NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

7 OCTOBER 2021

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 7 October 2021
Held at 9.30am at Pinewood House Education Centre

(This meeting is recorded on Webex)

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests	*Verbal*	
	3.	Patient Story		**N Firth**
	4.	Staff Story - Community Services Presentation		**M Malkin / T Aspin**
0950	**5.**	Minutes of Previous Meeting – Held on 5 August 2021	✓	**T Warne**
	6.	Action Log	✓	**T Warne**
0955	**7.**	Chair's Report	✓	**T Warne**
1005	**8.**	Chief Executive's Report	✓	**J Graham**
	9.	**PERFORMANCE**		
1015	9.1	Integrated Performance Report • Quality • Workforce • Operational • Finance	✓	**J Graham**
1035	9.2	Winter Capacity Planning	*Verbal*	**J McShane**
	10.	**IMPROVEMENT**		
1045	10.1	Quality Strategy	✓	**N Firth / A Loughney**
1100	10.2	One Stockport Health & Care Plan	✓	**A Bailey**
	11.	**ENGAGEMENT**		
1110	11.1	WRES & WDES Annual Report	✓	**A Bromley**
1120	11.2	Patient Experience Annual Report	✓	**N Firth**
	12.	**GOVERNANCE**		
1130	12.1	Board Committee Assurance – Key Issues & Assurance Reports		
		• Audit Committee	✓	**D Hopewell**
		• Finance & Performance Committee	✓	**C Anderson**
		• Quality Committee	✓	**M Logan-Ward**
		• People Performance Committee	✓	**C Barber-Brown**

1145	12.2	Board Assurance Framework 2021/22	✓	**J Graham**

13. CONSENT AGENDA

13.1 Nil items

14. ANY OTHER BUSINESS

15. DATE, TIME & VENUE OF NEXT MEETING

15.1 Thursday, 2 December 2021, 9.30am, Pinewood House Education Centre

15.2 Resolution:
"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".

STOCKPORT NHS FOUNDATION TRUST

Minutes of a the meeting of the Board of Directors held in public on Thursday, 5 August 2021 9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Prof T Warne	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Mr A Bell	Non-Executive Director
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Ms J Newton	Associate Non-Executive Director *
Mrs E Stimpson	Acting Director of Workforce & OD
Dr L Sell	Non-Executive Director

** indicates a non-voting member*

In attendance:

Mrs S Curtis	Deputy Company Secretary
Mrs H Howard	Deputy Chief Nurse

184/21 Apologies for Absence

Apologies for absence were received from Mr Bailey, Mrs Parnell and Mrs Firth. Prof Warne welcomed Board members and observers to the meeting.

185/21 Declaration of Interests

There were no declarations of interest.

186/21 Patient Story

The Deputy Chief Nurse introduced a short film about the Acute Frailty Unit, demonstrating the commitment of the multi-disciplinary teams to prevent avoidable hospital admissions and reduce the length of stay for the most vulnerable people. The Board heard that the Acute Frailty Unit had been nominated for an HSJ award in the improving care for older people category.

Due to technical difficulties it was agreed to circulate the video to all Board members and meeting observers.

The Board of Directors:

- Agreed that the film would be circulated outside of the meeting.

187/21 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 3 June 2021 were agreed as a true and accurate record of proceedings, subject to an amendment to identify Ms Newton as a non-voting Board member.

188/21 Action Log

The action log was reviewed and annotated accordingly.

189/21 Chair's Report

The Chairman presented a report reflecting on recent activities within the Trust and the wider health and care system.

He briefed the Board on the content of the report and highlighted work to develop a place and neighbourhood based approach across the local health and care system, and the forthcoming regular meetings between the Chairs of key bodies across Stockport to share best practice.

The Board of Directors:

- Received and noted the report.

190/21 Chief Executive's Report

The Chief Executive presented a report providing an update on local and national strategic and operational developments. She briefed the Board on the content of the report and highlighted developments around integration and innovation, noting work with Greater Manchester (GM) and local system partners around the creation of an Integrated Care System (ICS).

The Board heard that the Trust had been awarded an Employer Recognition Scheme Gold Award, following the Trust's efforts in supporting members of the armed forces community. The Chief Executive advised that the award was the highest honour given by the national scheme and she congratulated the Deputy Chief Nurse and the team for this fantastic achievement.

The Board heard that the recently established acute frailty service and the discharge to assess team had also been shortlisted for the prestigious HSJ Patient Safety Awards in two categories and congratulated all involved.

The Chief Executive provided an overview of an estates and facilities graduate scheme and recent service visits to the portering and sterile services teams.

In response to a question from a Non-Executive Director about the support provided by PricewaterHouse Cooper (PwC) around the ICS development, the Chief Executive said that GM was not unique in using external facilitation around the provider alliance

development, and noted that it was useful to have independent facilitation in this area.

The Board of Directors:

- Received and noted the report.

191/21 Integrated Performance Report

The Chief Executive introduced the new style Integrated Performance Report (IPR) and the Chairman commended the new format for its clarity.

The Chief Executive said that the revised IPR included exception reporting, and was still evolving with new national metrics to be included. Board members were invited to provide feedback on the report format and content.

QUALITY

With regard to hospital onset Covid rates, the Deputy Chief Nurse noted that after nine weeks of reporting zero nosocomial infections, 12 cases had been reported in June. The Board heard that eight of these related to an outbreak within an off-site ward facility. The Deputy Chief Nurse briefed the Board on mitigation actions and advised that the position had improved, with only two cases reported in July.

In response to a question from the Chairman, who queried if the Trust was in line with other organisations around nosocomial infections, the Deputy Chief Nurse confirmed that the Trust back on track and in line with its peers.

In response to a question from the Chairman who asked if there had been any resistance from visitors around mask wearing and other IPC requirements now that the restrictions had been lifted outside of healthcare settings, the Deputy Chief Nurse confirmed that this was a challenge that was being addressed on a daily basis.

The Deputy Chief Nurse reported an increase in falls causing moderate harm and above and noted that a deep dive had identified the acuity of patients as the main driver for the adverse position. She briefed the Board on mitigating actions, including the work of the acute frailty unit and the implementation of a revised falls policy.

The Board noted an increase in hospital category 2 pressure ulcers, most of which were medical equipment related pressure ulcers. She provided an overview of mitigating actions, including the work of the tissue viability team around the effect of Covid on skin integrity and noted that a task and finish group had been established to drive improvements in this area.

In response to a question from a Non-Executive Director about the increased pressure ulcers in Covid patients, the Deputy Chief Nurse noted that this was not a unique position to this Trust and advised that the Tissue Viability Matron was part of the GM network where learning was shared, including around long Covid. The Chairman suggested this as an area for the Clinical Audit to review.

WORKFORCE

The Acting Director of Workforce & OD reported an increased sickness absence position and highlighted continued work to support staff, including around Covid, long-Covid and psychological support.

The Board heard that the appraisal metric included both medical and non-medical appraisals and the Acting Director of Workforce & OD briefed the Board on work with divisions to improve the position, including a focus at the divisional performance meetings.

In response to a question from a Non-Executive Director who queried if new methods of support were being developed to support staff with long-Covid, the Acting Director of Workforce & OD advised that the current policies and procedures were being applied and staff were being supported on an individual basis, with roles adjusted where necessary.

In response to a question from a Non-Executive Director, the Acting Director of Workforce & OD confirmed that the sickness absence data did not include staff who were isolating without Covid symptoms. She also advised that the Trust had recently implemented a new Standard Operating Procedure to enable staff to break isolation to return to work.

In response to a question from a Non-Executive Director, who queried the financial impact of sickness absences, the Director of Finance noted that while it was not a significant concern in H1 as the current funding was based on last year's run rate, there was a risk for H2 if the rates remained high.

The Acting Director of Workforce & OD also briefed the Board on work to reduce the reliance on agency staff, including substantive recruitment and creation of alternative roles, and noted robust management of agency expenditure.

A Non-Executive Director highlighted the importance of tracking the wellbeing of both the staff who were isolating as well as those who were working under increased pressure due to staff absences, and suggested that the People Performance Committee would keep this under review.

