

# COUNCIL OF GOVERNORS MEETING

15 DECEMBER 2021

**Making a difference every day.**



## Meeting of the Council of Governors Wednesday, 15 December 2021

Held at 3.00pm via Webex  
(This meeting is recorded on Webex)

### AGENDA

Time			Enc	Presenting
1500	1.	Apologies for Absence		
	2.	Declarations of Interests		
	3.	Minutes of Previous Meeting – 8 November 2021	✓	T Warne
	4.	Action Log	✓	T Warne
1515	5.	Emergency Department Presentation - <i>Presentation at meeting</i>		J McShane
1535	6.	Chair's Report	✓	T Warne
1545	7.	Non-Executive Directors Report - Including highlights from Board Committees	✓	Committee Chairs
1555	8.	National Inpatient Survey Report and Action Plan	✓	M Moore
1615	9.	Staff Health & Wellbeing Update	✓	C Barber-Brown
<b>GOVERNANCE</b>				
1640	10.	Lead Governor Appointment	✓	T Warne
1645	11.	Nominations Committee <ul style="list-style-type: none"> <li>Review of Terms of Reference</li> <li>Review of Committee Membership</li> </ul>	✓	T Warne
1650	12.	Future Meetings of the Council of Governors	Verbal	T Warne
<b>CLOSING MATTERS</b>				
	13.	Any other business		
	14.	<b>DATE, TIME &amp; VENUE OF NEXT MEETING</b>		
	14.1	Wednesday, 23 February 2022, 3.00pm		

**STOCKPORT NHS FOUNDATION TRUST**  
**Minutes of a meeting of the Council of Governors**  
**Held on Monday, 8 November 2021,**  
**at 11.00am via Webex**

**Present:**

Prof T Warne	Chairman
Mrs S Alting	Appointed Governor
Mrs J Browning	Public Governor
Dr R Cryer	Public Governor
Mr L Dowson	Public Governor
Mrs P Hancock	Staff Governor
Mrs Z Ikram	Public Governor
Mr R King	Public Governor
Mr D Kirk	Appointed Governor
Dr T Kondratowicz	Public Governor
Ms T Leden	Public Governor
Mr T Lowe	Public Governor
Dr S Meadipudi	Staff Governor
Mr J Pantall	Public Governor
Mr M Rahman	Public Governor
Mr D Rowlands	Public Governor
Mrs M Slater	Public Governor
Mrs K Southwick	Staff Governor
Prof C Summerton	Public Governor

**In attendance:**

Mrs C Anderson	Non-Executive Director
Mr A Bell	Non-Executive Director
Ms A Bromley	Acting Director of Workforce & OD
Mrs S Curtis	Deputy Company Secretary
Mr J Graham	Director of Finance / Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Dr M Logan-Ward	Non-Executive Director
Dr A Loughney	Medical Director
Mr A Newall	Mazars Engagement Lead
Ms J Newton	Associate Non-Executive Director
Dr L Sell	Non-Executive Director

**45/21 Apologies for Absence**

Apologies for absence were received from Mrs K James (Chief Executive), Mrs R McCarthy (Trust Secretary), Mrs M Moore (Non-Executive Director), Mrs C Parnell (Director of Communications & Corporate Affairs), Cllr J Wells (Appointed Governor), and Mrs J Wragg (Public Governor).

**46/21 Declaration of Interests**

There were no declarations of interest.

**47/21 Minutes of the previous meeting**

The minutes of the previous meeting of the Council of Governors held on 6 October 2021 were agreed as a true and accurate record of proceedings, subject to amending the third paragraph of minute 37/21 to read as follows:

*Mr Kirk informed the meeting that HealthWatch had attended a briefing on the Shadow Locality Committee structure and noted that the Council of Governors was not represented on the People and Community Voice working group. He explained that this was a sub-group of the Executive Group which in turn supported the shadow One Health and Care Board, and advised that he had highlighted this issue to the Local Authority. The Chair suggested this may be considered in the future as the locality arrangements were reviewed.*

**48/21 Stockport NHS Foundation Trust Annual Report & Accounts 2020/21**

The Director of Finance advised that a link to the full Annual Report & Accounts 2020/21 had been included on the agenda and he delivered a presentation on 2020/21 financial review and forward look, which included the following subject headings:

- 2020/21 financial regime, including key features
- Being part of Greater Manchester Integrated Care System (GM ICS)
- Income received in 2020/21
- How we spent our money in 2020/21
- Capital
  - Significant schemes 2020/21
  - CT project
- Financial year 2021/22, including key financial challenges
- Summary

In summary, the Council of Governors heard that:

- The Trust had achieved the financial position in 2020/21
- Interim finance regime continued for 2021/22
- The Trust had achieved the financial plan for the first half of 2021/22
- The Trust would have an underlying deficit without system support, but there was uncertainty on how much of this would be provided on a recurrent basis.

In response to a question from Mr Pantall about backlog maintenance, the Director of Finance briefed the Council on work in this area and agreed to clarify the estimated backlog maintenance figure outside of the meeting.

Dr Kondratowicz referred to the elective services pressures and queried how much staff sickness, unfilled posts and Covid were contributing to the position. The Director of Finance noted that all of these aspects had an impact on the position and he and the Medical Director briefed the Council on mitigating actions, including work with partners on weekend activity and seeking support from GM around the restoration of services. The Chairman added that the Trust was working hard to ensure clinical

prioritisation of patients and utilising all available support, including the independent sector.

In response to a question from Mr Rowlands about agency expenditure, the Director of Finance noted that this had reduced in recent years but had increased again due to the need to use more agency staff during the pandemic. The Director of Finance and Director of Workforce & OD briefed the Council on mitigating actions in this area, including substantive staff recruitment.

In response to a question from Ms Leden regarding the Charity Annual Report, the Director of Finance and Mazars Engagement Lead briefed the Council on ongoing work to finalise the Charity Annual Report, which was due to be completed by the end of this year. The Director of Finance advised that the Charity Annual Report would be uploaded to the Trust's website in due course and he agreed to confirm the timescale for its completion and circulate the report to Governors once available.

The Council of Governors:

- Received and noted the Annual Report & Accounts 2020/21 and the associated presentation.

#### **49/21      Presentation of the Annual External Audit 2020/21, including Auditor's Annual Report**

The Engagement Lead from Mazars, the Trust's External Auditors, presented the outcome of the Annual External Audit 2020/21, including the Auditor's Annual Report. He delivered an associated presentation, which covered the following subject headings:

- Introduction
- Our audit responsibilities
- What we found: overall conclusions
  - Audit of the financial statements – Unqualified audit opinion
  - Review of the Trust's arrangements to deliver economy, efficiency and effectiveness – One audit recommendation
  - Review of the Trust's Annual Report and Annual Governance Statement – Comments provided to enhance the Report and Statement
  - Report to the National Audit Office on the Trust's consolidation schedules – Consolidation schedules were consistent with the financial statements
- Concluding remarks

The Mazars Engagement Lead concluded the presentation by thanking the Trust for taking a positive and constructive approach to the audit. He thanked all the staff for their support and cooperation during the year, particularly given the additional demands placed on their time by Covid and the additional time required to support the remote audit. The Director of Finance endorsed the comments about the positive and robust relationship between the Trust and Mazars and provided further clarity about the audit recommendation relating to the Value for Money (VFM) audit.

