

# COUNCIL OF GOVERNORS MEETING

6 JULY 2022

**Making a difference every day.**



## Meeting of the Council of Governors

Wednesday, 6 July 2022

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 – 27 April 2022	✓	T Warne
	4.	Action Log	✓	T Warne
1510	5.	Chair's Report	✓	T Warne
		<b>QUALITY</b>		
1520	6.	Quality Accounts 2021/22 - Presentation at meeting	✓	N Firth / A Loughney
		<b>PERFORMANCE</b>		
1535	7.	Non-Executive Directors Report including: Highlights from Board Committees	✓	Committee Chairs
		<b>STRATEGY</b>		
1550	8.	Membership Strategy and Action Plan	✓	R McCarthy
1600	9.	Governor Email Addresses	✓	T Warne / R McCarthy
		<b>GOVERNANCE</b>		
1610	10.	Governor Standards of Business Conduct	✓	R McCarthy
1620	11.	Nominations Committee Report: Appointment of Non-Executive Director	✓	T Warne
1635	12.	Nominations Committee Reports:		
	12.1	Outcome of Chair Appraisal	✓	T Warne
	12.2	Outcome of Non-Executive Directors Appraisals	✓	L Sell
		<b>CLOSING MATTERS</b>		
	13.	Any other business		
	14.	<b>DATE, TIME &amp; VENUE OF NEXT MEETING</b>		
	14.1	Wednesday, 5 October 2022, 3.00pm		
	15.	<b>FOR INFORMATION ONLY</b>		
		Governor Elections - Briefing	✓	

**STOCKPORT NHS FOUNDATION TRUST**  
**Minutes of a Council of Governors Meeting**  
**Held on Wednesday 27<sup>th</sup> April 2022,**  
**Held at 3.00pm via Webex**

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**Present:**

Professor T Warne	Chair
Mrs S Alting	Appointed Governor
Mr D Kirk	Appointed Governor
Cllr J Wells	Appointed Governor
Dr T Kondratowicz	Public Governor
Mr R King	Public Governor
Ms T Leden	Public Governor
Mr J Pantall	Public Governor
Mr D Rowlands	Public Governor
Dr R Cryer	Public Governor
Mrs G Roberts	Public Governor
Prof. C Summerton	Public Governor
Mr H Austin	Public Governor
Mr J Hirst	Public Governor
Mrs J Browning	Public Governor
Cllr T Lowe	Public Governor

**In attendance:**

Mrs A Bromley	Director of People and Organisational Development
Mrs J McShane	Director of Operations
Mrs C Parnell	Director of Communications and Corporate Affairs
Mr J Graham	Director of Finance
Dr A Loughney	Medical Director
Mr J O'Brien	Director of Strategy & Partnerships
Mrs R McCarthy	Trust Secretary
Mrs M Moore	Non-Executive Director
Mr D Hopewell	Non-Executive Director
Dr M Logan-Ward	Non-Executive Director
Dr L Sell	Non-Executive Director
Mrs J Newton	Non-Executive Director
Mr A Bell	Non-Executive Director
Mrs J Wild	Minute taking

**ACTION****82/22 Apologies for absence**

Apologies for absence were received from L Dowson, Public Governor, L Higginbottom, Public Governor and M Slater, Public Governor.

Apologies were also received from K James, Chief Executive, N Firth, Chief Nurse, C Anderson, Non-Executive Director & C Barber-Brown, Non-Executive Director.

The Chair informed the Council of Governors that this was Cllr Jude Wells last meeting and expressed his personal thanks to Cllr Wells for her contribution and support. Cllr Wells thanked the Chair and expressed view that the Council of Governor had provided good quality scrutiny over the years and was in a positive position, a credit to all colleagues.

**83/22 Amendments to Declarations of Interests**

There were no declarations of interest.

**84/22 Minutes of the previous meeting – 23 February 2022**

The minutes of the previous meeting held on 23 February 2022 were agreed as a true and accurate record of the meeting, subject to the below amendment.

- Item 72/22, paragraph 4 to read 'voluntary sector' instead of 'private sector'.

**85/22 Action Log**

The action log was reviewed and annotated as appropriate.

**86/22 Chair's Report**

The Chair presented the Chair's Report highlighting key information regarding the following:

- An amendment to the Chair's Report was noted, as Andrea Green is the Accountable Officer of Stockport CCG and not the Chair of CCG.
- The Chair was pleased to report that the last Stockport Improvement Board Meeting took place in March following the meeting being stood down in light of significant improvements noted. The Chair thanked everyone at Stockport NHS Foundation Trust who had contributed to the positive changes.
- Board approval of the Equality, Diversity & Inclusion Strategy, providing a clear path to further develop/improve the organisational approach to inclusion.
- The Chair thanked all Council of Governors colleagues who participated in the engagement event to inform the developing Research Strategy. The strategy would be presented at Board in due course.
- Work had been completed on reviewing the terms of reference for each of the Board Assurance Committees and outcomes were noted/agreed at this month's Board meeting.

In response to a query from Mr Austin around support for Ukraine, the Chair confirmed that the Trust had reached out to community groups and continued to provide support and remain alert to the needs of Ukrainian people coming to Stockport.

In response to a query regarding the recent consultant appointment's being replacement or additional posts, it was highlighted that a small number were additional positions. The Chair expressed his view that candidates for the consultant positions were of a high calibre, demonstrating knowledge, enthusiasm, and energy. The Chair commented that he intended to meet with the new consultants after a year in post to review their experience of the Trust. The Chair acknowledged there were certain specialties that were challenging to recruit to, reflecting national workforce challenges. Prof Chris Summerton, Public Governor, congratulated the Trust on recruiting two Gastroenterologists, acknowledging the national shortage.

**The Council of Governors noted the Chairs' Report.**

**87/22 National Staff Survey Report**

The Director of People & Organisational Development (OD) presented the results of the National Staff Survey 2021 including benchmarking information, key improvement headlines and areas of most improvement, and themes

from the Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) with key areas for improvement.

Mr H Austin, Public Governor, noted the improvements made. He acknowledged the discrepancy highlighted within the WDES report and sought further information on work taking place regarding this. The Director of People and OD highlighted the Equality, Diversity & Inclusion Strategy set ambitious targets in this regard, with key actions to be taken to address inequalities highlighted within the report.

Dr T Kondratowicz, Public Governor, referred to the continuing levels of BAME staff experiencing bullying or abuse and sought assurance that plans developed in response to previous concerns has been revisited. The Medical Director confirmed that surveillance of the plan was in place as part of internal governance structures, including GMC colleagues. He described processes in place to encourage staff and Junior Doctors to report any issues, including the Freedom to Speak Up Guardian.

Prof C Summerton, Public Governor, acknowledged the results and queried if there was a more detailed understanding of key issues where scope for improvement was recognised. The Director of People & OD highlighted that the number of responses within a specific division did not always facilitate this, however Values in Action sessions were taking place whereby Executive Directors were able to listen to issues shared by staff. Mr J Hurst recognised that staff may not be fully aware that they are undertaking a task which is providing real improvement. With respect to the question concerning adequacy of supplies to undertake work, the Director of Finance confirmed that the Board had supported divisions to apply for capital for equipment that required replacement or was needed to support colleagues. He added that circa £28m had been spent on equipment to date in 2021/22. Furthermore, the Director of Operations commented that Stockport NHS FT had a well organised approach to PPE, ensuring appropriate provision for colleagues. She noted that two health and safety inspections had taken place during the pandemic which provide positive assurance in this regard.

The Director of People & OD concluded that Stockport NHS FT was the only Trust in Greater Manchester (GM) that had not seen a reduction in its staff survey results. Notwithstanding this, she highlighted that the divisions would be supported by People and OD to develop their action plans and that this would be monitored biannually as part of the Divisional Performance Reviews.

The Chair highlighted that a Board Development Session had taken place to introduce the concept of organisational cavity/kindness approach, and that this work would be fully developed and taken forward.

### **The Council of Governors reviewed and confirmed the National Staff Survey 2021 Report.**

## **88/22 Non-Executive Directors Report**

The Non-Executive Director Chairs of the Board committees provided updates on high-level metrics and key issues and assurances considered at the most recent Finance & Performance, People Performance, Quality and Audit Committee.

In response to a query from Mr H Austin, Public Governor, regarding capital spend with other GM Trusts, the Director of Finance highlighted that allocation of capital at a GM level was influenced by a number of factors, with additional funding on a national basis requested in relation to specific

developments.

Mr H Austin, Public Governor, requested further information on categories relating to staff turnover. The Director of People & Organisational Development commented that the Trust had an Electronic Staff Record (ESR) system that included a number of specific fields in this regard and that these would be shared with governors (ACTION). She added that exit interviews were an important part of further understanding information the reasons for staff leaving.

In response to Mrs S Alting, Lead Governor, seeking further information regarding mortality metrics, including clarity as to the Trust achieving its trajectory, the Medical Director provided contextual information regarding mortality metrics and confirmed the Trust was 'as expected'. He commented on a new system being used to record mortality, with further interrogation of the data currently being undertaken.

In response to a query from Mrs S Alting regarding key maternity metrics, the Medical Director comprehensively described a range of metrics considered in relation to maternity services and provided detail of specific metrics with no significant concerns reported. He confirmed the Trust develop assurance regarding surveillance and care of mother and baby, with comprehensive oversight of progress against a number of maternity improvement programmes.

#### **The Council of Governors reviewed and confirmed the Non-Executive Directors Report**

### **89/22 Developing the Membership Strategy**

The Trust Secretary presented the plan to refresh the Trusts Membership Strategy, following a pause during the pandemic. She confirmed initial discussion regarding the Membership Strategy, including membership recruitment and representation and engagement with members and the public, commenced at the governor development session held on 5<sup>th</sup> April 2022 and it was agreed that a task and finish group would be established to develop the Membership Strategy, alongside an annual action plan to support implementation.

The Trust Secretary requested governors' express interest in joining the task and finish groups that would meet regularly during May-June to develop the strategy, which would be presented to the Council of Governors for approval at its meeting on 6<sup>th</sup> July 2022.

### **90/22 Trust Planning 2022/23**

The Director of Strategy & Partnerships provided an update on Trust Planning for 2022/23. This included overview of the planning context, national planning and guidance, key deliverables, and Trust Objectives for 2022/23 and sought view of Council of Governors.

Mr R King, Public Governor, queried status of the urgent care centre featured within the forecast capital expenditure. The Director of Operations provided further information regarding the development of the Emergency & Urgent Care Campus, including development of the final business case. She confirmed enabling works that had been approved such as relocation of the Pacing Suite.

The Chair confirmed the presentation slides would be circulated to the Council of Governors.

**The Council noted the Trust Planning 2022/23 presentation.**

**91/22 Any Other Business**

Council of Governors Pre-Meets

Mrs S Alting, Lead Governor, sought view regarding potential Governor pre-meets prior to the Council of Governors meetings, as discussed as part of the recent governor induction. The Council of Governors agreed that half hour meetings prior to the Council of Governors meeting would be arranged and lead by Mrs Alting. The pre meets will commence with the next meeting (6<sup>th</sup> July). (ACTION) The chair expressed his support for this approach also.

