

Stockport NHS Foundation Trust

# Annual Quality Accounts Report 2021/22

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# Part 1: Statement on Quality from the Chief Executive of the NHS Foundation Trust

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## Quality Account 2021-22 introduction

Providing good quality care for the people who need our services is at the heart of our mission as an organisation – **making a difference every day**. To do that consistently across all of our services is a challenge when faced with increased demand for care along with workforce challenges, but it has been made even more difficult as a result of the Covid-19 pandemic.



When I wrote the introduction to last year's quality account few of us could have predicted that we would still have been feeling the effects of the Covid-19 pandemic in 2022. But Covid-19 has been a constant and very real pressure on our services over the last year.

While outside the NHS the lifting of many pandemic restrictions saw people return to normal life, inside our hospital and community services we continued to maintain rigorous infection prevention and control (IPC) measures to help stop the spread of the virus to non-Covid-19 patients. That was the right thing to do to protect our patients, many of whom are extremely vulnerable, and our colleagues.

However, the need to provide separate inpatient facilities for patients with the virus has put real pressure on the number of hospital beds we have had available for patients needing emergency care, as well as for people who, due to the pandemic, may have been waiting for extended periods of time for planned procedures.

We have worked hard with colleagues across Greater Manchester (GM) and the surrounding area to bring down the waiting lists that had grown as a result of the pandemic, and to continue to provide quality care in as timely a manner as possible.

We have invested in improved facilities and extra equipment to help address the backlog of people waiting for diagnostic tests, such as endoscopies that were particularly badly affected by the pandemic.

But we have also seen increased demand for a wide range of our services, including emergency service, which now regularly cares for more than 300 patients a day via our A&E department at Stepping Hill Hospital.

Bed availability is a key factor in being able to achieve the four hour A&E treatment standard. Nationally very few NHS organisations hit this standard, and while during the year we were amongst the best performing A&E teams in GM, no-one wants to see patients waiting for long periods of time in our emergency departments.

Bed availability is not just limited by IPC restrictions, staff sickness and high levels of emergency hospital admissions, but also by significant numbers of people in hospital who no longer need acute care. Often they are waiting for discharge home with a package of care, or to move to an alternative facility to continue their rehabilitation.

We have continued to work very closely with colleagues in local authorities and nursing and care homes to try to improve the discharge position. However, our partner organisations also face their own workforce challenges caused by staff sickness and the inability to recruit to all vacancies.

We are not alone in facing these multiple challenges, but Stockport's comparatively high population of elderly people makes it a particular issue for our local health and care system. It is something that has an impact on not only those people anxious to leave hospital, but also those waiting to be admitted for emergency care, and many people waiting for planned procedures, such as surgery.

I am hugely impressed by the way our clinical teams, and those working in support services, have dealt with these competing and difficult challenges - maintaining a constant focus on providing the best care possible for local people.

To ensure we have the right workforce to meet current service demands we have invested over £5m in recruiting extra nurses, including more than 100 overseas nurses who have joined the many international professionals who have made Stockport Foundation Trust their work home in recent years.

During the height of the pandemic the benefit of collaboration was put under the spotlight as we worked closer than ever before with neighbouring organisations to manage the demand on our services. I am therefore excited about the opportunities for greater collaborative working that should come from the new Health and Care Act that will see formal creation of integrated care systems and Place-based systems across the country.

We are already in a good place to take advantage of the greater freedoms for collaboration that this change will bring. As well as developing a closer working relationship with Tameside and Glossop Integrated Care NHS Foundation Trust, including sharing key posts as well as learning from each others' experience; we are also strengthening our relationship with East Cheshire NHS Trust through the ongoing development of a joint clinical strategy.

The work we are doing with partners is all focused on sustaining and, where possible, improving the quality of care we provide to patients. Over the last year ensuring a consistent quality of care across all our services has been a real area of focus under the leadership of our Chief Nurse and Medical Director.

We have seen the successful roll out of a new ward accreditation scheme, which has now expanded to include our community services; and investment in many services that support our focus on quality services, including expanding the IPC and health and safety teams. Through our Quality Committee, which is a sub-group of the Board, there has been a keen focus on learning from patients and our staff on areas where we can do better, and receiving robust assurances that our services are addressing areas for improvement.

We have also rolled out a number of simple but effective initiatives to improve the quality of a patient's experience while they are in our care, including our Trust charity funding sound ears to help reduce noise at night on our wards and the development of property boxes to help prevent patients from losing belongings. Some of these initiatives have been shared with other organisations.

In November 2022 the CQC made an unannounced two day visit to our emergency department to check what progress we had made since inspectors last visited us in August 2020 and rated the service overall as "inadequate".

The CQC increased the overall rate to "good" and this was testament to all the hard work of the A&E team, as well the support they received from teams across the Trust and partner organisation. Inspectors praised staff for the good care and treatment they provided to patients, who they treated with compassion and kindness, and also highlighted that the organisation ensured there were enough staff to run the services, leaders ran the department well, and team members felt respected, supported and valued.

This was a huge boost not only to the A&E team, but to the whole organisation and it was really pleasing that their efforts were recognised not only by the CQC and our partners but also by our patients, who consistently highly rate our services via the national Friends and Family tests and the Patient Opinion website.