Dr Kondratowicz noted that Central Manchester were developing an electronic patient record (EPR) and queried this Trust's developments in this area. The Director of

Finance briefed the Council on work around the Trust's IM&T Strategy, including bidding for national funding to invest in this area, noting that one of the bids was to enable some scoping work around EPR.

The Medical Director briefed the Council on a number of information sharing agreements in place to help keep patients safe while they moved between systems. He agreed that the ideal position would be to have one electronic patient record across the whole of the NHS, but that while this was still a long way off, the information sharing processes had moved forward considerably in the past few years.

In response to a question from Mr King about the financial future, the Director of Finance briefed the Council on the financial arrangements during Covid and highlighted a lack of clarity about guidance for H2 2021/22 and beyond and the associated challenges, noting that the block arrangements were likely to continue.

In response to a question from Mrs Alting about the audit recommendation relating to the VFM audit, the Director of Finance and the Mazars Engagement Lead confirmed that the recommendation was made based on the existence of NHSE/I licence conditions and the CQC inspection report. It was noted that while Mazars recognised the ongoing improvements and that the Trust had put actions in place with a CQC Action Plan, the recommendation had been included in the Auditor's Annual Report as the licence condition existed for the reporting period 2020/21.

The Medical Director highlighted the importance of delivering safe and effective care to people and noted positive developments in this area, and commented that regulatory changes took time to progress to reflect the improved position.

The Board of Directors:

- Received and noted the report and associated presentation.

## **50/21 Date, time and venue of next meeting**

The next meeting of the Council of Governors would be held on Wednesday, 15 December 2021, commencing at 3pm via Webex.

### Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
04/21	8 Nov 2021	48/21	Annual Report & Accounts	In response to a question from Mr Pantall, the Director of Finance agreed to clarify the estimated backlog maintenance figure outside of the meeting.	TBC	J Graham
05/21	8 Nov 2021	48/21	Annual Report & Accounts	The Director of Finance agreed to confirm the timescale for the completion of the Charity Annual Report and circulate it to Governors once available.	TBC	J Graham
On agenda						
Not due						
Overdue						
Closed						



### Stockport NHS Foundation Trust

Meeting date	15 December 2021	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Chair's Report					
Lead Director	Trust Chair		Author		Professor Tony Warne	

### Recommendations made / Decisions requested

The Council of Governors is asked to note the content of the report.

### Executive Summary

This report advises the Council of Governors of the Chair's reflections on recent activities within the Trust and wider health and care system.

## **1. EXTERNAL PARTNERSHIPS**

Since we last met, I have been able to participate in two meetings of the Stockport Health and Wellbeing Board. These meetings are increasingly becoming focused upon the future delivery of the One Stockport Borough Plan, within which sits the One Health and Care Plan, a plan our Board signed off in October. At the November meeting, the first draft outcomes proposals were agreed which, going forward, will be more focused upon measures of inequality reduction.

The last meeting also discussed the outcomes from the first Shadow Locality Board. Of note was the commitment to seek and harness local community voices in developing the work of the Locality Board and to be kept informed of, and contribute to, the developments across the Greater Manchester ICS. Members of our Council of Governors have been asked to join this 'task and finish' People and Community Voice Group.

On the 23<sup>rd</sup> November, I joined other system leaders to take part in the inaugural Stockport Health and Care Awards. It was a fantastic celebration that saw some 300 nominations from across all health and care sectors and settings, including 19 nominations from SFT services. Our Mortuary colleagues won the Key Worker Award. We have much to celebrate, and I'm looking forward to our own award celebrations early in 2022.

We continue working closely with our South East Sector colleagues. Our monthly Board to Board meetings with East Cheshire continue and this month we had our first Board to Board meeting with Tameside and Glossop Integrated Care colleagues.

Together we serve a common population and I am excited about the opportunities still to come from working more closely together to meet the needs of local people and communities across the South East Sector.

## **2. ESTABLISHING THE NEW INTEGRATED CARE BOARD FOR GREATER MANCHESTER**

Following the publication of national guidance on the establishment of NHS statutory bodies to be known as Integrated Care Boards (ICBs), Greater Manchester is now in the process of developing the new ICB's Constitution and is engaging with system partners and stakeholders.

The ICB will be responsible for implementing the overall NHS strategy in Greater Manchester (GM), fulfilling all the NHS statutory functions as set out in the 2021 Health and Care Bill including:

- a) setting strategy to achieve national priorities and GM priorities
- b) allocation of NHS resources to support this strategy
- c) overseeing the commissioning of primary and specialised care
- d) ensuring the component programmes and organisations fulfil their collective and individual responsibilities for delivering their contribution to the GM aims as agreed in the planning process
- e) assigning resources
- f) securing assurance and ensuring - with our partners – that the right activities are focused on securing the best outcomes for our communities.

Proposals for shadow governance arrangements in Greater Manchester have already been shared and feedback is being sought on proposals for membership of the ICB.

### **3. OPERATIONAL CHALLENGES**

The Trust continues to experience high levels of demand for all its services as we enter what is the busiest period of the year. I would like to take this opportunity to thank all our teams for continuing to respond with such commitment and professionalism to the challenges which have now been on-going for almost two years.

### **4. TRUST ACTIVITIES**

I was privileged to participate alongside other colleagues, at this year's Remembrance service. Although due to Covid restrictions there was a limited number of colleagues and patients in the Chapel itself, the service was live streamed and over 100 colleagues and patients were able to participate in the service.

I was also fortunate to be able to spend time with our School Nurses as they were coming to the end of a 7 week schools vaccination programme for 12-15 year olds. What I saw was compassionate care at its best. They managed to vaccinate just under 7000 children and young people, contributing to the over 500,000 vaccinations given across Stockport over the past year.

I have met with our Council of Governors both formally and informally over the past two months. Sadly we said goodbye to a number of our Governors, including Roy Greenwood, Lead Governor. All had made a wonderful contribution to our improvement journey. We are truly fortunate to have Governors with such an interest in the Trust and our services, who willingly give up their time to support us. Welcome to our new Governors that have commenced in post and started their induction programme.

Our Governors and other Trust members attended our delayed Annual Members Meeting last month. I would like to acknowledge the work of all those who pulled together our annual report and accounts, not an easy job to do, but it was one done very well.

## **5. EXTERNAL VISITS / INSPECTIONS**

In early November the Care Quality Commission carried out an unannounced two day inspection of the emergency department at Stepping Hill Hospital.

Verbal feedback from the inspectors at the end of the visit highlighted no significant concerns for urgent action, and they commented on a number of areas of good practice including staff being caring and compassionate towards patients, positive multi-disciplinary working, and little evidence of delays in ambulance handovers.

Inspectors from the Health and Safety Executive also visited the Trust for two days in November as part of a national programme looking at NHS organisations' arrangements for manual handling, Covid-19 precautions, and violence and aggression.

The HSE commended the Trust for the openness and transparency of staff, a positive health and safety culture, the approach of the security team, and the improvements made by the Trust since inspectors last visited in December 2020. They also confirmed that no enforcement action was required.

## **6. STRENGTHENING BOARD OVERSIGHT**

Our Board development journey continues. Last month we participated in an externally facilitated session that helped us all better understand the kind of person we were at work, and more generally, and how we interact with others. It was an illuminating session, fun and provided a foundation for future sessions. The session plays into our equality, diversity, and inclusion ambitions, and our desire as a Board to promote kindness, respect and civility in all that we do.



