

COUNCIL OF GOVERNORS MEETING

14 DECEMBER 2022

Making a difference every day.



Stockport
NHS Foundation Trust

Meeting of the Council of Governors

Wednesday, 14 December 2022

Held at 12.30pm in Lecture Theatres, Pinewood House, Stepping Hill Hospital

AGENDA

Time			Enc	Presenting
12.30	1.	Welcome & Opening Remarks		Chair, T Warne
	2.	Apologies for Absence		Chair, T Warne
	3.	Declarations of Interests		All
	4.	Minutes of Previous Meeting – 28 September 2022	✓	Chair, T Warne
	5.	Action Log	✓	Chair, T Warne
12.35	6.	Chair's Report	✓	Chair, T Warne
12.45	7.	Non-Executive Directors Report - Including highlights from Board Committees	✓	Non-Executive Directors - Board Committee Chairs
1.15	8.	Patient Experience & National Inpatient Survey <i>Presentation</i>	✓	Deputy Chief Nurse, H Howard Non-Executive Director, M Moore
1.35	9.	Communications & Engagement Strategy <i>Presentation</i>	✓	Director of Communications & Corporate Affairs, C Parnell
1.55	10.	Nominations Committee Report - Appointment of Non-Executive Director	✓	Chair, T Warne
2.05	11.	Nominations Committee Membership	✓	Chair, T Warne
2.10	12.	Membership Development Group Report	✓	Public Governor, H Austin
		DATE, TIME & VENUE OF NEXT MEETING		
2.30	13.	22 nd February 2023, 3.00pm Pinewood House, Stepping Hill Hospital		
		Papers for Information		
	14.	Communications & Engagement Strategy		
	15.	Draft Minutes – Annual Members Meeting 2022		
	16.	Council of Governors Calendar 2022/23		

STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting
Held on Wednesday 28th September 2022
Held at 3.00pm via Webex

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Professor T Warne	Chair
Mrs S Alting	Appointed Governor, Age UK Stockport
Mr H Austin	Public Governor
Mrs J Browning	Public Governor
Dr R Cryer	Public Governor
Mrs P Hancock	Staff Governor
Mr J Hirst	Public Governor
Cllr K Holloway	Appointed Governor, Stockport Local Authority
Mr R King	Public Governor
Dr T Kondratowicz	Public Governor
Mr J Pantall	Public Governor
Mrs G Roberts	Public Governor
Mr D Rowland`	Public Governor
Mrs M Slater	Public Governor
Prof. C Summerton	Public Governor

In attendance:

Mrs K James	Chief Executive
Dr S Anane	Non-Executive Director
Mrs A Bromley	Director of People and Organisational Development
Mr A Bell	Non-Executive Director
Mr J Graham	Director of Finance
Dr M Logan-Ward	Non-Executive Director
Dr A Loughney	Medical Director
Mrs R McCarthy	Trust Secretary
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Mrs K Murray	Mazars, External Auditor
Mr J O'Brien	Director of Strategy & Partnerships
Mrs C Parnell	Director of Communications and Corporate Affairs
Dr L Sell	Non-Executive Director
Ms D Watson	Mazars, External Auditor
Mrs J Wild	Minute taking

Ref	Item	Action
108/22	<p>Welcome & Apologies for Absence</p> <p>Apologies for absence were received from the following governors: T Leden, L Higginbottom, T Lowe, J Pantall and J Wragg.</p> <p>Apologies were also received for Chief Nurse, Nic Firth and Non-Executive Director, David Hopewell.</p> <p>The Chair welcomed Dr Samira Anane, Non-Executive Director to her first Council of Governors meeting.</p> <p>The Chair also thanked the following governors for their contribution, as they would be standing down in October 2022:</p> <ul style="list-style-type: none"> • Dr Robert Cryer (Public Governor – Bramhall and Cheadle) 	

	<ul style="list-style-type: none"> • Toni Leden (Public Governor – Bramhall and Cheadle) • David Rowlands (Public Governor – Marple and Stepping Hill) <p>Mr Rowlands thanked the Trust members for all their assistance afforded to him in his role of Public Governor and wished everyone well for the future.</p>	
109/22	Amendments to Declarations of Interests There were no declarations of interest.	
110/22	Minutes of the previous meeting The minutes of the previous meeting held on 6th July 2022 were agreed as a true and accurate record of the meeting.	
111/22	Action Log The action log was reviewed and annotated as required. In response to a query from Mr King regarding minutes of the informal governor meetings with the Chair and Non-Executive Directors, it was agreed that these meetings would remain informal, albeit an action log would be implemented.	
112/22	Chair's Report The Chair presented the Chair's Report providing reflections on recent activities within the Trust and wider health and care system including: <ul style="list-style-type: none"> • External Partnerships including Integrated Care System developments • Trust activities • Strengthening Board oversight <p>Comprehensive discussion took place regarding patient pathways and no criteria to reside, with concern raised by several governors, particularly in relation to the length of time patients considered as simple discharge remained in hospital following their acute episode. The Director of Operations provided contextual information regarding this matter, highlighting specific factors that may adversely impact length of stay for a small number of patients, thus impacting average length of stay over the specified period. She provided examples of this, such as a delayed discharge to a Care Home where this was the patients normal residence. The Chair confirmed he would liaise with the Lead Governor to identify any further information required.</p> <p>In response to Mr Rowlands, Public Governor, querying plans and funding to upgrade the mortuary and laboratory areas of the estate, the Chair confirmed a site development strategy was to be considered by the Board over the coming months, including options to address the poorer areas of the estate within the constraints and capacity available, including capital expenditure.</p> <p>The Council of Governors received and noted the Chairs' Report.</p>	
113/22	Non-Executive Directors Highlight Report The Non-Executive Director Chairs of the Board committees provided updates on high-level metrics and key assurance reports considered at Finance & Performance, People Performance, Quality, and Audit Committees. <u>Finance</u> The Council of Governors acknowledged the revised financial plan with an expected deficit of £23m for the financial year 2022-23, including agreement to increase the Cost Improvement Plan (CIP) target by £4m to £18.1m.	

	<p>The Council of Governors acknowledged the drivers of movement from plan continued to be escalation beds remaining open beyond the planned winter period, continued growth in Emergency Department attendances and additional inflationary pressures.</p> <p><u>Operational Performance</u></p> <p>The Council of Governors were informed that the Trust continued to perform below the national target against core operating standards, with performance largely unchanged and challenging operational pressures continuing.</p> <p>In response to a query from Mr Rowlands, Public Governor, regarding the high referrals rates for cancer, the Director of Operations highlighted work being undertaken with primary care colleagues in this regard. She confirmed cancer performance against the 28 day and 62 day standards remained challenging.</p> <p><u>People</u></p> <p>The Council of Governors were informed that sickness absence remained an area of concern, with a small increase in overall sickness between June and July 2022. Furthermore, extensive work had been undertaken to address the increase in workforce turnover since the start of the year' with a task and finish group established to improve turnover 'hotspot' areas.</p> <p>In response to a query from Mr Hirst, Public Governor, regarding the management of absence, the Director of People & Organisational Development (OD) highlighted that the Trust was rolling out a more holistic, approach to sickness absence, to ensure this was person-centred, rather than process driven.</p> <p>In response to a query around the impact of actions on reports of racial abuse against clinical staff, the Senior Independent Director and Medical Director confirmed the Trust actively addressed concerns raised, with actions reported via the People Performance Committee. The Medical Director confirmed that he meets with Junior Doctors on a regular basis to understand concerns.</p> <p><u>Quality</u></p> <p>The Council of Governors were informed that HSMR was currently above the expected number of in-hospital deaths. Furthermore, sepsis antibiotic administration remained below the 95% target, albeit no harm had been reported as a consequence of delayed antibiotic administration.</p> <p>In a response to a query from Mr Rowlands, Public Governor, seeking further information regarding UTI related mortality, the Medical Director highlighted work taking place specifically relating to further audit of coding.</p> <p><u>Audit Committee</u></p> <p>The Council of Governors received update regarding key reports considered by the Audit Committee and specifically noted that, as part of the Internal Audit Plan 2022/23, substantial assurance had been reported with respect to the Stockport Accreditation and Recognition Scheme Review (StARS).</p> <p>The Council of Governors noted the Non-Executive Directors Report.</p>	
114/22	Stockport NHS Foundation Trust Annual Report & Accounts 2021/22	

	<p>The Chief Finance Officer presented the Trust Annual Report and Accounts 2021/22 which were laid before Parliament in June 2022.</p> <p>The Council of Governors highlighted typographic errors within the Annual Report.</p> <p>In response to Mr King, Public Governor, seeking further information regarding action being taken in response to the national staff survey results, the Council of Governors heard that the Trust's results were amongst the most improved nationally and that Values into Action sessions (listening events) were being held to further understand staff views. The Council of Governors were informed that in response to feedback, there had been an increase in various health & wellbeing support for staff.</p> <p>In response to a query from Mr Rowlands, Public Governor, regarding clinical investigation costs and control mechanisms in place, the Medical Director confirmed litigation reports were fully investigated and presented to the Quality Committee to provide assurance around learning from issues and claims. He confirmed that potential claims would be reflected in the Trusts future premiums.</p> <p>The Council of Governors received the Stockport NHS Foundation Trust Annual Report & Accounts 2021/22</p>	
115/22	<p>Annual External Audit 2021/22 including Auditor's Annual Report</p> <p>Mrs Murray, Mazars (External Auditor) presented the External Audit Report summarising the key messages arising from their work as the Trust's external auditor. The following points were noted:</p> <ul style="list-style-type: none"> • An unqualified opinion had been provided on the financial statements. Two medium risk recommendations relating to provisions and accruals had been made. • The outcome from our 2021/22 Value for Money audit work, concluded with one recommendation regarding the Trust's significant cumulative deficit and lack of plans to address underlying annual deficits without additional funding. Noting the Trust continued to work collaboratively with its Greater Manchester ICS partners and NHS England & Improvement to explore and agree sustainable, long term plans to bridge its funding gaps and identify achievable saving <p>Mrs Murray thanked all the staff for their support and co-operation during the year, with a constructive approach to the audit.</p> <p>The Council of Governors received the Annual External Audit Report 2021/22 and the recommendations provided by Mazars.</p>	
116/22	<p>Clinical Audit Presentation</p> <p>The Medical Director presented a Clinical Audit presentation including an overview of the clinical audit forward plan based on national requirements and locally identified issues to improve clinical effectiveness. Furthermore, he highlighted the governance process for clinical audit, and confirmed where limited assurance was received in relation to an audit, an action plan and re-audit was undertaken.</p> <p>In response to a query from Mr Rowlands, Public Governor, regarding future work with Tameside & Glossop and East Cheshire, the Medical Director highlighted joint work taking place within research and development, with potential future working opportunities relating to audit.</p> <p>The Council of Governor received the Clinical Audit Presentation.</p>	

117/22	Membership Development Group Report The Chair of the Membership Development Group, Mr Howard Austin, presented the Membership Development Group Report. He emphasised the importance of all governors considering how they could best support delivery of the action plan, including linking in with Community Champions initiative. The Council of Governors: <ul style="list-style-type: none"> • Approved the Terms of Reference for the Membership Development Group • Noted the report presented including progress against the Membership Action Plan 2022/23 • Supported the engagement with Community Champions and agreed to contact the Trust Secretary regarding involvement. 	
118/22	Papers for Information The Council of Governors noted the following papers for information: <ul style="list-style-type: none"> • Briefing for Governors: Overseas Visitors • Annual Members Meeting Agenda 2022 • Council of Governors Calendar 2022-23 	
119/22	Date, time and venue of next meeting Wednesday 14 th December 2022, 12 noon – 2.30pm.	

Signed: _____ Date: _____

Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
98/22	06 07 2022	98/22	Quality Accounts 2021/22	<p>The Medical Director will work with the Director of Nursing to provide further feedback to Mr Austin around clinical audit assurance and present the clinical audit from Quality Committee to the Council of Governors for further insight.</p> <p>The Medical Director will review the data around learning from deaths (page 37 of the report) and the cases reviewed (page 38) for correlation and provide further update.</p>	CLOSED	<p>A Loughney/ N Firth</p> <p>A Loughney</p>

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Meeting date	14 th December 2022	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Chair's Report					
Lead Director	Chair, Professor Tony Warne	Author		Professor Tony Warne		

Recommendations made / Decisions requested

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

Executive Summary

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

1. 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 almost 300 days. Since we last met, many of us will have attended a Remembrance Service, at which we remembered and reflected on the sacrifice made by all those who lost their lives in the two World Wars. It was also to remember those who today continue to be involved in conflict around the world. It remains important that we continue to keep all those caught up in the Ukraine/Russia war and in all other conflicts, in our thoughts and prayers.

You will be aware that since our last Board meeting in public, we have yet another Prime Minister and new Secretary of State (SoS) for Health and Social Care, Steve Barclay. He was, for a brief period a former SoS for Health and Social Care and has a working knowledge about the issues facing the NHS. Both Steve Barclay and the Shadow SoS for Health and Social Care, Wes Streeting, presented at this year's NHS Providers Conference. Perhaps due to the upcoming Autumn statement, neither presentation had much in the way of substance.

As we have seen, the NHS was singled out as the public service that would be protected. Whilst there have been additional funding and more promised in the future, the challenges facing the NHS remain. Of these, Emergency and Urgent care is the number one national priority. As we have seen in our own ED, the demand for services continues to be very high. Despite this, the four-hour target is back, and we will be scrutinised against this measure alongside others such as ambulance turnaround times and bed occupancy. The focus on our elective recovery is beginning to yield results, but more needs to be done to maintain this improvement.

One of the issues complicating our efforts is the continuing problem of patients who don't need to be in an acute bed but cannot be discharged due the appropriate level of support not being available. The first tranche of the promised £500 million to help further develop social care is being made available this month, the second tranche early in the new year. Alongside this funding an additional £1 billion is being made available nationally through Local Authority Better Care Funding. Both these funding streams will make a difference. The good relationships we have with Stockport MBC means that much more can be done to ensure we increase the flow of patients through the hospital and into appropriate social care and domiciliary services. Two examples of how this is currently being developed are highlighted in our Chief Executive, Karen James's Board Report.

There was also a very interesting discussion around improving access to primary care. Paula Cowan, who is practicing GP and also the North West Medical Director of Primary Care led the discussion. Despite what might be said in the media, the number of people seen in primary care has increased to 113% of the pre-pandemic levels of activity. Primary care colleagues are using a range of different approaches, including virtual appointments, telephone appointments as well as face to face appointments. These won't all be with a GP, and primary care is one area where a growth in other professions can be seen to be having a real impact on access. Two targets have been set, (1) gaining an appointment within 2 weeks, and an emergency appointment within 24 hours, and (2) smoothing out the 08.00 scramble for appointments.

Jane McCall, Chair at Tameside & Glossop Integrated Care NHS Foundation Trust, and I together facilitated our third Board to Board meeting between our two Trusts. The meeting was a further step on our journey to working more collaboratively with each other. We were able to explore the benefits, challenges, and possible next steps of our working more closely together. The benefits have been both tangible, in the shape of several joint executive director posts being developed across the two organisations, and the closer working between some clinical services, and perhaps less tangibly, gaining a stronger more powerful voice withing the Greater Manchester system.

