difference, we have six ambitions explained in the following pages. All are supported by internal and external enablers:

Our plans (strategies), including those for: Our People; Equality and Diversity; Digital; Research and Innovation; Estates and Procurement; Environment; and our Finances.

The strategies and support of others, including: Greater Manchester and Locality Plans and developments led by the Greater Manchester Provider Collaborative.



Ambition 1

Improving **Population Health**
in all our places, working with
Partners

Explaining our Mission, Vision and Ambitions

Ambition 1



Improving Population Health in all our places, working with Partners

What this means

We will help improve our population's health and reduce inequalities, both through the services we provide and by collaborating with Partners. Together we aim to reverse the effects of poverty and disadvantage on health and quality of life.

Many factors influence someone's health and wellbeing – health and care services are part of a bigger picture. With a clear focus on our places, the NCA will work with partners to create and take opportunities to improve our population's health. This includes identifying and reducing health and care inequalities.

We will 'make every contact count', helping people access healthy living advice and support. All of our ambitions support Population Health in some way, such as by making access more equal (in Performance) and addressing wider determinants of health (in Social and Economic Development).

We recognise the need to collect, analyse and use good quality data to drive improvements in awareness and performance, to reduce unwarranted variation in all of our ambitions. We will challenge our current practices to identify causes of inequalities in care. We aim for fairness and equality of access and outcomes across diverse populations. Collaborating with partners, in each of our places, we will improve the lived experience, opportunities and health outcomes of the people we serve.

What we will measure – to 2025

With partners we have identified a suite of measures important to our four localities, where collectively we can make the greatest improvements to population health, with each partner galvanised behind and contributing to achieving the measures. This is built around a whole life course model, used across the GM ICS. For each measure we will aim to be amongst the best of our statistical neighbours, by locality;

Start Well

- Increasing % of children at or above expected level of development at age 5.
- Sustained reduction in infant mortality, including a reduction in low-birth-weight babies.

Live Well

- >75% cancers diagnosed at an early stage.
- Reduction in under 75s mortality from conditions considered preventable.
- Reduction in health-related worklessness, focusing on musculoskeletal disorders and mental health.

Age Well

- Reduction in emergency hospital admission numbers.
- Reductions in falls and fragility fractures.
- Reduction in excess winter mortality.

Future measures – ten years

- Trajectories to be agreed, with partners in our localities, for 2025 and beyond.



Ambition 2
Caring for and Inspiring
our **People**

Explaining our Mission, Vision and Ambitions

Ambition 2



Caring for and Inspiring our People

What this means

We want to be the place where people want to work. We want all of our people to feel supported, developed, valued and cared for every time they come to work.

This will mean:

- Supporting wellbeing, development and career opportunities.
- Treating everyone with kindness and compassion, recognising their contribution.
- Being inclusive in everything we do, treating people fairly.
- Creating an environment where people feel safe to speak up.

Our brilliant leaders will create a positive culture to develop high performing teams, actively involving them in developing and improving our services. It will need us to ensure we have the right number of People in teams so everyone feels able to deliver the care they aspire to, with better longer term planning and an innovative approach to skill and role development. We will also work with partners across our localities to ensure we are taking a system wide view of the skills and capabilities we need.

A positive experience for our people will help to improve retention and the physical and mental wellbeing of our people. Most importantly it will ensure that our colleagues enjoy being at work so they are always able to be at their best and provide the best care to patients and service users. We want everyone to fulfil their career ambitions with the NCA and recommend us to others.

What we will measure – to 2025

- Top 20% of NHS employers for colleague engagement by 2025.
- In the top 10% of NHS Employers, by 2025, for taking positive action on health and wellbeing.
- Reach the top 75 in the national Social Mobility Index.

Future measures – ten years

- Top 10% of NHS employers for colleague engagement by 2030.
- Data for Workforce Race Equality and Disability Equality standards will demonstrate that, by 2030, everyone within the NCA has equal access to career opportunities and people feel they are being treated equally at work.
- Freedom to Speak up (FTSU) index score of 87% by 2030.



Ambition 3

Improving **Quality** – safety, experience and outcomes

Explaining our Mission, Vision and Ambitions

Ambition 3



Improving Quality – safety, experience and outcomes

What this means

We want to be the safest organisation in the NHS, providing high quality care for all those who need us. We want our people to be able to deliver the best outcomes and our service users to have an excellent experience.