Over the last year we have benefitted from greater investment, and we have spent more than £27m on capital developments to improve the facilities and equipment we have available. During 2022-23 we plan to spend around £43m, including drawing down national funds for enabling schemes for our new emergency and urgent care campus. We will also complete our plans to expand our endoscopy capacity and make some improvements to our ageing ward environment at Stepping Hill Hospital.

However, we know that the hospital will never meet the requirements of modern health services, so over the last year we have continued to work on our exciting medium to long term plans for the development of a new hospital in the centre of Stockport alongside the creation of community hubs.

We have submitted our bid to be one of the Government's eight remaining projects to receive New Hospitals Programme funding. The competition for the fund is tough, but we believe our plans for a digitally enabled hospital in the heart of Stockport centre are unique and will support the national levelling up agenda, as well as make a significant contribution to the regeneration of the town.

Stockport FT is no different to many other NHS organisations across the country in the challenges it has faced over the last year, and continues to face in 2022-23. However this quality account demonstrates how we are taking robust action to address those challenges, often in partnership with others, and making real progress in ensuring that local people can continue to receive good care from our hospital and community services.

*Signed*

**Karen James OBE**

*Date*

## Part 2.1: Priorities for Improvement

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### Quality Strategy

In 2021 Stockport NHS Foundation Trust introduced the refreshed 2021-2024 Quality Strategy. This document sets out our three-year approach to achieve our goals:

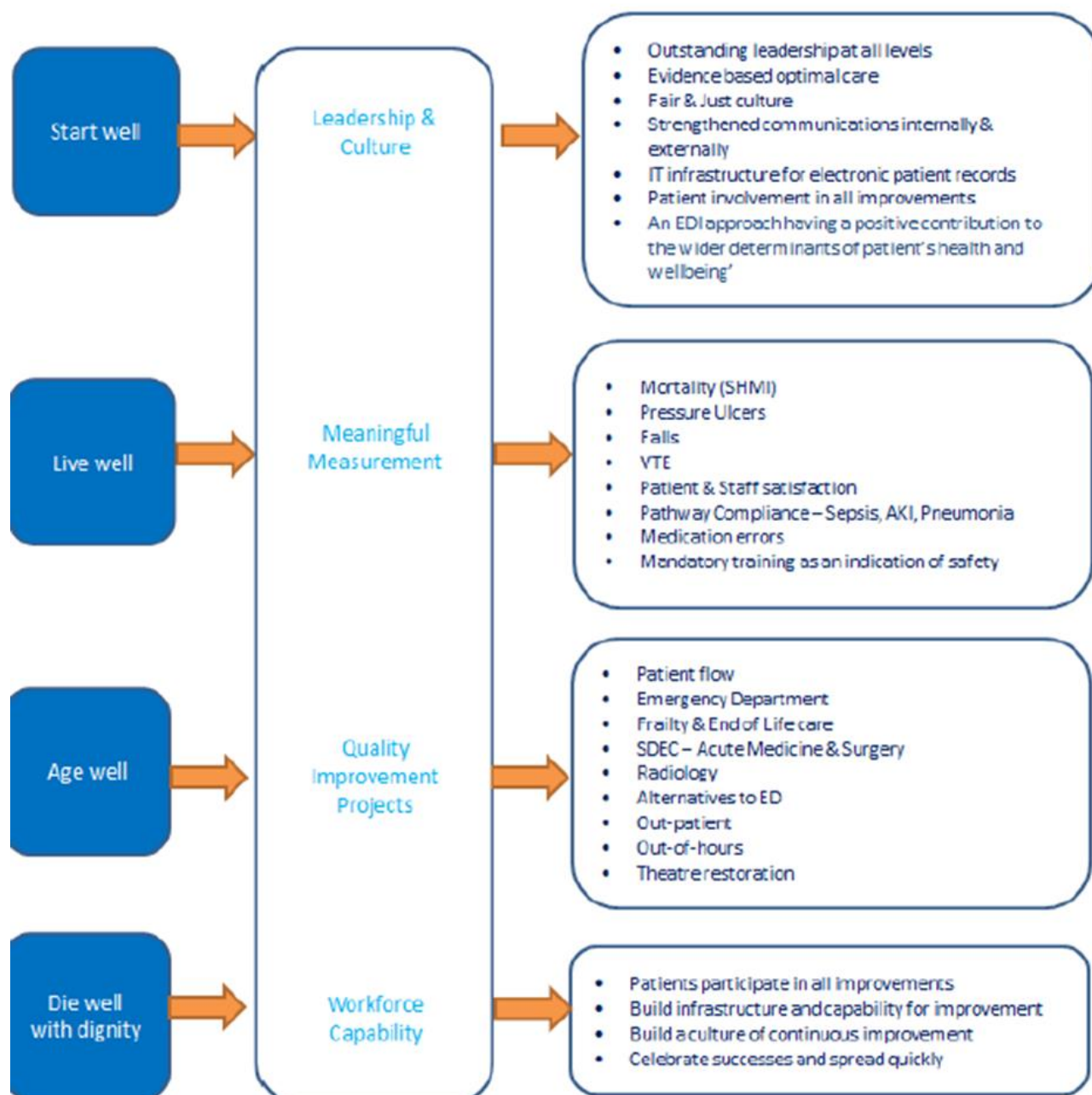
We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.