Our growing approach to working in this way has enabled us to learn from best practice in each organisation, as well as harness all the skills and experience available in both organisations for the benefit of the neighbouring communities we serve. Following the retirement of Pete Weller as Director of Nursing and Integrated Governance at Tameside, both Boards agreed to the appointment of Nic Firth, currently Chief Nurse at Stockport, to take on this role across both Trusts. Her appointment will help ensure a closer alignment of the leadership of nursing and governance responsibilities across both organisations and work has begun on carefully considering what arrangements will be needed in both Trusts to ensure that our front-line clinical colleagues in our hospital and community services have equal access to senior nursing and governance advice and support.

I attended the second Stockport Health and Wellbeing Board of the year. A number of issues were discussed, including a report of the Independent Chair of the Safeguarding Children and the Safeguarding Adults Partnerships was presented and discussed. Many interesting and innovative approaches were noted, including the use of Ring doorbells being used to help keep young care leavers safe.

A Pharmaceutical Needs Assessment (PNA) report was presented to the Board. This examined the current provision of pharmaceutical services across Stockport's Health and Wellbeing Board (HWB) area. There are 63 community pharmacies, and 68 when including other providers such as the one we have at Stepping Hill hospital.

The report was positive in terms of both the number of pharmacies across Stockport and the scope of work being undertaken by many of them.

Finally, there was a further positive report on the outcomes of the recent SEND revisit undertaken jointly by OFSTED and CQC to assess whether the Stockport had made sufficient progress on the five areas of weakness identified in the 2018 SEND inspection. Despite the challenges of the pandemic, four of the five areas were now found to be good, and work was progressing on the final area.

I participated in two NHS England North West Regional Leaders meetings. These tend to focus very much on the performance of the three ICS within the North West Region but there is also the opportunity to focus on specific areas of concern or learning across the patch. At the last meeting we were able to explore the lessons learned from the terrorist attack a years ago at the Liverpool Women's Hospital. Colleagues working at the time presented their account of events and shared the challenges they faced and what they had learnt from dealing with the incident. Whilst the attack was horrific, it could have been much worse. The Police and North West Counter Terrorism Unit declared the incident as a '*near miss*'. The discussion reminded all NHS organisations to remain vigilant and practice their major incident response plans on a regular basis. Since the arena attack, there have been several of these Great Manchester wide rehearsals.

I participated in the second Greater Manchester Chairs and NEDs meeting which updated colleagues on the progress being made across the GM Integrated Care System.

As well as the NHS Provider Annual Conference, I was able to participate in the North West Regional meeting of the NHS Providers. This meeting focussed on the challenges facing acute, community and mental health services across the North West.

Finally, I was able to meet with the interim Chief Executive of East Cheshire NHS Trust, Andrew Smith. The process of recruiting a new chair is underway. Andrew and I agreed we would convene a Board to Board meeting in the New Year.

3. TRUST ACTIVITIES

I have chaired three appointment panels for consultants in Stroke, Respiratory and Trauma and Orthopaedic services. We were able to appoint to all these posts, and this is something I think reflects our growing reputation for being an excellent place to work.

I have been able to participate as a non-participant observer at all the recent round of Board Assurance committee meetings. The high quality of many of our assurance

reports, with well-defined metrics, presented at these meetings was encouraging and reassuring. My participation was part of my own exploration of whether our governance processes are delivering the right level of assurance, and the outcomes from my reflections will feed into a wider governance review in early January 2023.

As a Trust, we were able to hold our first colleague award celebration event since the start of the pandemic. Karen James and I hosted the evening and were joined by the well-known BBC health correspondent, Dominic Hughes, who presented the awards. Some 300 colleagues enjoyed an evening of good food, fun and music while celebrating the wonderful achievements of so many. Many thanks to all those involved in organising the event and to our sponsors for supporting the evening.

Karen and I were also able to celebrate the contribution made by a number of our long serving colleagues. 70 of our colleagues working in all areas of our Trust were able to attend the event. It was a fantastic opportunity to hear the citations, written by their manager, of the work that individuals had done and their approach to their work. Each person received a badge, certificate and retail vouchers. There are some 250 colleagues working across the Trust who between them have contributed 5,000 years' service to the NHS.

Finally, one of the most interesting sessions at the NHS Providers conference was one that focused upon equality, diversity, and inclusion. The session looked the creation of both '*safe*' and '*brave*' spaces for people to speak out about their experience, ideas, concerns and so on. The concept comes from the work of Edgar Schein, (Humble Leadership, Humble Inquiry, and Humble Consulting), and is something I would like to see us explore as we take our EDI and kindness and civility strategies forward.

One of the ways we are doing this is through the relaunch of our staff networks. Some of these had been running for some time. I would like to recognise two colleagues who have co-chaired the Race Equality Network (formerly known as the BAME Network) and acknowledge the sustained and major contribution they have made over the last 14 years to our equality, diversity and inclusion ambitions. They are Gerol Williams (Senior Charge Nurse) and Richard Lewis (Digital Systems Training Manager). Many thanks from our Board to you both for all that you have done in taking this work forward.

4. STRENGTHENING BOARD OVERSIGHT

Our Board development journey continues. We had one Board Development session since we last met. This focused on possible future collaborative governance models. The session was framed around a scoping exercise that looked at different models in use across England. Whilst the various models all had their benefits and challenges,

as a Board we decided that we would continue to work as we do at present and continue to look at opportunities to work more closely with both East Cheshire NHS Trust and Tameside & Glossop Integrated Care Trust.

Finally, our NEDs and Governors took part in a 'holding to account' development session. The all day event has evaluated well and will feature as part of our ongoing Governor training programme.

Stockport NHS Foundation Trust

Meeting date	14 December 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 assurance 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 November 2022, and the Board of Directors meeting that took place in December 2022.

1. Finance

- The Trust has agreed a financial plan with a deficit of £23m for 2022-23, including a cost improvement programme (CIP) target of £18.1m. This was agreed as part of the Greater Manchester (GM) Integrated Care System (ICS).
- At month 7 the Trust position is £1.7m adverse to plan. The main reasons for this continue to be escalation beds remaining open beyond the planned winter period, continued growth in Emergency Department attendances and additional inflationary pressures.
- The CIP target at month 7 has been delivered; however, at this point the majority is non-recurrent.
- As part of the GM ICS, the Trust is undertaking several actions, focussing on workforce and productivity and efficiency to support in delivering the financial plan at both Trust and GM system.

2. Operational Performance

- The Trust continues to perform below the national target against the core operating standards, with ongoing operational pressures.
- The main driver of performance against the Emergency Department 4-hour standard remains the challenge to good patient flow, with timely access to domicile care and community beds a significant challenge. The internal “Programme of Flow” work continues including multi-disciplinary team (MDT) ward reviews, long length of stay reviews and opening of a community discharge to assess unit.
- The Trust is on trajectory to achieve the diagnostic waiting time standard by the end of the financial year with estates work planned to address capacity challenges for echocardiography and endoscopy.
- Improvement plans are in place to improve cancer performance against the 62 day standard, albeit there is a sustained increase in referrals. The Trust continues to utilise capacity at The Christie.
- All 104+ week wait patients have been treated except for small number of patients who have either chosen to defer or who are clinically complex cases. Via the Trust’s elective performance meetings and use of capacity within the independent sector, the number of patients with the longest waits are reducing.

3. People

- The Trust remains alert to potential industrial action, with several trade unions currently consulting with their members. A regular emergency preparedness/industrial action meeting has been established, which is overseeing the planning and response to any industrial action.
- Sickness absence remains a concern, with a slight increase from 5.91% in September to 6.61% in October. The People Performance Committee recently undertook a deep dive, focussing on the 3 main reasons: anxiety/depression, infectious diseases and musculoskeletal conditions. An overview of our health & wellbeing approach was provided, including the Staff Psychological & Wellbeing Service, provision of additional moving and handling training and fast-track self-referral physiotherapy service.
- Much work has taken place to address workforce turnover, with a slight improvement seen at the end of October 2022. Work continues to make improvements to flexible working opportunities, career progression opportunities and supporting staff at different stages of their careers.
- We continue to focus on reducing spending on bank and agency costs. A successful medical recruitment fair has recently taken place, and over 80 international nurses have now joined the Trust in year, with more in the pipeline.

- The People Performance Committee is continuing its focus on equality, diversity and inclusion, which will be embedded through the organisational development strategy and other key work programmes.

4. Quality

- HSMR continues to be above the expected number of in hospital deaths for the period September 2021 – August 2022. As previously reported, UTI related deaths remain a significant contributor, and further audit is underway to explore this, with outcome to be reported to the Quality Committee.
- Sepsis: antibiotic administration remains below target. Further action includes implementation of a revised sepsis screening assessment tool to improve communication between colleagues caring for patients with suspected sepsis. Embedding of the tool will be needed to support improved performance.
- The Trust has exceeded its internal threshold for a number of infections for the year to date, with C-difficile (CDI) being particularly challenging. Improved antibiotic stewardship in the hospital had been considered a driver to reducing CDI. With a national increase in CDI, the Quality Committee will consider further action within the next Infection Prevention Control report.
- The Quality Committee received assurance regarding the processes in place to review harm associated with patients waiting for elective procedures and has agreed a process to monitor harm that may be associated with patient flow challenges.

5. Audit Committee

At its meetings in November 2022, Audit Committee reviewed the following matters:

- The Audit Committee received a comprehensive report on the work of the Risk Management Committee, including significant risks, and confirmed alignment between the Risk Management Committee discussions and key matters and challenges reviewed via the Board Committees.
- Internal Audit Plan 2022/23 – The following internal audits were finalised and reported to Audit Committee.

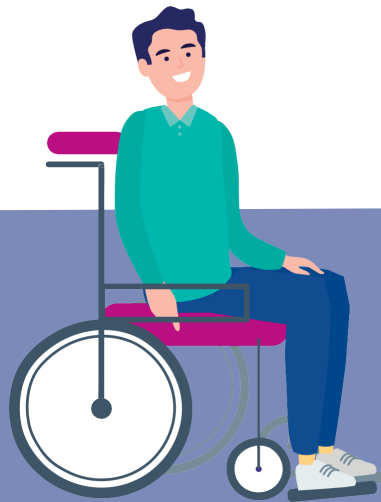
Internal Audit	Assurance Level
Procurement Policy & Processes Review	Substantial

- Anti-Fraud Progress Report 2022/23 – Considering counter fraud work that had taken place between September – October 2022.
- External Auditor Progress Report – Reviewed and confirmed, including insight to a number of national publications concerning the health and social care sector.
- Scheme of Reservation & Delegation of Powers Review – The Scheme of Reservation & Delegation of Powers sets out the roles and responsibilities of all decision making throughout the Trust, including authorisation levels for expenditure. Audit Committee recommended the Scheme of Reservation and Delegation for approval to the Board of Directors.
- Waiver Report – Reviewed and confirmed waivers report during April 2022 – October 2022.
- Internal Audit Contract – Reviewed and approved next steps relating to the appointment of internal audit services from the 1st April 2023.