### Stockport NHS Foundation Trust

Meeting date	15 December 2021	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Non-Executive Directors Report					
Lead Director	Chairs of Board Committees	Author		Rebecca McCarthy, Trust Secretary		

#### Recommendations made/ Decisions requested

**The Council of Governors is asked to review the Non-Executive Directors Report and seek any further clarification required on key matters.**

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#### Executive Summary

The work plans of the Board Committees, each chaired by a Non-Executive Director, are aligned to the agreed Corporate Objectives for the year. This includes review of high-level metrics and key assurance reports which enable performance relative the organisational objectives to be monitored and the type of improvement needed to be determined. A Key Issues & Assurance Report from all Board Committee's is routinely provided to the Board of Directors including Finance & Performance Committee, People Performance Committee, Quality Committee and Audit Committee.

This report highlights key matters for the Council of Governors attention following the Board Committees that took place in November 2021, considering performance until the end of Month 7 (October 2021).

## 1. Finance

- The Trust reported a deficit of £0.1m in Month 7, which after discounting the £0.4m from the sale of assets, was an underlying deficit of £0.5m.
- The Trusts financial plan for the second half of 2021/22 (H2) was presented to the Finance & Performance Committee in November 2021. The H2 plan requires the Trust to make an additional £3.3m of cost improvements (CIP), a total of £9.3m in the second half of the year, to achieve a breakeven position.
- Achieving the additional CIP requirements will be a significant financial challenge, particularly with the costs of winter and recovery. Plans are being formulated, although at this stage it is likely to be met by non-recurrent actions.
- The Finance & Performance Committee will review the financial position for Month 8 at its meeting on 16<sup>th</sup> December 2021 and is planning a detailed review of the delivery of CIP plans for 2021/22 and longer term approach for 2022/23 onwards.

## 2. Operational Performance

- Emergency Department (ED) performance in October was significantly challenged, with performance against the 4 hour standard at 62.5% (95% standard). Drivers of this position included high levels of demand and challenges in patient flow. However, Type 1 performance is regularly in first or second place amongst other acute providers across the Greater Manchester (GM) region and the Trust continues to be the best performing in GM for ambulance handover times.
- Performance against a number of operational performance metrics, including the 6 Week Diagnostic, Cancer 62 Day Standard, and Referral to Treatment (RTT) were also challenged in month and did not achieve trajectory. This is line with the pressures in the system seen in the rest of GM and nationally.
- Despite the increase in urgent care pressures, the Trust delivered its overall elective activity plan (planned care) in October 2021, and the number of patients waiting 52+ weeks has not increased for the last three months.

## 3. People

- The trend in increasing sickness absence continued in month, with sickness absence at 6.6%. Cold and Flu saw an increase as the second highest sickness reason after Stress, Depression and Anxiety. The high levels of stress, anxiety, & depression absence remains a concern across the Trust, with targeted health and well-being interventions to support staff in the workplace.
- Promotion of the Covid booster and flu jabs remains a priority.
- Workforce turnover increased marginally in October 2021. The top known leaving reasons include voluntary resignation, work life balance, relocation and retirement, with thought that a number of staff delayed their employment decisions during the pandemic. International recruitment continues, alongside increased career development opportunities and promotion of flexible working options to support this.
- In January 2021, NHS England/ Improvement published the first national Violence Prevention and Reduction Standard for NHS organisations. The new standard compliments existing health and safety legislation. In line with the standard, the Trust has developed and approved a Violence Prevention and Reduction Strategy for the Trust.
- In December, the Board of Directors signed up to the pledge 'for the wellbeing of our NHS people' and established its commitment to shifting our wellbeing focus to **presenteeism**.

## 4. Quality

- There is continued positive assurance regarding Hospital Standardised Mortality Rate (HSMR) and Summary Hospital-level Mortality Indicator (SHMI)\*, which are both below expected range.  
\*HSMR and SHMI provide data in relation to the expected number of deaths in a hospital.

- The Covid nosocomial infection rate remains a concern for the Trust. Notwithstanding the correlation with increased Covid prevalence in the locality, the Trust is focussing on ensuring compliance with swabbing patients for Covid on day 3 and day 6 of their inpatient stay.
- The Trust is marginally over the proposed internal trajectory for C-Difficile, with focussed work taking place within the Division of Surgery. There have been no further cases of MRSA reported since August 2021. The year to date total for MRSA remains at one case.
- Compliance to timely recognition of sepsis fell just below target in October 2021 at 94% (95% target). Compliance with antibiotic administration for those patients deemed to have sepsis was also below target at 65% (95% target), albeit it was recognised that this related to a small number of patients. Sepsis practitioners continue to provide guidance for Doctors around the screening and escalation processes both in and out of hours.
- The total number of falls for the Trust is currently above expected levels; however continued focus is demonstrating recovery against the trajectory. Work to support falls prevention includes a pilot Falls Sensors' programme, with high visibility blankets and slipper socks for patients most at risk of a fall. Positive assurance was received on the improvement of slips, trips and falls, with notable improvement on Acute Medical Unit (AMU) with 49 beds.
- There continues to be a focus on 'Nutrition and Hydration' and further assurance has been requested in relation to work taking place.
- The number of formal complaints being received by the Trust remains relatively static, with a small decrease in October 2021. The PALS & Complaints Team continues to focus on resolving concerns informally to support this improvement. The top five themes for formal complaints in October 2021 were as follows: Communication, Clinical treatment, Patient care, Staff values & behaviours, Admissions & Discharges. The Trust's response rate to complaints continues to be positive, with all complainants responded to on time for complaints closed during October 2021.

## 5. Audit Committee

- Internal Audit Plan 2021/22 Progress – There has been one internal audit finalised between September – October 2021:

Internal Audit	Assurance Level
Serious Incidents Review	Substantial

- Anti-Fraud Plan 2021/22 Progress – Audit Committee reviewed and confirmed counter fraud work that had taken place during September - October 2021. The Committee received assurance that the new starter induction process had been updated on fraud awareness.
- External Audit Annual Report – The Committee received assurance that the Charity external audit was in progress and scheduled to complete for January 2022.
- Waivers Report April 2021 – October 2021: The Committee received assurance that the necessary checks were in place for suppliers where a waiver was issued.
- IFRS 16 Accounting Standards - The Committee received a report on the introduction of the new accounting standard IFRS 16 on leases and its impact on the Trust financial statements. The Committee received assurance that a workplan was in place to review existing operating leases and contracts in line with the requirements.

**Stockport NHS Foundation Trust**

Meeting date	15 <sup>th</sup> December 2021	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	National Inpatient Survey Results 2020 & Next Steps					
Lead Director	Mary Moore, Non-Executive Director	Author		Matron for Patient Experience		

**Recommendations made/ Decisions requested**

The Council of Governors is asked to note the contents of the paper including next steps being taken to drive improvement.

**Executive Summary**

This report provides a summary of the results for the Inpatient Survey 2020, as carried out by Quality Health. The National Inpatient Survey includes nine sections designed to mirror the service user journey.