The Chairman agreed that this was an important area to track, and should also be monitored during service visits.

OPERATIONS

The Director of Operations highlighted Emergency Department (ED) performance as an area of concern due to the significant increase in attendances. Following safety reviews undertaken, the Board received assurance that the department was safe and good quality of care was being managed despite the high volumes.

The Director of Operations advised that only one 12-hour trolley wait had been reported last month, which was reassuring given the high levels of attendances.

She said that the levels of ED attendances were being monitored as part of winter planning, and if the consistent increase continued, there would be a need for financial discussions around staffing levels.

On behalf of the Board, the Chairman acknowledged and thanked all relevant staff for the commitment and maintenance of high quality service during these difficult times.

The Director of Operations advised that benchmarking was being undertaken in the GM around ED performance, and noted that despite the significant pressures, the Trust was currently the third best performing ED in GM. She reiterated the Chairman's gratitude to the team, noting that the new build would help as the present department was not fit for purpose for the high numbers of attendances.

The Director of Finance highlighted the importance of understanding and monitoring the impact of the pressures on the resilience and wellbeing of staff, noting that the position was not unique to this Trust.

In response to questions from Non-Executive Directors regarding the impact on patient experience, the Deputy Chief Nurse advised that the feedback was overall very positive and that patients did not have to wait in corridors due to changes made to the department's layout.

The Director of Operations was pleased to report that the Trust was the best in GM and seventh best nationally regarding ambulance handover and turnaround times.

In response to a question from the Associate Non-Executive Director regarding the impact on inpatient activity, the Director of Operations reported consequent pressures on inpatient beds, particularly around the ability to staff the additional escalation beds. She advised that a business case was currently being developed to right size the bed base capacity.

In response to a follow up question from the Associate Non-Executive Director regarding the reasons for the increased attendances, the Director of Operations and Medical Director advised that this related mainly to people wishing to have face to face appointments, with many accessing multiple healthcare facilities prior to attending the Trust's ED.

In response to questions from a Non-Executive Director regarding recovery, the Director of Operations briefed the Board on work to refresh the Trust's theatre metrics to align them with the Tameside model and confirmed that the 90% recovery target for theatres related to pre-Covid levels. She highlighted work around outpatient recovery, with the aim to maximise activity while maintaining social distancing measures.

In response to a follow up question from the Non-Executive Director, the Director of Operations advised that the productivity metrics would be reported through the Finance & Performance Committee.

In response to a question from a Non-Executive Director, the Director of Operations briefed the Board on work with the Discharge to Assess Board to define the community bed base capacity and the Director of Finance commented that some of the challenges were out with the health and local authority ownership. The Director of

Operations highlighted work around out of area discharges, with monthly meetings taking place, and noted good support from the local authority and Stockport CCG on the impact these challenges had on Stockport.

The Chairman said that following a request from governors, the October Council of Governors' meeting would focus on out of hospital services and how the Board received assurance in this area.

The Director of Operations briefed the Board on performance around the diagnostic and referral to treatment (RTT) standards, highlighting the importance of recovery.

FINANCE

The Director of Finance reported that the financial position remained on plan and the Trust was forecasting to deliver the H1 financial envelope.

He highlighted concerns around recurrent CIP delivery and briefed the Board on mitigating actions, noting that this was an area of focus at the divisional CIP meetings.

The Board heard that while the funding confirmation for H2 and national guidance was now likely to be issued in September, the Trust had commenced internal H2 planning while the guidance was awaited. He highlighted winter planning as an integral part in this area.

A Non-Executive Director noted that the recurrent CIP delivery had been an ongoing issue for the Trust and queried what would be different this year.

The Director of Finance commented that with the current financial regime, trusts were funded on run rate and work was ongoing internally to establish how the run rate reductions could be converted recurrently. The Chief Executive highlighted work to improve systems and processes to increase productivity.

The Chairman noted that in order for the Board to be able to focus on exception reporting going forward, he would ask the new Company Secretary to consider how the assurance provided at Committee meetings could be shared with the Board to enable this approach.

A Non-Executive Director endorsed the proposed approach and said that he would also welcome further narrative in the IPR to provide a more holistic view around the metrics.

The Board of Directors:

- Received and noted the Integrated Performance Report and commended the revised format.

192/21 Winter Planning

The Director of Operations presented a report updating the Board on the approach taken internally and with the system to prepare for winter 2020/21, feedback and review on the impact of the schemes, and the approach to planning for winter 2021/22.

She briefed the Board on the content of the report and highlighted themes arising from the system wide winter debrief as well as the internal and locality approach to winter planning 2021/22.

A Non-Executive Director welcomed the earlier start to winter planning compared to previous years and queried if the Board needed to approve any financial decisions in this area. The Director of Operations noted that following the next winter planning workshop on 20 August 2021, it was possible that the Board would be asked to make decisions with regard to winter schemes at the September Board meeting.

A Non-Executive Director welcomed the winter planning work and queried if there were any key locality blockers that needed to be looked at around pathway delivery. The Director of Operations said that she was not aware of any blockers at this stage, but highlighted the potential adverse impact of increased ED attendances on the success of the schemes.

The Medical Director highlighted the unpredictability of this winter but commended the processes that the Director of Operations had put in place to deal with both the predictable and non-predictable elements, including improved system working.

The Director of Finance briefed the Board on ongoing work with locality partners, noting that the lack of clarity of H2 finances also applied to the CCG. He added that the availability of assets was a limiting factor around the success of the winter schemes.

The Chairman welcomed the earlier winter planning process with good engagement from the teams. He noted that while the next Public Board meeting was in October, the Board could hold a Private Board meeting on 2 September 2021 or schedule extraordinary Board meetings if necessary to approve winter schemes.

In response to a question from the Chairman, the Director of Operations agreed to present information about the operationalisation of winter schemes and escalation processes at the next Board meeting.

The Board of Directors:

- Received and noted the report,
- Noted the potential need for an extraordinary Board meeting to approve winter schemes,
- Agreed that Mrs McShane would present information about the operationalisation of winter schemes and escalation processes at the next Board meeting.

193/21 Safeguarding Annual Report

The Deputy Chief Nurse presented a Safeguarding Annual Report 2020/21, which also included objectives identified for 2021/22.

In response to a question from a Non-Executive Director, the Deputy Chief Nurse provided further clarity on the governance process for the report and welcomed the Non-Executive Directors offer to support development of the report.

In response to a suggestion from a Non-Executive Director, it was agreed that the Quality Committee would consider the assurance provided by the report as well as identify key objectives to be tracked by the Committee before any wider publication of the report.

In response to a question from the Associate Non-Executive Director, the Deputy Chief Nurse briefed the Board on the revised safeguarding structure and noted successful recruitment to vacancies in this area.

In response to a question from a Non-Executive Director regarding what actions were taken to improve safeguarding training compliance, the Deputy Chief Nurse briefed the Board on a revised training provision and a trajectory to get back on track, noting that compliance was tracked through the Safeguarding Group.

In response to a further question from the Non-Executive Director, who queried the numbers behind the percentages, the Deputy Chief Nurse noted that while it was difficult to give exact figures, the numbers of staff requiring safeguarding level 3 training, for example, had increased from a couple of hundred to thousands.

In response to a question from a Non-Executive Director, who queried if safeguarding was fully embedded across the Trust, the Deputy Chief Nurse acknowledged that there was always work to do around safeguarding. She highlighted challenges with mental health in particular and briefed the Board on work with Pennine Care to develop a mental health strategy. With regard to the wider aspects of safeguarding, the Deputy Chief Nurse said that she had a significant level of confidence regarding the work undertaken to get safeguarding embedded in practice.

In response to a concern raised by a Non-Executive Directors that the named safeguarding doctor role had been vacant for some time, the Medical Director advised that the issue had only recently been brought to his attention and work was now ongoing to fill the gap.

The Board of Directors:

- Received and noted the report,
- Agreed that further work was required regarding the presentation and content of the report,
- Agreed that the Quality Committee would consider the assurance provided by the report as well as identify key objectives to be tracked by the Committee before any wider publication of the report.