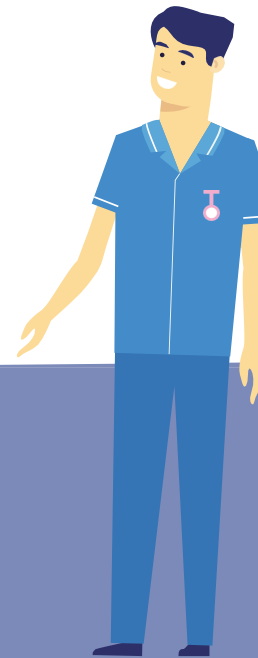
We care

We respect

We listen



Making a
DIFFERENCE
every day



Patient Experience

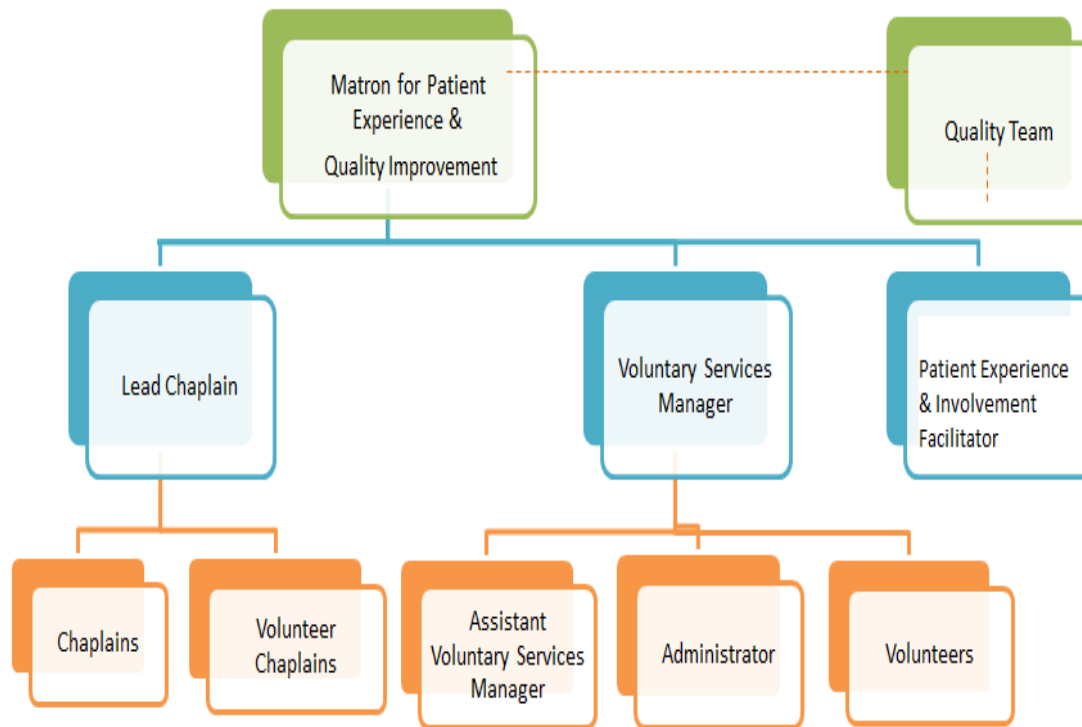
People at the heart
of what we do

NHS
Stockport
NHS Foundation Trust



Making a
DIFFERENCE
every day

Team Structure



Meet the team

Meet the Team



Mamoonna Hood
Matron for Patient Experience
& Quality Improvement



Aoife Isherwood
Patient Experience
& Involvement Facilitator



Yvonne Hanson
Voluntary Services Manager



June Heywood
Assistant Voluntary
Services Manager



Greta Harrison
Patient Experience
Volunteer



Antonio Costa
Lead Chaplain



Graham Lindley
Hospital Chaplain



Charlotte Bloor
Hospital Chaplain



Fr. Peter Sharrocks
Hospital Chaplain



Steve Rowley
Hospital Chaplain



Philip Ronson
Hospital Chaplain



Saima Arif
Hospital Chaplain



Tracy Ward
Hospital Chaplain

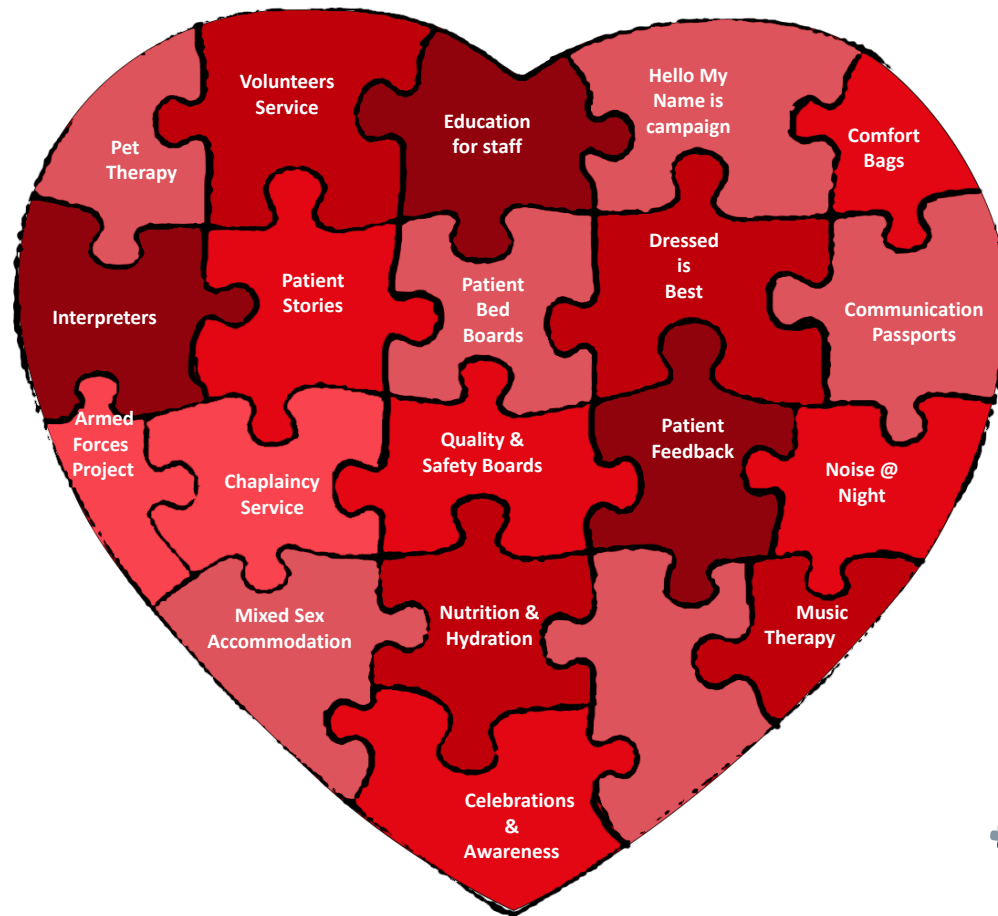
Our Mission Statement



- Our mission is to treat everyone who uses the services at Stockport NHS Foundation Trust as equal.
- We will put the patient at the heart of everything we do.
- We will actively listen to the views of carers, families and friends.
- We will ensure our services are accessible for all regardless of age, race, disability, sexual orientation or gender.
- We will support improve experiences by raising awareness of key events.
- We will be visible across the organisation.



Achievements - At a glance



Patient Feedback - How we learn from experience



We receive feedback through several ways including:

- National Patient Surveys
- Bespoke Inpatient Surveys
- Friends and Family Tests
- Care Opinion
- Patient Stories
- Compliments and Complaints



The Friends & Family Test



National Inpatient Survey Results



National Inpatient Survey was carried out in 2021 by IQVIA

- Returned: 408 completed responses
- Total eligible: 1179 patients
- Trust response rate: 35%

There are nine sections designed to mirror the service user journey.

The high level of analysis summaries:

- Comparison to Stockport's 2020 survey
- Comparisons to other Trusts surveyed by Quality Health
- Noise at night responses
- Next steps





Stockport

NHS Foundation Trust

Comparison to Stockport's 2020 Survey

		Results where Stockport identified as needing improvement from 2020 survey.	Stockport Scoring 2020	Stockport Scoring 2021
OPERATIONS AND PROCEDURES	Q32	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	74.7%	89.7%
LEAVING HOSPITAL	Q39	Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?	67.8%	74.5%
HOSPITAL AND WARD	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	56.8%	62.3%
LEAVING HOSPITAL	Q37	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	81.6%	85.3%
HOSPITAL AND WARD	Q11	Were you offered food that met any dietary requirements you had?	77.3%	78.8%
LEAVING HOSPITAL	Q42	Before you left hospital, did you know what would happen next with your care?	63.0%	62.4%
NURSES	Q21	When nurses spoke about your care in front of you, were you included in the conversation?	85.3%	84.1%
ADMISSION TO HOSPITAL	Q3	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	67.1%	62.7%
LEAVING HOSPITAL	Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	70.8%	65.9%
HOSPITAL AND WARD	Q5a	Were you ever prevented from sleeping at night by any of the following? Noise from other patients	60.6%	55.2%
HOSPITAL AND WARD	Q5f	Were you ever prevented from sleeping at night by any of the following? Something else	40.0%	33.7%

Comparison to Other Trusts

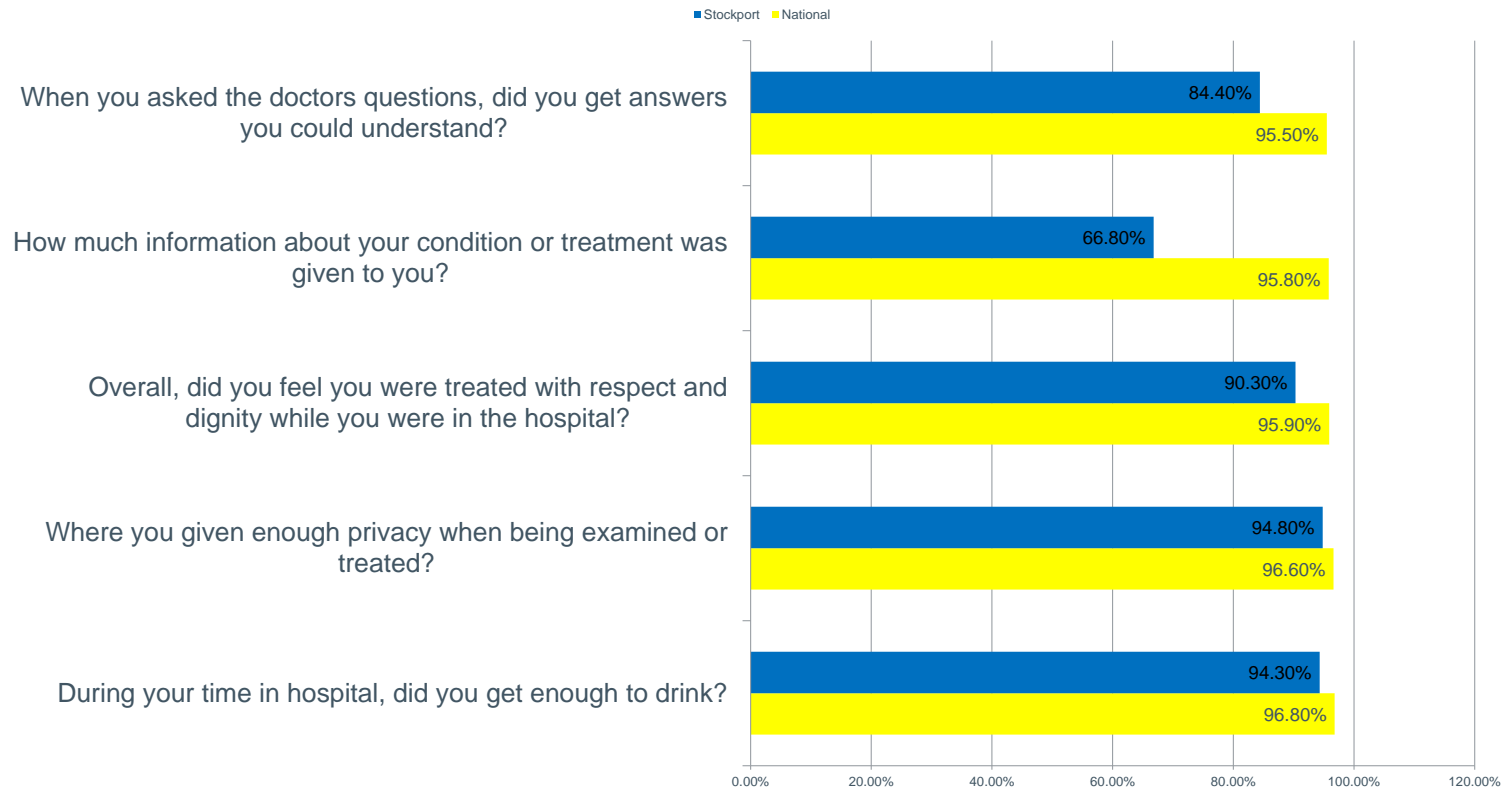
Results ordered from biggest gap to smallest gap between Highest Trust scored & Lowest Trust scored:

		Stockport's top 10 performing question's from IQVIA 2021 survey	Lowest Trust	Highest Trust	SFT
LEAVING HOSPITAL	Q44	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	72.8%	93.2%	86.4%
DOCTORS	Q17	Did you have confidence and trust in the doctors treating you?	85.4%	96.2%	88.7%
HOSPITAL AND WARD	Q8	How clean was the hospital room or ward that you were in?	86.6%	95.8%	89.7%
YOUR CARE AND TREATMENT	Q29	Do you think the hospital staff did everything they could to help control your pain?	85.6%	94.5%	85.6%
OPERATIONS AND PROCEDURES	Q32	Beforehand, how well did the hospital staff answer your questions about the operations or procedures?	84.4%	92.9%	89.7%
OVERALL	Q47	Overall, did you feel you were treated with respect and dignity while in hospital?	87.5%	95.9%	90.3%
HOSPITAL AND WARD	Q15	During your time in hospital, did you get enough to drink?	89.8%	96.8%	94.3%
LEAVING HOSPITAL	Q40	To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	85.9%	91.8%	91.8%
NURSES	Q20	Did you have confidence and trust in the nurse looking after you?	86.9%	92.7%	87.7%
YOUR CARE AND TREATMENT	Q28	Where you given enough privacy when being examined or treated?	91.7%	96.6%	94.8%



Top Five High Responses

Top Five Highest Scoring National Survey Responses for 2021 compared to Stockport



Comparisons to other Trusts

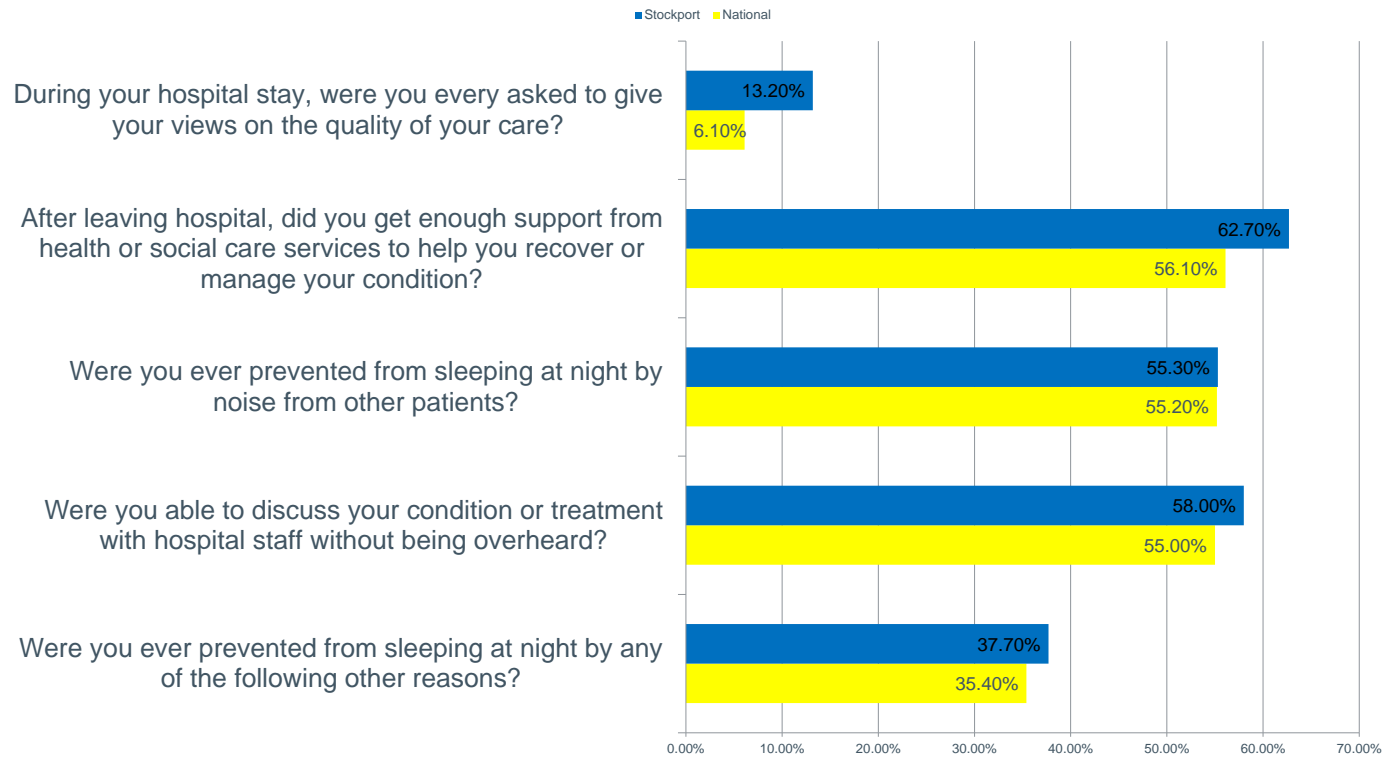
Results ordered from biggest gap to smallest gap between Highest Trust Scored & Lowest Trust Scored:

		Stockport's top 10 low/intermediate performing question's from IQVIA 2021 Survey	Lowest Trust	Highest Trust	Trust
HOSPITAL AND WARD	Q7	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	56.6%	92.5%	62.3%
OVERALL	Q49	During your stay, were you ever asked to give your views on the quality of care?	6.1%	41.4%	13.2%
ADMISSION TO HOSPITAL	Q3	How long did you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	56.8%	91.1%	62.7%
HOSPITAL AND WARD	Q5f	Were you ever prevented from sleeping at night by any of the following? None of these?	35.4%	66.7%	37.7%
YOUR CARE AND TREATMENT	Q27	Where you able to discuss your condition or treatment with hospital staff without being overheard?	55.0%	81.1%	58.0%
HOSPITAL AND WARD	Q5a	Were you ever prevented from sleeping at night by any of the following? Noise from other patients?	55.2%	24.7%	55.3%
LEAVING HOSPITAL	Q41	Thinking about any medication you were given to take home, were you given any explanations as to the purpose?	36.9%	54.3%	44.8%
LEAVING HOSPITAL	Q42	Before you left hospital, did you know what would happen next with your care?	60.8%	77.4%	62.4%
LEAVING HOSPITAL	Q46	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	56.1%	72.1%	62.7%
LEAVING HOSPITAL	Q35	To what extent did staff involve you in decisions about you leaving hospital?	63.8%	77.5%	65.3%