Email addresses for Governors

Prof. C Summerton, Public Governor, expressed his concern regarding the current method for contacting governors and expressed view that governors should be provided with a Trust email address to enable direct contact with members and the public. Mr H Austin, Public Governor, commented that this should form part of the remit for the task & finish group to develop the membership strategy. The Trust Strategy commented that a range of engagement opportunities should be considered to support governors in communication and engagement with members and the public. The Chair supported further review of this matter as part of the work taking place to develop the membership strategy and reported to the next meeting of the Council of Governors

**92/21 Date, time and venue of next meeting**

The next meeting of the Council of Governors is scheduled to be held on 6<sup>th</sup> July 2022 at 3pm.

**Trust Secretary**



## Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
84/22	27 04 2022	84/22	Minutes of previous meeting	Mrs Alting requested an amendment to item 72/22, paragraph 4 which should re 'voluntary sector' instead of 'private sector'.	CLOSED	Minute Taker
91/22	27 04 2022	91/22	Council of Governors Pre Meets	The Governors agreed that half hour meetings prior to the Council of Governors meeting be arranged and Mrs Alting is happy to lead. The pre meets will commence with the next meeting (6 <sup>th</sup> July) and Mrs McCarthy will arrange these. <b><u>Update June 2022 – Governor premeets scheduled.</u></b>	CLOSED	R McCarthy
92/22	27 04 2022	88/22	Staff Survey	Share 'Reason for Leaving' categories from ESR with governors. Update June 2022 – Categories shared as part of governor briefing	CLOSED	A Bromley

On agenda
Not due
Overdue
Closed

### Stockport NHS Foundation Trust

Meeting date	6 <sup>th</sup> July 2022	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 is asked to note the content of the report.

### This paper relates to the following Corporate Annual Objectives-

1	Deliver safe accessible and personalised services for those we care for
2	Support the health and wellbeing needs of our communities and staff
3	Co-design and provide Integrated Service Models within our locality and across our acute providers
4	Drive service improvement, through high quality research, innovation and transformation
5	Develop a diverse, capable and motivated workforce to meet future service and user needs
6	Utilise our resources in an efficient and effective manner
7	Develop our Estate and IM&T infrastructure to meet service and user needs

### The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

This paper is related to these BAF risks-	PR1	Significant deterioration in standards of safety and care
	PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
	PR3	Working with others does not fully deliver the required benefits
	PR4	Performance recovery plan is not delivered

		<b>PR5</b>	Critical shortage of skilled workforce with capacity and capability to meet service needs
		<b>PR6</b>	Failure to deliver agreed financial recovery plan
		<b>PR7</b>	A major disruptive event leading to operational instability
		<b>PR8</b>	Estate does not meet national standards or provide sustainable patient environment
		<b>PR9</b>	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

	Section of paper where covered
Equality, diversity and inclusion impacts	NA
Financial impacts if agreed/ not agreed	NA
Regulatory and legal compliance	All objectives
Sustainability (including environmental impacts)	NA

**Executive Summary**

<p>This report advises the Council of Governors of the Chair’s reflections on recent activities within the Trust and wider health and care system.</p>
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## 1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Council of Governors of the Chair's reflections on his recent activities.

## 2. EXTERNAL PARTNERSHIPS

As I write this report the invasion and war in Ukraine has been ongoing for over 125 days. It remains important that we continue to keep all those caught up in this war, or increasingly impacted by the war, in our thoughts and prayers.

Despite the interruptions of annual leave and the recent short weeks due to the Bank Holidays, I have continued to promote the work of our Trust with our partners in both health and social care. The July 1<sup>st</sup> saw Integrated Care Systems go live across England. I want to acknowledge the work my colleagues have put in to ensure we can function effectively from day one. Holding down the day job while working at planning and preparing for the new world and doing so against a background of huge demands on our services, and the pandemic will not have been easy. So, a big THANK YOU from me for all that you have been able to achieve.

Likewise, after 9 years of operating, Clinical Commissioning Groups (CCGs) have ceased to be part of the NHS. Too often, their work has gone unnoticed. Here in Stockport, our CCG has supported much change and innovation, never more so as they worked with ourselves and Stockport Council in dealing with challenges of the Covid pandemic. Thankfully many of the ways of working together continue and provide a secure foundation for greater collaboration and the development of place-based services.

The Local Elections took place during May. Here in Stockport, Councillor Mark Hunter has been appointed as the new Council Leader. The new Cabinet Member for Adult Care and Health, formerly held by Councillor Jude Wells is Keith Holloway. He has a great deal of experience in this area of work, both at Stockport and across Great Manchester. I look forward to developing positive relationships with both these newly appointed colleagues as we start a new chapter of collaboration together.

I was able to meet with Judith Strobl (Public Health Consultant) who is leading on Stockport Councils development of their mental health strategy. Likewise, with Julie Jarman (Head of a Fair and Inclusive Stockport). Not only was I able to connect her with colleagues leading with on our Equality, Diversity and Inclusion strategy, but she provided me with some fairness challenges that I am exploring with Executive Director colleagues.

I continue to actively use social media to promote and support the work of our Trust, and regularly feature my experiences as Chair of Stockport NHS FT in my weekly blog. Since we last met, I have participated in several external events, including:

- Four Chair and NED webinars hosted by the Good Governance Institute
- The first Greater Manchester Non Executive Director and Chairs meeting
- Two NHSEI Regional Office meetings
- Three NHS Providers Chairs and CEO meetings and one roundtable webinar
- One Swartz Round
- Two Greater Manchester Chairs meeting
- Stakeholder group for the recruitment of the new CEO at East Cheshire NHS Trust

May saw our first face-to-face Board-to-Board meeting with colleagues from Tameside & Glossop Integrated Care Trust. It was co-hosted by me and Jane McCall, their Chair. As well as finding out a bit more about each other, it was an opportunity to share a wide range of existing collaborative activities we are engaged in together. A second meeting will be scheduled for late Summer.

### **3. TRUST ACTIVITIES**

The Nominations Committee interviewed for two new Non Executive Director roles. There was a strong response to the advertisement, with 37 applications being received. Whilst we were able to make conditional offers to two candidates, subsequently one of these was withdrawn.

As Covid infections continue to fall, both at the hospital and in the wider community, it has been possible to reintroduce Board member visits clinical and non-clinical areas. I was able to spend a very informative couple of hours with colleagues in our Mortuary Department and Pathology Department. Both sets of colleagues are doing outstanding work in what might best be described as challenging conditions.

Since we last met colleagues have been able to celebrate the International Day of the Midwife, International Nurses Day, Patient Experience Week, and Mental Health Awareness Week.

Patients and colleagues were able to join in the national celebrations of the Queens Platinum Jubilee. There was a special themed menu for patients, celebratory cakes for patients and gifts for Jubilee babies born over the long weekend of celebrations.

### **4. STRENGTHENING BOARD OVERSIGHT**

Our Board development journey continues. Our externally facilitated Board development session in June, began the process of enabling the Board to explore

the level of its risk appetite and risk tolerance. This is part of our on-going well led development work.

Both Executive and Non-Executive Director appraisals have been undertaken, including my own. Colleague appraisals are an important part of ensuring we collectively achieve our Trust wide objectives for 2022. Personally, I would like to thank all those who contributed their thoughts and experiences to my appraisal. It made the process a very rich one indeed and gave me much to reflect upon. The Nominations Committee have considered the process, and the outcomes, and are reporting their decision at this meeting.

## **5. RECOMMENDATIONS**

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



### Stockport NHS Foundation Trust

Meeting date	6 July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Quality Accounts 2021-22					
Lead Director	Nic Firth, Lead Nurse	Author		Rebecca McCarthy, Trust Secretary		

### Recommendations made / Decisions requested

**The Council of Governors is asked to**  
 - **Review the Quality Accounts 2021-22**

### Executive Summary

NHS Trusts are required to produce a Quality Account under the Health & Social Care Act 2012. A Quality Account is a report about the quality of services offered by the provider, it is published on an annual basis and is an important way for local NHS services to report on quality and show improvements in services they deliver to local communities and stakeholders.

The Stockport NHS Foundation Trust Quality Account 2021-22 has been produced in the line with NHS England requirements and has been reviewed and approved by the Board's Quality Committee and Board of Directors.

In line with submission requirements, the document has been uploaded to the Trust's website, and submitted to NHS England.

The document is appended for information and highlights from the Quality Account 2021-22 will be presented to the Council of Governors meeting on 6<sup>th</sup> July 2022.





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.



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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 on-going 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:

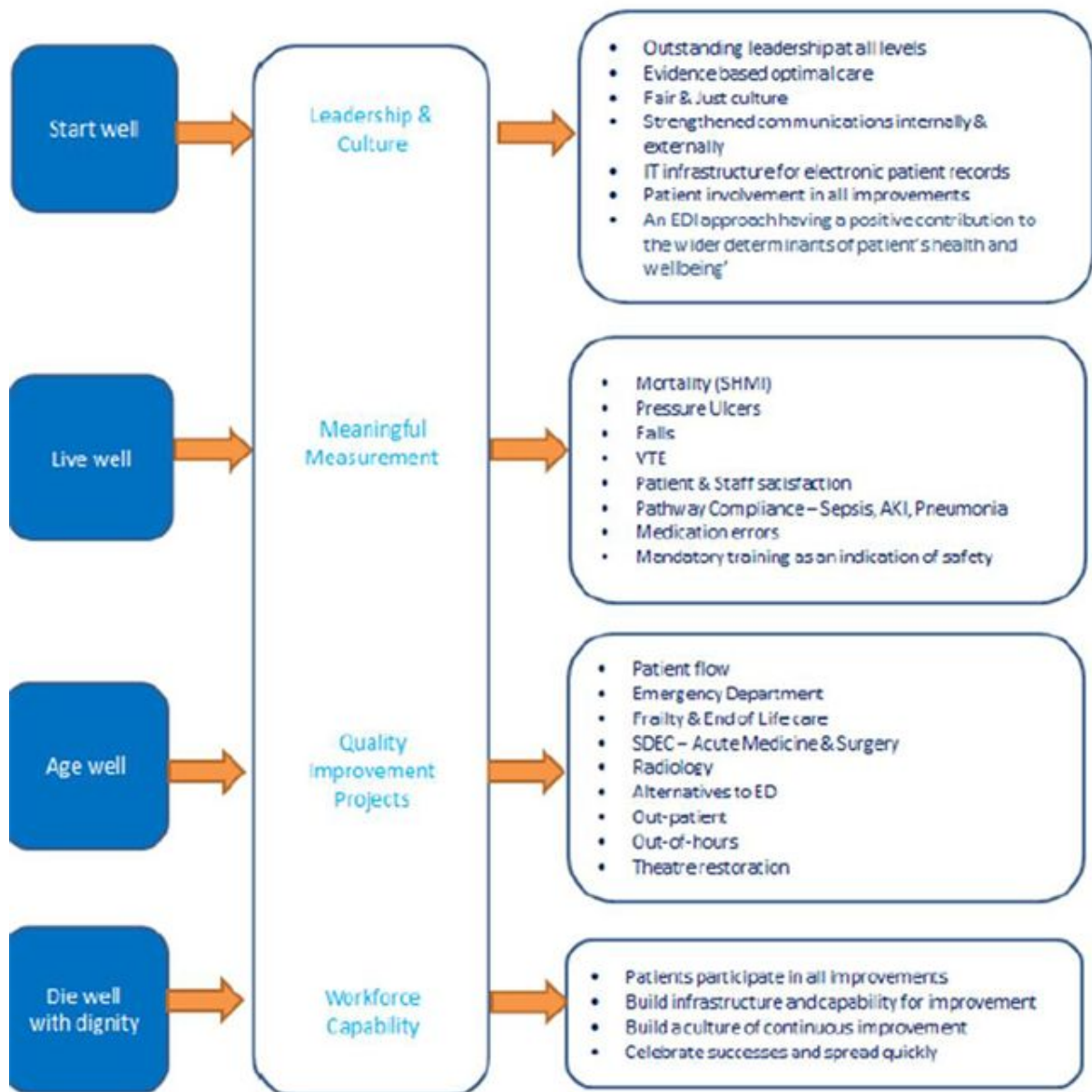
We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.