194/21 Quality Strategy

The Medical Director advised that the Quality Committee had considered a draft Quality Strategy at its most recent meeting and had highlighted a number of gaps in its content, including its alignment with other Trust strategies and reference to the extensive transformation work.

The Board heard that following re-engagement with key stakeholders, a revised version would be presented to the Quality Committee and subsequently to the Board.

A Non-Executive Director highlighted the need for meaningful re-engagement and not to rush the process. She also stressed the importance that any delay in the process did not have an adverse impact on the quality improvement work.

The Board of Directors:

- Noted the verbal update.

195/21 Corporate Objectives Review

Mrs James presented a report providing an update on progress against the agreed corporate objectives for 2021/22.

She briefed the Board on the content of the report and advised that the mid-year review supported the end of year delivery of the agreed outcomes, with the following exceptions:

- A&E performance improvement trajectories,
- Restoration of elective services.

In response to a question from the Chairman, the Chief Executive and Director of Operations briefed the Board on the decision to centralise the performance and validation team and associated systems and processes to address variation.

In response to a question from the Chairman about the outcomes of the full validation exercise, the Director of Operations confirmed that these would link through the performance metrics going forward.

In response to a question from a Non-Executive Director, who sought further clarity about the difference between the strategic objectives and the corporate objectives, the Chief Executive provided an overview on the differences and confirmed that the corporate objectives would be used for the Board Assurance Framework (BAF).

In response to a question from the Associate Non-Executive Director, the Chief Executive advised that the locality partnership objectives were included in the One Stockport Plan, and work was ongoing with the locality construct to deliver that plan.

In response to a question from a Non-Executive Director, the Chief Executive provided further clarity regarding the work around community services, including the associated reporting processes.

The Board of Directors:

- Received and noted the report.

196/21 Board Committee Assurance

Audit Committee Report

The Chair of Audit Committee (Non-Executive Director) presented a key issues and assurance report from the Audit Committee meeting held on 22 July 2021. He briefed the Board on the content of the report and highlighted substantial assurance received following a key financial systems review, and confirmed the successful achievement of the Annual Report and Accounts deadlines.

The Board heard that the Committee had noted next steps to finding a longer term solution to the patient clinical letter issue, and agreed that ongoing monitoring of the current position would be tracked by the Quality Committee.

Finance & Performance Committee

The Chair of Finance & Performance Committee (Non-Executive Director) presented a key issues and assurance report from the Finance & Performance Committee meeting held on 15 July 2021. She briefed the Board on the content of the report and highlighted the challenges around the achievement of the H2 recovery targets.

The Board heard that the Committee had also considered a Model Hospital presentation, a report on a revised business case process, and a urology robot business case. The Chair of Finance & Performance Committee advised that a positive discussion had been held about the way in which performance was reported to the Committee.

Quality Committee

The Chair of Quality Committee presented a key issues and assurance report from the Quality Committee meeting held on 27 July 2021. She briefed the Board on the content of the report and highlighted the Committee's consideration of a Draft Quality Strategy, Quality Account, and reports around Serious Incidents, sepsis management and compliance, health and safety, and infection prevention and control.

In response to a question from the Chairman regarding timescales for the limited assurance actions, the Chair of Quality Committee and Medical Director briefed the Board on progress and confirmed that there was a whole suite of actions that were being monitored by the Quality Committee.

The Chairman acknowledged and commended the improvement around sepsis compliance.

People Performance Committee

The Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee held on 8 July 2021. She briefed the Board on the content of the report and highlighted the Committee's concern following consistent feedback received from staff that they did not feel that their work during Covid had been recognised or valued. The Board heard that the Committee had referred the issue to the Executive Team for consideration and reporting back to the Committee.

The Chair of People Performance Committee highlighted positive assurance received on the use of the health roster, and work to improve the accessibility and signposting of health and wellbeing support to staff. In response to a question from Non-Executive Directors, the Acting Director of Workforce & OD provided further clarity about actions in this area and Non-Executive Directors welcomed the additional focus by the Committee.

The Chairman highlighted the importance of staff health and wellbeing and breaking any barriers to ensure staff accessed the help required.

The Board of Directors:

- Received and noted the Committee Reports.

197/21 Date, time and venue of next meeting

The next meeting of the Board of Directors held in public would be held on Thursday, 7 October 2021, commencing at 9.30am (venue to be confirmed).

198/21 Resolution

The Board resolved that:

"The representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".

Signed:_____Date:_____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
07/01/21	11/21	Winter planning	Outcome of the winter debrief to be reported to the Board or appropriate assurance committee. **Update 4 Feb 2021** – It was agreed to consider the outcome of the winter debrief at the May Board meeting. **Update 3 Jun 2021** – The winter debrief to be reported to the August Board meeting. **Update 5 Aug 2021** – On agenda. Action complete.	August 2021	J McShane
05/02/21	33/21	Chief Executive's Report	Present outcome of evaluation NHS 111 signposting to the Board including any issues raised by patients in accessing the NHS 111 service.	TBC	K James
01/04/21	87/21	IPR	Consider how to facilitate future service visits by Board members. **Update 5 Aug 2021** – Mrs Firth would be circulating a report to Board colleagues shortly detailing how the service visits would be facilitated.	August 2021	K James / N Firth
01/04/21	87/21	IPR - quality	Mental health strategy for Stockport to be presented to the Board.	November 2021	A Loughney
01/04/21	89/21	Stockport System Improvement Board	IPR to be annotated to highlight indicators reviewed by SSIB.	May 2021	J McShane
06/05/21	114/21	Chair's Report	Professor Warne invited Board members to provide comments on the work plan ahead of its presentation to a future Board meeting. **Update 3 Jun 2021** – Prof Warne advised that the	August 2021	T Warne / C Parnell

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			work plan was being realigned to reflect the move to bi-monthly Board meetings. **Update 5 Aug 2021** – On agenda. Action complete.		
06/05/21	116/21	BAF	The 2021/22 BAF would be presented to the June meeting. **Update 3 Jun 2021** – The Board would consider the prioritisation of risks at the September Private Board meeting, and the full revised BAF would be presented to the October Board meeting.	October 2021	N Firth
05/08/21	192/21	Winter Planning	Mrs McShane agreed to present information about the operationalisation of winter schemes and escalation processes at the next Board meeting.	October 2021	J McShane

On agenda
Not due
Overdue
Closed

Stockport NHS Foundation Trust

Meeting date	7 October 2021	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chair's Report					
Lead Director	Professor Tony Warne, Chairman		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

The Board is asked to note the content of the report.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

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

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

Where issues are addressed in the paper-

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

Executive Summary

This report advises the Board of Directors 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 Board of Directors of the Chair's reflections on his recent activities.

2. EXTERNAL PARTNERSHIPS

During the pandemic we have seen the value of effective partnership working, and the drive for greater collaboration is increasing at pace nationally, regionally, and locally.

It is only by collaborating effectively with partners across Stockport and neighbouring areas that we will be able to deliver on our strategic ambitions for the health and wellbeing of the people we serve.

So I was delighted to recently attend my first Stockport Heath and Wellbeing Board. It was truly great to be at the same table as our One Stockport partners, providing oversight of the proposed shadow locality boards and executive group. I am optimistic that such a new structure may herald a new era for governance where we not only seek assurance ourselves about the services we provide but also, via shared governance arrangements, receive robust assurance from others.

Recently Karen James, our Chief Executive, and I met with the leader and Chief Officer of Stockport Metropolitan Council. This was an extremely positive meeting that acknowledged the increasingly effective relationship between the two organisations, and the role that Karen has played in strengthening our ongoing collaboration.

Working closely with our neighbours in Tameside and Glossop Integrated Care NHS Foundation Trust we are seeing the benefit of sharing knowledge and expertise, and one example of that is the new executive appointment of a joint Director of Strategy and Partnerships.

It is also good to see the work continue with East Cheshire NHS Trust on the development of a joint clinical strategy. Together we serve a common population and I am excited about the opportunities still to come from working more closely together to meet the needs of local people.