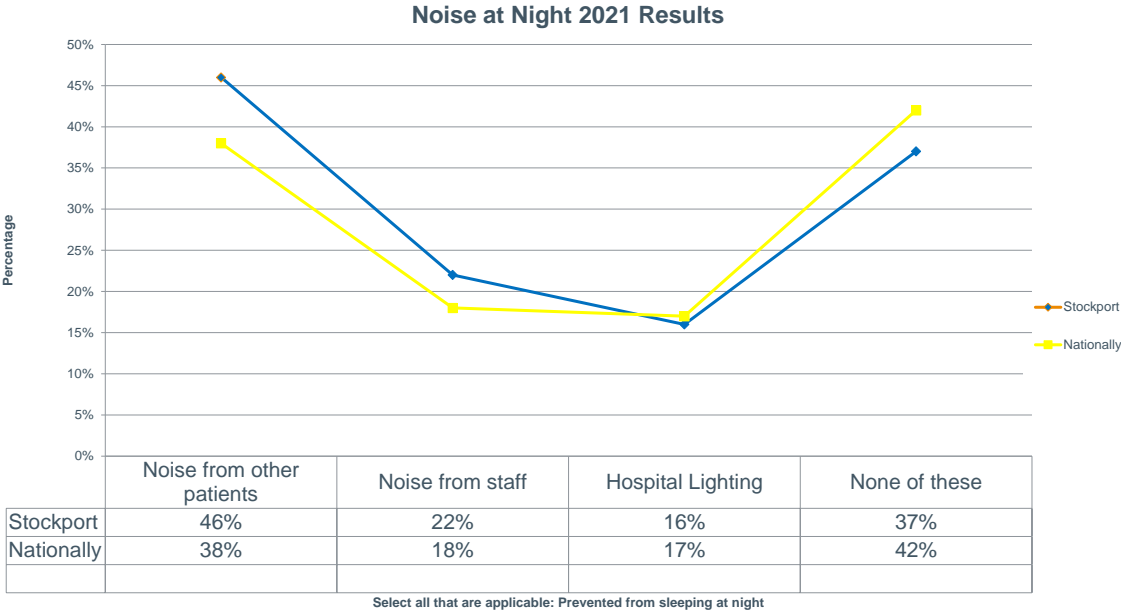
Top Five Low Responses

Top Five Lowest Scoring National Survey Responses for 2021 compared to Stockport





Noise At Night Survey Response 2021



Steps for improvement

- Ensuring that patients changing wards at night are clear about why this change is necessary
- Supporting teams to establish and maintain ways to capture views on quality of care
- Particular focus on patients who are most at risk of a long waits to get on a ward and take appropriate action where possible.
- Continuing to measure effectiveness of sound ears through audits and inpatient surveys.
- Review environment to understand why patients feel they are being overheard when discussing treatment or their condition.
- Making sure that hospital staff discuss the purpose of medication on discharge.
- Ensure all patients are given verbal and written information about who to contact if they are worried about their condition or treatment after returning home.
- Make sure hospital staff discuss with patients any additional equipment or adaptations they may need at home after leaving the hospital.
- Review process for giving patients clear and understandable information, both verbal and written, about what to do and what not to do after leaving hospital.



Patient Experience Initiatives



Supported Mealtimes

Supported Mealtimes



Teamwork

- ➡ Identify a champion to lead and promote Supported Mealtimes.
- ➡ Ward Manager, Staff Nurses, Support staff, Therapy staff, Ward Clerk, House Keeper, Dining Companions come together to prepare the patients and their environment for mealtimes.

Supported Mealtimes

- ➡ All routine ward activity to be kept to a minimum for the team to undertake mealtimes in a timely manner for the benefit of patients.

Preparation

- ➡ 30 minutes prior to food delivery nurse in charge to ring bell and prepare your patients
- ➡ Ensure your patient has clean dentures, their glasses and hearing aids if applicable
- ➡ Toilet if required
- ➡ Wash hands
- ➡ Sitting up in bed / sitting out of bed
- ➡ Prepare bedside table

Assistance

The team will:

- ➡ Ensure your patient has all they need within reach including napkins
- ➡ Cut up the patients food where required
- ➡ Assist all patients according to their level of need with eating
- ➡ Support and encourage fluid intake with meals
- ➡ Document all food and fluids on the relevant charts if applicable

Following meal service the team will collect all trays, clean the area where the meal has been eaten and offer patients hand washing facilities.

Movement of patients should be kept to a minimum during mealtimes. Where possible transfer patients before mealtimes to the discharge lounge where food is available.

In the event of a patient who has special dietary requirement being transferred to another area, please ensure that staff are aware of their requirements and a meal available following their transfer.



Dining Companions

Dining Companion volunteers provide assistance and company to patients at mealtimes.

They receive comprehensive training to ensure that they understand the role and how to give encouragement and support to patients at mealtimes.

Dining companions can be identified as they wear a yellow tabard

Tasks include:

- Encourage patients identified to eat and drink, and remind the patient if they have not finished their food
- Assist patients with cutting food and opening packets and assist with patient dignity
- Assist with feeding patients that would not otherwise be able to feed themselves
- Ensure the patient has access to false teeth, glasses etc. which they may need
- Ensure food and drink is within easy range of each patient
- Remove crockery from the bedside area and ensure the area is kept clean and tidy



Feedback Friday



Every other Friday Patient Experience team select the best feedback and give recognition to the areas



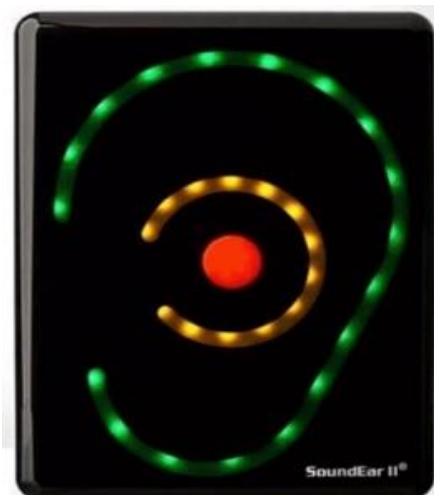
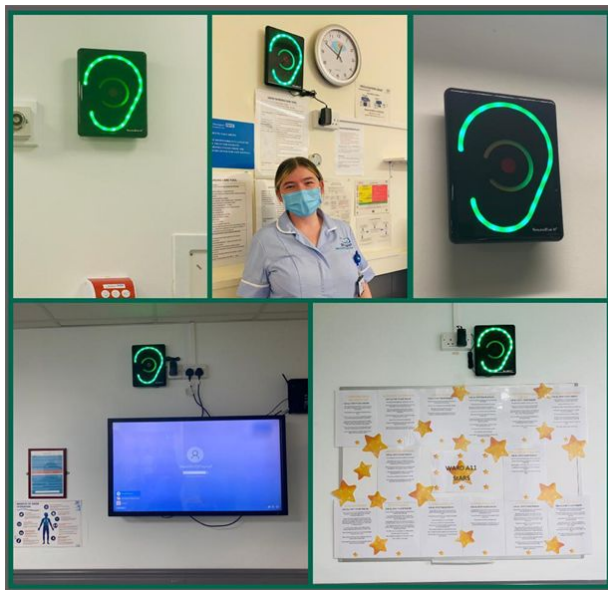
To Sleep is to Heal

Noise at Night is a frequent concern raised by patients

This noise can be from staff as well as other patients

To help monitor and improve standards, Sound Ears have been installed on every ward

To Sleep is to Heal is an initiative that sets out the standards of how staff can support to keep noise at night to a minimum



To Sleep is to Heal

Guidance to promote sleep
Between 11pm and 7am

- ❖ Ward phone ring setting on low volume and answered within 5 rings
- ❖ Main ward lights switched off at 11:00pm and night lights switched on
- ❖ Ensure patients are offered ear plugs and eye masks
- ❖ Talk quietly and ensure the visual sound ears are illuminated green
- ❖ All staff to wear appropriate foot wear
- ❖ Ensure all bins in clinical areas are soft closing
- ❖ If patient is prescribed night sedation, ensure this is administered in a timely manner
- ❖ Emphasize the importance of 'To sleep is to Heal' campaign with staff and patients
- ❖ Provide warm milky drink to help promote sleep

NHS
Stockport
NHS Foundation Trust

Walkabout Wednesday

Executive and Non-Executive Directors will often only get insight into the experiences of users when things go wrong and through feedback from comments, concerns and compliments.

Walkabout Wednesday aims to directly involve Executive and Non-Executive Directors in gaining real-time feedback from patients and service users.

Walkabout Wednesday visits take place each month to enable colleagues to visit and speak to patients and staff.



Patient Property Boxes

To reduce the number of patient property complaints, a task and finish group was established to review processes and procedures in order to make improvements:

- Patient Property and valuables policy reviewed
- Red bag process for safe storage of valuable items
- Electronic alert developed to capture the completion of patient property checklist
- Patient information leaflet created
- Posters displayed for staff, patients, relatives and carers



Pets as Therapy

Pets As Therapy (PAT) is a national charity that enhances the health and wellbeing of thousands of people in communities across the UK.

Volunteers and their pets visit the hospital and bring smiles to many faces. People of all ages get the chance to chat to someone — and stroke and cuddle a friendly dog or cat.

Voluntary Services Manager supports area to have a visit.



Dressed is Best

We are supporting the `Dressed is Best` initiative to help our patients get dressed and get moving, which aims to speed-up patients' recovery and reduce the length of time people need to spend in hospital.

#endPJparalysis

The premise is very simple. Once patients arrive in hospital, they normally stay in their pyjamas or hospital gown until they are discharged. The goal of this initiative is to get patients up, dressed and moving.

We want patients to be more involved with their treatment plan so they know what to expect and so they can work with their clinical and therapy teams to progress their recovery every day they're in hospital and ultimately get back home as soon as possible. This enhances dignity and promotes a speedier recovery.

We are planning a clothes bank for everyone to use.



Wearing my own clothes makes me feel more comfortable and respectable when people come to visit.

- Susan Bennett

#hellomyis Core Value Recognition

Once a month a staff member is nominated for a recognition for Core Values



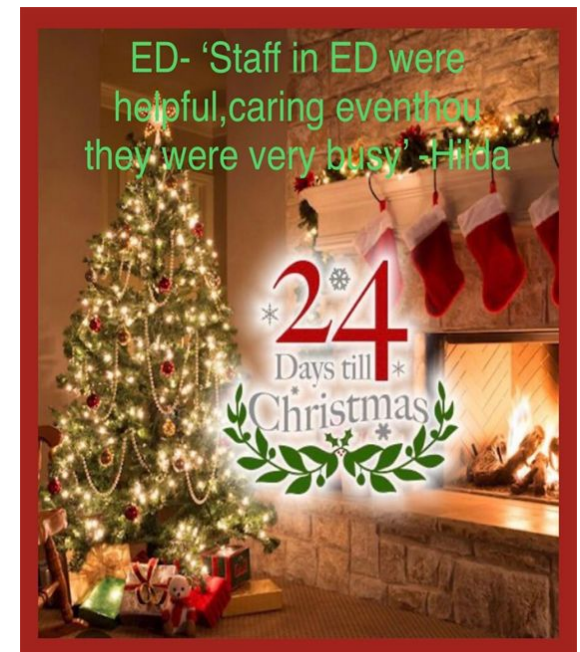
Value your Volunteer

Once a month we ask the areas to nominate a volunteer who has gone above and beyond



Countdown to Christmas

Everyday until Christmas a feedback is shared



Regular Awareness Raising

'you said, we did' One chance to get it right

Monday 23rd Jan
Recognise See me

- Webinar- CNS, Palliative team, chaplaincy, hospice, community
- Resource File – competition
- Breaking bad news

Tuesday 24th Jan
Communication

- Launch Posters
- Share patient story
- Staff Pledges
- Patient Pledges

Wednesday 25th Jan
Involve Patients at the heart of all decisions

- Introduce CNS team and role
- Introduce Palliative team and role
- Introduce Community team and role
- Introduce hospice role
- Stand near the restaurant

Thursday 26th Jan
Support Little things

- Road show- chaplain, palliative team, CNS, hospice
- Introducing drop-in sessions every Wednesday of each month, in Haven (chaplaincy and spiritual care centre)
- Stand near the restaurant

Friday 27th Jan
Plan and do Little things See me

- Comfort observations
- Share positive story
- Spiritual boxes
- TSA training compliance-recognition for an area for highest compliance

Core Values
Communicate, The little things, Patients at the heart of all decisions, See me

#hello my name is.


Making a DIFFERENCE every day

Awareness Days/Weeks

January	17 th – 21 st	Patient Property box pilot
February	1 st	Dignity Awareness Day
	4 th	World Cancer Day
	14 th – 18 th	Nutrition & Hydration Week
	23 rd	National Day of Reflection
April	25 th – 29 th	Experience of Care Week
May	2 nd – 6 th	Dying Matters Week
	16 th – 22 nd	Dementia Action Week
June	21 st	Carers Week
	30 th – 3 rd June	Volunteers Week
	20 th – 24 th	Armed Forces Week
July	5 th – 9 th	Coproduction Week
	18 th – 22 nd	#hellomynames
August	27-30 th	Manchester PRIDE
September	19 th – 23 rd	Falls Awareness Week
	24 th	Macmillan Coffee Morning
October	9 th – 14 th	Baby Loss Awareness Week
November	14 th – 18 th	World Prematurity Day
December	17 th	The 12 Days of Patient Experience (a look back at the highlights from 2022)

TBC

#hello my name is.



Christmas Plan

13th Dec
Trust Carol Service 19:00 @ ST Peter's RC Church SK7 4EA

14th Dec
Carol Service at Meadows 13:30 SK2 5EA

16th Dec
Carol Service at Oasis AM & PM SK2 7JE

16th Dec
Festive Friday Mince pies and non-alcoholic mulled wine to all areas

19th Dec
Winter wonderland In the restaurant- Mince pies, hot drinks. Outside restaurant donkeys, stable, band, Santa and Elf 14:30 – 16:00

22nd Dec
Carol Service Devonshire Unit 14:00 SK2 7PZ

23rd Dec
Competition Best Dressed Ward (Your time to be creative)

25th December
Christmas Presents distribution for patients

Carers Week

Monday 6th June
Executive Team Walkabout to hear experiences of Carers
Carers Wellbeing Event (ask Jan Sinclair)
E1 activity involving carers

Tuesday 7th June
Launch of Carers Survey with roadshow to discuss purpose & how to engage with Carers
Share new Patient, Carer, Friends and Family Strategy

Wednesday 8th June
Share Carer Experience Stories of staff who are carers
Communicate policy and any occupational health support for staff

Thursday 9th June
Staff pledges to support Carers
Visits Wards and carry out Carer Survey with volunteers

Friday 10th June
Information about local Carers Support services shared with teams
Age UK
Alzheimer's Society
Stockport Council

#hello my name is.

Making a DIFFERENCE every day

Bimonthly Newsletters & Briefs

Newsletter and Brief is sent to all areas by a volunteer



Welcome to the latest edition of the Patient Experience brief to keep you updated on all current and future developments that are taking place at Stockport

#hellomynames...



The campaign is built on four key values:
Communication is of paramount importance. Timely and effective communication which is personal to the patient makes a huge difference and starts with a simple introduction.

The Little Things
Really do matter - they aren't little at all, they are indeed huge and of central importance in any practice of healthcare and in society. This could be someone sitting down next to you rather than looming over you or holding the door open for someone coming through.

Patient at the Heart of all decisions
"No decision about me without me". These words ring true in healthcare as the most important person is the patient and everything should be done with them in mind.

See Me

See me as a person first and foremost before disease or bed number. Individuals are more than just an illness, they are a human being, they are a family member, they are a friend etc. We should all remember to see more of an individual than just the reason they are using healthcare.

The Patient Experience team really appreciate all of the support from each area. Some areas received a special recognition for raising awareness for each key value:

Communication: Speech Therapy team for posting #hellomynames introductions for their team throughout the week.