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



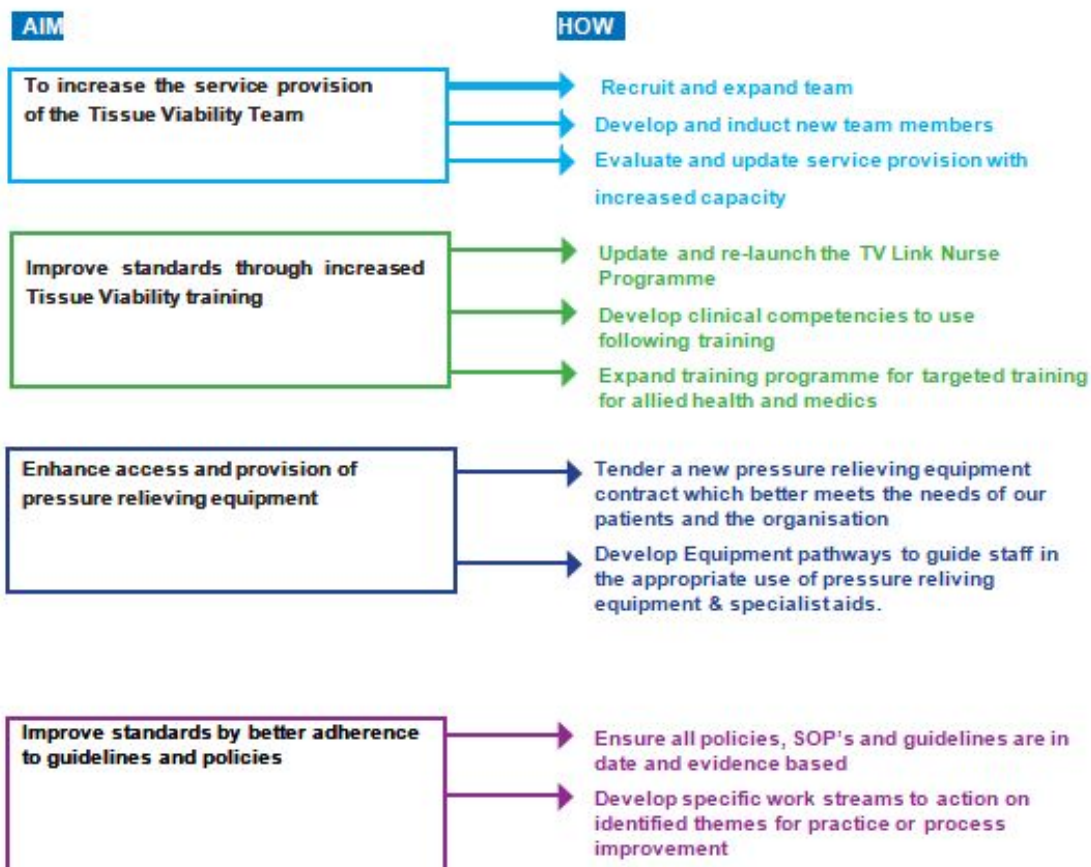
**Lisa Gough**  
Tissue Viability Specialist Matron



**Tissue Viability Team**



**Helen Howard**  
Deputy Chief Nurse



**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.

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### 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

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 peri operative 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 a 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%



## Stockport

NHS Foundation Trust

	Highest	100%	100%	100%	100%
	Lowest	33%	60%	67%	57%
<p>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.</p>					
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%
<p>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.</p>					
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%
<p>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.</p> <p>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.</p>					
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%





Stockport

NHS Foundation Trust

	Highest	11.9%	12.4%	18.0%	17.5%
	Lowest	0.0%	0.0%	0.0%	0.0%
<p>The Stockport NHS Foundation Trust considers that this data is as described for the following reasons [insert reasons].</p> <p>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].</p>					
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
<p>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:</p> <p>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.</p> <p>There has been a number of areas of focus including:</p> <ul style="list-style-type: none"> <li>• falls prevention</li> <li>• mouth care matters</li> <li>• pressure ulcer reduction</li> <li>• nutrition &amp; hydration monitoring and compliance</li> <li>• Dressed is best initiatives</li> <li>• Therapeutic interventions for those living with dementia</li> <li>• Improved menus and food provision for all patients</li> <li>• Communication passports</li> <li>• Veterans passports</li> <li>• Improved documentation to aid risk assessments</li> <li>• Implementation of a ward accreditation scheme with all inpatient areas being assessed</li> </ul>					

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
<p>Stockport NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p>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.</p> <p>Stockport NHS Foundation Trust has taken the following actions to improve this rate and so the quality of its services:</p> <ul style="list-style-type: none"> <li>• Robust weekly Health Care Associated Infection (HCAI) panel – with an expectation that Divisional medical &amp; nursing team present the case</li> <li>• Reintroduction of face-to-face antimicrobial stewardship rounds following reduction in Covid cases</li> <li>• Multidisciplinary sections highlighted on the CDI Root Cause Analysis form for completion</li> </ul>					

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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.

### Stockport NHS Foundation Trust

Meeting date	6 <sup>th</sup> July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Non-Executive Directors Report including: Update from Board Committees					
Presented by	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.**

### 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 most recent Board Committee meetings that took place in May/June 2022.



## 1. Finance

- The Trust has submitted a plan with an expected deficit of £32m for the financial year 2022-23. However, a further plan submission has been requested by NHS England/Improvement, where it is expected that there will be an increased non recurrent Cost Improvement Programme (CIP) target.
- At month 2 the Trust position is £526k adverse to plan. At an early stage in the financial year and without finalisation of the plan the forecast remains for delivery of the plan in year.
- The drivers of the above are escalation beds remaining open beyond the planned winter period, continued growth in Emergency Department attendances and additional inflationary pressures.
- Via the Finance & Performance Committee, the Board has recently approved business cases to support upgrade to the Trusts wireless network infrastructure and improve out-of-hours (OOH) patient care through further staffing.

## 2. Operational Performance

- The Trust continues to perform below the national target against the core operating standards, with challenging operational pressures remaining.
- Emergency Department performance improved in May with the Trust remaining the best in Greater Manchester for type 1 performance in month. Performance continues to be affected by increased attendances, high bed occupancy and ability to discharge patients (No Criteria to Reside NCtR) due to reduced community capacity. Locality working to mitigate the NCtR position is ongoing.
- Diagnostic performance continues to improve with significant improvement in waits for endoscopy. Echocardiography has the highest waits; internal capacity has increased and the number of 6+ waits is starting to reduce.
- The Trust achieved the 62-day cancer standard in April. However, referral rates have remained high for 3 consecutive months compared to the same period last year. Alongside operational and workforce pressures, access times for some imaging and diagnostic tests have been impacted. Multi-disciplinary events are in place for relevant tumour groups to support this.
- Restoration of elective services slightly improved in May but remains impacted by continued non-elective pressures. Ward M6 became operational in May as planned, increasing the elective bed capacity and allowing restoration of theatres.

## 3. People

- Sickness absence for April 2022 is 6.43%; a slight improvement to the previous month. Support continues for staff absent with long-covid symptoms, resulting in several staff returning to work with adjustments. Those who remain absent are being supported by Occupational Health.
- We are developing a more person-centred management towards staff who are absent due to sickness. The staff psychology and wellbeing service is a fantastic addition to our health and wellbeing offer and is in demand.
- Workforce turnover continues to increase and is above target for the year. The top known leaving reason remains 'voluntary resignation' followed by work/life balance, relocation and retirement. A new working group (Attract, Develop & Retain) has begun to look at how we can increase staff retention by better engagement with staff.
- Increased scrutiny of all mandatory training is in place via Divisional Performance Reviews to improve compliance.
- The Trust's workforce plans for 2022/23 were submitted as part of the Trust's operational planning process. The People Performance Committee will oversee the workforce planning process to develop the Strategic Workforce Plan for 2022-27.

#### 4. Quality

- Timely recognition of sepsis and compliance with timely antibiotic administration has significantly improved and now continues above trajectory. Sepsis teaching/education is recommenced across Trust, with two Sepsis practitioners in post from May 2022.
- The Trust exceeded its internal threshold for Clostridium Difficile (CDiff) in 2021-22. The increase over recent months correlates with antimicrobial changes.
- Following a positive trajectory, a notable increase in complaints was seen in February 2022. The top theme related to communication, with the impact of restricted visiting noted. The PALS & Complaints team continue to focus on resolving concerns informally where appropriate with the hope to reduce the number of formal complaints being received.
- The Quality Committee undertook a deep dive of falls, considering progress against falls improvement targets, data analysis and overview of falls improvement work in place including commencement of a Quality Matron who is the overall lead for falls reduction, introduction of 'at a glance' ward moves/transfers, falls sensors' programme and Bay Nursing.
- Quality Committee considered the current position in relation to the Final Ockenden Report and supported the Trusts plans to implement the Maternity Continuity of Carer (MCoC) model of care. The MCoC has been proven to deliver safer and more personalised maternity care. It is the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services by March 2024. A CQC Insights visit by the regional lead secured positive feedback on the day.
- Quality Committee receive a regular progress report regarding the processes in place to ensure patients on the waiting lists are regularly clinically reviewed to ensure they do not suffer harm whilst waiting and can access support from 'Waiting well. The committee reviewed the process in place within paediatric – oral surgery waiting list, and how they are supported whilst they are waiting.

#### 5. Audit Committee

At its meetings in May and June 2022, Audit Committee reviewed the following matters, including a number of year-end matters:

- The Audit Committee received a comprehensive report on the work of the Risk Management Committee, including significant risks.
- Internal Audit Plan 2021/22 – The following internal audits were finalised and reported to Audit Committee:

Internal Audit	Assurance Level
Key Financial Systems Review	Substantial
ESR/Payroll: Overpayments Review	Moderate
IM&T: Software Licencing Management	Substantial

- Head of Internal Audit Opinion - 'Substantial Assurance' rating provided.
- Anti-Fraud Annual Report 2021/22 considering counter fraud work that had taken place during 2021-2022.
- Waiver Report – Reviewed waivers between November 2021 – March 2022 and confirmed all waivers managed in accordance with Trust Standing Financial Instructions.

- Declaration of Interests Annual Report 2021-22 - Reviewed and confirmed the robustness of processes in place for declarations of interest, including declarations made during 2021-22.
- Annual Governance Declarations/Self-Certifications 2021-22 – Endorsed the Trust's position against the annual governance declarations and recommended to the Board for approval.
- Draft Annual Report and Annual Governance Statement were reviewed in May 2022, with the final version reviewed and recommended to Board for approval in June 2022.
- Draft Annual Accounts and Going Concern statement were reviewed in May 2022, with the final audited Annual Accounts reviewed and recommended to Board for approval in June 2022.
- External Auditor Opinion – Reviewed and confirmed. To be reported to the Council of Governors following submission of the Annual Report & Accounts to Parliament.