3. TRUST ACTIVITIES

This organisation has always been known for its friendliness and warm welcome to both patients and new staff, so I am really pleased to see the introduction of a refreshed induction process for colleagues joining the "Stockport family."

It is this friendly approach as well as our growing reputation for the improving quality of our services that is continuing to attract high calibre candidates for roles, and I was delighted to be part the interview panel that recently appointed two excellent new consultants for our emergency department.

We also welcome a new company secretary, Rebecca McCarthy, and Nadia Baynham, our new equality, diversity and inclusion lead. These are key appointments with Rebecca helping us on our journey to improve our governance arrangements, and Nadia assisting us in ensuring all staff - whatever their background, race, gender or ability - are treated equally.

While it is great to welcome new colleagues to the organisation, it is also a pleasure to get out and about across the Trust meeting long standing members of staff. Often when we talk about the organisation people think about Stepping Hill Hospital, but our community teams also play a huge role in providing care to local people so it was a privilege recently to join Karen in visiting many of our community based colleagues.

They should all be hugely proud of the work they are doing, and I was particularly impressed by the discharge to assess team. Their work, which is essentially a partnership with the local authority and other agencies, is an example of the positive impact effective collaboration can have on the care we provide.

Another key partnership in the life of the Trust is with our Council of Governors and I have really enjoyed the two informal sessions we have had with our governors over the last two months. We are fortunate to have governors with such an interest in the Trust and our services, who willingly give up their time to support us.

Our next formal meeting is due the day before this Board meeting and it will be our opportunity to say goodbye to some long standing governors, who are reaching the end of their terms of office, before we welcome a number of new governors in October who I am sure will bring equal enthusiasm and interest to their roles.

4. STRENGTHENING BOARD OVERSIGHT

Over the last 18 months there have been lots of changes to the make-up of our Board of Directors so it is important that we devote time to developing as an effective team.

We have had two recent development sessions looking at the Trust's transformation programmes and focusing on what well led looks like. Thank you to everyone who facilitated the two events, and we look forward to a number of interesting and informative developments sessions in the coming months.

5. RECOMMENDATIONS

The Board of Directors is asked to note the content of the report.

Stockport NHS Foundation Trust

Meeting date	7 October 2021	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Karen James, Chief Executive		Author	Director Communications & Corporate Affairs		

Recommendations made/ Decisions requested

The Board is asked to note the content of the report.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe	x	Effective
	Caring		Responsive
x	Well-Led		Use of Resources

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
		PR4	Performance recovery plan is not delivered
		PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs
		PR6	Failure to deliver agreed financial recovery plan

		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do no protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments including:

1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of strategic and operational developments.

2. NATIONAL NEWS

2.1 National appointments

Amanda Pritchard has been appointed as the Chief Executive of NHS England after two years as its Chief Operating Officer. The first women to take on the leading national role, she was appointed to replace Sir Simon Stevens.

Tom Cahill, who has been the Chief Executive of Hertfordshire Partnership University NHS Foundation Trust, has been appointed as National Director for Learning Disabilities and Autism.

Sir Jim Mackey, who is the Chief Executive of Northumbria Healthcare NHS Foundation Trust, has been appointed by NHS England to advice on the national elective recovery programme two days a week.

3. REGIONAL NEWS

3.1 Integration and innovation

As highlighted in my last report to the Board the Government's White Paper, *Integration and Innovation: working together to improve health and social care for all,* is currently going through Parliament with a view that the changes it proposes will be implemented from April 2022.

It will see the creation of Integrated Care Systems (ICS), and each will be made up of two bodies – NHS ICS Boards responsible for NHS planning and allocation decisions as well as the day to day management of the ICS, and ICS Health and Social Care Partnerships, which will bring together NHS, local authority and wider partners to address local health, social care and public health needs.

Stockport is one of ten localities within the Greater Manchester ICS, and in line with other localities Stockport partners, including the Trust, are continuing to work on the development of a locality board, a provider partnership/alliance, and integrated neighbourhoods. Once established these arrangements will support improvements to the health and wellbeing of the local population.

In September the Department of Health and Social Care published the Integrated Care Partnership (ICP) engagement document development by NHSE/I and the Local

Government Association setting out expectations around the role ICPs will play within statutory arrangements for ICS, including:

- producing an integrated strategy for their area,
- agreeing collective objectives,
- facilitating joint action on health outcomes and the wider determinants of health.

In establishing at least interim ICPs from April 2020 each system is expected to consider what arrangements would work best in their area, including resourcing, membership and priorities.

It will be the roles of the Chair Designates of each Integrated Care Board to ensure that:

- each system creates an ICP in preparation for legislation,
- NHS and local authority leaders agree by October 2021 how the ICP will be established and at least a secretariat resourced during 2021-22,
- statutory partners come together to oversee the ICP set, including engagement with stakeholders, by November 2021.

While the membership of each ICP will be determined locally the engagement document makes it clear that each would be expected to be at least a partnership between the NHS, local authorities and the wider community.

3.2 Operational pressures

Across the country the whole of the NHS is working hard with partners to address the growing demand for care, which can be seen by the increase in ambulance calls and pressure on emergency departments, with the drive to restore services impacted by the pandemic.

Bed occupancy levels are often a good indicator of the pressure on services and across the North it has been consistently above the 85% rate, which is considered to be the optimum for a hospital to operate effectively and safely. Despite great work with our partners to swiftly discharge patients once they no longer need acute hospital care our bed occupancy rate is regularly above 90% as we strive to balance the needs of people requiring elective care and those coming through the doors of our emergency department, often needing admission to hospital.

Prior to the pandemic we rarely saw more than 300 people a day needing emergency care, but now the rate is consistently above that position and recently on one day alone we cared for more than 370 people. Despite the demand – and thanks to the great work of colleagues across our hospital and in our community services – we continue to perform well against the four hour national standard when compared to other departments in Greater Manchester.

For any NHS organisation there is always a fine balance, between elective and non-elective care, particularly as we head into the winter months, but the position is exacerbated by the ongoing need to provide hospital care for patients with Covid-19 in a way that safely protects other patient from the risk of infection.

There are more details about our performance against a range of standards in the integrated performance report.

4. TRUST NEWS

4.1 New Hospitals programme

We have submitted our bid to be one of the 40 new hospitals to be built as part of the Government's £3.7 billion New Hospitals programme.

News of our proposal to build a new hospital in the centre of the town attracted substantial regional and national media coverage, as well as lots of local support via social media from the population we serve.

The New Hospitals programme, which has already announced 32 new build projects, is now looking for a further eight projects. We are hoping to be one of those eight when the remaining successful projects are announced next year.

4.2 Dying at Work Charter

I recently joined to Chair to sign the Dying to Work Charter on behalf of the organisation, pledging our support for the national initiative aimed at providing the best possible support for colleagues with a terminal illness.

We were delighted to join our trade union colleagues in signing the charter set up by the Trade Union Congress to ensure employers respond to need of terminally ill staff, including supporting them to remain safely at work.

4.3 Awards

Congratulations to:

- Moira Gatley, who has been shortlisted for the NHS Procurement Outstanding Contribution Award at this year's NHS in the North Excellence in Supply Awards. A contract manager in our procurement department, Moira has been a key member of the team for more than 32 years, and was nominated for the support she provided during the pandemic in ensuring staff had the PPE and other equipment they needed.

- Charito Tantoy, who was presented with the Employee of the Year by North West branch of the Hospital Caterers' Association at its annual awards. A catering assistant who has worked in our catering team for more than ten years, Charito was nominated for the work she does with wards and department to ensure patients have their nutritional needs met.

- The teams shortlisted for two the prestigious HSJ Patient Safety Awards, which were presented at the recent Patient Safety Congress in Manchester. Our recently established acute frailty service was a finalist in the improving care for older people category for its work in trying to prevent avoidable hospital admissions and reduce the length of hospital stays for the most vulnerable people. In the changing culture category the Discharge 2 Assess team – a joint project between the Trust, Stockport Metropolitan Borough Council and Stockport Clinical Commissioning Group - was a finalist for its work on safely and rapidly discharging patients home from hospital during the pandemic.