The Little Things: Ward A1 for sharing a video from the patient point of view.

Patient at the Heart of all decisions: Treehouse for developing a booklet to capture what matters to the children in hospital.

See Me: Ward C3 for sharing a personalised example of a back of bed board.

Meet your Matron

Hello, My name is Mamoon and I am the new Matron for Patient Experience and Quality Improvement. I have been in post since June when Emma left on secondment.

I have previously worked as the Matron for Dementia Care and as Quality Matron both at Stockport Hospital.

I am passionate about Quality Improvement and see the value in how we can review what we do based on feedback from patients, carers, families and friends.

I am looking forward to having an impact on the experiences of our patients by leading on initiatives to continuously improve on the work that is already in place.

Making a difference every day

#hello my name is...



Patient Experience Team | August 2022



Chaplaincy & Spiritual Care

During the Interfaith Week, Chaplains name was changed to the Chaplaincy and Spiritually care team

New look to the Chaplain and Spiritual Care Centre

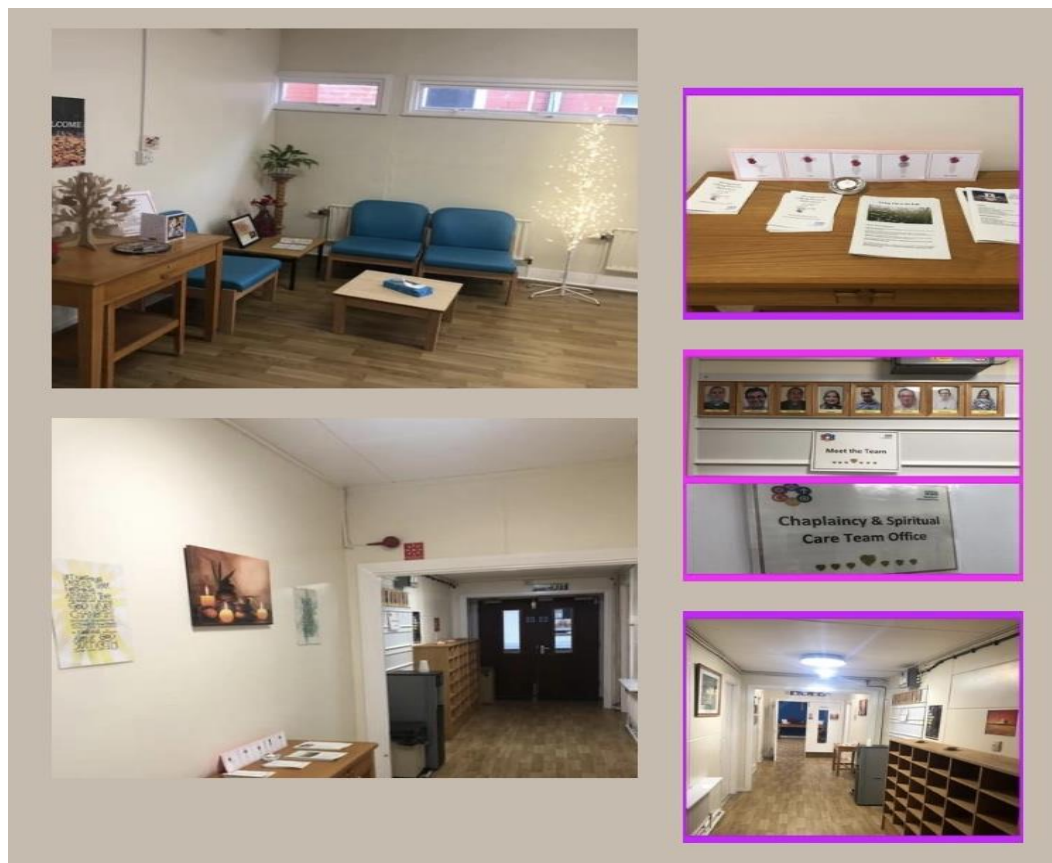
Chaplains have access to Patient Track and new database

Regular religious events take place in the Chaplaincy and Spiritual Care Centre

New room 'Haven' is open for everyone to use

Morning Prayers

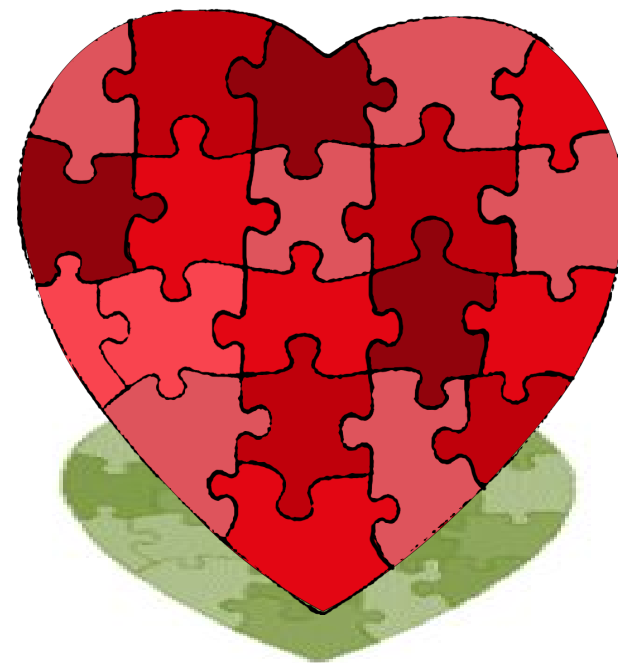
Launch of spiritual boxes to all areas



Our Future Plans



- **Carers** – Capture carers experiences in a Carers survey
- **Be Equal** – continue work to support accessible information standards and improving support for patients under the protected characteristics
- **Dressed is Best** – provide a central clothes bank for patients
- **Surveys** – continue to learn from feedback provided in iPad surveys, Friends & Family tests and National Inpatient Surveys
- **Accessible surveys** – to provide surveys that are in easy read format to facilitate feedback from hard to reach groups
- **Patient Stories** – provide opportunities for people to share their experiences
- **StARS** – support to monitor trends that affect Patient Experience
- **Events** – we have developed an annual event plan to engage with staff and patients
- **Estates** – work closely with Estates & Facilities to provide safe spaces for patient care
- **Qualitative Dashboard** – develop with Business Intelligence as a way to triangulate and monitor feedback
- **Care at all stages** – Support to embed a new way to support our dying patients
- **QR Codes** for feedback for all areas
- **Inpatient Surveys**
- **'You said, we did'** work
- **Launch of Mental Health Passport**
- **Restart Hospedia**
- **Volunteer Ambassadors** in all areas
- **Set up regular Veterans meetings**



Any Questions ?



Stockport NHS Foundation Trust

Meeting date	14 December 2022	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Communications and Engagement Strategy					
Lead Director	Director of Communications & Corporate Affairs		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

The Council of Governors is asked to note the Communications & Engagement Strategy and governors' role in helping to improve communication and engagement with members and the public.

Executive Summary

The Trust's long term strategy to be an outstanding and well led organisation delivering high quality care for local people will be delivered by a range of medium term enabling and operational plans and strategies, including the communication and engagement strategy.

The strategy is rooted in best practice and sets out:

- the internal and external drivers for change,
- the principles that underpin how we communicate and engage,
- the approach we will adopt in communicating and engaging with a range of people and organisations.

It also includes a plan on a page and outlines how we will evaluate the delivery of the strategy.

Board members saw and commented on earlier drafts of this strategy and the final version, which was approved by the Board in October 2022, reflects Directors' aspirations for effective communication and engagement.

Communications & Engagement Strategy

Drivers for Change

External:

- Integrated Care Systems
- Provider Collaboration
- One Stockport Health and Care Plan

Internal:

- Our people
- Technology
- Sustainability

Principles 1 - 4

1. We enthusiastically instigate, maintain and learn from engaging two-way conversations.
2. We recognise and embrace the diversity of the communities we serve, the colleagues who provide services, and the partners we work with.
3. The way we communicate and engage is shaped by feedback from conversations, rooted in insight, and developed in response to evaluation.
4. We concentrate on communications & engagement tools and methods that are proven to be the most effective and meet the needs of our stakeholders

Principles 5 - 7

5. Our communications are open, honest, warm and friendly, clear and simple, factual, consistent, timely and accessible.
6. We actively embrace effective engagement with all stakeholders and clearly demonstrate how feedback influences how we work.
7. The language and tone of voice reflect our values as a caring, confident, innovative and forward thinking organisation striving to deliver excellent services.

Plan for 2023-24

Great place to work:

- Support delivery of our organisational development strategy,
- Develop communications & engagement handbook to support managers,
- Create a staff app.

Investing for the future by using our resources well

- Focus on evaluation to target resources,
- Rationalise on-site messaging to maximise impact.

Always learning, continually improving

- Recruit and train a cohort of experts to contribute to positive media coverage,
- Develop social media guide to help colleagues share our improvement journey
- Share learning and knowledge with south sector colleagues.

Working with others for our patients & communities

- Play active role in shaping communications & engagement across national, GM, south sector and Stockport networks.
- Support delivery of membership engagement and patient experience strategies.

Helping people live their best lives

- Maximise opportunities to amplify public health campaigns and messaging e.g. smoking cessations, vaccination uptake.
- Develop Trust website to meet user needs, share our improvement journey, and provide information to support positive behaviour change.

How can governors help?

Share information and feedback

- Through your personal networks,
- Your local area Facebook groups e.g. Village Romiley,
- Your local Next Door social media groups,
- In line with membership strategy become a link to community champions in your area.

Stockport NHS Foundation Trust

Meeting date	14 December 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 Beatrice Fraenkel to the position of Non-Executive Director with expertise in people/organisational development to commence on 4 January 2023, for an initial term of three years.
- Support the appointment of Meb Vadiya to the position of Associate Non-Executive Director, to commence in January 2023, for an initial term of two years.

Executive Summary

This report advises the Council of Governors of the outcome of a recruitment process led by the Nominations Committee to identify a candidate for a future Non-Executive Director position.

The paper seeks the Council of Governors' approval for the Nominations Committee's preferred candidate for a Non-Executive Director with expertise in people/organisational development to be appointed from 4 January 2023.

1. Introduction

- 1.1 This report confirms the outcome of the recruitment and selection process led by the Nominations Committee to identify candidates for a Non-Executive Director position, 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 At its meeting in 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
- 2.3 In July 2022, the Council of Governors approved the appointment of a Non-Executive Director with expertise in place-based care. However, it noted that the recruitment and selection process for a Non-Executive Director with expertise in people/organisational development was paused; with further review of the process and job description/person specification to be undertaken.
- 2.4 In line with the above, a review of the process and job description/person specification was undertaken by the Nominations Committee on 3rd August 2022, and the agreed recruitment and selection process recommenced following. The Nominations Committee supported an internal search and selection approach to identify potential candidates for the role.

3. Outcome of Recruitment & Selection Process

- 3.1 The recruitment process attracted a field of 35 candidates in total.
- 3.2 Of the applications, 6% were Black & Minority Ethnic (BAME), 63% were white and 31% did not declare their ethnicity. 51% were male and 17% were female, 31% did not state their gender. 54% stated they were heterosexual, whilst 34% did not state their sexuality.
- 3.3 Of the Equal Opportunities Monitoring, the age profile of applicants ranged from 20-24 (3%) to 65+ (17%). The age group with the largest number of applicants was 65+ with 17% closely followed by the 55-59 age bracket (14%) and 50-54 age bracket (11%). 5.6% were aged between 45-49 and 4 candidates were under the age of 40. This demonstrates the

age profiles of Non-Executive Directors is changing and has a wider 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 discussion 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 7th October 2022 to consider a proposed shortlist for the 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 four candidates.
- 3.8 A focus group and interview panel were held on 1st November 2022.

The formal interview panel was constituted in accordance with the Nominations Committee Terms of Reference, comprising:

- Prof. Tony Warne, Chair
- Mr Richard King, 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 (formerly) Chair (Non-Voting, Independent Advisor)

Dr Tad Kondratowicz, Public Governor, and Ms Michelle Slater, Public Governor (members of the Nominations Committee) attended the focus group, including an Executive Director and Non-Executive Director members. The Public Governors reconvened with interview panel members following the conclusion of the focus groups and interviews, as part of the formal Nominations Committee.

- 3.9 Three shortlisted candidates were interviewed, as one candidate was unable to attend.
- 3.10 Following considered deliberation, including feedback from the focus group, the Nominations Committee determined the following:

Beatrice Fraenkel should be recommended for appointment to the position of Non-Executive Director, with expertise in people/organisational, to commence on 4 January 2023, 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.

- 3.11 Furthermore, the Nominations Committee recommended that one of the candidates, Meb Vadiya, was offered the opportunity to become an Associate Non-Executive Director, noting this position was now vacant. Mr Vadiya confirmed he wished to proceed with the Associate Non-Executive Director role. The role would commence in January 2023 for an initial term of two years, subject to the satisfactory completion of all pre-employment checks and checks in line with the Fit and Proper Person Regulations.
- 3.12 A summary of the candidates is provided for information (Appendix 1).

4. Recommendation

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

- Approve the appointment of Beatrice Fraenkel to the position of Non-Executive Director to commence on 4 January 2023, for an initial term of three years
- Support the appointment of Meb Vadiya to the position of Associate Non-Executive Director, to commence in January 2023, for an initial term of two years

Beatrice Fraenkel

Beatrice is a qualified industrial design engineer and ergonomist with over 30 years' experience in regeneration, housing, health and regulation. She has chaired several local, regional and national public sector Boards, including ARB, the regulatory body for Architects; the Ropewalks Partnership in Liverpool; a Housing Association and the Northwest regional regeneration body 'Renew Northwest'.

She set up and Chaired South Liverpool Primary Care Trust then was Chair of Mersey Care NHS FT for fourteen years until October 2022. Over that period she led the Trust in becoming a FT; establishing a no blame and learning culture and developing 'no restraint' and 'zero suicide' policies. As an NHS and Trust design champion she oversaw the development of the estate by building five beautiful new hospitals based on an innovative user centred approach that enhances staff environments, enhances recovery and improves safety. As Chair she led the Board through three acquisitions – Calderstones NHS FT; Liverpool Community Health NHS Trust and NW Boroughs NHS FT. She was a CQC inspector helping shape the 'well led domain'; a Trustee on the NHS Provider Board, and a member of the NHS Confederation Mental Health Network.

Currently Beatrice is a Trustee of the Design Council and chairs the stewardship committee, a Trustee of Design in Mental Health and a member of the NHS Confederation Housing and Mental health working group. She works as an independent consultant in organisational change and design. She is a member of the Government High Street Task force and a member of the Department for Levelling up Housing and Communities expert panel of Design code pathfinders. Beatrice has an Honorary Fellowship from the Royal Institute of British Architects (Hon.FRIBA) and is a Fellow of the Royal Society of Arts. (FRSA).

Meb Vadiya

Meb has an array of expertise in a variety of fields. He is currently Deputy General Counsel & Company Secretary within the Nuclear Decommissioning Authority Group, a complex non-departmental public body with an annual revenue of £3 billion. Other highlights include having worked in the Middle East, founded a law firm, Head of Strategy, Programme Director, Lecturer in Law and a Non-Executive Director for a number of non-profit organisations.

Meb's experience includes providing legal and compliance services; HR; strategy & organisational transformation; corporate governance; building positive relationships with stakeholders; risk management and delivering training & workshops.