### Stockport NHS Foundation Trust

Meeting date	6 July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Membership Strategy 2022-25 and Action Plan					
Presented by	Rebecca McCarthy, Trust Secretary	Author		Rebecca McCarthy, Trust Secretary		

### Recommendations made/ Decisions requested

#### The Council of Governors is asked to:

- **Approve the Membership Strategy and Action Plan**
- **Confirm the establishment of a Membership Development Group to oversee implementation of the Membership Strategy & Action Plan**
- **Subject to the above, express interest in joining the Membership Development Group to the Deputy Trust Secretary by Friday, 15 July 2022.**

### Executive Summary

As an NHS Foundation Trust, Stockport NHS Foundation Trust is locally accountable to its members. Members elect the majority of the Council of Governors, who have a statutory duty to represent the interests of members and the public.

As with many organisations, the Trust's membership plans were impacted by the pandemic. Recognising the ongoing operational challenges and the changing health and social care landscape within which the Trust operates, it was timely to refresh the Trust's Membership Strategy. To ensure engagement of governors in this process, a task and finish group was established. Two governors, Mr Howard Austin and Mr Richard King, attended the task & finish group sessions held during May-June 2022. To ensure opportunity for all governors to contribute their views, material for discussion at each of the sessions, as well as a summary of the group discussion, was disseminated to all governors for any further comments.

The Membership Strategy 2022-25 and associated action plan is presented to the Council of Governors for approval, which incorporates discussion at the task and finish group and comments received from governors.

The action plan sets out the key actions and initiatives to be undertaken in year to support implementation of the Membership Strategy 2022-25. To review progress against the strategy and associated action plan, the task and finish group proposed the establishment of a subgroup of the Council of Governors - Membership Development Group. In addition to oversight of the annual action plan, the group would also support development of future plans and keep under review pertinent matters to the membership.

Subject to establishment of a Membership Development Group, it is proposed that the first meeting would take place in early September 2022 and on a quarterly basis thereafter, subsequently reporting to the Council of Governors. We would like to encourage as many governors as possible to join the Membership Development Group to support the delivery of the plan. Governors are asked to confirm their interest in joining the Membership Development Group by emailing the Deputy Trust Secretary, Soile Curtis ([soile.curtis@stockport.nhs.uk](mailto:soile.curtis@stockport.nhs.uk)) **by Friday, 15 July 2022**. Governors are also asked to indicate a preference for days/times to facilitate as many governors to attend as possible.

Notwithstanding the establishment of the Membership Development Group, actions detailed within the membership plan will be progressed in the interim.

# MEMBERSHIP STRATEGY

2022 - 2025



8



Making a  
**DIFFERENCE**  
every day

# Content

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## Context

### About the Trust

Stockport NHS Foundation Trust holds a unique position in the Stockport community as the provider of healthcare to its population. It offers a number of specialist services, including our highly rated stroke service, and plays a key partnership role within Greater Manchester, Stockport and East Cheshire.

The Trust aims to be a well-led organisation delivering safe, high-quality care for local people.

### Strategic Vision & Values

Our Strategic Plan for 2020-2025 sets out a clear vision - developed in collaboration with our staff and our patients - to continue to improve the quality and performance of our services, while achieving financial sustainability.

### Our Mission:

**Making a  
DIFFERENCE  
every day**

### Our Values:

**We care**

**We respect**

**We listen**

### Our Strategic Objectives:

Stockport NHS FT aims to be:

- A great place to work
- Always learning, continually improving
- Helping people live their best lives
- Investing for the future by using our resources well
- Working with others for our patients and communities

### Alignment of Plans

Our long-term Trust Strategy will be delivered through a range of medium-term business strategies, which set out the detail of how we will achieve our ambitions across our clinical divisions and enabling functions such as workforce, informatics and estates.

Each year, the Trust develops annual operational plans for our in year priorities, which align to national policy and delivery of our strategic objectives. This hierarchy of plans is set out in the figure below.



### Purpose of this Strategy

As an NHS Foundation Trust, Stockport NHS Foundation Trust is locally accountable to its members. Members are the local people, patients and staff who wish to take an interest in their local hospital and community services and/or make a further contribution to how the Trust develops now and in the future. Members also elect the majority of the Council of Governors, who have a statutory duty to represent the interests of members and the public.

In view of this, the Council of Governors, supported by the Corporate Affairs team, wish to not only create plans to establish and maintain a representative membership with which to engage, but also to monitor the effectiveness of such plans to do this.

In doing so, this strategy will support the Trust's values as well as the strategic objective of working with others for our patients and communities.



## Our Journey

As with many Foundation Trusts, our membership plans were severely impacted by the pandemic, largely because of the limitations of social distancing, shielding and staff focusing on urgent operational issues. This strategy outlines the Trust's aims for membership, whilst recognising ongoing operational challenges and the changing health and social care landscape within which the Trust operates. In this light, our guiding principles for our approach to membership will continue to be:

- Membership activities should be of value to members of the Trust, public and the organisation
- Membership activities should be prioritised to ensure achievability within the time and resources available.



A number of our public members will have had treatment at the Trust. It is important that the Trust's approach to membership complements the continual gathering of patient experience that has been a feature of the Trust's activities for many years, to better understand the

experience of our patients, carers, friends and families. In this regard, the opportunity to become a member will continue to be promoted to both patients and public, and opportunities to align activities that will help shape future service delivery will be explored.



This strategy sets out the Trust's aims, and the methods we intend to use, to maintain and develop a sizeable, representative and engaged membership that supports the Trust in achieving its strategic objectives and providing services that respond to the needs of our community. The strategy has been developed based on learning from previous Trust membership initiatives, good practice from other Foundation Trusts, and statutory and regulatory requirements, alongside consultation with the Council of Governors. The strategy will be supported by an annual plan, created through a Membership Development Group, which will set out key actions and initiatives to be undertaken each year to support implementation of the strategy.

## Our Membership Community



*Our members are our staff and members of the public from the diverse communities we serve both locally and beyond.*

### Public members

Public constituencies ensure that the Trust's membership is open to all residents, aged 11 and above, of Stockport and the High Peak. As the Trust cares for patients that live outside these areas, membership is also open to people from any other area in England.

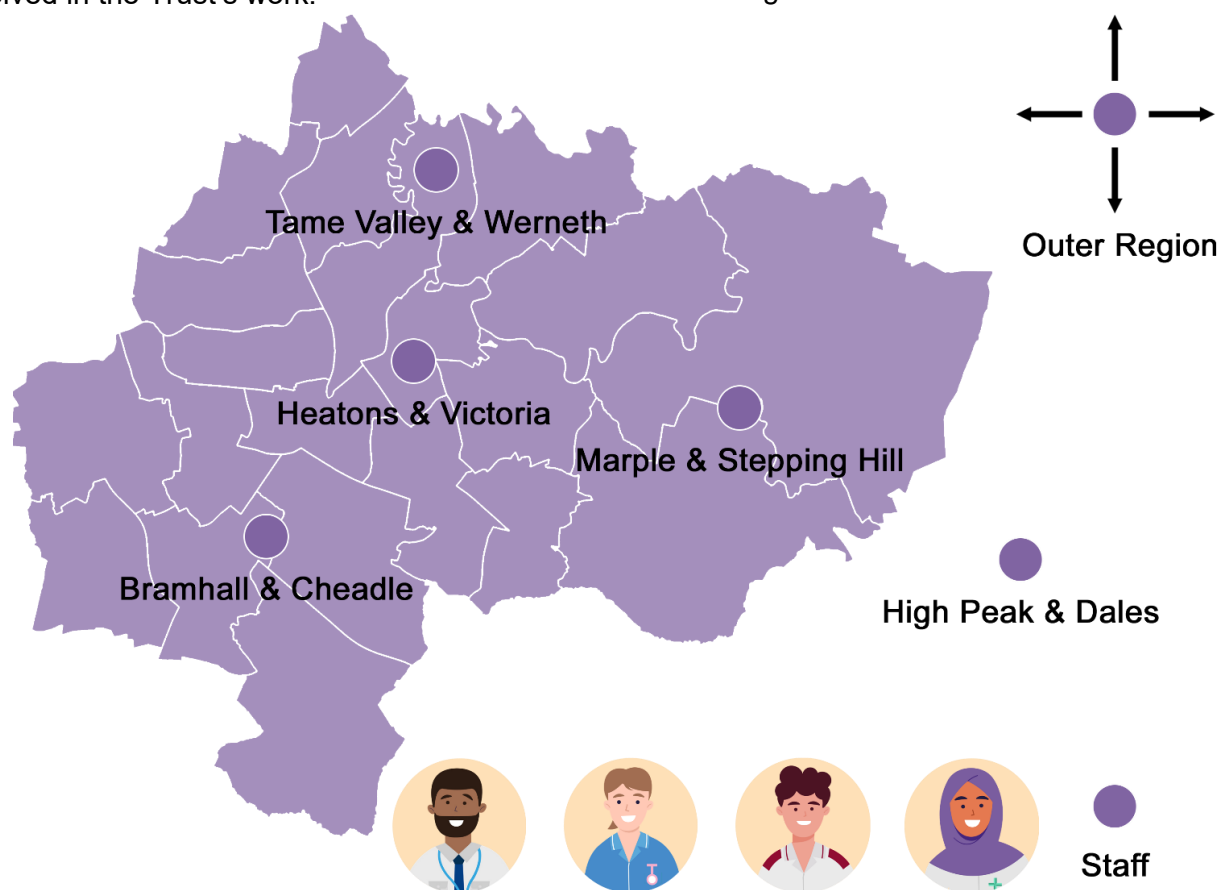
An opt-in approach to public membership will continue as we want our members to have chosen to become members and to be involved in the Trust's work.

### Staff members

Staff membership works on an 'opt out' basis. All Trust staff who hold have a permanent employment contract or who have worked for the Trust for at least 12 months will automatically become members unless they choose to 'opt out'.

### Members constituencies

The Trust membership is made up of the following constituencies:



It is the role of the Council of Governors to represent the interests of members and the public. The composition of the Council of Governors reflects the above constituencies and members from each of the constituencies are able to vote for, or stand as, a governor to represent their constituency on the Council of Governors.

## Membership Recruitment



*Aim: To maintain a sizeable membership that is representative of the communities the Trust serves.*

Since its establishment in 2004, the Trust has built a sizeable membership, largely representative of the local population, with a combined public and staff membership of over 16,500 members.

Constituency	Number
Bramhall and Cheadle	2,347
Tame Valley and Werneth	1,848
The Heaton and Victoria	1,951
Marple and Stepping Hill	2,453
High Peak and Dales	807
Outer region	1,284
Staff	5,945
<b>Total</b>	<b>16,635*</b>

\* As at 31 March 2022

In addition to geographical representation, we recognise the value of a membership community that is representative of the diverse populations we serve. Therefore, the Trust analyses its membership demographics annually to understand its composition and identify any groups that may be under-represented.

We are pleased that our analysis shows that, overall, the Trust's membership broadly reflects the diversity of our local communities, however we know that there are some groups that are less well represented.