- Dr Thomas Walton, who was named as the Acute Pain Consultant of the Year, in the Acute Pain Awards 2021 presented at the recent National Acute Pain Symposium.

- Our catering team, who received the maximum five star rating in the recent annual inspection by the local authority's environment health team. The inspectors assessed our standards of hygiene, associated practice and management assurance in the patient, retail and ward areas. The service was last year named as one of 14 exemplar sites in the country for the quality of our catering.

4.4 Thank you

Our audiology team and some of their patients have given their thanks to the Trust's Charity for funding a device that helps to assess the hearing of babies and other patients with communication difficulties.

Costing almost £27,000 the Eclipse will benefit around 240 patients a year, preventing the need for sedation for the tests, and making diagnosis of potential hearing problems quicker and more reliable.

5. RECOMMENDATION

The Board of Directors is asked to note the content of the report.

Stockport NHS Foundation Trust

Meeting date	7th October 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Integrated Performance Report					
Lead Director	Karen James, Chief Executive		Author	Head of Performance		

Recommendations made / Decisions requested

Performance against the associated metrics for the last available month (August 2021 for the majority of indicators) is reported. Exception reports have been provided for areas of most significant note.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

✓	Safe	✓	Effective
✓	Caring	✓	Responsive
✓	Well-Led	✓	Use of Resources

This paper is related to these BAF risks-	✓	**PR1**	Significant deterioration in standards of safety and care
	✓	**PR2**	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
	✓	**PR4**	Performance recovery plan is not delivered
	✓	**PR5**	Critical shortage of skilled workforce with capacity and capability to meet service needs

	✓	**PR6**	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The Board is asked to note and challenge:

- Performance against the reported metrics
- The described issues that are affecting performance
- The actions described to mitigate and improve performance in the exception reports

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting Period August 2021

Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Trust Highlight Report

Introduction

This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month and year to date performance for each metric along with an indicative forecast for next month.

Operational Highlights

Exception reports included this month relate to performance against **A&E , 6 Week Diagnostic, Cancer, RTT, NCTR, Elective Activity** and **OP** and **Theatre Efficiency** metrics due to under-performance in month.

It should be noted that despite the continuing pressures within urgent care, the Trust's performance against the **A&E 4hr** standard was ranked 2nd best in Greater Manchester in August, and remains 3rd best year to date.

Quality Highlights

Exception reports included this month relate to performance against **Sepsis, Falls, Pressure Ulcers C.Difficile, Medication Incidents, Complaints and Friends & Family** metrics due to under-performance in month.

Compliance to timely recognition for S**epsis** is back on track this month with our highest compliance to date of 97%.

The **COVID** nosocomial infection rate remains at 5%, with just 2 cases confirmed in August.

Although the cumulative total of **Falls** resulting in moderate or above harm is higher than expected year to date, no incidents have been reported this month.

Workforce Highlights

Exception reports included this month relate to **Sickness Absence**, **Appraisal Rates, Turnover** and **Bank & Agency Costs** due to under-performance in month.

Compliance with Statutory and Mandatory training continues to exceed internal target levels.

Financial Highlights

The Trust balanced **Income and Expenditure** in August 2021. This excludes a system planning adjustment relating to depreciation on donated assets, which means the Trust shows £0.2m favourable to plan for system reporting purposes. The expenditure run-rate within divisions has been broadly consistent over the first five months of the financial year, and divisions continue to manage within their budgeted run rate. The Board is given significant assurance on delivery of the planned H1 financial position.

The Trust has maintained sufficient **Cash** to operate despite the current increased run rate of expenditure, and has not requested any interim finance support in the next 13 weeks.

The total Trust **CIP** target for the 5 months to August 2021 is £3.6m, which has been delivered across all divisions, though mainly through non-recurrent measures. The Divisions are focusing on producing recurrent CIP plans for H2.

Capital spend is behind plan at month 5. The largest share of this slippage is on Endoscopy building works and equipment. The Trust continues to forecast that the capital plan will be delivered in year.

Final arrangements for H2 have still not been published, but the Trust continues with internal planning. A national briefing to Directors of Finance on 9th September from NHSE/I delivered a brief overview of H2 arrangements, with full guidance expected before the end of September.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Summary Dashboard

Performance

Blue indicates that the measure has met the target.

Orange indicates that the measure has fallen short of the target.

Target assurance

Grey indicates that variation is inconsistently passing and falling short of the target

Blue indicates that variation is consistently passing the target

Orange indicates that variation is consistently falling short of the target

Forecast position

Blue indicates that the measure is forecast to achieve the target next month

Orange indicates that the measure is forecast to fall short of the target next month

Quality Metrics	Performance		Target assurance		Forecast
VTE Risk Assessment	Aug-21	98.1%	>= 95%		
Sepsis: Timely recognition	Aug-21	96.9%	>= 95%		
Sepsis: Antibiotic administration	Aug-21	77.8%	>= 95%		
Medication Incidents: Rate	Aug-21	4.3	<= 4		
Mortality: HSMR	Jun-21	0.97	<= 1		
Mortality: SHMI	Mar-21	0.96	<= 1		
Never Event: Incidence	Aug-21	0	<= 0		
Serious Incidents: STEIS Reportable	Aug-21	4	<= 7		
Stroke: Overall SSNAP Level	Jun-21	A	>= C		
Hospital Onset Covid (HOC) Rate	Aug-21	5%	<= 8.94%		
C.Diff Infection Count	Jul-21	15	<= 13		
MRSA Infection Count	Jul-21	0	<= 0		
Falls: Causing Moderate Harm and Above	Aug-21	11	<= 8		
Pressure Ulcers: Hospital, Category 2	Jul-21	33	<= 31		
Pressure Ulcers: Hospital, Category 3 and 4	Jul-21	2	<= 5		
Maternity: Continuity of Care, Booked	Aug-21	52.2%	>= 43.33%		
Maternity: Continuity of Care, Ethnic Minority	Aug-21	54.5%	>= 47.5%		
Maternity: Continuity of Care, Deprivation	Aug-21	59.5%	>= 47.5%		
Maternity: Continuity of Care, Receipt	Aug-21	14.5%			
Friends & Family Test: Response Rate	Jul-21	19%	>= 18.7%		
Friends & Family Test: Positive Responses	Jul-21	90%	>= 91.6%		
Written Complaints Rate	Aug-21	7.73	<= 5.2		
Complaints: Timely response	Aug-21	100%	>= 95%		

Operational Metrics	Latest Performance		Target		Forecast
A&E: 4hr Standard	Aug-21	76.7%	>= 95%		
A&E: 12hr Trolley Wait	Aug-21	1	<= 0		
Diagnostics: 6 Week Standard	Aug-21	46.4%	<= 1%		
Cancer: 62 Day Standard	Aug-21	66.3%	>= 85%		
Cancer: 104 Day Breaches	Jul-21	2	<= 0		
Referral to Treatment: Incomplete Pathways	Aug-21	57.5%	>= 92%		
Referral to Treatment: 52 Week Breaches	Aug-21	3746	<= 0		
No Criteria To Reside (NCTR)	Aug-21	56	>= 92%		
Outpatient DNA rate	Aug-21	8.3%	<= 5.5%		
Theatres: Capped Utilisation	Aug-21	78.6%	>= 90%		
Outpatient Clinic Utilisation	Aug-21	72.9%	>= 90%		
Total Elective Activity vs. Plan (IP & DC)	Aug-21	9.9%	>= 0%		
Total Elective Activity Restoration (IP & DC)	Aug-21	93.5%	>= 95%		

Workforce Metrics	Latest Performance		Target		Forecast
Substantive Staff-in-Post	Aug-21	91.7%	>= 90%		
Sickness Absence: Monthly Rate	Aug-21	5.6%	<= 4.2%		
Workforce Turnover	Aug-21	13.2%	<= 11%		
Appraisal Rate: Overall	Aug-21	85.6%	>= 95%		
Statutory & Mandatory Training	Aug-21	94.8%	>= 90%		
Bank & Agency Costs	Aug-21	14.7%	<= 5%		