Stockport NHS Foundation Trust

Meeting date	14 December 2022	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Nominations Committee Membership					
Lead Director	Tony Warne, Chair		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Council of Governors is asked to:

- Review the membership of the Nominations Committee
- Submit self-nominations to fill the vacant member positions to the Deputy Company Secretary by 30th December.

Executive Summary

A Nominations Committee of the Council of Governors has been established with responsibility for:

- The identification and nomination of Non-Executive Directors, including the Chair
- Consideration of appropriate succession planning for Non-Executive Directors
- Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
- Managing the process for any removal of the Chair and other Non-Executive Directors

The Nominations Committee will make recommendation to the Council of Governors regarding the above.

In light of the term of office for two members of the Nominations Committee (Dr Tad Kondratowicz, Public Governor and Mr Richard King, Public Governor), expiring on 4 December 2022, the Council of Governors is asked to review the membership of the Nominations Committee.

Governors interested in becoming a member of the Committee are asked to submit self-nominations to fill the positions to the Deputy Company Secretary by 30 December 2022. In line with the Nominations Committee terms of reference, governors on the committee shall have served a minimum of one year or be considered to have the relevant experience. All classes of governor (Public, Staff and Appointed) may become a member.

The outcome will be communicated to governors and confirmed at the next meeting of the Council of Governors on 22 February 2023.

1. Introduction

- 1.1 A Nominations Committee of the Council of Governors has been established with responsibility for:
- The identification and nomination of Non-Executive Directors, including the Chair
 - Consideration of appropriate succession planning for Non-Executive Directors
 - Reviewing and deciding on appropriate terms and conditions for Non-Executive Directors
 - Managing the process for any removal of the Chair and other Non-Executive Directors.

The Nominations Committee will make recommendation to the Council of Governors regarding the above.

- 1.2 The purpose of this report is to review the membership of the Nominations Committee.

2. Background

- 2.1 The term of office of two governor members of the Committee, Dr Tad Kondratowicz and Mr Richard King, expire on 4 December 2022, therefore self-nominations are sought from governors to fill these vacancies. The term of office is for a period of three years and is subject to individuals continuing to hold the office of governor.
- 2.2 As stated in s2.3 the Nominations Committee Terms of Reference, membership include five governors (to include the Lead Governor) and governors on the committee shall have served a minimum of one year or be considered to have the relevant experience.
- 2.3 The governors whose term of office on the Committee is expiring can re-stand and submit a self-nomination if they so wish.

3. Matters under consideration

- 3.1 The current membership of the Committee includes 1 appointed governor (Lead Governor) and 4 public governors. Governors are reminded that any member of the Council of Governors is eligible to become a member of the Nominations Committee.
- 3.2 Any interested Governors are asked to submit an expression of interest for the vacancies on the Committee in writing to Soile Curtis, Deputy Company Secretary (soile.curtis@stockport.nhs.uk) by 30 December 2022.
- 3.3 Where there are two nominations, those nominees will be appointed as members unopposed. Where there are three or more nominations, a discussion will take place between the Chair and the Lead Governor considering the nominations, alongside current membership of the Committee. The outcome will be communicated to Governors and confirmed at the next meeting of the Council of Governors on 22 February 2023.

Stockport NHS Foundation Trust

Meeting date	14 December 2022	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Membership Development Group Report					
Lead Director	Caroline Parnell, Director of Communications & Corporate Affairs		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

The Council of Governors is asked to:

- Review the report from the Membership Development Group including progress against the Membership Action Plan 2022-23

Executive Summary

Following approval of the Membership Strategy 2022-2025, the Council of Governors agreed to establish a subgroup of the Council of Governors, to be known as the Membership Development Group (MDG), to oversee implementation of the Membership Strategy & associated Action Plan 2022-23.

The MDG meets quarterly and the most recent meeting was held on 6 December 2022. The following governors were in attendance:

- Howard Austin, Public Governor (Chair of Membership Development Group)
- Sue Alting, Lead Governor/Appointed Governor
- Jamie Hirst, Public Governor
- John Pantall, Public Governor
- Karen Southwick, Staff Governor

The meeting was supported by the Trust Secretary and Deputy Trust Secretary.

The MDG considered the following items at the meeting:

- Governor engagement
 - Register of governor contacts
 - Register of governor engagement
 - Engagement with Community Champions
- Website: Membership & Governors Section
- Membership Action Plan – Progress Report

The MDG acknowledged the members seminar that took place on 2nd December, showcasing the new Emergency & Urgent Care Campus. The event was attended by 50 members and the public, with 8 governors attending and providing opportunity for members to provide feedback. In the new year, governors will be invited to take forward learning points ahead of future member events.

Following attendance of two governors at the Community Champions Network, the MDG acknowledged the potential value of developing a partnership with this network, highlighting the importance of meaningful engagement with local groups and two way feedback.

Progress against the Membership Action Plan is provided at Appendix 1, which details the key activities since the last meeting.

There are currently six governors on the MDG, if any more governors wish to join, please contact Soile Curtis, Deputy Trust Secretary – soile.curtis@stockport.nhs.uk / 0161 419 5166.

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)
Aim: To maintain a sizeable membership that is representative of the communities the Trust serves				
Recruitment				
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%)	Governor survey undertaken Aug – Sept 2022. Register of Governor Contacts presented to Membership Development Group (MDG) in September 2022. MDG proposed that the survey should be redistributed to governors in January 2023 as new governors in post. Standardised email developed and shared with governors that have identified link groups (October 2022). Current public membership number = 10,512 (24/11/2022)
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		
Website Review Governor & Membership section of SFT website and revise content to ensure opportunity to become a member is clear & accessible.	Membership Development Group / Corporate	Governor & Membership content confirmed –	Maintain overall membership number (+/- 1%)	Draft Membership & Governor Content was

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
	Affairs / Communications	December 2022 Go live in line with new Trust website launch	(Total public membership number as of March 2022 = 10,666) New website live	reviewed at the MDG in December 2022. New website 'go live' planned for early 2023. MDG highlighted the importance of user engagement as part of the website redesign process.
Social Media Determine messaging for social media recruitment campaign to include: Messaging from governors/members – Why I became a member 2 x membership recruitment campaigns via the Trust's social media channels	Corporate Affairs / Communications / Membership Development Group Communications	September 2022 October 2022 / February 2023	Maintain overall membership number (+/- 1%) (Total public membership number as of March 2022 = 10,666)	Social media calendar and key messages reviewed by MDG in September 2022. Governors were asked to provide support messaging 'why I became a member' and 'why I became a governor'. A members' week held w/c 14 November 2022 via the Trust's social media channels to encourage member recruitment and showcase a number of governors.
Review membership demographics via Task & Finish Group to identify underrepresented groups for targeted membership recruitment (Age, Ethnicity, Gender, Socio Economic Profile) Targeted recruitment activities to include:	Corporate Affairs Team / Task & Finish Group	April 2022 November 2022 – March 2023	Increase number of members in targeted demographic groups by +1% (Membership numbers as of March 2022)	Review of membership demographics completed in April 2022 – utilised to develop Action Plan.

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<p>Presentation and/or Email recruitment promotion (dependent on most appropriate method) to:</p> <ul style="list-style-type: none"> • Stockport Colleges – Health & Social Care Courses • Stockport Local Authority – Community Champions (forum to be determined) • Stockport Homes • Equality, Diversity & Inclusion (EDI) BAME Forums/Community Groups (as identified in liaison with SFT EDI Lead) <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>	Corporate Affairs Team / Governors / EDI Team		<p>Age: 16-21 = 26 22-29 = 688 30-39 = 410 40-49 = 646)</p> <p>BAME: Pakistani = 93 Chinese = 25 Mixed = 64 Black = 51</p> <p>At least 1 presentation / email campaign per month</p>	<p>Underrepresented groups identified for targeted recruitment:</p> <ul style="list-style-type: none"> • Age 16-21, 22-29, 30-39, 40-49 • Black & Minority Ethnic (BAME) <p>MDG considered opportunities for engagement with established community groups and agreed to prioritise engagement with Community Champions. This was endorsed by the Council of Governors. A rota of interested governors compiled to enable 2/3 governors to attend the bi-monthly Community Champions Network meetings.</p> <p>Further opportunities to be explored during 2023/24, inc. volunteers.</p>
Aim: To develop an active and engaged membership				
Engagement				
<p>Newsletter Include Governor Section in Stepping Up Newsletter, including:</p> <ul style="list-style-type: none"> - Meet your Council of Governors - Why I became a governor 	Communications / Corporate Affairs / Membership	Summer 2022 Winter 2022/23	2 x Stepping Up Newsletters including Governor Section	<p>Edition – Winter 2022/23, included:</p> <ul style="list-style-type: none"> - ‘Meet Your Governor’ – Lead Governor

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<ul style="list-style-type: none"> - Governor activity - How to contact your governors - Council of Governors meetings 	Development Group			<ul style="list-style-type: none"> - Election Results - Upcoming Meetings - Members' Event - Your Public Governors
Member Seminars Align national/local health and well-being campaigns with membership seminars to promote population health - Liaise with Communications Department regarding campaigns. Facilitate 1 x Virtual, 1 x Face to Face (subject to IPC guidance) members seminars Governor attendance at member seminars to promote governors and allow opportunity to seek feedback from members/public/staff	Corporate Affairs / Communications Corporate Affairs / Communications Governors	September 2022 December 2022 March 2023	2 x Members Seminars including evaluation	The first face to face member event was held on 2 December 2022: <ul style="list-style-type: none"> - New Emergency & Urgent Care Campus Proposed event 27 March 2023 – Nutrition & Hydration aligned to National Nutrition & Hydration Week. Including Patient Food tasting.
Engagement with Community Groups/Forums <i>(as identified as part of recruitment)</i> 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. Establish a key link/rota for governor attendance at Community Group/Forums (as identified as part of recruitment initiatives) to seek feedback: Public <ul style="list-style-type: none"> - Community Champions - Stockport Homes - Equality, Diversity & Inclusion BAME Forums Staff <ul style="list-style-type: none"> - Staff Network Groups 	Corporate Affairs / BoD / Membership Development Group Corporate Affairs / Governors	October 2022 – March 2023	Attendance at 1 group/forum per month	See above. Governor Engagement Report presented to MDG: <ul style="list-style-type: none"> - Register of Contacts - Register of Engagement - Community Champions Engagement with Community Champions endorsed by Council of Governors. A rota of interested governors compiled to enable 2/3 governors to attend the bi-monthly Community Champions Network meetings.

Action Required <i>Overview of actions to be taken</i>	Responsible	Target Date	Key Performance Indicator	Progress against KPI (Monitored by Membership Development Group)
<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>				2 governors attended Network meeting – November 2022
Register of Governor Engagement 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	Register template developed and shared with governors. Disseminated again in November 2022. Messaging to support register to facilitate completion on an on-going basis.
Other				
Review of minimum age limit for members.*	Membership Development Group	October 2022	Recommendation (and approval of change if required) by Council of Governors	Initial discussion via MDG held in September 2022. MDG agreed to pause any further developments while publication of the model Constitution was awaited, and further discussion to take place in line with timeline for review of Trust Constitution.

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:

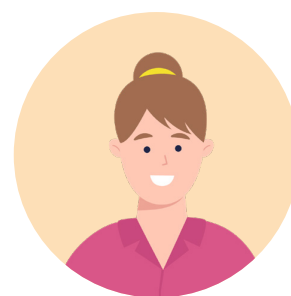
- Stockport Signpost for Carers
- SFT Charity – Key organisations through which SFT Charity connects
- Poster promoting governors' role and availability as access point to the Trust

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.

CORPORATE COMMUNICATIONS STRATEGY

2022 - 2025



14

Making a
DIFFERENCE
every day

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1 Introduction, vision and values

Stockport NHS Foundation Trust aims to be a well led organisation delivering high quality care for local people.

Our strategic plan for 2020-2025 sets out a clear vision – developed in collaboration with colleagues and patients – to continue to improve the quality and performance of our services, while achieving financial sustainability. We have clearly set out our mission, values and strategic objectives.

Our mission

**Making a
DIFFERENCE
every day**

Our values

We care

We respect

We listen

Strategic objectives

A great place to work,

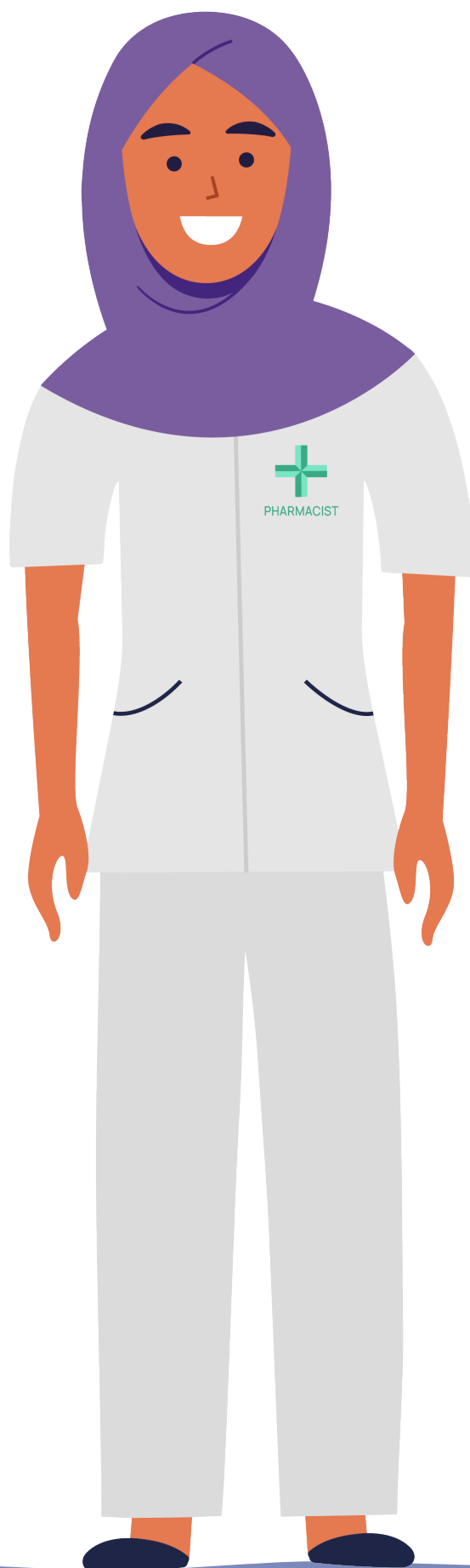
Always learning, continually improving,

Helping people live their best lives,

Investing for the future by using our resources well,

Working with others for our patients and communities.

Our long term strategy will be delivered via range of medium term enabling and operational plans and strategies - including this communications and engagement strategy, which set out the detail of how our ambitions will be achieved across clinical divisions and supporting functions.



2 Drivers for change

NHS England (NHSE) has not set a national communications and engagement strategy to guide the development of approaches in individual NHS organisations. However, there are legal, constitutional, and operational responsibilities on NHS organisations to engage and communicate with patients, colleagues, partners and others. There are also a number of drivers for change that are addressed by this strategy.

The actions set out in this strategy are rooted in best practice as advocated by the Chartered Institute of Public Relations and engagement frameworks recommended by NHSE. It is also underpinned by insights into the communication and engagement preferences of our various audiences.