We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on quality across the Trust.

The quality strategy will link with other organisational strategies and support the Trust's objectives.

To deliver on our ambition to:

- [Start well](#) – Improve the first 1,000 days of life
- [Live well](#) – Reduce avoidable harm
- [Age well](#) – Reduce avoidable harm
- [Die well with dignity](#) – Improve the last 1,000 days of life





# Tissue Viability Service Quality Improvement Strategy 2021-2022



Lisa Gough  
Tissue Viability Specialist Matron



Tissue Viability Team



Helen Howard  
Deputy Chief Nurse

## AIM

## HOW

To increase the service provision  
of the Tissue Viability Team

- Recruit and expand team
- Develop and induct new team members
- Evaluate and update service provision with increased capacity

Improve standards through increased  
Tissue Viability training

- Update and re-launch the TV Link Nurse Programme
- Develop clinical competencies to use following training
- Expand training programme for targeted training for allied health and medics

Enhance access and provision of  
pressure relieving equipment

- Tender a new pressure relieving equipment contract which better meets the needs of our patients and the organisation
- Develop Equipment pathways to guide staff in the appropriate use of pressure relieving equipment & specialist aids.

Improve standards by better adherence  
to guidelines and policies

- Ensure all policies, SOP's and guidelines are in date and evidence based
- Develop specific work streams to action on identified themes for practice or process improvement

Making a difference every day.

All of the key priorities for 2020/21 have been achieved as set out in the tissue viability strategy. As an integrated trust, it is positive to recognise the positive steps that have been made in reducing pressure ulcers across the hospital and community settings with significant improvements.

## Falls

### Trust Strategic Priorities Aligned with falls prevention work:

1. Quality improvement: Keep our patients safe at all times
2. Operational performance: Provide excellent patient experience and deliver expected outcomes
3. Partnership working: Have effective partnerships that support better patient care
4. Leadership development: Create a culture of clinical excellence through highly developed and resilient leaders
5. Financial resilience: Be a well-led and governed Trust with sound finances.

### Falls Prevention Improvement work during 2021/22

- Expansion of Quality Team with focus on falls reduction
- An additional Quality Matron has joined the team since March 2021 and is leading on Falls Prevention
- Royal College of Physicians guidance of lying and standing blood pressure (BP) as part of falls assessment, incorporated into falls risk assessment.
- Ongoing compliance of monitoring of lying and standing BP using monthly Quality Metrics
- Education – New E-Learning package introduced
- Overarching Falls action plan for each directorate monitored at the Quality & Safety Improvement Strategy Group
- Introduction of 'at a glance' ward moves/transfers during current patient admission episode supporting decision making around patient transfers
- Re-establishment of 'Falls Sensors' programme – Training has been completed at Bluebell ward with a pilot in place. Our continued plan is to roll the sensors out to all areas and we are awaiting funding confirmation
- All Fall Champions now have badges and regular meetings take place
- Fall Champions will also be trained as 'Train the trainee' for fall sensors and Bay Nursing
- Fall resource files have been distributed to all areas
- Bi-monthly Falls Newsletters are being sent to all areas
- A volunteer is supporting with falls improvement work every Thursday. She is visiting the ward areas with information to share with them
- All areas can order slipper socks for patient use
- Fall Safety Cross boards are displayed in all areas
- Areas are being presented with a certificate if they have had 0 falls in a month
- Falls documentation and staff knowledge is also monitored in the StARS Accreditation scheme
- Bay Nursing has been launched and regular tool box training is being delivered

- Falls steering Group now has consultant lead and pharmacist lead
- Weekly falls review panel to discuss all falls is in place
- Post fall proforma for all Falls has been introduced
- New Falls information leaflet are available for patients
- All Moderate and above harm fall audits have commenced and identify themes for learning

### StARS - Stockport Accreditation and Recognition Scheme

The StARS accreditation programme was introduced to support the Trust with visibility and assurance about clinical area compliance against agreed standards. The vision of StARS is to create a system which ensures staff are motivated and recognised in delivering patient-centred, quality services, which is consistently achieved across all care settings. This facilitates the production of action plans to help drive continuous improvement. StARS is designed to support clinical staff in practice to understand how they deliver care, identify what works well and where further improvements are needed. StARS aims to promote safer patient care, share best practice, celebrate success, ensure better health outcomes and improve the patient / service user experience. It will be an evolving, continuous framework, with frequent review points, helping to stimulate continuous improvement with the ability of being responsive to the changing needs of service users and Trust objectives. The accreditation process has been closely modelled on the successful NAAS Scheme at Northern Care Alliance.

There have been 65 assessments of 28 inpatient areas completed from April 2021 to the end of March 2022. On average, 2 assessments per week are completed except during the first three weeks of January 2022 when the programme was suspended due to Covid pressures. The Quality Team has met the target to complete all of the remaining inpatient areas that were scheduled to be assessed before the end of Quarter 4. The first Paediatrics StARS accreditation was undertaken in March 2022 which resulted in an Amber status overall.

The team is currently working on aligning the standards from the NAAS model for other areas including Outpatient areas, Maternity, Theatres and other specialist areas. The Theatre standards are ready for approval.