In this light, an overarching aim of the strategy is to maintain a sizeable membership that is representative of the communities the Trust serves.

Acknowledging the natural attrition of approximately 200-250 members in any given year, the Trust will proactively undertake activities to attract new members to this level.

This will be achieved through a range of activities including continued promotion of membership on the Trust's hospital and community sites (e.g. virtual display boards) and internal communication channels (e.g. website, social media).

In parallel, information relating to membership will be regularly reviewed, and refreshed where required, to ensure the benefits of membership are clearly articulated and visible to support in recruiting new members to the Trust.

Furthermore, we will explore and develop targeted initiatives to recruit members from the least well represented groups, as identified via the annual membership database demographic analysis.

With respect to staff, new staff will be informed of membership via the Trust's induction and made aware that their interests are represented by staff governors.



## Membership Engagement



***Aim: To develop an active and engaged membership***

Foundation Trusts are based on the principle of local accountability and an active and engaged membership helps to anchor the Trust to its local community.

We recognise that there will be wide variation in terms of the level of engagement that members wish to have. Through meaningful engagement, members should feel both informed about the Trust and supported to engage in issues affecting the future of the Trust should they so wish. An engaged membership will also help to support governors in representing the interests of members and the public.

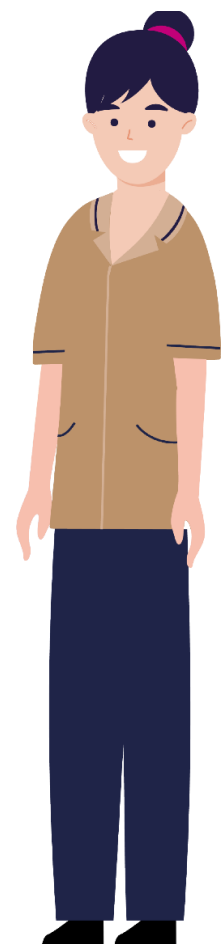
In order to engage members, the Trust will implement a number of methods/opportunities spanning the engagement continuum, from informing to involving, consulting and collaborating.

Methods for doing so have and may continue to include:

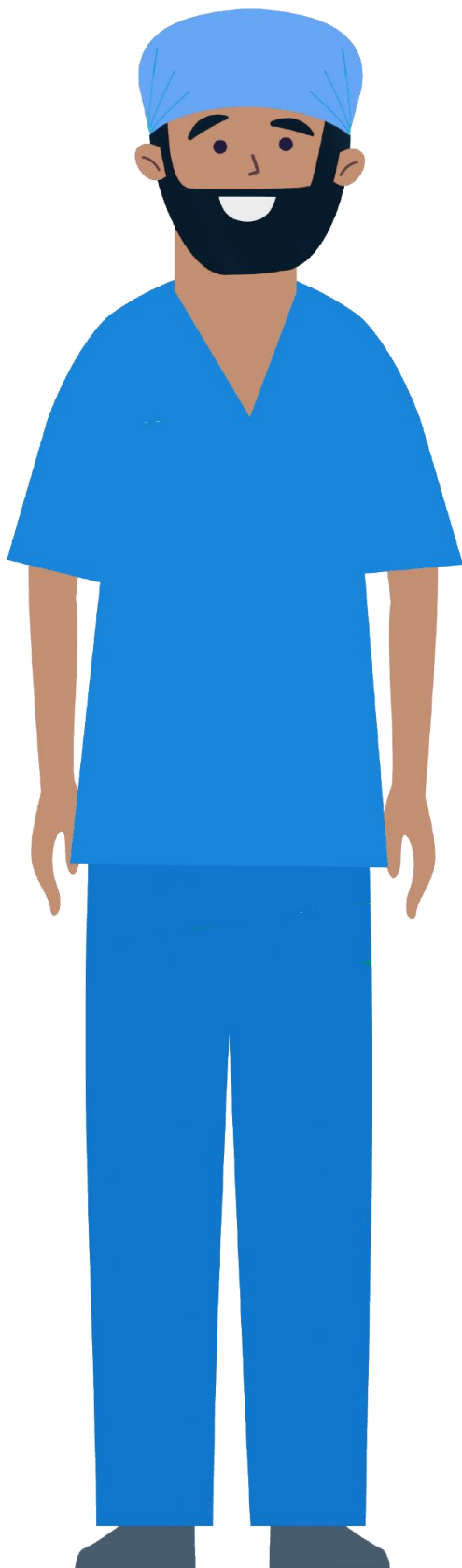
- Quarterly members' newsletter
- Social media
- Internet / Intranet
- Annual Members' Meeting
- A variety of feedback methods for members to offer their views (e.g. membership office email)
- Members' seminars / events
- Established links to Patient Interest Groups / Patient Participation Groups
- Established links to partner organisations (e.g. HealthWatch)
- Established links to Community & Voluntary Sector Organisations
- Task & Finish Groups
- Co-Design Events

In addition, we will work closely with the Patient Experience team to explore and align activities that engage members and will help shape future service delivery.

Governors will have opportunity to engage and gather the views of members via the methods identified in this strategy and we will continue to promote the work of the Trust's governors as representatives of members. Governors will feed this information back to the Trust via the Council of Governors.



## Delivering & Evaluating our Membership Strategy



### Implementation

To achieve the aims of the Membership Strategy, a Membership Development Group, including governors and the Corporate Affairs team, will develop an annual plan that sets out how the Membership Strategy will be implemented in practice. This will include specific action to be taken in year with respect to both membership recruitment and engagement, alongside key outcome measures.

All members of the Council of Governors will be expected to be involved in the implementation of the strategy and will be supported in this by the Corporate Affairs team.

### Evaluating Success

Progress against the delivery of the strategy will be monitored by the Corporate Affairs team on a regular basis and reported to the Membership Development Group and the Council of Governors.

In addition, progress against the strategy will be included in the Trust's annual report, including plans for the year ahead.

The principal ways in which we will evaluate success of the strategy, and will be reported to the Council of Governors, include:

- Profile of the Trust's membership:
- Membership totals within all constituencies
- Comparison of the Trust's public membership demographics to those within the local population
- Membership attendance at engagement activities
- Membership Feedback - Portfolio of Evidence
- Council of Governor electoral performance including:
  - Percentage of elections contested;
  - Average number of candidates per seat;
  - Voter turnout relative to other Trusts.

## Feedback

To provide feedback on this strategy or request further information please contact the Corporate Affairs team on:

**Address:**

**Stockport NHS Foundation Trust**  
Stepping Hill Hospital  
Poplar Grove  
Hazel Grove  
Stockport  
SK2 7JE

**Telephone:**

0161 419 5166

**Email:**

[membership@stockport.nhs.uk](mailto:membership@stockport.nhs.uk)

You can also find further information regarding membership and the Council of Governors on the Trust's website:

**Website:**

<https://www.stockport.nhs.uk/> - Membership & Governors.



## Membership Plan 2022-2023

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<b>Aim: To maintain a sizeable membership that is representative of the communities the Trust serves</b>				
<b>Membership Recruitment</b>				
Survey governors to identify established links with community groups / forums and opportunity for recruitment of members	Corporate Affairs	August 2022	Maintain overall membership number (+/- 1%)	
Establish a register of governor contacts	Corporate Affairs	August 2022	(Total public membership number as of March 2022 = 10,666)	
Presentation/email recruitment promotion to groups/forums identified as opportunities for recruitment	Governors	September - March 2023		
<b>Website</b> Review Governor & Membership section of SFT website and revise content to ensure opportunity to become a member is clear & accessible.	Membership Development Group / Corporate Affairs / Communications	Governor & Membership content confirmed – December 2022  Go live in line with new Trust website launch	Maintain overall membership number (+/- 1%)  (Total public membership number as of March 2022 = 10,666)  New website live	
<b>Social Media</b> Determine messaging for social media recruitment campaign to include: Messaging from governors/members – Why I became a member	Corporate Affairs / Communications / Membership	September 2022	Maintain overall membership number (+/- 1%)	



Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
2 x membership recruitment campaigns via the Trust's social media channels	Development Group  Communications	October 2022 / February 2023	(Total public membership number as of March 2022 = 10,666)	
<p>Review membership demographics via Task &amp; Finish Group to identify underrepresented groups for targeted membership recruitment (Age, Ethnicity, Gender, Socio Economic Profile)</p> <p>Targeted recruitment activities to include: Presentation and/or Email recruitment promotion (dependent on most appropriate method) to:</p> <ul style="list-style-type: none"> <li>Stockport Colleges – Health &amp; Social Care Courses</li> <li>Stockport Local Authority – Community Champions (forum to be determined)</li> <li>Stockport Homes</li> <li>Equality, Diversity &amp; Inclusion (EDI) BAME Forums/Community Groups (as identified in liaison with SFT EDI Lead)</li> </ul> <p><i>NB – The number of 'group/forums' to be identified must be carefully considered as the relationship must be meaningful for all.</i></p>	<p>Corporate Affairs Team / Task &amp; Finish Group</p> <p>Corporate Affairs Team / Governors / EDI Team</p>	<p>April 2022</p> <p>November 2022 – March 2023</p>	<p>Increase number of members in targeted demographic groups by +1%</p> <p>(Membership numbers as of March 2022 16-21 = 26 22-29 = 688 30-39 = 410 40-49 = 646)</p> <p>(BAME Pakistani = 93 Chinese = 25)</p> <p>At least 1 presentation / email campaign per month</p>	<p>Review of membership demographics completed. Underrepresented groups identified for targeted recruitment:</p> <ul style="list-style-type: none"> <li>Age 16-21, 22-29, 30-39, 40-49</li> <li>Black &amp; Minority Ethnic (BAME) (April 2022)</li> </ul>
<b>Aim: To develop an active and engaged membership</b>				
<b>Engagement</b>				
<p><b>Newsletter</b> Include Governor Section in Stepping Up Newsletter, including:</p> <ul style="list-style-type: none"> <li>Meet your Council of Governors</li> <li>Why I became a governor</li> <li>Governor activity</li> <li>How to contact your governors</li> <li>Council of Governors meetings</li> </ul>	<p>Communications / Corporate Affairs / Membership Development Group</p>	<p>July 2022</p> <p>September 2022</p> <p>January 2023</p>	3 x Stepping Up Newsletters including Governor Section	



<b>Action Required</b> <i>Overview of actions to be taken</i>	<b>Responsible</b>	<b>Target Date</b>	<b>Key Performance Indicator</b>	<b>Progress against KPI</b> (Monitored by Membership Development Group)
<p><b>Member Seminars</b> Align national/local health and well-being campaigns with membership seminars to promote population health - Liaise with Communications Department regarding campaigns.</p> <p>Facilitate 1 x Virtual, 1 x Face to Face (subject to IPC guidance) members seminars</p> <p>Governor attendance at member seminars to promote governors and allow opportunity to seek feedback from members/public/staff</p>	<p>Corporate Affairs / Communications</p> <p>Corporate Affairs / Communications</p> <p>Governors</p>	<p>September 2022</p> <p>December 2022 March 2023</p>	<p>2 x Members Seminars including evaluation</p>	
<p><b>Engagement with Community Groups/Forums</b> <i>(as identified as part of recruitment)</i></p> <p>Corporate Affairs to liaise with Board of Directors to identify a key theme which may be used to guide discussion. This may include a key strategic development/future plan or emergent matter from internal data sources. Theme to be reviewed via Membership Development Group</p> <p>Establish a key link/rota for governor attendance at Community Group/Forums (as identified as part of recruitment initiatives) to seek feedback:</p> <p>Public</p> <ul style="list-style-type: none"> <li>- Community Champions</li> <li>- Stockport Homes</li> <li>- Equality, Diversity &amp; Inclusion BAME Forums</li> </ul> <p>Staff</p> <ul style="list-style-type: none"> <li>- Staff Network Groups</li> </ul> <p><i>NB. In addition established public governor links with community groups / forums will provide opportunity for engagement, alongside appointed governor engagement with appointing organisation and informal networks.</i></p>	<p>Corporate Affairs / BoD / Membership Development Group</p> <p>Corporate Affairs / Governors</p>	<p>October 2022 – March 2023</p>	<p>Attendance at 1 group/forum per month</p>	