EXTERNAL DRIVERS FOR CHANGE

INTEGRATED CARE SYSTEMS (ICS)

As part of the Greater Manchester (GM) ICS we have a statutory duty to collaborate with health and care providers across GM as the ICS focuses on improving patients experience and outcomes, ensuring value for money, and addressing health inequalities and the social determinants of health and wellbeing.

PROVIDER COLLABORATION

Provider organisations across GM increasingly need to collaborate to effectively deal with the operational challenges facing our health and care system, including lengthy waiting lists and increased demand for services.

ONE STOCKPORT HEALTH & CARE PLAN

As an anchor organisation in Stockport we will play a major part in delivering the plan for 2030, which includes working towards a healthy and happy Stockport. We will need to work differently across localities to develop place based approaches to health and social care.

INTERNAL DRIVERS FOR CHANGE

OUR PEOPLE

We are a people organisation working towards becoming a Friendly Trust, where kindness, civility and compassion are hallmarks of how we behave towards our patients, each other, and the communities we serve. We aspire to be a great place to work and we are investing in developing our organisational culture, with a focus on supporting the health and wellbeing of our colleagues and celebrating their achievements. Effective communication and engagement is essential to delivering our People Plan.

TECHNOLOGY

Technological advances – including digital developments - provide many opportunities to change and improve the way we provide care and support people to manage their long term health conditions. Embracing new technologies can also impact how we effectively communicate and engage with each other.

SUSTAINABILITY

We are committed to delivering our Green Plan to minimise our impact on the environment, and we also face the challenge of ensuring the economic sustainability of our organisation. Capturing the hearts and minds of our colleagues will be crucial to delivering on sustainability challenges, and our work in these areas will be underpinned by effective communication and engagement.

3 Principles

This strategy aligns with our values, in that:

We care about the views of our stakeholders.

We respect to what our stakeholders tell us,

We listen them, their views, and what they tell us.

We demonstrate those values through seven principles that underpin how we communicate and engage with our stakeholders:

Principle 1

We enthusiastically instigate, maintain and learn from engaging two-way conversations with our internal and external stakeholders.

Principle 2

Our communication and engagement activities recognise and embrace the diversity of the communities we serve, the colleagues who provide our services, and the partners we work with.

Principle 3

The way we communicate and engage with our stakeholders is shaped by feedback from our conversations, and is rooted in insight and developed in response to evaluation.

Principle 4

We concentrate our resources on communication and engagement tools and methods that are proven to be the most effective and meet the stated needs of our stakeholders.

Principle 5

Our communications are open, honest, warm and friendly, clear and simple, factual, consistent, timely and accessible.

Principle 6

We actively embrace effective engagement with all stakeholders and clearly demonstrate how their feedback influences how we work.

Principle 7

The language and tone of voice we use in our communication methods and engagement activities reflect our values as a caring, confident, innovative and forward thinking organisation striving to deliver excellent services.

4 Positivity matters

We will work towards ensuring that everyone who is in contact with us – as a colleague, patients or partner – has a positive experience, and we will support this positivity by:

developing a compelling narrative about our ambitions, aspirations and the significant progress we are making on our improvement journey,

sharing the narrative clearly and consistently across all our proven communication and engagement tools,

supporting and enabling colleagues to effectively share the narrative.

It is important people have a positive view of the organisation and our services to:

build trust with our patients so they consistently choose our services,

build trust with our partners so we can together develop strong, effective collaborations,

attract new colleagues to provide excellent services.

On those occasions when an individual's experiences do not reflect our aspirations we will demonstrate through our responses humility and kindness towards those involved, as well as sharing how we are changing the way we operate in direct response to feedback, both positive and negative.



5 Our approach to communication and engagement

To be inclusive and effective we must deliver a variety of communication methods to suit different preferences, and ensure we keep pace with the development of new tools as they are adopted by our audiences. Insights into the communication preferences of our different audiences underpin all we do and ensure we make the best use of our resources.

Effective engagement is the way we build and maintain meaningful interactions with our stakeholders. It is founded on our drive to learn from engaging conversations highlighted in principle one, and is congruent with the legal duties that require us to proactively engage with our stakeholders.

Identifying our stakeholders and understanding their communication and engagement preferences is crucial to effective engagement. We will make the best and most impactful use of our resources by mapping our stakeholders, identifying their current perceptions of and engagement with the Trust; where we may want them to move to, and what activities are required to bridge the gap.

We will regularly review our stakeholder analysis matrix to take account of movement in our stakeholders' perceptions of us and level of engagement with us, as well as external factors that may influence their position.

Through the sharing of best practice and the development of training and "how to" guides we will build our capacity and capability to ensure that we maximise opportunities for effective communication and engagement. We will seek opportunities to demonstrate how such activities are shaping our organisation and services for the better.

6 Who we communicate and engage with

How we communicate and engage impacts on everyone who comes into contact with the Trust and our services, but for the purpose of this strategy our audiences are segmented into four broad categories:

internal colleagues,

patients and their families, who may also be carers;

partners, including regulators and MPs;

the public, including traditional media.

6.1 Communicating with our colleagues

Our colleagues do not operate in a Trust vacuum. Most live and work locally, and are exposed to and will seek out a wide range of communication routes for information about us, including external social media platforms and traditional media.

This section of the strategy focuses on internal communication methods. Other sections cover communications with patients, partners and the public, which our colleagues may also use.

From a range of feedback we know the communication methods our colleagues currently prefer to use for information about the organisation - their line managers, weekly Trust Update, and the intranet.



Colleagues also want communication to be more targeted to help filter key information from the plethora of messages they receive every day. To target and hone internal messaging we will adopt the Purpose model:

	Enable or inform	Achieve or inspire	Belong or unite	Support or signpost
We ask ourselves	Is this content enabling colleagues to do their jobs (better)?	Is this content demonstrating benefits or sharing achievements?	Is this content helping colleagues feel they belong to our organisation?	Is this content supporting colleagues' physical & mental wellbeing?
Content or methods examples	Policies, Guidance, Team Brief cascade, Trust Update	External awards, R&D, Service, improvements	Staff networks, Stepping Up magazine, Making a Difference Awards, Staff Facebook	Occ. Health info, Trust Update
Principles or our values ie a great place to work; always learning, continuously improving	We provide colleagues with clear information to do their jobs We minimise the information burden on colleagues	We celebrate each others' successes We share learning and experiences	We connect colleagues to our vision & values We are part of "Team Stockport"	We support our colleagues to live their best lives and taken care of their health and wellbeing

We will maximise preferred internal communication methods to celebrate our colleagues' successes and foster the Team Stockport ethos where making a difference every day is our norm.

In line with colleagues preferences we will encourage services to funnel key information via the weekly Your Update rather than creating new mediums. We will limit the number of all user emails to only urgent messages relevant to all staff, and we will support services to regularly evaluate their existing communication methods to ensure they are impactful.

Line managers are key conduits for effective communications and engagement. Some managers do this extremely well, but others need further support and we will do this through the development of a managers' communications and engagement handbook, subject specific toolkits and templates, and exploring ways we can enhance our leadership development courses.

We will encourage greater manager attendance at and active engagement in the monthly Team Brief through the use of interactive tools; encouraging attendees to consistently cascade the five in five messages to their teams and feeding team comments back to the senior leadership, and we will regularly test the impact of the cascade process to help target additional support.

We know colleagues value the intranet as a repository for information to help them do their jobs. Our IM&T Strategy has the redevelopment of the intranet as a key deliverable and we will also support its development as a key tool for internal communication.

Around half of our colleagues currently use our internal Facebook group as a way to connect with each other, share information, and raise concerns that can be rapidly addressed. The number of users of the platform is largely in line with generational preferences and benchmarks well against comparable NHS organisations. We will continue to develop this valuable internal communication tool and grow its users, as well as develop other internal social media platforms in line with developing colleague preferences.

To support delivery of our Equality, Diversity and Inclusion Strategy we will work with our staff network groups to share information from their activities via Trust Update and other trusted communication mediums, and encourage greater engagement in their activities.

We will enhance Stepping Up magazine to consistently share our improvement journey, and in response to feedback we will develop a colleague magazine to help foster the Team Stockport ethos. The new magazine will celebrate individual and team successes, welcome new colleagues, and say farewell to those retiring. Both magazines will primarily be shared electronically, but some paper copies of will also be available in response to colleagues' who say they have difficulty accessing emails.

Learning from partners' experiences we will develop an app to enable colleagues to access key Trust information from their personal mobile phones. This could include links to policies, health and well being advice, their Trust email or ERS accounts, as well as push messaging about important organisational events and activities.

We will use our trusted internal communication tools to share information from partners, particularly those messages aimed at supporting health and well being.

We will drive the effective roll out of our corporate identity across all colleague focused communication tools to make the most efficient use of our resources, and enhance our brand.

Engaging with our colleagues

Colleagues have the potential to be our greatest ambassadors. If they are actively engaged and proud of working at Stockport FT they will not only stay, but also project that positivity onto their interactions with patients and other key stakeholders.

Our approach to engaging with colleagues is guided by our People Plan and organisational development strategy, and delivery is led by our People and OD team. But visible leadership is crucial to effective engagement with colleagues.

Senior leaders are role models for setting the standard for engagement with colleagues, partners and patients. How Board members interact with colleagues has a huge impact on colleagues' perception of the organisation, and we offer a number of opportunities for directors to positively engage with colleagues. They include Wednesday walkabouts, Non-Executive Directors service visits, Grand Rounds, Swartz Rounds, Team Brief, and Values into Action engagement sessions with teams.

To actively and regularly contribute to these sessions colleagues must feel there is value in their engagement. Prompt feedback and actions to address concerns raised is crucial to fostering on-going engagement and levels of positivity. We will maximise these opportunities, develop virtuous feedback loops to enable the Board to hear from the ward and back again, and encourage further engagement by sharing feedback and quick wins via the communication routes our colleagues trust.

Through directors' role modelling and the development of a communications and engagement handbook for managers for we will set the standard and expectation for our managers in how to engage with their teams.

6.2 Our patients and their families'

The Friends and Family test is one indicator of our patients' perceptions. While the numbers of patients who complete the test are relatively low at between 17-22%, the positivity scores continue to remain high, with the latest good to very good scores ranging from 84% for A& to 97% for maternity services. We have also Patient Choice, surveys, and complaints data that help to triangulate these positivity scores.

The engagement work undertaken in partnership with East Cheshire NHS Trust and local commissioners indicate good levels of positivity around ten of our services, but concerns about waiting times and staff shortages echo national research about people's current perceptions of the NHS.

Communicating with our patients and their families

Our patients and their families highly value the caring, friendly nature our colleagues demonstrate toward them. When things do go wrong poor or mis-communication is often a factor.

We can do more to support a positive patient experience by ensuring that the information patients receive throughout their care journey is in line with our communications principles in that it is open, honest, warm and friendly, clear and simple, factual, consistent, timely and accessible.

We will work with our services to ensure that the appointment letters we send out are in line with those principles, and patients and their families have consistent access to all the information they need e.g. where to park, public transport, what to expect from the appointment.

Social media is a cost effective way of sharing information. Through the development of a toolkit we will support our services and senior leaders to use social media as an effective communication tool.

Around 10,000 people a week turn to our website for information about our services. However there are a number of issues with the current site, which was designed in-house. It does not meet current accessibility standards and it is not fully adaptive, automatically sizing pages to suit the device being used to. We are undertaking a major redesign of the site, engaging external support with expertise in ensuring websites meet the needs of the end users.

The continued growth of e.communication is something we will embrace as a way of fostering rapid communications with a range of audiences. However, we are mindful that these mediums are not accessible to all, and the North West is one of the most digitally poor parts of the country.

Ensuring access to information about services and treatments is available to all is one of our key communication principles. While the growth of QR codes to access information is a welcome and cost effective communication method for many audiences, the codes cannot fully replace traditional leaflets and posters.

We will support our patient experience team, which is responsible for the production of patient information, to roll out our corporate identity across all materials in a phased and cost effective manner, as well as work with them to ensure the information they produce meets the broadest possible information and accessibility needs of our patients and their families.

Engaging with our patients and their families

We have a legal duty to engage with people to maintain their own health and care. The approach of “no decision about me without me” is at the heart of all interactions between our clinicians, our patients and their families.

That partnership approach also encompasses the many other services that may be needed to provide holistic care to an individual, both in hospital and in our neighbourhoods.

Our approach to engaging patients and their families is guided by our Patient Experience Strategy and delivery is led by our patient experience team. They engage patients and families in making improvements to services through a variety of methods, including regular surveys and targeted ward/service activities.

We will maximise the impact of these actions by purposefully promoting both the activities and the outcomes via our trusted internal and external communication channels, including on-site electronic displays, social media, website, and traditional media.

We have a number of examples of good practice in engaging patients and their families in developing and improving services, particularly in our women and children’s services. We will learn from their experiences and external good practice to guide the development of an engagement toolkit as a resource to help other services shape their approach to effective patient and family engagement.

6.3 Our partners’

There are a number of external stakeholders, including MPs and regulators, who have the potential to influence our future and our place in the developing local and regional health and care sector. It is important they have positive perceptions of us and our services.

While we have a variety of feedback opportunities to gauge the communication and engagement preferences of our internal colleagues and patients, we currently have very limited data about our partners and preferences, or their perceptions of our organisation.

Communicating with our partners

We have adopted an open, supportive and collaborative approach to working with our partners, and that will be reflected in the corporate communications we produce, both as an individual Trust and in partnership with other organisations.

To help foster trust in us as an improving organisation we will adopt a “no surprises” approach to our communications with partners, including regulators.

We will share information about our performance, improvement journey, successes, campaigns, and media coverage with our five local MPs on a weekly basis, and we will replicate this approach with our governors. We will encourage both our MPs and governors to share our information with their constituents and networks, and we will encourage their comments and questions, which we will respond to promptly and openly.

Engaging with our partners

Our overall strategy is clear about the partnership role we play in GM, and in the south east sector alongside Tameside and Glossop Integrated NHS Foundation Trust and East Cheshire NHS Trust.

Our Board members and senior leadership are involved in a wide range of formal groups, committees and Boards, as well as informal networks. How they positively engage with partners through those forums is crucial to building trusted relationships and effective collaborations for the benefit of the people and neighbourhoods we serve.

Regular communication with our partners is the first step in the engagement continuum. We will capitalise on our communication approach by creating additional opportunities to engage with our key external partners and stakeholders.

We will devise opportunities to share our improvement narrative, showcase initiatives, and identify more ways of working together to achieve joint ambitions. This will include developing an annual programme of regular face-to-face meetings, including showcase events, with our five MPs, commissioners, regulators, local councillors, neighbouring trust boards, and other identified influencers.

Our Council of Governors is made up of public, staff, and partner representatives. We will use our regular formal and informal meetings with them to engage our governors in developing a greater understanding of the challenges that face health and care systems as well securing their support for the many initiatives we are developing collaboratively to address those issues. We will support successful delivery of the membership engagement strategy.

6.4 The public

Health Foundation research found that the Covid-19 pandemic has had a major impact on the way the public views the NHS. Some 57% think the standard of NHS care has worsened over the last 12 months, and 43% believe it will continue to deteriorate but the NHS is still one of the most trusted brands.

Traditional media as an influencer of public opinion is waning in line with the public's deteriorating trust in print, TV, and radio news. However, for many key stakeholders media coverage is still an important lens by which to view the organisation.

The national media has shifted its focus on the NHS from whole heartedly supportive during the pandemic to a more negative perspective, with a particular focus on operational inefficiency and waiting times.