We will be relentless in reducing harm and mortality. If errors are made, we will learn across the organisation and spread best practice at pace. Using our well-established Quality Improvement method, we will continue developing our culture of safety and provide our people with the skills and capability to improve the quality of care.

We will develop a Maternity Strategy, through a process of co-production with our locality communities, which clearly articulates how the specific needs, as well as quality and safety priorities, for our population will be addressed.

We will roll-out our established Assessment and Accreditation System across the rest of our Community Services, and extend this model to Theatres, Maternity, Outpatients by 2023 (ensuring 100% of areas are covered by 2025).

We want the NCA to be the place that our colleagues would recommend to their friends and family as a place to receive care should they need it. Our ambition is to deliver safe and reliable care for every patient and service user, every time.

What we will measure – to 2025

- All care organisations to achieve 'better than expected' for HSMR (Mortality indicators) by 2025.
- Deliver year-on-year improvements in our Assessment and Accreditation System, with all areas achieving a green or better standard by 2025.
- All Care Organisations to achieve a year-on-year improvement for avoidable harm.
- Year on year improvement in patient / service user experience measures meaning we are in the top 10% of organisations by 2025.
- Year on year improvement to stillbirth rates.

Future measures – ten years

- NCA to be in top 10% within the NHS (below the standardised ratio baseline of 100 for all trusts) for HSMR by 2030.

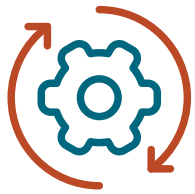


Ambition 4

Improving **Performance** –
meeting and exceeding
standards

Explaining our Mission, Vision and Ambitions

Ambition 4



**Improving Performance –
meeting and exceeding
standards**

What this means

We will deliver NHS Constitutional Standards for access, improve cancer outcomes and reduce health inequalities. We recognise timely care is critical to patient safety, outcomes, experience and broader socio-economic wellbeing.

We will redesign elective and non-elective care pathways and enhance our capacity to deliver sustainable performance improvement. Our focus will be not only on 'doing more' but 'doing differently'.

We will create best practice 'standard operating models' for our services, ensuring they reliably and consistently meet the needs of our population. We will adopt new technology and innovation to support improved productivity, remote patient monitoring and deliver more care out of hospital. We will develop 'diagnose to refer' pathways, enabled by new Community Diagnostic Centres and driven by primary care clinical teams.

What we will measure – to 2025

Cancer

- Move towards top quartile performance on cancer access.
- Each year improve our numbers of patients diagnosed at stage one / two.

Planned Care

- Demonstrate year-on-year recovery towards meeting NHS Constitutional Standards.
- Eliminate access inequalities for patients in our most deprived communities.

Urgent Care

- Reliably deliver the new clinical standards for urgent care.
- % of people returned to their usual place of residence.

Future measures – ten years

- >75% of all cancers diagnosed at early stage (one / two).
- NCA performance 3% better than relevant national targets for planned and urgent care.



Ambition 5

**Supporting Social and
Economic Development in
all our Places**

This is the place where we help recruit local young people into the NHS. NCA is a Kickstart employer, creating new jobs for 16-24 year olds on Universal Credit who are at risk of long-term unemployment.

Explaining our Mission, Vision and Ambitions

Ambition 5



Supporting Social and Economic Development in all our Places

What this means

We will purposefully and intentionally use of our economic and social power to improve health and wellbeing across Bury, Oldham, Rochdale and Salford.

We will help reduce poverty through employment and job creation, connecting wealth to place, including through procurement. We will challenge current economic and regeneration policies and practices which do not necessarily support the most vulnerable in society. As a large organisation, employing nearly 20,000 people and an income of £1.8bn we can and will make a difference to our local economies and communities, through:

Employment: We will create a wide range of employment opportunities for local people through, for example, place-based employment and volunteering programmes. We will strengthen our links with vocational and technical colleges through the Northern Care College Alliance.

Environmental: We recognise that every choice we make, every decision we take can contribute towards a net zero NCA. We have developed an NCA-wide Green Plan, aiming to deliver net zero controllable emissions by 2040 (and net zero influenceable emissions by 2045).

