**Annual Members Meeting Questions**

1. **Stockport was one of the vanguard areas for health and social care integration a few years ago with Stockport Together created. Several years later, as a Stockport resident it appears there has been little real integrated working between the Trust and the Council.... how is the change in leadership at the Trust trying to address this? – Moneeza Iqbal**

We have been continuing to work closely with our health and social care partners to ensure we can provide the best care we can for the population, particularly given the huge challenges presented by Covid19. We wouldn’t have been able to provide an effective response to the pandemic without close partnership working. In the year before the pandemic began, health and social care were already working together in the new partnership of the ‘Stockport Family’, which had introduced a number of new partnership projects including the introduction of routine evening and weekend GP appointments, the launch of the new First Contact Physiotherapy service, Community Falls Service, GP Home Visiting Service, Community Activity Recovery Team and a new Crisis Response Team, all of whom are helping towards providing truly joined up care for patients. In the wake of the pandemic we have been working still more closely with our health messages for the public, and ensuring emergency support is there for vulnerable people who need it. The work we have done in partnership with other organisations has paid dividends, and has helped to address a number of the challenges of caring for elderly people, and maintaining a good flow of people through our hospitals to reduce the pressure on A&E services.

1. **Could the Trust please explain its decision to exclude Fathers from its obstetric services, particularly the 20 week scan, during the pandemic. It seems Fathers have been put on the same footing as your visitors or worse as mere spectators rather than as recipients of and contributors to these services. The long term consequences of this on relationships and parenting may not be immediately evident but given the Royal Colleges were in April supporting Fathers continuing involvement it seems a strange policy given it is not standard across Greater Manchester or the Region. – John Pierse**Our restrictions on fathers were following national guidance, and were also in line with other trusts across Greater Manchester. Difficult decisions had to be taken around visitors to all services; every person on site was another potential source of risk and this has to be taken into account. However, we always aimed to be as accessible to fathers as we could while maintaining infection prevention, and fathers were always allowed to be present during labour, and also during postnatal as well, although unfortunately we did have to restrict them for the pre-natal scans. Furthermore, we are happy to state that according to current plans, we are one of the first Trusts to agree to lift the restrictions, and fathers should be able to begin attending scans again from next week. In terms of more than one birthing partner this is currently under review but there are no immediate plans to change.

1. **Twelve months ago a government minister came to Stepping Hill Hospital to announce that funding was being made available for the building of an emergency care campus, including an urgent treatment centre. How is that project progressing and when do you expect to be able to welcome the first patients into the emergency care campus? – Lisa Smart**We are currently working on the business case for the campus as well as its overall design and planning. A lot of work is being carried out with our partners on the clinical pathways around the new campus and the most effective way it can be used. It is important to note this is not just the building of a bigger A&E, but around providing more effective care for different patient groups, ensuring they are seen by the right people, in the right place, at the right time. The outline business case should be submitted in the next few weeks, while the full business case will be submitted around mid next year, and the building work should then start on the site by the end of that year (2021.) We will then aim to have the overall building project complete by the end of 2023, ready for the first patients in the period just following this.
2. **The CQC reported that there were inadequate systems in place to allow junior members of staff to raise concerns. How has this been addressed?**It is vital staff for staff to be able to voice their concerns. We have a range of measures in place for all staff to raise concerns. These include:
   1. Freedom to Speak Up Guardian
   2. Development of network of speaking up allies
   3. Junior doctor forum
   4. Recent discussions with junior doctors and networks about the Respect Agenda
3. **What is the trust' policy about charges for migrants? I know the Government cancelled the need for NHS staff and families to pay, but what is happening about other migrants? (-Theresa Tallis: Stockport " Keep our NHS Public")**

In line with all NHS trusts we follow the national policies in charging those who are not eligible for NHS services.

1. **Could you explain what the situation is now about the use of beds in private hospitals? Are they still in use? How long will this arrangement continue and how much is it costing the Trust? How many beds have been closed at Stepping Hill? (-Theresa Tallis: Stockport " Keep our NHS Public")**

Nationally the NHS has commissioned the independent sector to provide a range of services in supporting the response to the pandemic. In our area this has largely been the provision of urgent day case or overnight surgery. This arrangement is expected to continue until the end of the year and is being funded by the NHS nationally.