Finance Metrics	Latest Performance		Target		Forecast
Financial Controls: I&E Position	Aug-21	0%	<= 0%		
Cash Balance	Aug-21	32.1			
CIP Cumulative Achievement	Aug-21	1%	>= 0%		
Capital Expenditure	Aug-21	-28.2%	<= 10%		

Quality Operations Workforce Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

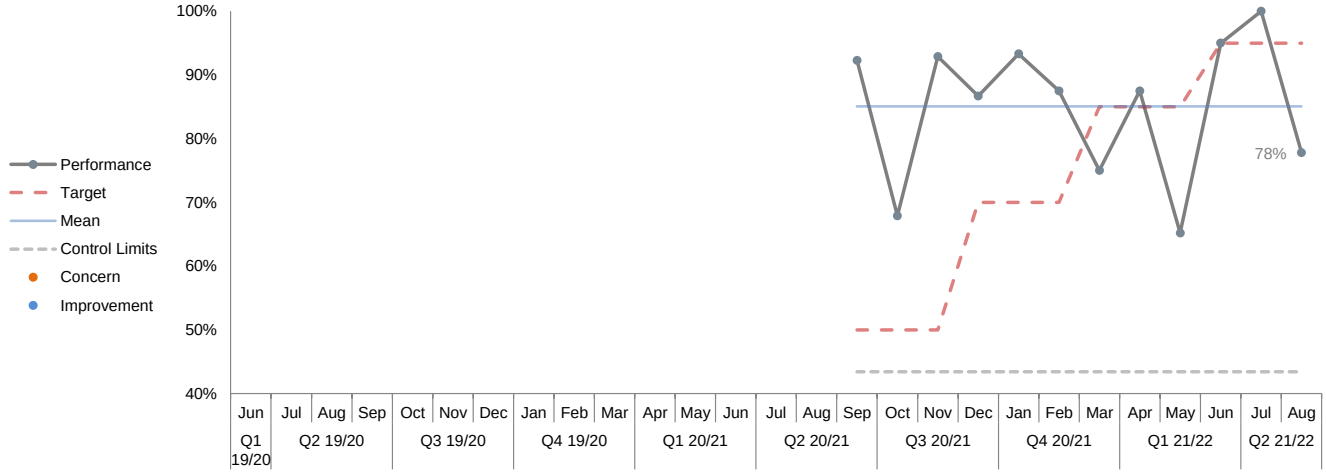
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Sepsis: Antibiotic administration** The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	77.8%

Data shows common cause variation, suggesting no significant changes in performance

Assurance

	Target
	>= 95%

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

Since data started to be recorded in Sep20, performance has not change significantly. A trajectory target to reach 85% by Mar21 was set, but in March performance fell below the trajectory for the first time. Performance continues to be variable, with a dip to 65% in May, the lowest since recording the data. Performance improved in Jun and Jul21 as both months have achieved the new stretch target of 95%, though latest performance for August drops back below the target.

Narrative

Issues:	Actions & Mitigations:
Compliance with antibiotic administration within agreed standards has fallen this month to 78% (7 out of 9 patients). It should be noted that the overall number of patients deemed to have sepsis following clinical review is very low which reflects in a greater percentage drop.	Performance data is shared across the governance structures with each Division. Ward areas are monitored for compliance as part of the StARS accreditation programme. Non-compliance continues to be reported via the Datix system and a review of the themes is discussed at the Sepsis Steering Group. The new Senior Sepsis Practitioner is now in post and the Sepsis Practitioner joined the team on Monday 6th September 2021.

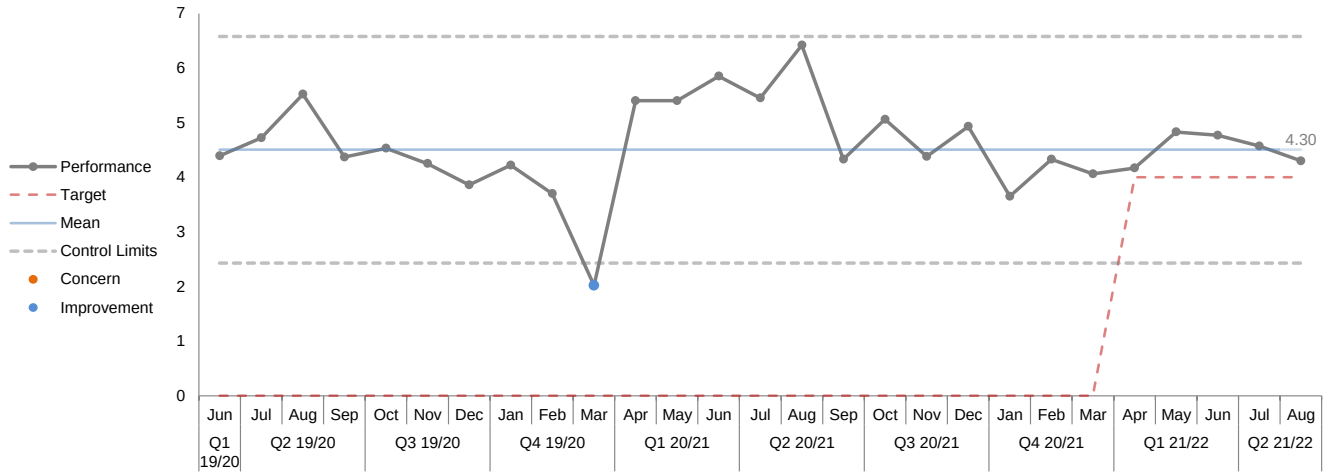
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Medication Incidents: Rate** Rate of medication incidents, calculated as incidence per 1000 bed days. Target/benchmark based on the median performance for 2020/21 financial year.	**Latest Performance**	**Next Month Forecast**
			

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	4.3

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target

<= 4

Performance consistently exceeds the target value

What the chart tells us

The chart shows that for much of the reporting period performance is quite variable, and aside from the significantly lower rate of medication incidents in March 2019, there have been no significant changes.

Narrative

Issues:	Actions & Mitigations:
In August, there were no medication incidents that resulted in moderate harm or above.	All medication incidents are reviewed at the Incident Review Group on a weekly basis and the Safer Medicines Group monthly.

Quality | Operations | Workforce | Finance

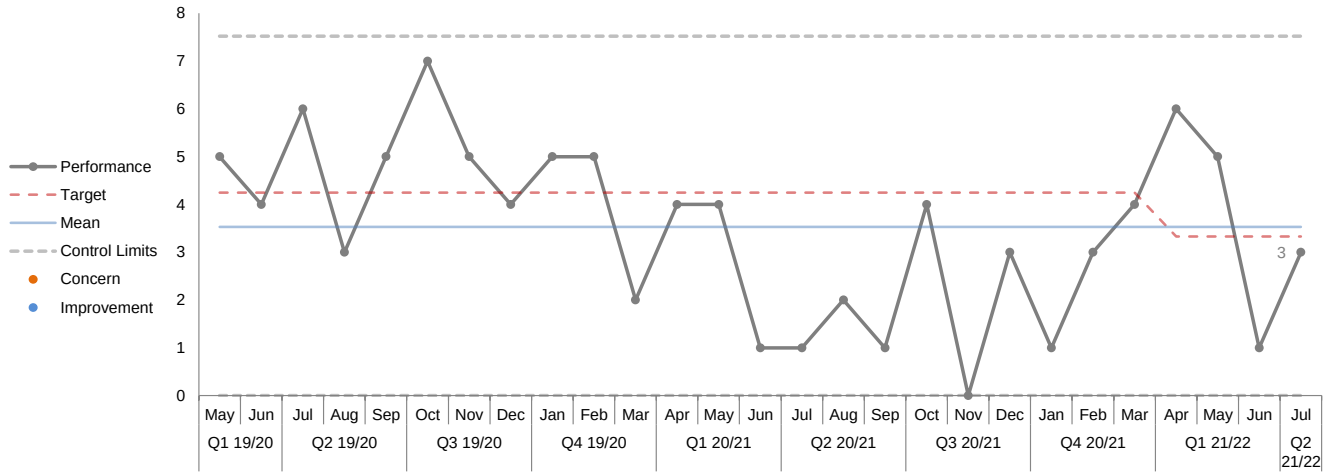
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**C.Diff Infection Count** Total number of C.Diff infections.