A high level analysis is provided summarising:

- Comparison to Stockport's 2019 survey results
- Comparison to other Trusts surveyed by Quality Health
- Noise At Night Response
- Covid-19 Response
- Next Steps



# National Inpatient Survey & Next Steps

**Council of Governors  
December 2021**

**Mary Moore, Non-Executive Director**

## Background

- The National Inpatient Survey was undertaken by Quality Health for Stockport NHS Foundation Trust between January 2020 and May 2020 (first COVID-19 wave)
- Results were reviewed by the Trust's Patient Experience Group and the Board's Quality Committee in October 2021.
- Trust Response Rate: 42%

The table is a comparison to Stockport 2019 survey and shows the areas identified as needing improvement. (Questions under n/a were not asked in the Inpatient Survey in 2020)

		Results where Stockport Identified as needing improvement from 2019 survey.	Stockport Scoring 2019	Stockport Scoring 2020
LEAVING HOSPITAL	Q36	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any adaptations made to your home, after leaving hospital?	74.7%	81.6%
HOSPITAL AND WARD	Q14	During your time in hospital, did you get enough to drink?	90.5%	94.5%
OPERATIONS AND PROCEDURES	Q31	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	88.2%	91.8%
OPERATIONS AND PROCEDURES	Q33	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	73.7%	77.1%
OVERALL	Q47	During your hospital stay, were you ever asked to give your views on the quality of your care?	12.4%	10.8%
OPERATIONS AND PROCEDURES	Q32	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	79.9%	74.7%
ALL TYPES OF ADMISSION		In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	87.8%	N/A
HOSPITAL AND WARD		Were you offered a choice of food?	83.0%	N/A
LEAVING HOSPITAL		Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	77.8%	N/A
LEAVING HOSPITAL		Did a member of staff tell you about medication side effects to watch for when you went home?	39.7%	N/A
LEAVING HOSPITAL		Was the care and support you expected available when you needed it?	76.7%	N/A

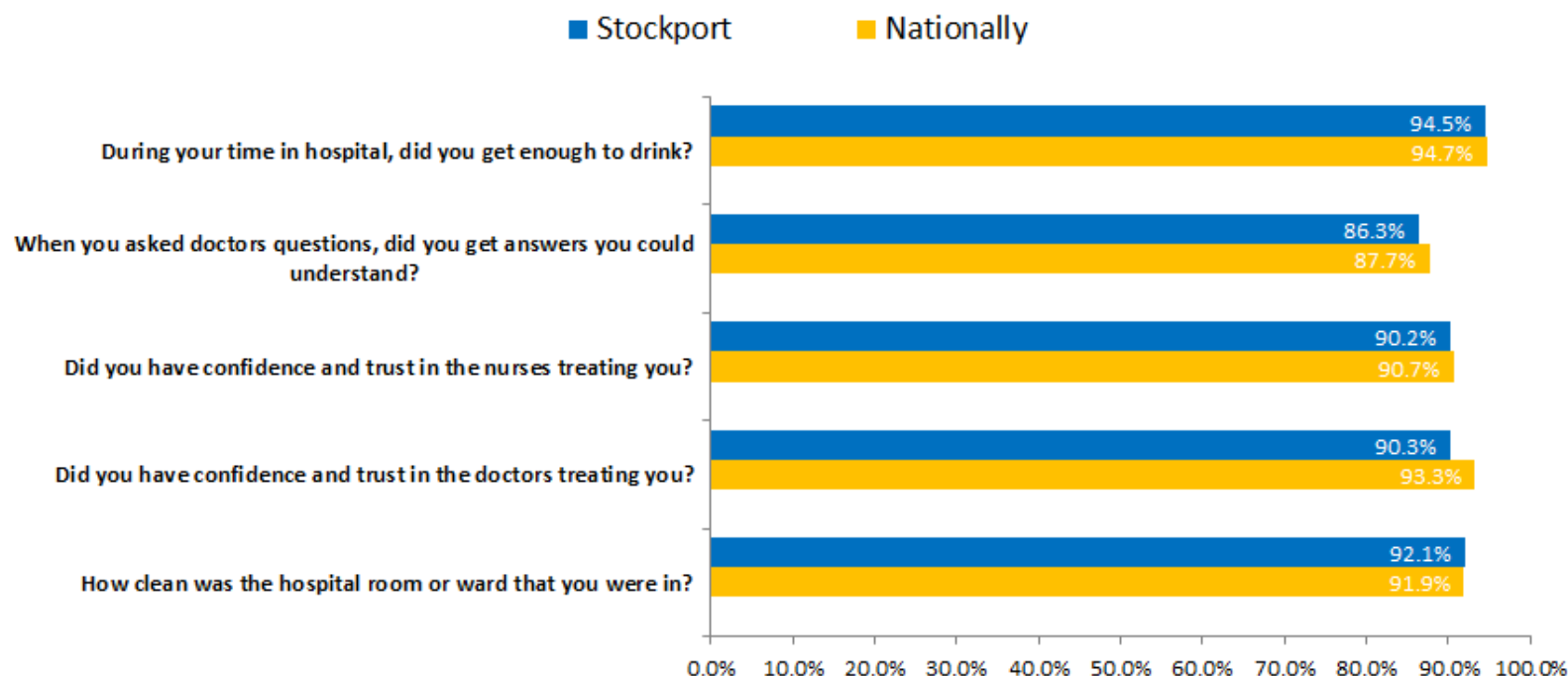
Stockport NHS Foundation Trust's top scoring questions compared to the other Trusts surveyed.

Results ordered from biggest gap to smallest gap between Highest Trust Scored & Lowest Trust Scored:

		Stockport's top performing question's from Quality Health 2020 Survey	Lowest Trust	Highest Trust	Trust
HOSPITAL AND WARD	Q14	During your time in hospital, did you get enough to drink?	91.9%	97.4%	94.5%
DOCTORS	Q15	When you asked doctors questions, did you get answers you could understand?	84.8%	90.5%	86.3%
NURSES	Q19	Did you have confidence and trust in the nurses treating you?	87.4%	94.0%	90.2%
DOCTORS	Q16	Did you have confidence and trust in the doctors treating you?	89.6%	96.9%	90.3%
HOSPITAL AND WARD	Q8	How clean was the hospital room or ward that you were in?	88.1%	95.7%	92.1%
OPERATIONS AND PROCEDURES	Q31	Beforehand, how well did hospital staff answer your questions about the operations or procedures?	84.8%	92.8%	91.8%
HOSPITAL AND WARD	Q4a	There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?	76.0%	84.2%	79.7%
YOUR CARE AND TREATMENT	Q29	Were you able to get a member of staff to help you when you needed attention?	79.1%	87.5%	83.2%

This table illustrates how close to the highest scoring Trust Stockport NHS Foundation Trust is. It is encouraging to see the Trust is close to matching the results.