1. **Four months ago nationally very large numbers of hospital in patients were discharged to care homes without being tested for the coronavirus. The number of new outbreaks in care homes is now low - The most recent weekly figures from PHEnwere38 in England, 12of which were in the North West. Currently are all patients being discharged tested before:   
     
   A. Going to care homes and other care facilities.**

**B.  Going to their own homes.     
  
- John Pantall**

We have an agreement with all patients going to Nursing/ Residential homes within Stockport that all patients get swabbed within 48 hours prior to discharge. Out of area is dependent on their local policy so may vary, but most will not accept without a negative swab within 48hours. Positive patients can be discharged to care homes so long as IP precautions can be continued.

We do not routinely screen patients going to their own homes. However, if a patient is being discharged to their own home with another person who is ‘high risk’ or ‘shielding’ and are unable to self-isolate from this household member, then the clinical team can discuss this with micro – however this would have to be a risk assessment on an individual basis. If a patient is being discharged from a high risk area (e.g. outbreak ward) we will ask them to self-isolate for 14 days as per government guidelines and guidance is given to patient regarding if symptoms commence.

1. **Can you expand on the definition of ‘block funding’ around Covid19?**

In terms of CCG financial support following Covid19, we are in a different financial regime, the previous ‘payment by results’ has been suspended and we are now given a set or ‘block’ amount each month which gives more certainty and assurance. We can also ask for additional funding where needed for Covid19 direct from DoHsc. This arrangement has been extended to the end of August at least and likely into September.

1. **I have had problems getting an audiology appointment, can you expand on how this service is continuing in the wake of Covid19? / How soon will blood tests be reintroduced on site for the miscarriage service?**

We have been clinically reviewing patients on all our inpatient and outpatient waiting lists who are waiting to come in and prioritising them according to need, with higher priority patients being seen sooner. For patients in lower priority lists there are still longer waiting lists, which is the case across Greater Manchester and the country, and we are working in partnership with other trusts in Greater Manchester on solutions for this. The use of videoconferencing appointments has been an effective part of our response and in many cases this will be continuing. With audiology we have now been given the green light to start outpatient appointments again, so that particular list should be reducing soon.

1. **What are your plans for international nursing recruitment this year, and what are the problems with training and development given current financial demand?**

At this stage it is not possible to say how the international nursing programme will continue giving the international Covid19 situation but we will keep this under review. Staff have been responding in flexible and innovative ways to the crisis, breaking down traditional ‘silos’ between staff groups, and we hope to continue this approach into training and development.

1. **How can we make it feel safe for people to access care health services given the current pandemic?**

We need patients to feel safe, particular those who may have come out of several months of isolation/shielding for the first time. The importance of staff in adhering to wearing face masks and social distancing rules is paramount creating this safer environment. Also important is the continuing use of videoconferencing for many patient appointments, which has been working very well and will continue. It is likely we will never have so many outpatients coming into hospital in person as before, and this is an important part of making healthcare effective for the future.

1. **What measures are being taken to support the BAME community at the present time?**

We are very aware that Covid19 has a disproportionate impact on the BAME community. In recognition of our colleagues health and safety and ensuring colleagues feel safe in  speaking up the Trust we have developed and implemented:

         Completion of EqIA Workforce and Regulatory Response

         Letter to BAME colleagues acknowledging the national pictures.

         BAME personal circumstances form (Risk Assessments).

         BAME confidential Questionnaire.

         Listening Events

         Prejudice and Discrimination Survey

In relation to achieving our ambitious challenge of ensuring wider representation of all our protected groups; including promotion for women and black and ethnic minority (BAME) representation at all levels of our workforce, we have developed:

         **BAME Leadership Programme**

The BAME internal leadership Programme has now been developed and approved. The programme will be in September 2020.

         **BAME Reciprocal Mentoring Programme**

Board Biographies have now been received.  The opportunity to take part in the programme has been opened up to the BAME staff network and a matching process has taken place with 5 candidates/mentors and the first cohort is soon to be underway.

The BAME Staff Network have also planned and delivered the following events:

         Hate Crime Awareness (Feb 20).

         Ramadan Briefing 2020.

         Ramadan Nutrition Guidance 2020.

         Ramadan Iftar Food boxes

         Eid Goodie Bags

         Completion and launch of interim Multi Faith provision.

         COVID 19 – Network meetings.

         News Items: Eid Al Adha, Windrush, South Asian Heritage month

         Developing Black Lives Matter Allies Resource Tool