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<b>Register of Governor Engagement</b> Develop a register of engagement and process to ensure record of patients, public and staff feedback received by governors, thus providing evidence of governors fulfilling their statutory duty to represent members and public.  Register of engagement to be reviewed by Membership Development Group (quarterly) to identify trends and utilised to inform agenda item at subsequent Council of Governors meeting.	Corporate Affairs / Membership Development Group   Corporate Affairs / Membership Development Group	October 2022   December 2022 March 2023	Register of Engagement	
<b>Other</b>				
<b>Review of minimum age limit for members. *</b>	Membership Development Group	October 2022	Recommendation (and approval of change if required) by Council of Governors	

Acknowledging the phased approach to achieving the aims of the Membership Strategy, the Membership Development Group has identified the below for opportunities for potential recruitment and engagement during 2023/24:

- Stockport Signpost for Carers
- SFT Charity – Key organisations through which SFT Charity connects
- Poster promoting governors' role and availability as access point to the Trust

The action plan is an iterative process and where further opportunities for recruitment and/or engagement are identified via the Corporate Affairs and Council of Governors, these can be considered in addition to activities highlighted above. This may include, for example, specific events and forums within a membership constituency.

\* Any changes to the minimum age limit for members will require revision to the Trust's constitution, which subsequently will require approval by the Council of Governors and Board of Directors. The Trust's constitution will be reviewed in light of the new Health & Social Care Act, which will see the establishment of statutory Integrated Care Systems and dissolution of Clinical Commissioning Groups. Further to this, the Membership Development Group may also wish to consider public constituencies following the realignment of electoral wards.



### Stockport NHS Foundation Trust

Meeting date	6 July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Council of Governors Email Addresses					
Lead Director	Professor Tony Warne, Chair	Author		Rebecca McCarthy, Trust Secretary		

### Recommendations made / Decisions requested

**The Council of Governors is asked to:**

- **Support the continuation of the current process for members/public to contact governors via email.**

### Executive Summary

This report highlights the outcome of considerations regarding the process in place for members/public to contact governors via email, following concerns raised regarding this matter at the governor's development session, and subsequently the Council of Governors meeting, in April 2022. At the Council of Governors meeting, it was determined that this issue would be considered by the Membership Task & Finish Group, the group being established to refresh the Membership Strategy, and thus enable consideration of engagement more broadly.

Initial consideration took place at the Membership Task & Finish Group on 24<sup>th</sup> May 2022, including the practical and technical implications of different approaches and the pros/cons of each. All governors were subsequently asked to express preference on the following options: Option 1) Individual Trust email address for all governors; Option 2) Central membership email, managed via Corporate Affairs team; Option 3) Hybrid approach.

8 governors expressed a preference, with the highest preference expressed for Option 2 (4 governors). 14 governors did not express a preference.

The outcome was discussed at the Membership Task & Finish group on 21<sup>st</sup> June 2022. The importance of acknowledging the varying levels of involvement of individual governors based on their personal circumstances was discussed, alongside recognition that email communication was one of a range of methods, as incorporated within the Membership Strategy & Action Plan, to facilitate engagement between governors and members/public.

In this light, it was agreed that a proposal recommending the current process (Option 2) remains in place, with opportunity for discussion at the Council of Governor meeting.

## 1. Introduction & Context

- 1.1 In April 2022, a governor development session was held to commence discussion with governors regarding the refresh of the Membership Strategy, including both membership recruitment and membership engagement.
- 1.2 During the session, discussion took regarding the process for members/public contacting governors via email, which included trust email addresses for individual governors being linked to the '[membership@stockport.nhs.uk](mailto:membership@stockport.nhs.uk)' email address. This email address is centrally managed via the Corporate Affairs team. This process was established approximately two years ago.
- 1.3 Trust email addresses were linked to individual governors and would be forwarded to the central 'membership' email address, managed by the Corporate Affairs team for the purpose of ensuring timely and appropriate response to any communication from the public regarding the Trust, and to protect the use of governors' personal email addresses.
- 1.4 In centrally managing communications, the Corporate Affairs team would engage with the relevant governor/s in preparing the response. There was no expectation that the emails would be linked to any governor personal affairs.
- 1.5 During initial discussion, it was evident that this process, including the purpose of this arrangement, had not been communicated to governors. Concerns were raised specifically in relation to the appropriateness of the approach, including communication to both governors and to members/public, and the involvement of the Corporate Affairs team within the process.
- 1.6 Immediate action was taken regarding this matter, and it has been confirmed to governors that:
  - No emails had been received to the governor email addresses and automatically forwarded to the central 'membership' email address for over 2 years
  - Governor specific email addresses had been deactivated and the 'Membership/Council of Governors' section of the website updated to make clear that email communication to governors is via the central '[membership@stockport.nhs.uk](mailto:membership@stockport.nhs.uk)', managed on behalf of governors, by the Corporate Affairs team.
- 1.8 At the Council of Governors meeting on 6<sup>th</sup> April 2022, it was agreed that the matter would be reviewed further, and that the Task & Finish Group (established to develop the Membership Strategy) would provide a forum for discussion and proposal.

## 2. Outcome of Considerations

- 2.1 This matter has been fully considered from an information governance perspective. Whilst there was no intention to intercept any personal communication to the governor email addresses, and whilst no emails had been received or forwarded to the central membership email in over 2 years, it is fully acknowledged that all governors should have been made aware that they had a Trust email at the time of set up, including how to access the email and appropriate use. Governors should have been provided with a clear

explanation regarding the purpose of the governor email address and the arrangement by which emails received would be forwarded to the central membership email, thereby allowing any concerns to be raised and/or allow governors to choose to not have a Trust email.

- 2.2 Additionally, the Trust must ensure that all communication channels explain clearly how email communication is to be handled and raised with the appropriate governor.
- 2.3 Furthermore, at its meeting on 24<sup>th</sup> May 2022, the Task & Finish Group considered this matter fully, acknowledging any feedback received from governors who were not able to attend. Governors discussed:
- Previous practice at Stockport NHS Foundation Trust and key concerns regarding this approach
  - Approach taken in acute Foundation Trusts within the Northwest, noting all Trusts (total – 12) had adopted an approach whereby the membership/corporate affairs team managed email communications on behalf of governors.
  - Key system practicalities of various approaches, including information governance.
  - Importance of recognising the commitment/preference of governors to different options.
- 2.4 In conclusion, it was proposed that the views of all governors be sought on three options (Please see Appendix 1), summarised as follows:
- Option 1: Individual Trust email address for all governors. Emails would be solely accessed and managed by governors via a weblink.
  - Option 2: Email contact with governors from members and/or the public is managed via a central 'membership' email. Trust website and other communication channels make clear contact with governors is via the Corporate Affairs team. *(NB. This is the current process)*
  - Option 3: Hybrid approach. Only governors who wish to commit to an individual Trust email address are issued with an email address. Trust's website and other communication channels make it clear that governors can be contacted via a central 'membership' email, but also include a list of the governors who can be contacted directly, with Trust email addresses provided.
- 2.5 The outcome was as follows, with further discussion taking place at the Membership Task & Finish Group on 21<sup>st</sup> June:

Option	Number of Governors
Option 1	2
Option 2	4
Option 3	2
Did not express a preference	14

- 2.6 The importance of acknowledging the varying levels of involvement of individual governors based on personal circumstances was discussed, alongside recognition that

email communication was one method of engagement, with the Membership Strategy & Action Plan developed to support a range of methods to facilitate engagement between members and the public

- 2.7 In light of the above, it agreed that a proposal recommending the current process (Option 2) remained in place, with opportunity for discussion regarding this at the Council of Governor meeting.

### **3 Recommendation**

- 3.1 The Council of Governors is asked to:
- Support the continuation of the current process for members/public to contact governors via email.

## Appendix 1

**Governor email addresses: Options**

Option	Approach	Key Considerations
Option 1	<p>All governors are provided with an individual Trust email address to allow members/public to contact them directly. Emails would be accessed via a specific weblink.</p> <p>Governors would be provided with a password to access the system.</p> <p>Governors able to seek support from the Corporate Affairs team at any time and example responses can be shared, however Corporate Affairs would not have access to emails.</p> <p>Individual governor email addresses would be available on the Trust's website and via other communication channels e.g., newsletter.</p>	<p>Approach requires governors to commit to accessing the weblink/emails on a regular basis (2 weeks <i>tbc</i>) to ensure their log in details (including passwords) are up to date and do not expire and ensure response to any email received in a timely manner.</p> <p>Allows direct communication from members/public with all individual governors.</p> <p>Does not expose governors personal email addresses, and provides a formal Trust email, for any two-way communication with members/public/groups with which they are engaged for the purpose of governor activity.</p> <p>Provides a consistent approach across all governors.</p>
Option 2	<p>Contact with governors from members and/or the public is via a central 'membership' email.</p> <p>The Corporate Affairs team would manage incoming emails and distribute to the relevant governor and/or Council of Governors as per the email. Following discussion with the relevant governor/s, Corporate Affairs would respond from central 'membership' email.</p> <p>The Trust website and other communication channels would make clear contact with governors is via the Corporate Affairs team.</p>	<p>Approach recognises that governors give their time freely and some governors may not be comfortable or able to commit to individually managing a separate Trust email address on a regular basis.</p> <p>Acknowledges engagement of individual governors varies and can change over time.</p> <p>Approach is one taken by many trusts to support governors in their role, albeit this is not a direct communication with governors. Internal management ensures a timely response to</p>

		<p>members/public and enables any immediate action to be taken should this be required.</p> <p>Does not expose governors personal email addresses.</p> <p>Provides a consistent approach across all governors.</p>
Option 3	<p>A hybrid approach of the above.</p> <p>Only governors who wish to commit to an individual Trust email address to allow members/public to contact them are issued with a Trust email.</p> <p>Trust's website and other communication channels make it clear that governors can be contacted via a central 'membership' email but also include a list of the governors who can be contacted directly, with Trust email addresses provided.</p> <p>See both Option 1 &amp; Option 2 for further detail.</p>	<p>Acknowledges engagement of individual governors varies and can change over time.</p> <p>For those who chose to have a Trust email, does not expose personal email and provides a formal Trust email, for any two-way communication with members/public/groups with which they are engaged for the purpose of governor activity.</p> <p>Does not provide a consistent approach across all governors but recognises a personalised/individual approach.</p>





### Stockport NHS Foundation Trust

Meeting date	6 <sup>th</sup> July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Council of Governors Standards of Business Conduct - Governor Register of Interest - Fit and Proper Persons - Code of Conduct					
Presented by	Professor Tony Warne, Chair		Author		Rebecca McCarthy, Trust Secretary	

### Recommendations made / Decisions requested

#### The Council of Governors is asked to:

- **Review and confirm the Register of Interests of the Council of Governors and that, to the best of their knowledge, that governors are eligible to remain a governor in line with the Stockport NHS Foundation Trust Constitution.**

### Executive Summary

This report presents the Council of Governors Register of Interests for annual review and confirms to the best of the Trust's knowledge, following self-declaration, that all Governors are considered a 'fit and proper person' in line with the Trust's Licence. Furthermore, the report confirms all governors have reviewed and signed the Directors & Governors Code of Conduct.