### Areas of good practice seen:

- Overall, patients were satisfied with the standards of care they received and were very complimentary about the staff
- End of Life care is generally of a high standard and staff demonstrate compassionate care
- Patient feedback shows that their pain is managed well and generally report timely administration of analgesia.

## Patient Experience

At Stockport Hospital NHS Foundation Trust, we are committed to improving the experience of our patients, carers, families and friends. Improving patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide great care to every patient, every day

The views of the people who use our services are important to us. We want to know when things have gone well, but also when we don't get things right, so we can learn and improve. We welcome all feedback and seek to take a proactive approach to helping with any questions or concerns.

In order to assess and better understand the experience of our patients, carers, friends and families, the Trust actively seeks feedback from people using our services. This enables the Trust to make the necessary service improvements that ensure our patients receive safe, consistent, person centred experience at every contact.

## Part 2.2: Statements of Assurance from the Board

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The following section includes responses to a nationally defined set of statements which will be common across all Quality Reports. The statements serve to offer assurance that our organisation is performing to essential standards, such as securing Care Quality Commission registration and measuring our clinical processes and performance. This includes participation in national audits and being involved in national projects and initiatives aimed at improving quality - such as recruitment to clinical trials.

During 2021/22 Stockport NHS Foundation Trust provided and or sub-contracted 48 relevant health services. We have reviewed all the data available to us on the quality of care in all of these NHS services and through our performance management framework and assurance processes.

The income generated by the relevant health services reviewed in 2021/22 represents 88% of the total income generated from the provision of relevant health services by Stockport NHS Foundation Trust for 2021/22.

### Participation in Clinical Audit

During 2021/22, 45 national clinical audits and 2 national confidential enquiries covered relevant health services that Stockport NHS Foundation Trust provides.

During that period Stockport NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The table below shows:

- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust was eligible to participate in during 2021/22 are as follows.
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in during 2021/22 are as follows.
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

### National clinical audit: actions to improve quality

The reports of 37 national clinical audits were reviewed by the provider in 2021/22 and Stockport NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Clinical leads for the speciality relevant to the audit review all report findings and action plans are developed. The reviews are approved by the Divisional Quality Groups.
- Approved reviews formed part of the Clinical Effectiveness Group agenda as part of the governance framework.

The reports of 69 local clinical audits were reviewed by the provider in 2021/22 and Stockport NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- A report and action plan, if appropriate, is produced for each audit and submitted to the clinical audit team.
- Divisions are advised of outcomes and as part of the governance framework an outcomes report is submitted to the Clinical Effectiveness Group to advise of compliance level, risk and escalation requirements.

**TABLE 1** - National clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in during 2021/22

No.	Programme / work stream	Provider organisation	Eligible	Status	Number/percentage submitted
1.	Case Mix Programme	Intensive Care National Audit & Research Centre	Yes	Participated	Continuous data collection
2.	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Participated	100%
3.	Chronic Kidney Disease Registry	The Renal Association/The UK Renal Registry	No	N/A	Not applicable to Trust.
4.	Cleft Registry and Audit Network Database	Royal College of Surgeons - Clinical Effectiveness Unit	No	N/A	Not applicable to Trust.
5.	Elective Surgery (National PROMs Programme)	NHS Digital	Yes	Participated	Continuous data collection
6.	Emergency Medicine QIPs:				
6a.	a. Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	Yes	Participated	100%
6b.	b. Severe sepsis and septic shock (care in Emergency Departments)	Royal College of Emergency Medicine	Yes	N/A	Cancelled by provider.
7.	Falls and Fragility Fracture Audit Programme:				
7a.	a. Fracture Liaison Service Database	Royal College of Physicians	Yes	Participated	Continuous data collection
7b.	b. National Audit of Inpatient Falls	Royal College of Physicians	Yes	Participated	Continuous data collection
7c.	c. National Hip Fracture Database	Royal College of Physicians	Yes	Participated	Continuous data collection
8.	Inflammatory Bowel Disease Audit	IBD Registry	Yes	Participated	Continuous data collection
9.	Learning Disabilities Mortality Review Programme	NHS England	Yes	Participated	Continuous data collection
10.	Maternal and Newborn Infant Clinical Outcome Review Programme	University of Oxford / MBRRACE-UK collaborative	Yes	Participated	Continuous data collection
11.	Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Participated	100%
12.	Mental Health Clinical Outcome Review Programme	University of Manchester / NCISH	No	N/A	Not applicable to Trust.
13.	National Adult Diabetes Audit:				
13.a	a. National Diabetes Core Audit	NHS Digital	Yes	Participated	Continuous data collection
13.b	b. National Pregnancy in Diabetes Audit	NHS Digital	Yes	Participated	Continuous data collection
13.c	c. National Diabetes Footcare Audit	NHS Digital	Yes	Participated	Continuous data collection
13.d	d. National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	NHS Digital	Yes	Participated	100%
14.	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:				
14.a	a. Paediatric Asthma Secondary Care	Royal College of Physicians	Yes	Participated	Continuous data collection
14.b	b. Adult Asthma Secondary Care	Royal College of Physicians	Yes	Participated	Continuous data collection
14.c	c. Chronic Obstructive Pulmonary Disease Secondary Care	Royal College of Physicians	Yes	Participated	Continuous data collection