Procurement: By incorporating Social Value into our procurement activities, we will help our suppliers and their supply chain make a positive contribution to our Places and wider society.

Social Capital: We will reach out into, build connections with, and work with local communities and the local voluntary sector and community sector in each of our places.

What we will measure – to 2025

- Secure agreement to a GM-wide approach to becoming a Living Wage Employer, accredited by the Living Wage Foundation.
- Leverage local employment opportunities, increasing to 60% by 2025 (baseline is 45%).
- 70% Net zero reduction by 2025.
- 10% increase in our local non-pay influenceable spend by 2025, from £8.4m baseline.

Future measures – ten years

- Progress to deliver net zero emissions by 2040.
- Further increase our local workforce balance across the NCA and that this is represented across all pay bands through our 10-year intentional inclusion plan.



Ambition 6
Financial sustainability –
of NCA and our Places

Explaining our Mission, Vision and Ambitions

Ambition 6



Financial sustainability – of NCA and our Places

What this means

We want to be one of the most financially sustainable organisations in the NHS, contributing to the overall financial sustainability of our Places and the Greater Manchester health system.

Financial sustainability is essential to ensure we have the resources to deliver high quality care and an excellent experience to our service users, and to improve our population's health.

Across the breadth and depth of our organisation and Places we will need to find innovative ways of operating that are highly efficient and reliable, achieving amongst the best levels of productivity. We will ensure our colleagues have access to the best equipment and technology, that our facilities are high quality, and that our people are supported through access to the highest quality training and education. By developing strategic partnerships that support our ambition, we will extend our sources of income and funding. Working with our partners, we are committed to contributing to the overall financial sustainability of the Greater Manchester health system and improving the quality of financial reporting at a locality level.

What we will measure – to 2025

- Model hospital £/Weighted Activity Unit upper quartile by 2025.
- In each year delivering against our component part of the ICS control total.
- By 2025 to have 2% of our annual revenue spend available for invest to save or non-recurrent investment.

Future measures – ten years

- Model hospital £/Weighted Activity Unit top decile by 2030.
- By 2030 generate £400m cash flow to support investment in our existing assets and provide the investment needed to deliver our wider ambitions.
- By 2030 to have 5% of our annual revenue spend committed to providing a digital mature and technology innovative service.

The final section of this strategy explains, at a high-level, how we will deliver our Vision.



PART 5

VISION

Making it happen –
our plan for delivery

Making it happen – our plan for delivery

What we are doing now

- Being clear on our Mission, Vision and Ambitions, as explained in this document.
- Communicating our strategy, to guide our leadership and work on improvement.
- Having a set of measures for 2025, to help us monitor and support progress – to know we are making a positive difference, and if not, where we need to focus attention.
- Working hard to support our Vision through enablers such as Digital, Estates, Quality Improvement, Leadership Development and Research & Innovation.

What will we do in the future?

- Talking to others (Populations, Partners, People) about longer-term plans, where should we be in ten years? What are their expectations and aspirations?
- Our Partners include Local Authorities, Commissioners, Primary and Mental Health Care, VCSE and colleagues in other Trusts and the Greater Manchester Integrated Care System.
- This will involve listening deeply, learning and exploring how best to make progress.
- We will engage with our People to develop a set of NCA values and behaviours.

How we will lead change and make improvements

- Our leaders can make significant change, inspired by a Vision and shared purpose. It is at the level of local teams that our leaders and People can make the most difference, improving relationships and care. We will support teams to influence and embrace change.
- We will work with partners in each of our localities to determine where differential targets or support are needed to reflect local context and the needs of the populations we serve.
- NCA Board has a crucial role, including:

- Monitoring progress of Vision 10.
- Refreshing the organisation's strategy.
- Challenging us to do even better.

- We have a clear governance approach which includes:

- An Annual Planning process, where we set more specific goals and improvement measures.
- Regular review of measures (monthly, quarterly), including a set of 'deliverables' linked to our Ambitions.
- A cycle to review and refresh what we are measuring and how we know we are making a difference, including how people with different protected characteristics that are often underserved and face inequalities are impacted.



To find out more about this Vision and
how you can help please contact
ncastrategy@nca.nhs.uk

www.northerncarealliance.nhs.uk



VISION

February 2022