### Top Five High Survey Responses Scores 2020 Compared to Nationally



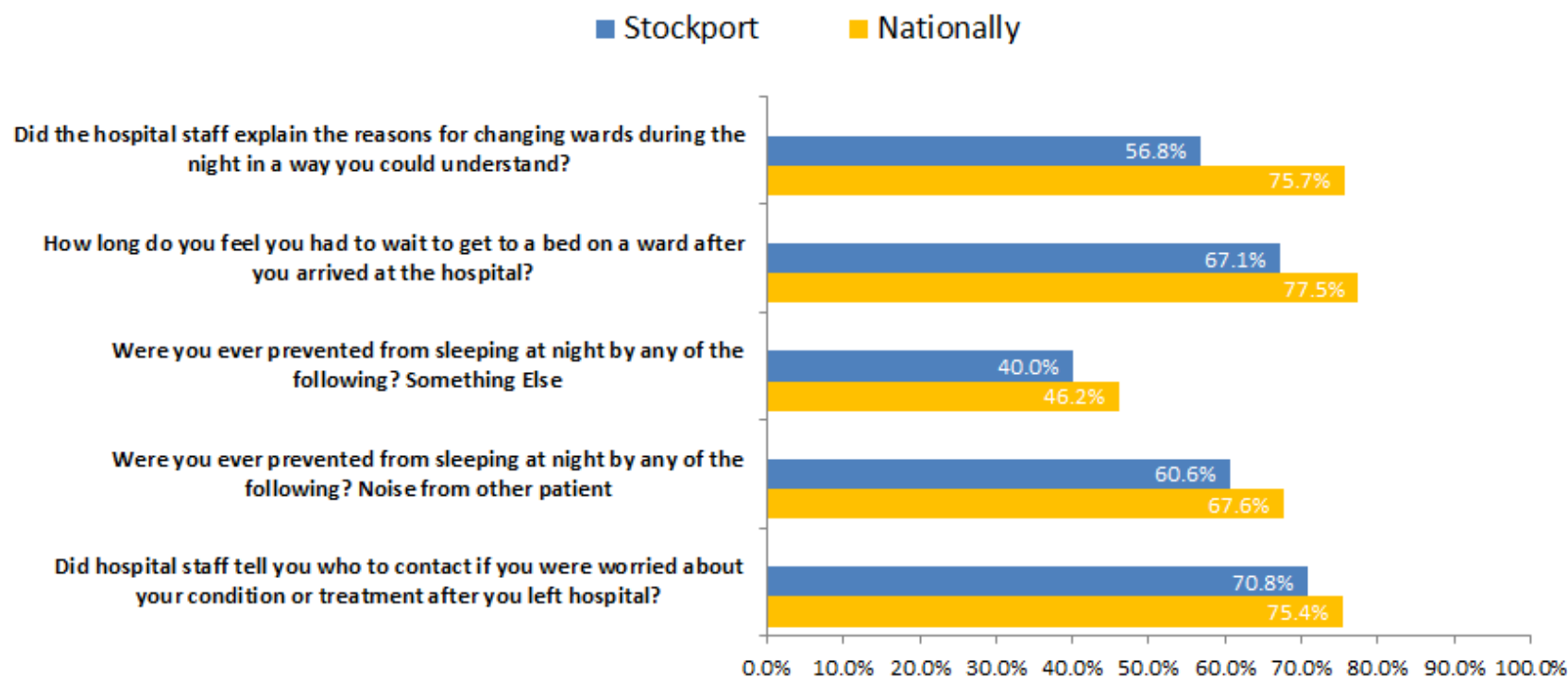
## The comparison of the low/intermediate performing questions to other Trust's surveyed

Results ordered from biggest gap to smallest gap between Highest Trust Scored & Lowest Trust Scored:

		Stockport's low/intermediate performing question's from Quality Health 2020 Survey	Lowest Trust	Highest Trust	Trust
HOSPITAL AND WARD	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	56.6%	94.8%	56.8%
ADMISSION TO HOSPITAL	Q3	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	64.2%	90.8%	67.1%
HOSPITAL AND WARD	Q5f	Were you ever prevented from sleeping at night by any of the following? <b>Something else</b>	34.9%	57.5%	40.0%
HOSPITAL AND WARD	Q5a	Were you ever prevented from sleeping at night by any of the following? <b>Noise from other patients</b>	56.7%	78.5%	60.6%
LEAVING HOSPITAL	Q41	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	65.8%	84.9%	70.8%
LEAVING HOSPITAL	Q36	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	76.0%	93.0%	81.6%
LEAVING HOSPITAL	Q38	Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	62.8%	79.5%	67.8%
LEAVING HOSPITAL	Q40	Before you left hospital, did you know what would happen next with your care?	58.4%	74.7%	63.0%
OPERATIONS AND PROCEDURES	Q32	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	68.6%	84.7%	74.7%
HOSPITAL AND WARD	Q11	Were you offered food that met any dietary requirements you had?	77.3%	92.0%	77.3%
NURSES	Q20	When nurses spoke about your care in front of you, were you included in the conversation?	77.3%	90.4%	85.3%

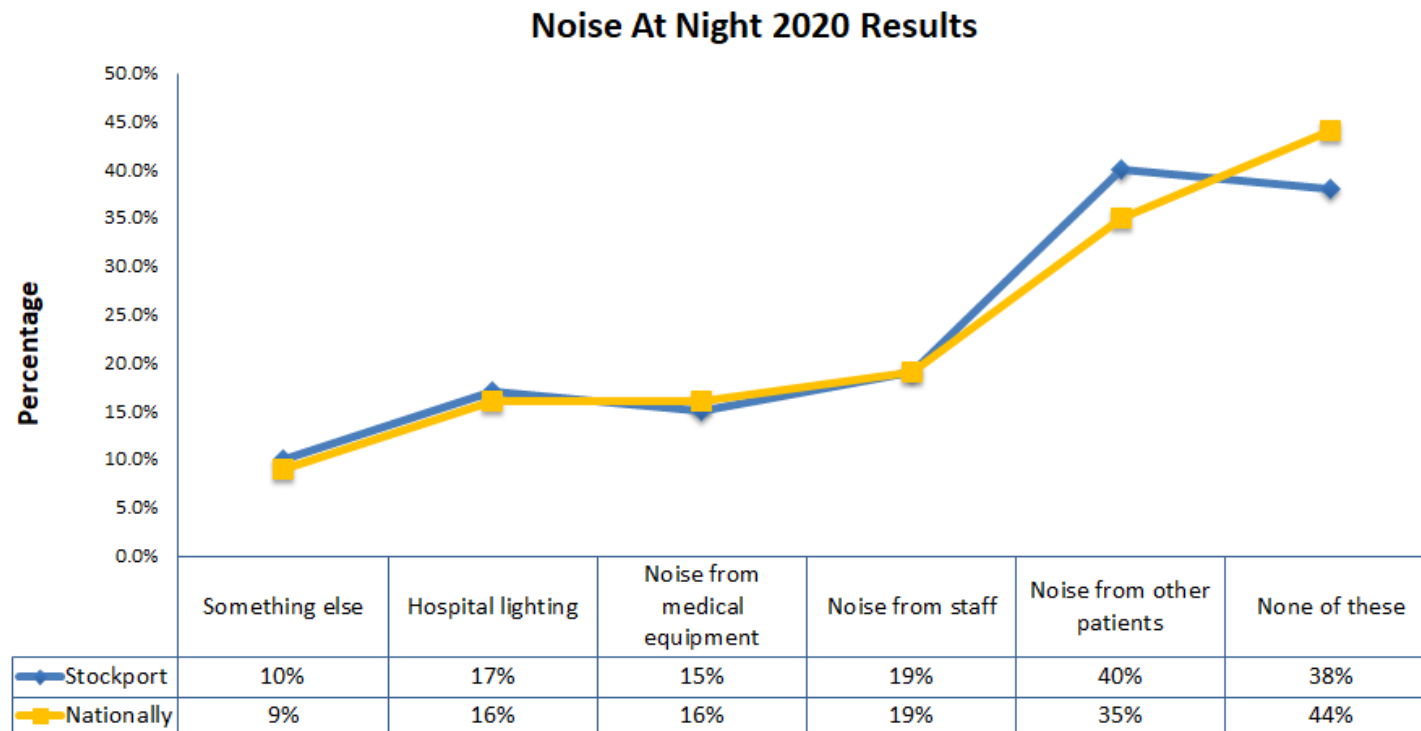
Stockport NHS Foundation Trust's lowest survey responses.