No.	Programme / work stream	Provider organisation	Eligible	Status	Number/percentage submitted
14.d	d. Pulmonary Rehabilitation-Organisational and Clinical Audit	Royal College of Physicians	Yes	Participated	Continuous data collection
15.	National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	No	N/A	Not applicable to Trust.
16.	National Audit of Cardiac Rehabilitation	University of York	Yes	Participated	Continuous data collection
17.	National Audit of Cardiovascular Disease Prevention	NHS Benchmarking Network	No	N/A	Not applicable to Trust.
18.	National Audit of Care at the End of Life	NHS Benchmarking Network	Yes	Participated	Continuous data collection
19.	National Audit of Dementia	Royal College of Psychiatrists	Yes	Participated	100%
20.	National Audit of Pulmonary Hypertension	NHS Digital	No	N/A	Not applicable to Trust.
21.	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics and Child Health	Yes	Participated	Continuous data collection
22.	National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre / Resuscitation Council UK	Yes	Participated	Continuous data collection
23.	National Cardiac Audit Programme:				
23.a	a. National Audit of Cardiac Rhythm Management	Barts Health NHS Trust	Yes	Participated	Continuous data collection
23.b	b. Myocardial Ischaemia National Audit Project	Barts Health NHS Trust	Yes	Participated	Continuous data collection
23.c	c. National Adult Cardiac Surgery Audit	Barts Health NHS Trust	No	N/A	Not applicable to Trust.
23.d	d. National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Barts Health NHS Trust	No	N/A	Not applicable to Trust.
23.e	e. National Heart Failure Audit	Barts Health NHS Trust	Yes	Participated	Continuous data collection
23.f	f. National Congenital Heart Disease	Barts Health NHS Trust	No	N/A	Not applicable to Trust.
24.	National Child Mortality Database	University of Bristol	Yes	Participated	Continuous data collection
25.	National Clinical Audit of Psychosis	Royal College of Psychiatrists	No	N/A	Not applicable to Trust.
26.	National Comparative Audit of Blood Transfusion:				
26.a	a. 2021 Audit of Patient Blood Management & NICE Guidelines	NHS Blood and Transplant	Yes	Participated	Continuous data collection
26.b	b. 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery	NHS Blood and Transplant	Yes	N/A	Postponed by provider.
27.	National Early Inflammatory Arthritis Audit	British Society of Rheumatology	Yes	Participated	Continuous data collection
28.	National Emergency Laparotomy Audit	Royal College of Anaesthetists	Yes	Participated	Continuous data collection
29.	National Gastro-intestinal Cancer Programme:				
29.a	a. National Oesophago-gastric Cancer	NHS Digital	Yes	Participated	Continuous data collection
29.b	b. National Bowel Cancer Audit	NHS Digital	Yes	Participated	Continuous data collection



No.	Programme / work stream	Provider organisation	Eligible	Status	Number/percentage submitted
30.	National Joint Registry	Healthcare Quality Improvement Partnership	Yes	Participated	Continuous data collection
31.	National Lung Cancer Audit	Royal College of Physicians	Yes	Participated	Continuous data collection
32.	National Maternity and Perinatal Audit	Royal College of Obstetrics and Gynaecology	Yes	Participated	Continuous data collection
33.	National Neonatal Audit Programme	Royal College of Paediatrics and Child Health	Yes	Participated	Continuous data collection
34.	National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	Yes	Participated	Continuous data collection
35.	National Perinatal Mortality Review Tool	University of Oxford / MBRRACE-UK collaborative	Yes	Participated	Continuous data collection
36.	National Prostate Cancer Audit	Royal College of Surgeons	Yes	Participated	Continuous data collection
37.	National Vascular Registry	Royal College of Surgeons	No	N/A	Not applicable to Trust.
38.	Neurosurgical National Audit Programme	The Society of British Neurological Surgeons	No	N/A	Not applicable to Trust.
39.	Out-of-Hospital Cardiac Arrest Outcomes Registry	University of Warwick	No	N/A	Not applicable to Trust.
40.	Paediatric Intensive Care Audit	University of Leeds / University of Leicester	No	N/A	Not applicable to Trust.
41.	Prescribing Observatory for Mental Health:				
41.a	a. Prescribing for depression in adult mental health services	Royal College of Psychiatrists	No	N/A	Not applicable to Trust.
41.b	b. Prescribing for substance misuse: alcohol detoxification	Royal College of Psychiatrists	No	N/A	Not applicable to Trust.
42.	Respiratory Audits:				
42.a	a. National Outpatient Management of Pulmonary Embolism	British Thoracic Society	Yes	Participated	One-off audit
43.	Sentinel Stroke National Audit Programme	King's College London	Yes	Participated	Continuous data collection
44.	Serious Hazards of Transfusion	Serious Hazards of Transfusion	Yes	Participated	Continuous data collection
45.	Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine	Yes	Participated	100%
46.	Transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	BURST Collaborative / British Urology Researchers in Surgical Training	Yes	Participated	100%
47.	Trauma Audit & Research Network	The Trauma Audit & Research Network	Yes	Participated	Continuous data collection
48.	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A	Not applicable to Trust.
49.	Urology Audits:				
49.b	a. Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	British Association of Urological Surgeons	Yes	Participated	100%

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## Participation in Clinical Research

The Trust is committed to research and innovation as a driver for improving the quality of care we provide to our patients. Participation in clinical research enables our staff and the wider NHS to improve the current and future health outcomes of the people we serve.