Latest Performance | **Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Jul-21	15

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target

<= 13

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

The control limits in the chart are very wide, suggesting that month to month the number of infections reported is quite inconsistent and variable. The chart shows that performance for 2020/21 was below target. Targets have been lowered from April 2021 onwards but April and May have seen higher than average number of infections reported. Although this has dropped for June and July, the latest data show that the cumulative total for the Trust is currently above expected levels.

Narrative

Issues:

The internal trajectory for 2021-22 is 40 cases , with each Division having an apportioned share.

There were three cases in July; one case has been presented at the HCAI panel and was deemed unavoidable.

The Trust is over trajectory by two cases and currently there is a risk of not achieving the internal improvement trajectory.

Actions & Mitigations:

Surgery division have exceeded their trajectory and have added actions to their IPC action plan to address themes highlighted from the cases.

Quality | Operations | Workforce | Finance

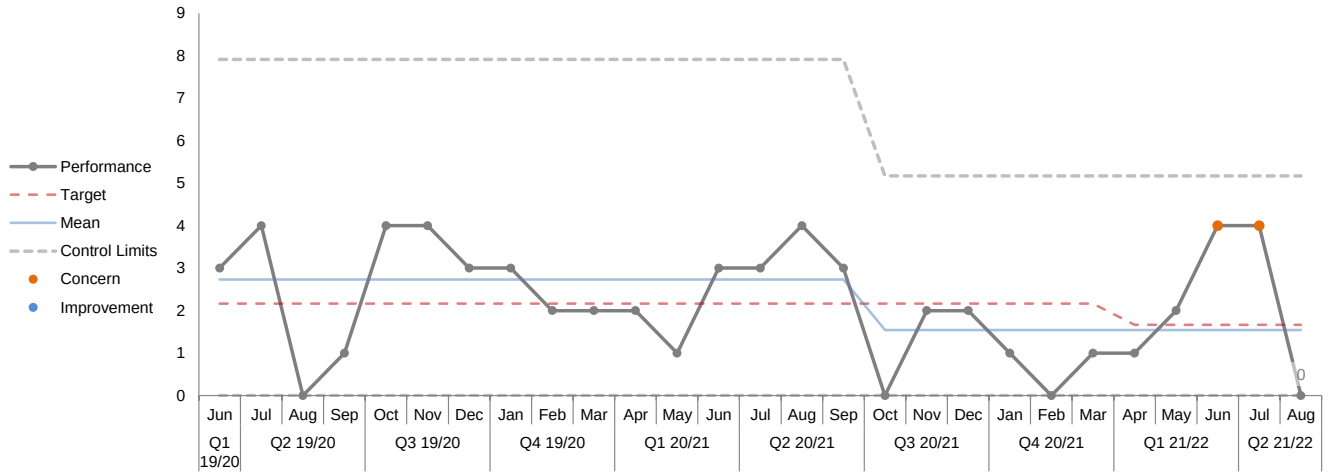
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Falls: Causing Moderate Harm and Above** Total number of falls causing moderate harm and above. Excludes any patient falls in emergency department

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	11

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target

<= 8 (cumulative)

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

The chart shows no significant change in the number of falls causing moderate harm and above across the whole reporting period. Performance for this metric is measured against an cumulative target for the year, and a new lower target has been implemented from April 2021. The latest data show that the cumulative total for the Trust is currently above expected levels, although no falls were reported for August.

Narrative

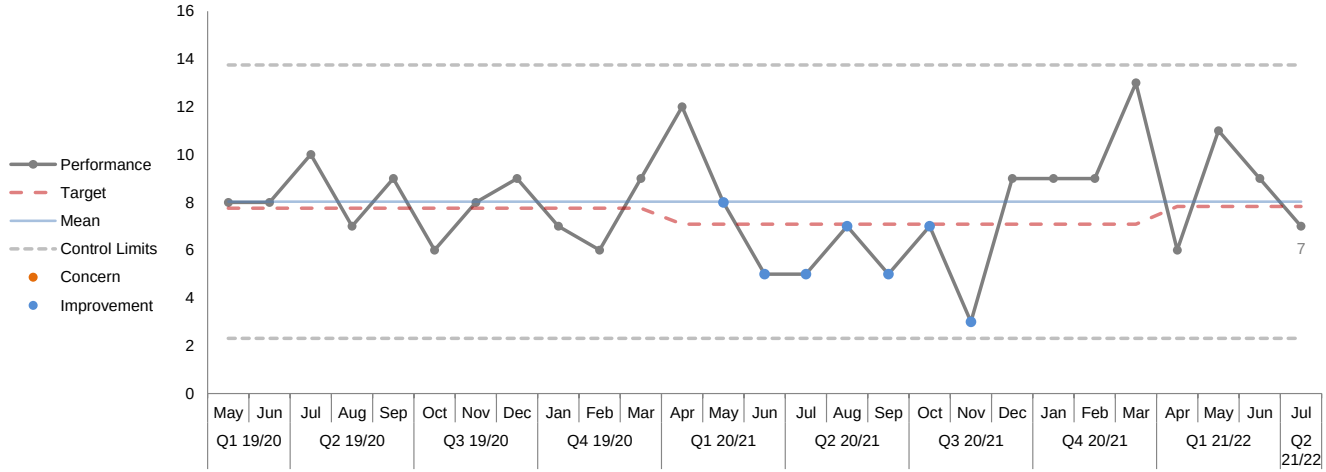
Issues:	Actions & Mitigations:
The changing function and speciality of wards across the Divisions in response to caring for patients with Covid-19 has led to an increase in falls. The Trust Quality Improvement target for 2021/2022 is a 10% reduction in both the overall number of falls, and those causing moderate or above harm. The total number of falls in August 2021 was 78. 0 falls in August 2021 resulted in moderate or above harm within the inpatient wards. 2 falls were reported by the Emergency Department in August 2021, none of which were categorised as causing moderate or above harm.	Nursing and Therapy teams are working collaboratively to support work around falls prevention. Falls Prevention Improvement work includes: - Expansion of the Quality Team including recent commencement of a Quality Matron who is the overall lead for falls reduction. - Royal College of Physicians guidance of L+S BP has been incorporated into the falls risk assessment. - Overarching Falls Action Plan for each Directorate will be monitored at the Quality & Safety Improvement Strategy Group. - Introduction of 'at a glance' ward moves/transfers during current patient admission episode supporting decision making around patient transfers. - Falls Sensors' programme – A pilot will commence on 14th August 2021 on Bluebell ward followed by wards M4 and E1. - Bay Nursing is being reviewed along with the post-fall doctor checklist. -A slipper socks pilot have been approved for roll-out following initial success on the Acute Frailty Unit. - Staff knowledge and understanding around falls documentation is also monitored via the ward StARS Accreditation programme.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Pressure Ulcers: Hospital, Category 2 Total number of category 2 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Jul-21	33

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target
<= 31

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

The data shows that across most of the reporting period there have been no significant changes in the number of category 2 pressure ulcers month to month. May to November in 2020 a period of significant improvement where the number of pressure ulcers reported is below average, but December 2020 onwards have seen numbers mostly above average, and above the cumulative target. Performance for this metric is measured against a cumulative total for the year.

Narrative

Issues:

The Trust has set a target to reduce the overall number of hospital acquired pressure ulcers by 10% for year April 2021- April 22: this includes medical device related pressure ulcers.

This month (July data) we have had 7 category 2 pressure ulcers reported; which is a slight decrease from June. This includes 2 device related PU.

Actions & Mitigations:

The Pressure Ulcer Prevention training programme continues with monthly sessions; so far this year 46 staff members have attended.

The Medical Device Care Plan and check chart has now been updated and re-launched with a toolbox training programme rolled out across inpatient wards in August- so far 127 staff have received the toolbox.