### Top Five Low Survey Responses Scores 2020 Compared to Nationally





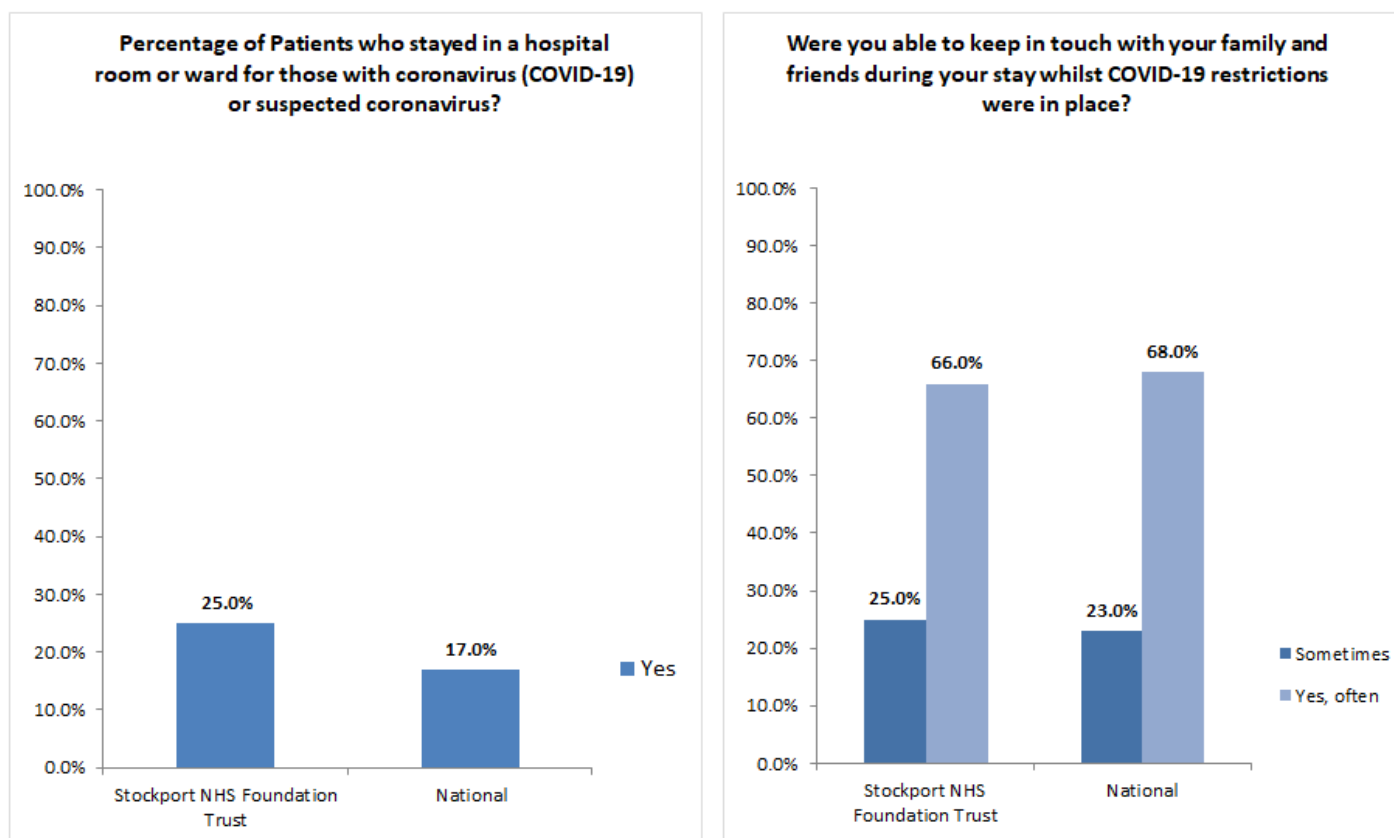
## Noise at Night



Select all that are applicable: Prevented From Sleeping At Night



## Stockport NHS Foundation Trust compared to other Trusts in response to the Covid-19 pandemic.



## Improvements & Next Steps

### Noise at Night:

- Sound Ears are a visual aid ordinarily used in neonatal units to actively encourage both teams and visitors to take notice when the noise levels increase.
- The adult inpatient areas where Sound Ears have been installed have already noticed improved compliance with noise reduction. Sound Ears are currently being rolled out across the organisation.

### Divisional improvement plans to include:

- Clear explanation for all patients required to transfer to another area at night (e.g. from an assessment area or for clinical reasons)
- Link to patient flow improvement plans regarding patients experiencing long waits for specialty ward
- Improve the process for ensuring all patients receive clear verbal and written information about their care, treatment, discharge etc.

Improvement plans will be discussed, challenged and monitored through the Patient Experience Action Group reporting into the Patient Experience Group, chaired by the Chief Nurse. In turn, this reports to the Quality Committee.

# Staff Health & Wellbeing

**Council of Governors  
15<sup>th</sup> December 2021**



**Making a  
DIFFERENCE  
every day**

# Current Initiatives



**NHS**  
Stockport  
NHS Foundation Trust



The  
Point of Care  
Foundation



# Wellbeing Wheel



Stockport

NHS Foundation Trust

## CAREER WELLBEING

- Coaching
- Mentoring (inc. Reciprocal)
- Training and development
- Appraisals
- Apprenticeships
- Talent Management and Succession Planning
- Leadership Development
- Northwest Leadership Academy

## FINANCIAL WELLBEING

- Salary sacrifice schemes
- Staff discounts
- Cycle to Work Scheme
- Salary finance- loans, savings, budget planning and tips on managing debt.
- NHS Money Advice Service
- Stockport credit union- local financial advice

## SOCIAL WELLBEING

- Regular events
- Virtual check ins
- Virtual team building (Team Time)
- Staff Networks



## EMOTIONAL WELLBEING

- Staff sanctuaries and safe spaces.
- Virtual team huddles/ check ins
- Free mental health online training REACT or Public Health England
- Mindfulness
- Bullying and Harassment Advice
- Hate Crime Guidance

## PHYSICAL WELLBEING

- Access to physiotherapy
- DSE assessment/ Self risk assessments
- Lifestyle advice –eating, drinking, smoking and exercise
- Lifestyle advice for Children
- Fit 4 the Fight – free online exercise classes Free Health and wellbeing assessment

## PSYCHOLOGICAL WELLBEING

- Staff counselling
- Mental Health First Aiders
- GM Resilience Hub - Available for you & your family
- Free access to apps
- Schwartz Rounds

# January Wellbeing Focus

1. Continuation of vaccination programme (flu & covid)
2. Launch of the additional staff psychological service, focus on being & staying well in work and preventative support measures.
3. Reset Day
4. Project Wingman Bus – Here again from 31/01/22
5. NW Health & Wellbeing Pledge signed by Board in December and launched in January
6. Wellbeing Walk about – Raising awareness of availability of wellbeing initiatives, supported by communications campaign
7. Event Onsite – Led by our Wellbeing Guardian
8. Dry January – Challenging you to go alcohol free for 31 days and aims to raise awareness of the effects of alcohol
9. World Religion Day – 16 January 2022 – To promote inter-faith understanding and harmony
10. Cervical Screening Awareness Week 21-28 January 2022 – Around 3,200 women are diagnosed with cervical cancer in the UK each year
11. Coping Mechanism Calendar
12. Financial Wellbeing masterclasses
13. “Fresh Start” development sessions to identify training and development needs
14. Subsidised Foodie Vans on site
15. Menopause response – Lighter summer uniforms
16. Exploring better sleeping facilities e.g., sleeping pods



Meeting date	15 December 2021	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Appointment of Lead Governor					
Lead Director	Tony Warne, Chair		Author	Soile Curtis, Deputy Company Secretary		

### Recommendations made / Decisions requested

The Council of Governors is asked to approve the appointment of Mrs Sue Alting as Lead Governor for a two-year period with effect from 15 December 2021.