## 1. Introduction

- 1.1 There is a legal requirement for the Trust to maintain a Register of Governors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution. Members of the Council of Governors are required to declare any interests they have which are relevant and material to their role.
- 1.2 In addition, Governors must self-certify as part of the election process, that they are a fit and proper person in line with the Stockport NHS Foundation Trusts' (SFT) Licence and Trust Constitution. The Trust should make arrangements that no person who is an 'unfit' person may continue as a governor.

## 2. Register of Interests

- 2.1 The Register of Governors' Interests is maintained by the Trust Secretary and is updated to reflect any amendments which may from time to time be declared during the normal course of business. In this way, an up to date register should always be available. However, it is considered good practice for the Council to complete a formal review on an annual basis to ensure currency and accuracy of register content.
- 2.2 The current Register of Governors' Interests is included for reference at Appendix 1 to this report.
- 2.3 Council members are requested to review the Register and confirm that current content is accurate and up to date.

## 3. Fit & Proper Persons

- 3.1 As part of the governor election process, governors are required to certify that they are eligible to become a member of the Council of Governors in line with the Trust's Licence and Constitution and are not:

- 15.1.1 *a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;*
- 15.1.2 *a person in relation to whom a moratorium period under a debt relief order applies under Part 7A of the Insolvency Act 1986;*
- 15.1.3 *a person who has made a composition or arrangement with, or granted a trust deed for, his/her creditors and has not been discharged in respect of it;*
- 15.1.4 *a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.*

(Stockport NHS Foundation Trust - Constitution)

- 3.2 Appendix 1 provides confirmation that all governors, except for a single governor, have self-declared that they are not an 'unfit' person and eligible to continue as a member of the Council of Governors.

**4. Code of Conduct for Stockport NHS Foundation Trust Directors and Governors**

- 4.1 A Code of Conduct for Directors and Governors is in place, setting out the standards and behaviours that Stockport NHS Foundation Trust expects from its Directors and Governors (individually and collectively) when acting on behalf of, or representing, the Trust. The Code of Conduct complements the Trust's Constitution.
- 4.2 Appendix 1 provides confirmation that all governors, except for one, have reviewed and signed the Code of Conduct and will adhere to the highest standards of conduct in the performance of their duties.

**5. Recommendation**

The Council of Governors is asked to:

- Review and confirm the Register of Interests of the Council of Governors and that, to the best of their knowledge, that governors are eligible to remain a governor in line with the Stockport NHS Foundation Trust Constitution.

## Appendix 1: Council of Governors Register of Interests

Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
Sue Alting	Appointed – Age UK Stockport	<ul style="list-style-type: none"> <li>Chair – Age UK Stockport</li> <li>Chair – Step Out Stockport</li> <li>Director – Pebble Enterprises Limited</li> <li>Director – Shelf Company Age Concern Stockport</li> <li>Member – Healthwatch Stockport</li> <li>Husband is a volunteer chaplain at the Trust</li> </ul>	Yes	Yes
Howard Austin	Tame Valley & Werneth	<ul style="list-style-type: none"> <li>Nil</li> </ul>	Yes	Yes
Janet Browning	High Peak & Dales	<ul style="list-style-type: none"> <li>Son-in-law is a data analyst at Stepping Hill Hospital, Mr Tom Camberwell</li> </ul>	Yes	Yes
Robert Cryer	Bramhall & Cheadle	<ul style="list-style-type: none"> <li>Member of Conservative Party</li> <li>Member – British Medical Association</li> </ul>	Yes	Yes
Lance Dowson	High Peak & Dales	<ul style="list-style-type: none"> <li>Elected member of New Mills Town Council</li> <li>Elected member of High Peak Borough Council</li> <li>Member of the Labour Party</li> <li>Member of the Co-op Party</li> <li>Member of the Court of the University of Derby</li> <li>Member of the C21/Better Services Closer to Home working group (Derbyshire CCG)</li> <li>Member of the East Midlands Ambulance Service Foundation Trust</li> <li>Member of the Derbyshire Community Health Service Foundation Trust</li> <li>Founder &amp; Counsellor “Mantalk”</li> </ul>	Yes	Yes

Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
		<ul style="list-style-type: none"> <li>• Founder &amp; Counsellor – Cosmetic Surgery Helpline &amp; Advisory Service</li> <li>• Chairman of the Hayfield branch of the Royal British Legion</li> </ul>		
Paula Hancock	Staff	<ul style="list-style-type: none"> <li>• Nil</li> </ul>	Yes	Yes
Lesley Higginbottom	Tame Valley & Werneth	<ul style="list-style-type: none"> <li>• Nil</li> </ul>	Yes	Yes
Jamie Hirst	Heatons & Victoria	<ul style="list-style-type: none"> <li>• Director, Hirst Dynamics Ltd</li> <li>• Director, H-Dyn Retail Ltd</li> <li>• Member – Liberal Democrats</li> <li>• Application Development Manager, CQC</li> </ul>	Yes	Yes
David Huddleston	Heatons & Victoria	<i>Declarations and confirmation of eligibility to continue as a governor awaited</i>		
Richard King	Marple & Stepping Hill	<ul style="list-style-type: none"> <li>• Chairman – Torkington Allotment Association</li> <li>• Treasurer – Friends of Torkington Park</li> <li>• Treasurer – Cheshire &amp; North Wales Orchid Society</li> <li>• Secretary – Stockport Greenspace Forum</li> <li>• Administrator – Hazel Grove Carnival</li> <li>• Treasurer to the Hazel Grove Carnival Association</li> </ul>	Yes	Yes
David Kirk	Appointed – Stockport Healthwatch	<ul style="list-style-type: none"> <li>• Member of Healthwatch Stockport, Operations Team member</li> </ul>	Yes	Yes
Tad Kondratowicz	Heatons & Victoria	<ul style="list-style-type: none"> <li>• Nil</li> </ul>	Yes	Yes
Toni Leden	Bramhall & Cheadle	<ul style="list-style-type: none"> <li>• Nil</li> </ul>	Yes	Yes

Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
Thomas Lowe	High Peak & Dales	<ul style="list-style-type: none"> <li>Member of Labour Party</li> </ul>	Yes	Yes
John Pantall	Bramhall & Cheadle	<ul style="list-style-type: none"> <li>Fund Observer, Greater Manchester Pension Fund</li> <li>Member, Liberal Democrats</li> </ul>	Yes	Yes
Muhammad Zuhedur Rahman	Outer Region	<ul style="list-style-type: none"> <li>Nil</li> </ul>	Yes	Yes
Gillian Roberts	Tame Valley & Werneth	<ul style="list-style-type: none"> <li>Nil</li> </ul>	Yes	Yes
David Rowlands	Marple & Stepping Hill	<ul style="list-style-type: none"> <li>Nil</li> </ul>	Yes	Yes
Michelle Slater	Bramhall & Cheadle	<ul style="list-style-type: none"> <li>Governor of Inscape School (Together Trust)</li> <li>Member of Healthwatch Stockport NHS Foundation Trust member of the British Dental Association</li> <li>Member of Motor Neurone Disease Association</li> <li>Member of Parkinsons Disease Association</li> </ul>	Yes	Yes
Karen Southwick	Staff	<ul style="list-style-type: none"> <li>Nil</li> </ul>	Yes	Yes
Christopher Summerton	Heatons & Victoria	<ul style="list-style-type: none"> <li>Employed as a part time Consultant (Lancashire Teaching Hospitals Trust)</li> <li>Private medical and medico-legal practice at the Alexandra Hospital, Cheadle</li> <li>Shareholder of Hope Citadel Healthcare CIC</li> <li>Memberships and Fellowships: British Association for the Study of the Liver; British Medical Association; British Society of Gastroenterology; Christian Medical Fellowship; Evangelical Alliance; Royal College of Physicians of Edinburgh; Royal College of Physicians</li> </ul>	Yes	Yes

Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
		of London; St Martin's Church, Stockport		
Julie Wragg	Marple & Stepping Hill	<ul style="list-style-type: none"> <li>Member of the Conservative Party</li> </ul>	Yes	Yes



### Stockport NHS Foundation Trust

Meeting date	6 July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Nominations Committee Report: Appointment of Non-Executive Director					
Presented by	Professor Tony Warne, Chair		Author	Rebecca McCarthy, Trust Secretary		

### Recommendations made / Decisions requested

**The Council of Governors is asked to support the Nominations Committee recommendation to:**

- **Approve the appointment of Dr Samira Anane to the position of Non-Executive Director with expertise in place-based care to commence on 1 September 2022, for an initial term of three years.**
- **Note the process for appointment of a Non-Executive Director with expertise in people & organisational development has been paused, to recommence following review of the process via the Nominations Committee.**

### Executive Summary

This report advises the Council of Governors of the outcome of a recruitment and selection process led by the Nominations Committee to identify candidates for two future Non-Executive Director positions.

It seeks the Council of Governors' approval for the Nominations Committee's preferred candidate for a Non-Executive Director with expertise in place-based care to be appointed from 1<sup>st</sup> September 2022.



## 1. Introduction

- 1.1 This report confirms the outcome of the recruitment and selection process led by the Nominations Committee to identify candidates for two future Non-Executive Director posts, and to seek the Council of Governors' approval for the Nominations Committee's preferred candidate to be appointed.

## 2. Background

- 2.1 The Council of Governors is responsible for the appointment of Non-Executive Directors. It has established a Nominations Committee with responsibility for the identification and nomination of Non-Executive Directors, including the Chair. The Nominations Committee is to make subsequent recommendation to the Council of Governors. In doing so, the Committee is to consider succession planning, 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.
- 2.2 Two Non-Executive Director vacancies will arise when Mrs Catherine Barber-Brown and Mrs Catherine Anderson complete their terms of office on 31 August 2022 and 31 December 2022 respectively.
- 2.3 At its meeting on 21 February 2022, the Nominations Committee considered and supported the recommendation, from the Board's Remuneration & Appointments Committee, that the composition of the Board would benefit from the following skill sets for future Non-Executive Director positions:
- Integration (Place Based Care)
  - People / Organisational Development
- 2.4 The Nominations Committee supported an internal search and selection approach to be undertaken to identify potential candidates for the roles.