Our local and regional media are also interested in performance, but are more open to featuring good news stories, particularly if they can be presented from the point of view of individual clinicians or patients.

Communicating with local people

Social media is continuing to grow in importance as a key communication tool to quickly and cost effectively share information with the public.

We will grow the followers of our established social media sites by at least 10% year on year through adopting a strategic approach to the management and population of our Facebook, Twitter and Instagram sites.

The face of social media changes rapidly and we will regularly measure the impact of our current output, as well as research emerging platforms, to ensure we make the best use of our resources.

The development of a social media guide will support our colleagues, services, and senior leaders in using social media as an effective communications tool. We will provide training and guidance as required, to maximise impact while at the same time protecting themselves and the reputation of the organisation.

While social media impact is growing in importance as a communication tool, traditional media is reducing in impact and reach. However, there is still a place for positive media coverage in our drive to foster positive views of the organisation and share our improvement narrative.

We will work with our services to identify potential good news stories and trusted professionals as spokespeople, and we will train them to share their expertise and engage positively with regional radio and TV media on topical issues.

We will capitalise on the open and supportive relationships we have built with the local and regional media to share our improvement narrative via the use of case studies.

We will maintain a 90:10 positive to negative ratio for media coverage, maximising the ring fenced space available to us in the weekly Stockport Express to share positive news stories, and we will seek opportunities for wider media exposure e.g. TV documentaries.

We will use our strategic approach to social media management to amplify traditional media coverage and reach larger and wider audiences.

Our website has a key role to play in our recruitment efforts – it is the first place potential recruits turn to for information about us. We will work with People and OD colleagues to ensure the new site best markets Stockport NHS Foundation Trust as a great place to work and build a career.

We will ensure recruitment materials optimise the opportunity to share our ambitions, highlight our successes and improvement narrative, and emphasise the Team Stockport ethos for potential future colleagues.

We will work with our partners to use their communication tools e.g. local authority newsletters, to share our messages with local neighbourhoods, and also maximise the impact of joint health and wellbeing campaigns.

Hundreds of people visit Stepping Hill Hospital every day and we will maximise the potential of the site as a vehicle for effective communication. Electronic posters, information screens, pop-up stands, and posters all have a role to play in sharing key messages with our public.

These mediums will carry targeted and consistent messages to amplify our improvement narrative and ensure that visitors have the information they need to navigate the site safely. We will ensure that messages are rationalised and rotated to maximise impact and to cut through the “noise” that can arise from sharing too many messages.

Engaging with local people

We have a duty to engage with people and/or their representatives to plan services and develop and implement proposals for change. But we are not the only organisation seeking to actively engage with the public we serve.

The changing health and care landscape provides us with exciting opportunities to collaborate more effectively on communicating and engaging with our local populations; ultimately co-creating and empowering them to undertake interventions to address the health inequalities that affect some of our communities.

Our developing partnership arrangements across GM and the south east sector will be invaluable in supporting and maximising the impact of messaging, as well as engaging local communities, particularly in relation to amplifying public health messaging and working with our populations to together achieve ICS and Place ambitions.

We are committed to fully playing our part in strengthening the communication and engagement networks that developed locally, regionally and nationally during the pandemic and have continued.

Working with colleagues in East Cheshire NHS Trust and Tameside and Glossop Integrated Care NHS Foundation Trust we will adopt a collegiate approach to using our various communication and engagement pathways to maximum effect, as well as sharing learning, knowledge, skills, and expertise.

During the first year of this strategy, as active and enthusiastic members of the ICS for GM and Stockport Place, we will help to shape and deliver cohesive and impactful approaches to communications and community engagement. This will include supporting the network of community champions developed in Stockport in response to the pandemic to grow into key enablers for addressing health inequalities in our neighbourhoods.

In delivering year two and three of this strategy we anticipate communication and engagement teams from all partners will work more closely together as a cohesive whole as they recognise the benefit of embracing the power and positive impact of collaboration to achieve common objectives, such as developing joint campaigns to address health inequalities and signposting local people to new or developing services.

We are optimistic about the impact collaboration can have on the development of joint engagement activities, campaigns and interventions to encourage local people to foster positive health habits that will safeguard their well being for the long term.

As one of the longest established NHS Foundation Trusts in England we have a large public membership. Our recently approved Membership Engagement Strategy guides not only the maintenance of a healthy membership, but also how we will inform and engage with members through a range of activities and events.

Our governors are important conduits to engaging our members, and we will support them to deliver the strategy by engaging with their personal networks and also sharing information and seeking views from their constituents and local communities via the network of community champions.



7 Supporting delivery of the Trust strategy

our communications and engagement plan for 2023-24

Great place to work



Support delivery of our organisational development strategy, including organising internal awards, promoting health and wellbeing offers, sharing feedback from engagement activities.

Develop a communication and engagement handbook, toolkits and templates to support managers.

Work with People and OD colleagues to ensure the new website and recruitment materials effectively markets us as an employer of choice and tells our improvement story.

Develop a colleague magazine to foster the “Team Stockport” ethos.

Grow the staff Facebook group as a key engagement and feedback tool and explore options for the development of other internal social media platforms.

Support our internal staff networks to recognise and celebrate the diversity of our colleagues.

Develop a staff app to enable colleagues to access Trust information on their personal mobile phones.

Investing for the future by using our resources well



Focus on evaluation to target resources on most impactful communication and engagement methods.

Roll out corporate identity, templates, and style guide to increase impact of materials and reduce design inefficiencies.

Support services to evaluate their communication and engagement tools and focus efforts on methods trusted and preferred by stakeholders.

Rationalise on-site messaging methods to maximise impact.

Always learning, continually improving



Maximise sharing of our improvement narrative across internal and external communication tools.

Recruit and train a cohort of experts to contribute to media coverage and ensure a 90/10 ratio of positive to negative media coverage.

Develop a style guide to support services in communicating effectively with patients and families.

Develop a social media guide to help individuals/teams share our improvement journey.

Learn from neighbouring organisations to develop a staff app.

Expand our communications and engagement capacity, skills and expertise; sharing learning and knowledge with south sector partners.

Use best practice to shape an engagement toolkit to support our teams in effectively engaging patients and their families.

Working with others for our patients and communities



Play an active role in shaping and developing national, GM, south sector and Stockport communications and engagement networks, sharing learning and supporting delivery of collaborative objectives.

Work with Place colleagues to develop and deliver a robust approach to communications and community engagement in line with agreed GM framework.

Through strong partnerships maximise positive messaging opportunities and foster joint behavioural campaigns.

Support clinical colleagues to ensure patients and carers information needs are met.

Ensure effective communication and engagement to support the developing joint clinical strategy with East Cheshire Trust.

Support delivery of membership engagement and patient experience strategies.

Develop an annual plan of service visits, showcase events and other activities to engage influential external stakeholders.

Helping people live their best lives



Maximise opportunities to amplify public health campaigns and messages e.g. smoking cessation, vaccination take up across our trusted communication tools, and encouraging colleagues to role model preferred behaviour.

Take a strategic management approach to our social media messaging to share health and well being campaigns and encourage positive behaviour change.

Develop a new Trust website designed to meet end user needs and share our improvement journey as well as information to support positive behaviour change.

Support impactful delivery of key trust campaigns and ambitions e.g. smoking cessation and smoke free site, green plan.

9 Evaluation

Evaluation metrics will be built into all our communications and engagement methods to help inform regular stakeholder mapping and the effective targeting of our resources. Measurement will inform the maintenance of trusted methods, and the creation of new communication and engagement pathways.

We will commission external expertise to regularly assess the perceptions of key stakeholders, but indicators of a positive reputation and the successful delivery of this strategy include:

increasing numbers of people choosing to work in our organisation and our ability to fill hard to recruit to roles,

statistically significant improvements in our NHS staff survey results, particularly in relation to morale and recommending the organisation as a place to work and be cared for;

patients making informed choices about having their care with us,

Friend and Family and Patient Choice feedback consistently positive about us,

Increased involvement in engagement activities in line with the demographic make-up of our communities and positive feedback on that engagement,

media coverage consistently 90% positive of the organisation,

10% year on year growth in our social media following and 90% positive comments.

STOCKPORT NHS FOUNDATION TRUST

Minutes of the Annual Members Meeting held on 5 October 2022 at 4.30pm Pinewood House Education Centre, Stepping Hill Hospital

Attendance:

Prof T Warne	Chairman
Mrs C Anderson	Non-Executive Director
Mr A Bell	Non-Executive Director
Ms A Bromley	Director of Workforce & OD
Mrs N Firth	Chief Nurse
Mr J Graham	Director of Finance / Deputy Chief Executive
Mrs K James	Chief Executive
Dr M Logan-Ward	Non-Executive Director / Deputy Chair
Dr A Loughney	Medical Director
Mrs M Moore	Non-Executive Director
Mr J O'Brien	Director of Strategy & Partnerships
Mrs C Parnell	Director of Communications & Corporate Affairs
Dr L Sell	Non-Executive Director

51 Public and Staff Members

	Item	Action
01	Welcome and Opening Remarks The Chair welcomed everyone to the Stockport NHS Foundation Trust 2022 Annual Members Meeting, noting this was the first annual meeting to be held in public since the pandemic. The Chair highlighted some of the challenges the Trust, and the broader health and care system, had faced over the last year, and commended the many examples of great work by clinical and professional support teams during this period.	
02	Outcome of Governor Elections 2022 The Chair presented the outcome of the governor elections 2022, and thanked all governors that had stepped down during the year including: <ul style="list-style-type: none"> - Toni Leden, Public Governor - Robert Cryer, Public Governor - David Rowlands, Public Governor - Zahida Ikram, Public Governor - Srinath Meadipudi, Staff Governor - Jude Wells, Appointed Governor, Stockport Local Authority 	
03	Review of the Year 2021/22 and Looking Ahead The Chief Executive presented a review of the year, including a film showcasing key achievements during 2021/22. In addition, the Chief Executive described the Trusts objectives for 2022/23 and highlighted work taking place to restore services following the pandemic, support the workforce, develop partnerships to address health inequalities and	

	developments to the Trusts digital and estates infrastructure to meet the needs of service users.	
04	Annual Accounts 2021/22 The Chief Finance Officer presented the Annual Accounts 2021/22. He presented the financial position for 2021/22, including income and expenditure, and described the financial requirements for 2022/23 and key challenges. The Chief Finance Officer confirmed the Annual Accounts 2021/22 had been audited and an unqualified external audit opinion received.	
05	Service Improvement: Pain Management Service Dr David Crabtree, Consultant, and Esther Sieff, Specialist Pain Nurse provided a presentation regarding transformation work undertaken to improve the Pain Management Service provided by the Trust. They described the reasons for undertaking the work and the involvement of colleagues and patients in designing improvements to meet the needs of those working in and using the service.	
06	Question & Answer Session The Chair confirmed questions had been submitted in advance of the meeting regarding actions being taken in response to increasing demand for the Emergency Department, delays in ambulance handovers and delayed discharges. Furthermore, a question was submitted regarding waiting times following GP referral. The Chair highlighted work taking place with partners to address challenges to patient flow, noting the ability to treat patients in a timely way via the Emergency Department was impacted by the Trusts ability to admit emergency patients to available hospital beds for further tests or ongoing treatment, which was in turn impacted by the Trusts ability to discharge patients. He highlighted the challenge in prompt discharge, which relied heavily on the ability of social care and nursing home partners to be able to provide the support patients need, and the significant workforce challenges that were being faced by our partners. Councillor Lisa Smart acknowledged the work being taken to support timely ambulance handover and highlighted work taking place in the locality to support this. The Director of operations agreed to engage further with Councillor Smart in this regard. Furthermore, the Chair highlighted work being undertaken to restore elective activity following the pandemic, including utilisation of the independent sector where appropriate. A member of the public highlighted the different ways of working following the pandemic, including virtual appointments, and suggested engagement with members of the public to highlight the benefits of different technologies. The Chair supported this comment, noting that the Trust would continue to work with patients and service users to ensure the pathway of care was appropriate for the individual. A member of the public suggested more could be done to understand and share the patient experience. The Chair highlighted that each Board meeting commenced with a patient story, bringing the experience of the patient into the room. Esther Sieff, Specialist Pain Nurse, highlighted the involvement of patients within the pain service transformation work, and	



Stockport
NHS Foundation Trust

	<p>described methods by which patients can provide feedback following treatment, including the Carers Opinion website.</p> <p>A member of the public sought further information regarding 7-day services. Notwithstanding continued development of 7 day services, the Chair and Director of Operations described those services that were provided, noting this also included a number of diagnostic services and out of hours specialists.</p> <p>A member of the public referred to the new hospital bid, with the proposed site in Stockport town centre, and sought further information regarding the existing hospital site and impact on those living in High Peak. The Chief Executive highlighted current challenges with the ageing Stepping Hill site estate, noting that existing Stepping Hill estates, that was fit for purpose, would continue to be utilised. She highlighted that the new Emergency & Urgent Care Campus, was designed to be utilised as an agile space. Furthermore, the Chief Executive, noted the proposed town centre location provided greater transport links for patients. The Chair echoed the challenges with the current estates and commented that, if successful, would provide an opportunity to revolutionise care.</p>	
07	<p>Close</p> <p>The Chair thanked all for attending, noting the date and time of the meeting would be confirmed in due course.</p>	

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Board of Directors (Public)		3rd 9.30-3.30		7th 9.30-3.30		1st 9.30-3.30		4th 9.30-3.30		6th 9.30-3.30		1st 9.30-3.30		2nd 9.30-3.30	
Council of Governors		23rd 3.00-5.00		27th 3.00-5.00			6th 3.00-5.00		28th 3.00-5.00			14th 12.00-2.30		22nd 3.00-5.00	
Informal Council of Governors Meeting	10th 11.00-12.00		14th 11.00-12.00		9th 11.00-12.00			8th 11.00-12.00			7th 12.30-1.30		9th 11.00-12.00		13th 11.00-12.00
Chair & Lead Governor Meeting (Lead Governor only)	27th 11.00	14th 2.30	14th 2.30	11th 11.00	30th 11.00	23rd 11.00	25th 11.00	22nd 11.00	12th 2.00	17th 11.00	21st 11.00	8th 1.00			
Nominations Committee (Nominations Committee members only)		10th 1.00-2.00			19th 1.30-3.30 (Shortlisting)	8th 10.00-4.00 (NED Interviews) 21st 3.00-4.00				7th 8.30-10.00 (Shortlisting)	1st 8.30-2.30				
Membership Development Group									20th 12-1.30			6th 12-1.30		14th 12-1.30	
Governor Training & Development (All Governors)															
Core Skills			15th 10.00-2.30 (Virtual)												
Member and Public Engagement				5th 11.30-2.30 (Virtual)											
Recruitment Training for Nomination Committee Governors					17th 10.00-12.00 (Oak House Committee Rm)										
Integrated Care Systems (ICS) Update						20th 10.30-1.00 (Virtual)									
NHS Finance									6th 10.00-11.00 (Virtual)						
Induction / Core Skills Refresher											14th 9.30 - 12.15 (Fred Perry House)				
Effective Questioning and Challenge / Holding to Account											14th 1.00 - 3.30 (Fred Perry House)				
Annual Members Meeting										5th 4.00-5.30					

NB: Timings may be subject to minor changes

The Council of Governors Calendar 2023-24 will be finalised and disseminated to the Council of Governors before the end of December 2022