### Executive Summary

The purpose of this report is to facilitate the appointment of a Lead Governor by the Council of Governors following the previous Lead Governor's term of office as a Governor concluding on 6 October 2021.

The Lead Governor appointment process was approved by the Council of Governors at its meeting on 15 October 2021. In line with the approved process, a single expression of interest was received from Mrs Sue Alting, Appointed Governor, Age UK. It was agreed that the appointment process would be completed at the Council of Governors' meeting on 15 December 2021, and that where a single nomination was submitted, that nominee would be elected unopposed.

## **1. Purpose**

- 1.1 The purpose of this report is to facilitate the appointment of a Lead Governor by the Council of Governors.

## **2. Background**

- 2.1 The Council of Governors appointed Mr Roy Greenwood as Lead Governor at its meeting held on 21 October 2020. As Mr Greenwood's term of office as a Governor concluded on 6 October 2021, it was necessary for the Council of Governors to appoint a new Lead Governor.
- 2.2 Governors are requested to note that NHS England/Improvement does not specify the scope of the Lead Governor role beyond its requirement for an individual to facilitate direct communication between NHS England/Improvement and the NHS Foundation Trust's Council of Governors. It is anticipated that such direct communication would only be necessary in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through normal channels.
- 2.3 Stockport NHS Foundation Trust has developed a role specification setting out the nature and scope of the Lead Governor role for the organisation. This is included for reference at Appendix 2.

## **3. Current Position**

- 3.1 The Council of Governors reviewed and confirmed the process for appointment of a Lead Governor at its meeting on 6 October 2021 and interested Governors were asked to submit a Nomination Form to the Deputy Company Secretary by 29 October 2021.
- 3.2 It was agreed that the appointment process would be completed at the Council of Governors' meeting on 15 December 2021, and that where a single nomination was submitted, that nominee would be elected unopposed.
- 3.3 A single expression of interest was received from Mrs Sue Alting, Appointed Governor, including confirmation of support from two governors. A copy of Mrs Alting's supporting statement is included at Appendix 1.

## **4. Recommendations**

- 4.1 The Council of Governors is asked to:
- Approve the appointment of Mrs Sue Alting as Lead Governor for a two-year period with effect from 15 December 2021.



## Appendix 1: Supporting Statement

### **Supporting Statement – Mrs S Alting**

50 years of experience in health and social care, mainly in the NHS and now as chair of Age UK Stockport, has given me a strong commitment to service, care and partnership working for the public benefit. It has also given me considerable understanding of the health service together with the skills and confidence to represent and speak on behalf of others, to challenge and influence.

My priorities include ensuring governors can fulfil their role, supporting new governors and seeing the Trust delivering high quality hospital and community services, being a good employer, developing partnerships and planning for the future.

## Appendix 2: Lead Governor Role Description

## **COUNCIL OF GOVERNORS LEAD GOVERNOR ROLE SPECIFICATION**

### **1. THE ROLE**

#### **1.1 The Lead Governor will:**

- Be appointed by the Council of Governors from amongst the Public Governors, Staff Governors or Appointed Governors in accordance with Annex 5 of the Trust's Constitution.
- Be appointed for a two year period and may seek re-appointment at the end of that period.
- Act as a contact point for Governors with NHS England/Improvement should the need arise.
- Work with the Chair of the Board of Directors to ensure that the Council of Governors is working effectively. Chair such parts of the meetings of the Council of Governors which cannot be chaired by the Chair or the Deputy Chair of the Trust due to a conflict of interest in relation to the business being discussed.
- Meet with the Senior Independent Director and provide input to the Chair's annual appraisal on behalf of the Council of Governors.
- Meet routinely with the Chair to plan and prepare the agenda for Council of Governors meetings.
- Work with individual Governors who need advice or support to fulfil their role as a Governor.
- Represent the Council of Governors at Trust or other events when appropriate.
- Meet with members of the Council of Governors at least once a year.

#### **1.2 The Lead Governor should take steps to understand NHS England/Improvement's role, and the basis on which NHS England/Improvement may take regulatory action, in order to communicate more widely with other Governors.**

### **2. THE PERSON**

#### **2.1 To be able to fulfil the role effectively, the Lead Governor will:**

- Have the confidence of Governor colleagues and of members of the Board of Directors.
- Have the ability to influence.
- Be able to present well-reasoned arguments on behalf of the Council of Governors.
- Be committed to the success of Stockport NHS Foundation Trust.
- Be able to meet the necessary time commitment (experience shows that, on average, this will amount to approximately 1.5 days per month in addition to the time already spent in the role of Governor).

Meeting date	15 December 2021	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Nominations Committee Terms of Reference & Committee Membership					
Lead Director	Tony Warne, Chair		Author	Soile Curtis, Deputy Company Secretary		

### Recommendations made / Decisions requested

The Council of Governors is asked to:

- Review and approve the Nominations Committee Terms of Reference
- Review the membership of the Nominations Committee

### Executive Summary

The purpose of this report is to review and approve the Nominations Committee Terms of Reference, included at Appendix 1 of the report.

In addition, in light of the term of office for one of the members of the Nominations Committee, Dr Robert Cryer, expiring on 4 December 2021, the Council of Governors is asked to review the membership of the Committee. Governors interested in becoming a member of the Nominations Committee are asked to submit self-nominations to fill this position to the Deputy Company Secretary by 29 December 2021.

## 1. Introduction

- 1.1 The purpose of this report is to review and approve the Nominations Committee Terms of Reference and review the membership of the Nominations Committee.

## 2. Background

- 2.1 The Nominations Committee Terms of Reference, included at Appendix 1 of the report, were approved by the Council of Governors on 5 December 2018 and are now due for periodic review.
- 2.2 The term of office of one Governor member of the Committee, Dr Robert Cryer, expired on 4 December 2021, therefore self-nominations are sought from Governors to fill this vacancy. The term of office is for a period of three years and is subject to individuals continuing to hold the office of Governor.
- 2.3 As stated in s2.3 the Nominations Committee Terms of Reference, Governors on the Committee shall have served a minimum of one year or be considered to have the relevant experience.
- 2.4 As stated in s2.1 of the Terms of Reference, the Lead Governor is included in the Committee membership. As the previous Lead Governor, Mr Roy Greenwood, concluded his term of office in October 2021, the new Lead Governor will take this seat on the Committee. The appointment of Lead Governor is being considered separately at the Council of Governors' meeting on 15 December 2021.

## 3. Matters under consideration

- 3.1 Governors are asked to review and approve the Terms of Reference of the Nominations Committee, included at Appendix 1 of the report. Minor amendments, including ordering of duties, have been made to the Terms of Reference. There are no further changes being proposed to the Terms of Reference at present.
- 3.2 Any interested Governors are asked to submit an expression of interest for the vacancy on the Committee in writing to Soile Curtis, Deputy Company Secretary ([soile.curtis@stockport.nhs.uk](mailto:soile.curtis@stockport.nhs.uk)) by 29 December 2021.
- 3.3 Where there is a single nomination, that nominee will be elected unopposed. Where there are two or more nominations, a discussion will take place between the Chair and the Lead Governor considering the nominations, alongside current membership of the Committee. The outcome will be communicated to Governors and confirmed at the next meeting of the Council of Governors on 23 February 2022.