## 3. Outcome of Recruitment & Selection Process

- 3.1 The recruitment process attracted a field of 37 candidates in total, including 14 candidates for place-based care and 8 candidates for people/organisational development. The remaining candidates did not specify the position for which they were applying.
- 3.2 Of the applications, 8% were Black & Minority Ethnic (BAME), 48% were white and 43% did not declare their ethnicity. 46% were male and 24% were female, 30% did not state their gender. 70% stated they were heterosexual, whilst 30% did not state their sexuality.
- 3.3 Of the Equal Opportunities Monitoring, the age profile of applicants ranged from 25-29 (3%) to 65+ (5%). The age group with the largest number of applicants was 50-54 with 13.5% closely followed by the 40-44 age bracket (11%). This demonstrates the age profiles of Non-Executive Directors is changing and has a wide spread of applicants over a variety of ages.

- 3.4 It is clear with the number of “not stated” or prefer not to declare that we have some work to do in terms of applicants feeling safe to declare their equal opportunities monitoring information.
- 3.5 The Director of People & Organisational Development conducted a preliminary interview with all candidates exploring their understanding of governance, the Non-Executive Director role and motivation for applying for the role and why Stockport NHS FT. In addition, she explored what experience/lived experience the candidates felt they could bring to the Board at Stockport NHS FT.
- 3.6 Subsequently, the Nominations Committee met on 19th May 2022 to consider a proposed shortlist for each position based on the summary provided by the Director of People & Organisational Development and applications received.
- 3.7 The Nominations Committee confirmed a shortlist of 5 candidates for the place-based care position and 3 candidates for the people/organisational development position.
- 3.8 Interviews were held on 8th June 2022. A formal interview panel was constituted in accordance with the Nominations Committee Terms of Reference, comprising:
  - Prof. Tony Warne, Chair
  - Mr Richard King, Public Governor
  - Dr Tad Kondratowicz, Public Governor
  - Ms Michelle Slater, Public Governor
  - Prof. Christopher Summerton, Public Governor
  - Mrs Amanda Bromley, Director of People & Organisational Development (Non-Voting)
  - Mrs Karen James, Chief Executive (Non-Voting)
  - Mr Rupert Nichols, Greater Manchester Mental Health NHS Foundation Trust, Chair (Non-Voting, Independent Advisor)
- 3.9 5 shortlisted candidates were interviewed for the place-based care position. 2 candidates were interviewed for the people/organisational development position, as one candidate was unable to attend interview due to unforeseen circumstances.
- 3.10 Following considered deliberation, the Nominations Committee determined the following:

#### **Place Based Care**

Dr Samira Anane should be recommended for appointment to the position of Non-Executive Director with expertise in place-based care to commence on 1 September 2022, for an initial term of three years, subject to the satisfactory completion of all pre-employment checks and checks in line with the Fit and Proper Person Regulations.

#### **People & Organisational Development**

The Nominations Committee did consider a candidate appointable for the people/organisational development position on the day of the interviews. Subsequently, the Trust became aware of information, which was felt to impact on the candidate's suitability to be a Non-Executive Director with Stockport NHS Foundation Trust.

A further Nominations Committee took place on 21<sup>st</sup> June 2022 and, following considered deliberation, the Nominations Committee recommended that the candidate should not be recommended for appointment; the recruitment and selection process for a Non-Executive Director with expertise in people/organisational development paused; and further review of the process and job description/person specification undertaken ahead of recommencing the process.

- 3.11 Mrs Catherine Anderson, Non-Executive Director, term of office concludes at the end of December 2022, thereby enabling time to pause and restart the process, and make recommendation regarding appointment to the Council of Governors, ahead of Mrs Anderson's term of office coming to an end.

#### 4. Recommendation

The Council of Governors is asked to support the Nominations Committee recommendation to:

- **Approve the appointment of Dr Samira Anane to the position of Non-Executive Director with expertise in place-based care to commence on 1 September 2022, for an initial term of three years.**
- **Note the process for appointment of a Non-Executive Director with expertise in people & organisational development has been paused, to recommence following review of the process via the Nominations Committee.**



### Stockport NHS Foundation Trust

Meeting date	6 July 2022		Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Nominations Committee Report – Outcome of Chair’s Appraisal 2021/22					
Presented by	Dr Louise Sell, Senior Independent Director	Author		Rebecca McCarthy, Trust Secretary		

### Recommendations made / Decisions requested

#### The Council of Governors is asked to:

- Confirm that the process undertaken for the performance assessment / appraisal for the Chair for 2021/22 was robust and;
- Support the outcome of the Chair's appraisal process as recommended by Nominations Committee.

### Executive Summary

This report outlines the process adopted for the performance assessment and appraisal of the Trust's Chair for 2021/22. The process was reviewed and approved by the Council of Governors at its meeting on 23 February 2022.

A multi-source peer assessment process was subsequently initiated, culminating in a formal one to one appraisal in May 2022 led by the Senior Independent Director. The outcome of the appraisal was considered by the Nominations Committee on 21 June 2022, and this report summarises the outcome to the Council of Governors.

## 1. Summary

- 1.1 This report outlines the process adopted for the performance assessment and appraisal of the Trust's Chair for 2021/22. The process was reviewed and approved by the Council of Governors at its meeting on 23 February 2022.
- 1.2 A multi-source peer assessment process was subsequently initiated, culminating in a formal one to one appraisal in May 2022.

## 2. Process Outline

- 2.1 The process adopted for the performance assessment and appraisal of the Trust's Chair comprised the following stages:
  - Pre-meeting to agree appropriate sources of feedback
  - Multi-source stakeholder assessment, including:
    - Executive Directors
    - Non-Executive Directors
    - Chair of Stockport Healthwatch
    - Chair of Stockport Clinical Commissioning Group (CCG)
    - Chair of Tameside and Glossop Integrated Care NHS Foundation Trust
    - Chair of East Cheshire NHS Trust
    - Lead Governor
  - Verbal feedback from Non-Executive Directors, the Chief Executive and Lead Governor
  - Analysis of summarised responses and comments
  - One to one performance appraisal
3. At its meeting on 21<sup>st</sup> June 2022, the Nominations Committee considered the outcome of the above, including themes regarding the Chair's particular strengths and any areas in which there maybe opportunities for increasing impact and effectiveness.

## 4. Overall Outcome and Senior Independent Director (SID) Summary

- 4.1 This has been a thorough appraisal process with feedback from Executive Directors, Non-Executive Directors, External Partners and the Lead Governor. It has been achieved through an online assessment questionnaire and verbal feedback (Lead Governor, Non-Executive Directors, Chief Executive).
- 4.2 The questions asked in the online stakeholder assessment reflected the NHS provider Chair competencies framework which has five domains: Strategic, Partnerships, People, Professional Acumen and Outcomes Focus. The overwhelming majority of responses indicated agreement or strong agreement that the Chair performs well across all domains.
- 4.3 The appraisal discussion covered the Chair's self-assessment, the feedback from the online assessment questionnaire including free text comments, and the verbal feedback. It also covered the Chair's reflection on this rich information.

- 4.4 The outcome the appraisal indicates that Professor Warne is well regarded within the organisation and by partners. He has had a positive first year with a tangible impact on the organisation. Professor Warne has become visible within the organisation and is committed to further developing this over the next year as Covid related restrictions lift.
- 4.5 Following discussion, the Chair and SID agreed areas for development and objectives for the year ahead focused on the maintenance and deepening of effective relationships, visibility of the Chair with key stakeholders and colleagues and continued development work within the South-East Sector.
- 4.6 The SID also confirmed the Fit and Proper Person requirements for the Chair.

## **5. Recommendation**

The Council of Governors is asked to:

- Approve the recommendation from the Nominations Committee to confirm the robustness of the process adopted for the 2021/22 performance assessment / appraisal of the Trust's Chair and support the outcome.



### Stockport NHS Foundation Trust

Meeting date	6 July 2022		Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Nominations Committee Report – Outcome of Non-Executive Directors Appraisals 2021-22					
Presented by	Professor Tony Warne, Chair	Author		Rebecca McCarthy, Trust Secretary		

### Recommendations made / Decisions requested

#### The Council of Governors is asked to:

- **Confirm that the process undertaken for the performance appraisal of the Non-Executive Directors for 2021/22 was robust and;**
- **Support the outcome of the Non-Executive Director appraisal process as recommended by Nominations Committee.**

### Executive Summary

This report outlines the process adopted for the performance appraisal of the Trust's Non-Executive Directors during 2021/22. The process, including proposed timescale, was approved by the Council of Governors at its meeting on 23 February 2022 and was initiated in March 2022.

The Chair led one-to-one appraisal with all Non-Executive Directors during April – May 2022, focusing on performance and future development needs. The outcome from the one-to-one appraisal discussions was considered by the Nominations Committee on 21 June 2022. This report confirms that the collective outcome of the appraisals and that all Non-Executive Directors continue to make an effective contribution to the work of the Board.

## **1. Introduction**

- 1.1 This report outlines the process adopted for the performance appraisal of the Trust's Non-Executive Directors during 2021/22. The process, including proposed timescale, was approved by the Council of Governors at its meeting on 23 February 2022 and was initiated in April 2022.
- 1.2 The Chair led one to one appraisal with each Non-Executive Director during April – May 2022, focusing on performance and future development needs. The outcome from the appraisal discussions was considered by the Nominations Committee on 21 June 2022 and this report summarises the outcome to the Council of Governors.

## **2. Process Outline**

- 2.1 The process adopted comprised three essential elements:
  - A self-assessment of performance for 2021/22 against the core competences of the role
  - A one to one discussion of the self-assessment, leading to a summary of overall performance and a note of professional and personal development activities
  - A set of agreed objectives and a personal development plan for the coming year.

## **3. Summary Performance Outcome**

- 3.1 The Nominations Committee reviewed the outcome of the appraisal process that had been conducted for each Non-Executive Director and comprehensively considered the individual appraisal summaries.
- 3.2 The collective outcome of the Non-Executive Director appraisals confirms that all Non-Executive Directors continue to make an effective contribution to the work of the Board. They have participated fully in the Board Development programme as part of our Well Led approach. This has resulted in healthy and appropriate relationships with the Executive Directors which has facilitated an approach of effective challenge being possible.

## **4. Recommendation**

The Council of Governors is asked to:

- Confirm the robustness of the process adopted for the 2021/22 performance assessment / appraisal of the Non-Executive Directors and support the outcome, as recommended by the Nominations Committee.



Meeting date	6 <sup>th</sup> July 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Governor Elections Briefing Note					
Presented by	For Information Only		Author	Rebecca McCarthy, Trust Secretary		

### Council of Governor Elections

The terms of office for a number of current governors will come to an end in October 2022 and consequently elections will be held in the following constituencies:

#### Public

- Bramhall & Cheadle (4 seats)
- Marple & Stepping Hill (4 seats)
- By-election: Tame Valley & Werneth (1 seat)

#### Staff

- By-election: Staff (2 seats)

The timetable for the election is detailed below:

Election Stage	Date
Trust send nomination material & data to CES	13 July 2022
Notice of Election / Nomination open	27 July 2022
Nominations Deadline	24 August 2022
Summary of valid nominated candidates published	25 August 2022
Final date for candidate withdrawal	30 August 2022
Electoral data to be provided by Trust	2 September 2022
Notice of Poll published	15 September 2022
Voting packs despatched	16 September 2022
Close of election	11 October 2022
<b>Declaration of results</b>	<b>12 October 2022</b>

Governors are reminded that individuals whose term of office is due to expire, and who have served six years or less as a governor, have the option to choose to stand for re-election and must submit a nomination form.

Governors are requested to assist in notifying members of the election process wherever possible.