The number of patients receiving relevant health services provided or subcontracted by Stockport NHS Foundation Trust in 2021/2022 that were recruited during that period to participate in research approved by a research ethics committee is 2,389.

## Goals agreed with Commissioners

Stockport NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the relaxed requirements due to the Covid pandemic.

## Statements from the Care Quality Commission (CQC)

Stockport NHS Foundation Trust is required to register with the Care Quality Commission at all of our sites and our current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Stockport NHS Foundation Trust during 2021/22.

Stockport NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

In November 2021 the urgent and emergency service at Stepping Hill Hospital was inspected by the CQC. The Inspection Report published in January 2022 rated the service as good overall. The Trust's overall CQC rating remains requires improvement.

Outcome of the Urgent and Emergency Care CQC Inspection:

Domain	August 2020	November 2021
Safe	Inadequate	Good ↑↑
Effective	Requires Improvement	Good ↑
Caring	Requires Improvement	Good ↑
Responsive	Inadequate	Requires Improvement ↑
Well-led	Inadequate	Good ↑↑
<b>OVERALL RATING</b>	<b>INADEQUATE</b>	<b>GOOD</b> ↑↑

### NHS number of General Medical Practice code validity

Stockport NHS Foundation Trust submitted records during 2021/2022 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

Percentage of records in the published data submitted to the SUS which included:	Valid NHS Number	General Medical Practice Code
Admitted Patient Care	99.9%	100%
Outpatient Care	99.9%	100%
Accident and Emergency Care	99.9%	100%

### Information Governance and Information Security Assurance

The Information Governance Toolkit (IGT) assessment was replaced by the Data Security and Protection Toolkit (DSPT) assessment in 2018, which has a different scoring criteria/status for meeting the standards, i.e. "standards not met", "standards met, or "standards exceeded".

Stockport NHS Foundation Trust's Data Security and Protection Toolkit Assessment Report overall status for 2020- 2021 was published as "Standards Met". The deadline for the 2021-2022 submission is 30/06/2022 so will not be published until after that date.

### Clinical Coding Error Rate

Stockport NHS Foundation Trust was not subject to the Payment by Results (PBR) clinical coding audit during 2021/22 by the Audit Commission.

Stockport NHS Foundation Trust was not subject to a PBR audit for 2021/2022

### Data Quality

High quality data information underpins the delivery of quality care to patients. Reliable data informs our improvement efforts and enables an appropriate response to our service delivery. High quality data is:

- Complete
- Accurate
- Relevant
- Timely
- Free from duplication

Stockport NHS Foundation Trust will be taking the following actions to improve data quality:

The Trust continues to report a high level of data quality and has a continuing programme of work for the improvement of data quality.

The Trust Data Quality Assurance Group provides assurance on the accuracy, completeness and timeliness of data critical to key processes, pathways, and performance indicators.

- The group ensures data is of a required standard to support patient care and safety, effective decision making and meets financial and contractual performance frameworks.
- The group provides an open forum to discuss data quality and information issues in the Trust, all externally published data quality dashboards are reviewed and improvement plans set.
- The group sets and contentiously reviews the Trust's Data Quality Scorecard, identifying areas for improvement and supporting the development of plans to achieve this.

Regular rolling audits of RTT data and accuracy checks on service user data will continue to be undertaken and any training needs identified and supported with the ultimate aim of achieving a Getting it Right First Time culture.

New electronic data capture processes will be developed and Robotic Process Automation (RPA) will continue to be implemented to reduce and eliminate manual data entry recording errors.

### Learning from Deaths

During Q1 to Q4 of 2021/22, 1286 of Stockport NHS Foundation Trust patients died.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

Quarter	Number of patient deaths	Case Record Reviews completed	Case Record Reviews within outcome 1 and 2
Quarter 1	277 patients	86	18 (6%)
Quarter 2	319 patients	95	8 (3%)
Quarter 3	354 patients	102	17 (5%)
Quarter 4	336 patients	127	9 (3%)
Total	1286 patients	410	52

By 27<sup>th</sup> April 2022, 410 case record reviews (39%) have been carried out in relation to 1286 of the deaths included in the table above. The number of deaths in each quarter for which a case record review was carried out is shown in the table.

When a case record review is completed the outcome of the review is recorded in one of the following categories of outcome:

1. Evidence of serious failings in clinical management
2. Evidence of suboptimal management in a patient who was likely to die
3. Patient managed to a satisfactory level
4. Evidence of exemplar clinical management

52 of the cases reviewed, representing 4% percentage of the total number of case reviews are initially rated to have fell into outcome 1 and outcome 2. The number in each quarter is shown in the table.

All 52 deaths were therefore referred to Mortality & Morbidity review for more detailed review. 2 of these cases were then escalated to governance for further investigation following confirmation of concerns identified.

All reviews completed by the trust are disseminated for clinical learning by the Learning from Death Lead via a quarterly newsletter and are populated onto the trust microsite.