#### **4. Recommendations**

4.1 The Council of Governors is asked to:

- Review and approve the Terms of Reference of the Nominations Committee
- Submit any expressions of interest for the vacancy on the Nominations Committee to the Deputy Company Secretary in writing by 29 December 2021.

## **NOMINATIONS COMMITTEE FOR CHAIR AND OTHER NON-EXECUTIVE DIRECTORS**

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### **TERMS OF REFERENCE**

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#### **1. INTRODUCTION**

- 1.1 The Nominations Committee, with external advice as appropriate, and with due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance and other relevant guidance, will have responsibility for:
- The identification and nomination of Non-Executive Directors, including the Chair
  - Consideration of appropriate succession planning for Non-Executive Directors
  - Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
  - Managing the process for any removal of the Chair and other Non-Executive Directors.

#### **2. MEMBERSHIP**

- 2.1 The Nominations Committee will comprise the Chair (or the Deputy Chair when matters associated with the Chair's nomination are being considered, unless they are standing for appointment, in which case another Non-Executive Director), and five Governors (to include the Lead Governor).
- 2.2 Only members of the Committee have the right to attend Committee meetings. Other individuals, such as the Chief Executive, Director of People & Organisational Development and external advisers, may be invited to attend for all, or part of, any meeting as appropriate.
- 2.3 Governor appointments to the Committee shall be for a period of three years, provided the Committee member remains a Governor of the Foundation Trust. Governors on the Committee shall have served a minimum of one year or be considered to have the relevant experience.
- 2.4 The Chair of the Committee shall be the Chair of the Board of Directors or the Deputy Chair of the Board of Directors or a Non-Executive Director. The Chair shall not chair the Committee when it is dealing with the matter of succession to the Chairmanship and shall not participate in discussions concerning their performance or possible re-appointment or remuneration. In the absence of the Chair and/or an appointed Deputy, the remaining members present shall elect one of their number to chair the meeting.
- 2.5 Members conflicted on any aspect of an agenda presented to the Committee, such as succession planning for a Non-Executive Director vacancy or the Chair's position

shall declare their conflict and withdraw from the meeting. On matters of succession planning for the Chair and in the event of individuals referenced at 2.1 above having to withdraw from a meeting, the Committee should maintain, wherever possible, for the purpose of such discussions two non-conflicted (voting) Non-Executive Directors and if necessary one would be invited to chair the Committee.

### **3. SECRETARY**

- 3.1 The Trust Secretary or their nominee shall act as the Secretary to the Committee.

### **4. QUORUM**

- 4.1 The quorum necessary for the transaction of Committee business shall be three Governors and one Non-Executive Director (the Chair counts as a Non-Executive Director). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

### **5. FREQUENCY OF MEETINGS**

- 5.1 The Committee shall meet at least twice a year and at such other times as the Chair of the Committee shall require.

### **6. NOTICE OF MEETINGS**

- 6.1 Meetings of the Committee shall be called by the Secretary to the Committee at the request of the Chair of the Committee.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time, date, together with an agenda of items to be discussed and supporting papers, shall be forwarded to each member of the Committee no later than five working days before the date of the meeting.

### **7. MINUTES OF MEETINGS**

- 7.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 7.2 The Secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.
- 7.3 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Board of Directors and Council of Governors unless a conflict of interest exists.

### **8. ANNUAL MEMBERS' MEETING**

- 8.1 The Chair of the Committee shall attend the Annual Members' Meeting prepared to respond to any members' questions on the Committee's activities.

## **9. DUTIES – NOMINATIONS**

- 9.1 Identification and nomination of Non-Executive Directors, including the Chair. The Chair of another Foundation Trust will be invited to act as an independent assessor to the Nominations Committee. The Nominations Committee will also consult the Chief Executive.
- 9.2 Having reviewed the existing Succession Plan, the Committee should consider an appropriate person specification and description of the role in advance of a recruitment process.
- 9.3 The Committee will oversee the recruitment process ensuring that open advertising is used to ensure candidates from a wide range of backgrounds are able to apply.
- 9.4 The Committee may on occasions use the services of external advisers to facilitate a search for candidates.
- 9.5 The Committee will have final responsibility for shortlisting candidates using objective criteria and deciding on the details of the selection process.
- 9.6 The Committee will oversee and may participate in the selection process on behalf of the Council of Governors and be responsible for the identification and nomination of candidates for final approval by the Council of Governors. The Committee will ensure that there is a majority of Governors on the interview panel.
- 9.7 Ensure that on appointment to the Board of Directors, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board meetings, and that all Non-Executive Directors have confirmed that they have the time to serve. Terms and conditions of employment should be made available for public inspection.

## **10. DUTIES – SUCCESSION PLANNING**

- 10.1 Give consideration to succession planning for Non-Executive Directors taking into account the challenges and opportunities facing the Trust and what skills and expertise might be needed by the Board in future, as identified by the Board's Remuneration & Appointment Committee.
- 10.2 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors and make recommendations to the Council of Governors with regard to any outcomes.
- 10.4 Keep the leadership needs of the Trust under review at Non-Executive level so that it continues to operate effectively.
- 10.5 Where an existing Non-Executive Director seeks re-appointment, the Nominations Committee should look at the existing candidate against the current job description and person specification for their role at the Trust. Due consideration should also be given to the relevance of the NHS Foundation Trust Code of Governance and



guidance on such a re-appointment. Once these processes have been undertaken, the re-appointment can be put to the Council of Governors for approval.

## **11. DUTIES – TERMS AND CONDITIONS**

- 11.1 Review and make recommendations to the Council of Governors with regard to the appropriate terms and conditions for Non-Executive Directors.
- 11.2 Periodically consider the scale of remuneration of Non-Executive Directors, including the Chair, taking account of all relevant NHS Foundation Trust policies and any available market comparisons.
- 11.3 Review other terms and conditions of office including appropriate time commitments and the range of duties contained in the job descriptions required by all Non-Executive Directors.
- 11.4 To make appropriate recommendations to the Council of Governors on any alterations to the terms and conditions including remuneration.

## **12. DUTIES – OTHER**

- 12.1 Act as the focal point for reviewing the annual appraisals of the Chair (conducted by the Senior Independent Director) and Non-Executive Directors (conducted by the Chair).
- 12.2 The Committee shall make recommendations to the Council of Governors concerning the proposals for the position of Deputy Chair, where appropriate and with due regard for the opinions of the Board of Directors.
- 12.3 The Chair will consult with the Committee on the appointment of one of the Non-Executive Directors as the Senior Independent Director.
- 12.4 Coordination of the process for removal of the Chair and Non-Executive Directors in accordance with requirements set out in the Trust Constitution.

## **13. REPORTING**

- 13.1 The Committee Chair shall report formally to the Council of Governors on its proceedings after each meeting.
- 13.2 A statement will be included in the Trust's Annual Report about the Committee's activities, the process used to make appointments and to explain if external advice or open advertising has not been used.
- 13.3 The Committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at Committee meetings.

- 13.4 The Committee will at least once a year review its own performance and compliance with its terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors.

**14. AUTHORITY**

- 14.1 The Committee is a Committee of the Council of Governors and has no executive powers, other than those specifically delegated in these terms of reference.
- 14.2 The Committee is authorised to obtain, at the Trust's expense, external professional advice on any matter within its terms of reference.

**15. REVIEW**

- 15.1 The Terms of Reference will be reviewed every three years.