## Part 2.3: Reporting against Core Indicators

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

Indicator		July 2018 - June 2019	July 2019 - June 2020	July 2020 - June 2021	Dec 2020 - Nov 2021
SHMI value and banding	Stockport NHS Foundation Trust	0.97	0.98	1.00	0.98
	National Average	1.00	1.00	1.00	1.00
	Highest	1.192	1.207	1.119	1.116
	Lowest	0.697	0.676	0.894	0.896
<p>The Stockport NHS Foundation Trust considers that this data is as described for the following reasons.</p> <p>Summary Hospital-level Mortality Indicator (SHMI) is reported within the expected range. Mortality reduction remains a focus of the Trust with continued efforts made to improve mortality and reduce harm by focussing on quality improvements referenced within the content of this Quality Account.</p>					
Indicator		July 2018 - June 2019	July 2019 - June 2020	July 2020 - June 2021	Dec 2020 - Nov 2021
Patient Deaths with Palliative Care Coding	Stockport NHS Foundation Trust	30%	24%	25%	26%
	National Average	36%	36%	39%	39%
	Highest	60%	60%	64%	64%
	Lowest	15%	9%	11%	11%
<p>The Stockport NHS Foundation Trust considers that this data is as described for the following reasons; the Specialist Palliative Care Service reviewed and updated the local coding policy in March 2019 with the coding department and has continued to monitor the accuracy of this data since that time. Therefore the data changes likely represent improvements in the accuracy of the coding.</p> <p>The Stockport NHS Foundation Trust has taken action to further review and improve the local coding policy over 2021-22 which is due to be signed off by the Medical Director, and so the quality of the coding can be maximised from June 2022.</p>					
Indicator		Apr 17 to March 18	April 18 to March 19	April 19 to March 20	April 20 to March 21
Hip Replacement Surgery (PROMS)	Stockport NHS Foundation Trust	92%	93%	89%	91%
	National Average	90%	90%	89%	90%

	Highest	100%	100%	100%	100%
	Lowest	33%	60%	67%	57%

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons:  
Stockport NHS Foundation Trust reports a higher than national average PROM scores for hip replacement surgery. We continue to review our data to drive improvements in outcomes for our patients.

Indicator		Apr 17 to March 18	April 18 to March 19	April 19 to March 20	April 20 to March 21
Knee Replacement Surgery (PROMS)	Stockport NHS Foundation Trust	87%	87%	89%	91%
	National Average	82%	82%	82%	82%
	Highest	100%	100%	100%	100%
	Lowest	57%	60%	43%	50%

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons:  
Stockport NHS Foundation Trust reports a higher than national average PROM scores for knee replacement surgery. We continue to review our data to drive improvements in outcomes for our patients.

Indicator		2018/19 (CHKS)	2019/20 (CHKS)	2020/21 (HED)	2021/22 YTD (January)
Patient readmitted to hospital within 28 days of being discharged aged: 0-15	Stockport NHS Foundation Trust	11.0%	11.9%	13.4%	12.1%
	National Average	9.6%	9.7%	9.1%	9.8%
	Highest	16.8%	17.0%	20.6%	19.2%
	Lowest	0.0%	0.0%	0.0%	0.0%

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons we have a strong community nursing team and therefore use them to minimise length of stay, they provide nursing in the community with open access and options to readmit. This means out length of stay is low but by safety netting children to allow them to return to PAU for review. This also reduces ED attendance. PAU reviews and investigations are coded currently as readmissions inflating this figure.

The Stockport NHS Foundation Trust [intends to review the coding of reviews and repeat investigations to improve this data, we believe that this rapid discharge to community with option of readmission to keep a child safe provides optimal care.

Indicator		2018/19 (CHKS)	2019/20 (CHKS)	2020/21 (HED)	2021/22 YTD (January)
Patient readmitted to hospital within 28 days of being discharged aged: 16+	Stockport NHS Foundation Trust	8.6%	8.0%	10.8%	9.9%
	National Average	8.3%	8.4%	9.1%	8.2%



	Highest	11.9%	12.4%	18.0%	17.5%
	Lowest	0.0%	0.0%	0.0%	0.0%

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons [insert reasons].  
The Stockport NHS Foundation Trust [intends to take/has taken] the following actions to improve this [indicator/percentage/score/data/rate/number], and so the quality of its services, by [insert description of actions].

Indicator		2017/18	2018/19	2019/20	2020/21
The trust's responsiveness to the personal needs of its patients during the reporting period.	Stockport NHS Foundation Trust	65	66	65	72
	National Average	69	67	67	75
	Highest	85	85	84	85
	Lowest	61	59	60	67

This score is recorded out of 100, and is based on the average of 5 questions from the National Inpatient Survey which measures the experiences of people admitted to hospital. The Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

The Stockport NHS Foundation Trust has taken the following actions to improve this measure and so to improve the quality of its services, by working closely with all the divisions to ensure person centred care remains at the heart of all we do.

There has been a number of areas of focus including:

- falls prevention
- mouth care matters
- pressure ulcer reduction
- nutrition & hydration monitoring and compliance
- Dressed is best initiatives
- Therapeutic interventions for those living with dementia
- Improved menus and food provision for all patients
- Communication passports
- Veterans passports
- Improved documentation to aid risk assessments
- Implementation of a ward accreditation scheme with all inpatient areas being assessed

Indicator		2018**	2019**	2020**	2021**
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Stockport NHS Foundation Trust	64	62	61	60
	National Average	70	71	73	68
	Highest	90	90	96	100
	Lowest	41	49	50	38
The Stockport NHS Foundation Trust considers that this data is as described for the following reasons.					
The Stockport NHS Foundation Trust continues to take action to improve this score and the quality of its services it provides. The Trust has developed opportunities for leaders to meet with all colleagues through a number of engagement events to understand the response and develop action plans that will be included in Divisional performance reviews to deliver an improvement in this area					
Indicator		2018/19	2019/20	2020/21	2021/22
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.	Stockport NHS Foundation Trust	97.0%	97.8%	97.5%	98.2%
	National Average	95.6%	95.4%	*	*
	Highest	100.0%	100.0%	*	*
	Lowest	64.5%	71.8%	*	*
* Collection paused Nationally due to Covid pandemic - no national data from December 2019 onwards					
Stockport NHS Foundation Trust considers that this data is as described for the following reasons; The Trust has consistently achieved above 95% compliance for VTE risk assessment on admission since 2013. It is mandatory to complete the VTE Risk Assessment in the electronic prescribing & medicines administration system (ePMA) before prescribing medications. The data is recorded onto Patient Centre and validated by the VTE specialist nurses and monitored by the Thrombosis Group. The exclusion cohort is also monitored to ensure only those patients eligible for assessments are included in the figures.					
Stockport NHS Foundation Trust has taken the following actions to improve this percentage: Electronic data collection for VTE risk assessment is included in mandatory training for all clinical staff, and e-learning packages have been developed. The Thrombosis Group closely monitor the Trust's performance and any areas of non-compliance are investigated. The figures are included in a quarterly VTE prevention report to the Trust Patient Safety & Quality Group. In April 2021 the Trust was					

awarded national VTE exemplar site status.

Indicator		2017/18	2018/19	2019/20	2020/21
The rate per 100,000 bed days of cases of C.difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.	Stockport NHS Foundation Trust	9.3	13.9	19.1	11.7
	National Average	13.6	12.2	13.6	15.4
	Highest	0.0	0.0	0.0	0.0
	Lowest	90.4	79.8	51.0	80.6

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust follows the national Clostridium difficile guidelines. There is a robust system for data entry and validation which ensures all cases are entered onto the data capture system.

Stockport NHS Foundation Trust has taken the following actions to improve this rate and so the quality of its services:

- Robust weekly Health Care Associated Infection (HCAI) panel – with an expectation that Divisional medical & nursing team present the case
- Reintroduction of face-to-face antimicrobial stewardship rounds following reduction in Covid cases
- Multidisciplinary sections highlighted on the CDI Root Cause Analysis form for completion

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## Part 3: Other Information

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### Annex 1: Statements from local clinical commissioning group

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**Date:** 23<sup>rd</sup> June 2022

Thank you for the opportunity to review, and contribute to, the Annual Quality Accounts Report 2021-22. Stockport Clinical Commissioning Group (CCG) would like to acknowledge Stockport NHS Foundation Trust's (SFT) achievements against a significant number of the priorities for improvement for 2022-2023. We acknowledge the trust's commitment and professionalism, in achieving these objectives in a particularly challenging and pressured time for the NHS.

Stockport CCG would firstly commend the Trust who have continued to demonstrate improvements against the backdrop of these challenges over the last two years. The COVID pandemic with associated restrictions and demands on services have resulted in emergency department pressures (ED) and waiting times, and staff recruitment and retention has been challenging, such issues are a common feature for all acute care providers. Of note, the improved CQC ratings that have been achieved in such circumstances particularly around ED and Urgent Care and the overall rating as 'Good' has provided assurance that the Trust continues to move forward with actions and improvement plans.

COVID pressures and bed availability has impacted on the four-hour A&E treatment standard, but encouraging to see that the Trust were amongst the best performing ED teams in GM. The CCG acknowledge the Trusts' commitment to ensure that processes are in place to improve and maintain quality and safety and to alleviate some of the issues identified in this particularly challenging environment. The CCG have continued to work with the Trust on a variety of initiatives to enhance the pace of improvements needed and a renewed collaborative focus will be applied in 2022-23 to enable seasonal planning and discharge processes to facilitate the improvements and efficiencies required.

It has been particularly reassuring to see our system partners from the Trust, local authorities and nursing and care home sector working together to improve the discharge position, despite several challenges around COVID related staff absence, and recruitment of workforce challenges.

It has also been encouraging to see the work that has continued to reduce the number of hospital acquired pressure ulcers and falls. The appointment of the additional quality matron who is providing professional leadership to the programme of work and initiatives to reduce falls is regarded as a practice exemplar.

The StARS accreditation programme to support improvements through visibility and assurance of clinical areas by assessing compliance against agreed standards has been very successful and well received. This improvement programme has demonstrated clear investment in a systematic approach which ensures staff are motivated and is recognised for delivering patient-centred, quality services, which has been achieved across all care settings

There has been substantial collaborative working across the Stockport health and social care economy, which has resulted in real dedication to patient safety, incident reporting and implementation of lessons learned. We look forward to continue to working with the Trust on the improved incident reporting framework as PSIRF is

rolled to ensure that learning continues to be embedded across the Stockport Locality.

The CCG will continue to work with the Trust and system partners around the development of the Stockport quality strategy, working with and for the population of Stockport to ensure that they are able to start well, live well, age well and to die well with dignity.