The quality improvement strategy is focused on the pressure relieving equipment provision in the organisation; a new equipment contract is in tender process which better meets the needs of our patients and staff.

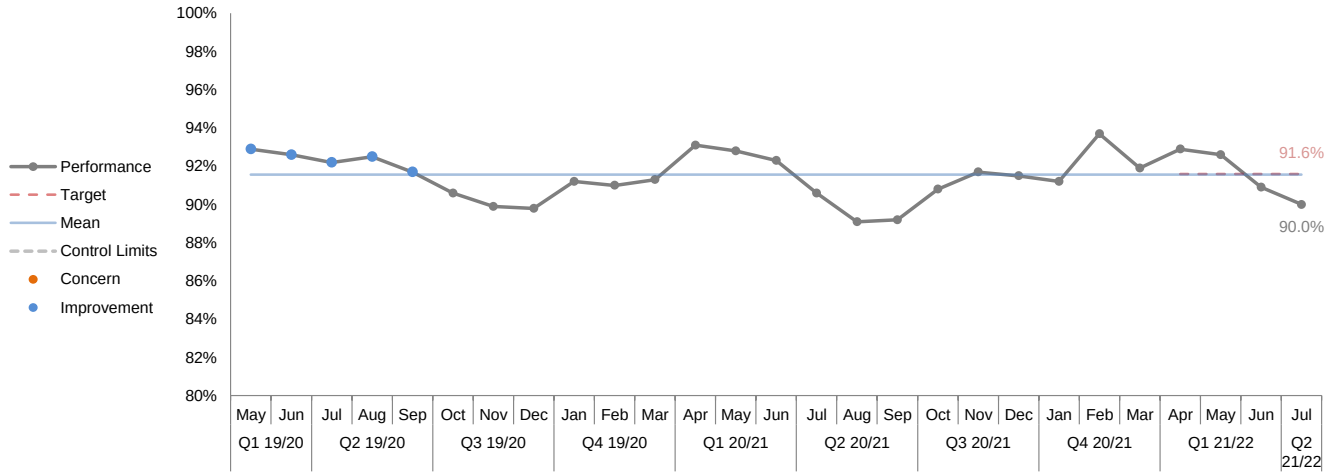
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Friends & Family Test: Positive Responses The number of patients who are extremely likely or likely to recommend the Trust for care, as a percentage of all patients surveyed across the Trust - includes Inpatient, A&E and Maternity surveys. Target/benchmark based on the median performance for 2020/21 financial year.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Jul-21	90%

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target

>= 91.6%

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

The chart shows that between Mar19 and Sep19 there is a significant improvement with a run of higher than average positive response rates. Since then, although there has been variation month to month, there have been no significant changes in the level of positive responses received.

Narrative

Issues:	Actions & Mitigations:
The positive response rate for August was 90% which is below the median benchmark for the year 2020/21.	The StARS (Stockport Accreditation & Recognition Scheme) will help to improve ward engagement with patient experience feedback collection and utilisation at a ward / department level as this assessed in the Communication Standard.

Quality | Operations | Workforce | Finance

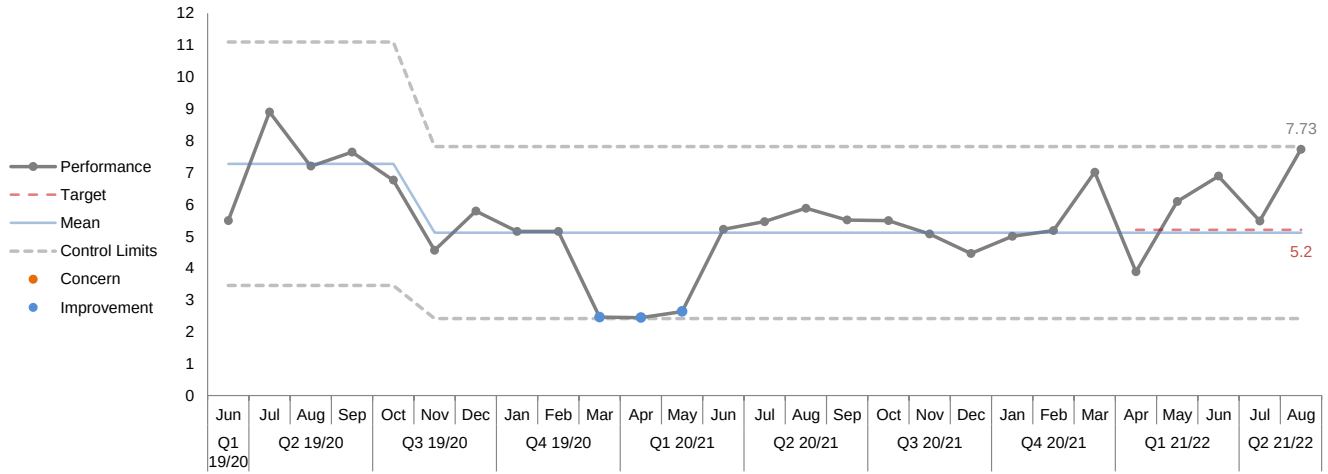
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Written Complaints Rate The total number of formal written complaints received, divided by the whole time equivalent staff per 1000. Calculation of this metric was modified for May 2021 in line with the Model Hospital definition.

Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	7.73

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target
<= 5.2

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

The chart shows that from Nov19 the Trust has seen a lower than average rate of complaints, reaching a low between March and April 2020. Since then there have been no significant changes in the complaints rate.

Narrative

Issues:

The Trust has recently seen a rise in the number of complaints with 38 formal complaints being received in August 2021 across the Divisions:

Integrated Care = 4, Medicine = 11, Surgery = 11, WCDS = 7 and Emergency Department = 5

The top five themes for formal complaints in August 2021 were as follows:
1. Communication
2. Clinical treatment
3. Staff values & behaviours
4. Patient care
5. Waiting time

Actions & Mitigations:

The PALS & Complaints team continue to focus on resolving concerns informally, where appropriate, with the aim of reducing the number of formal complaints.

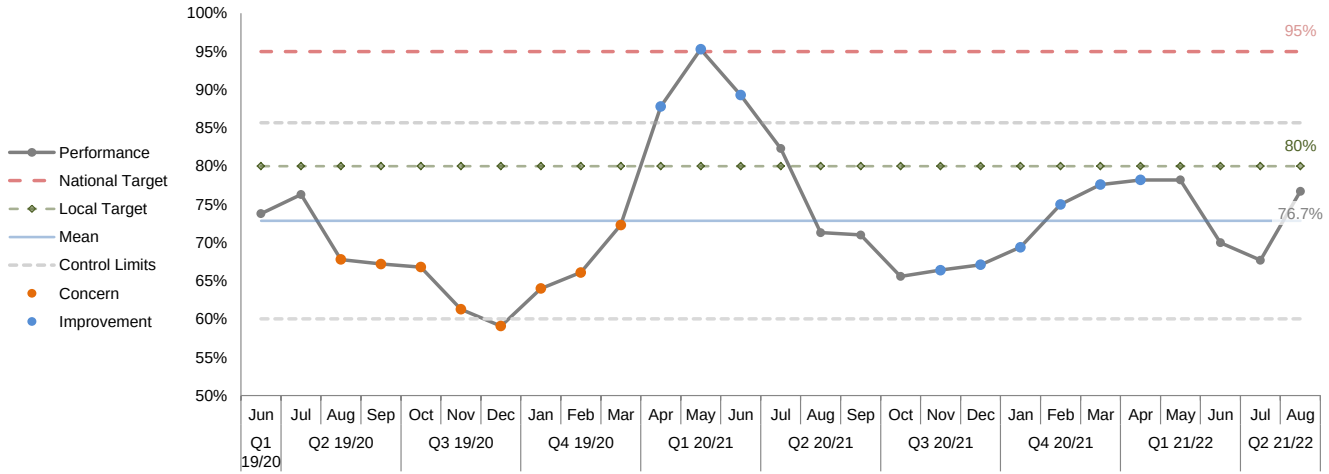
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	A&E: 4hr Standard The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	76.7%

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target >= 95%

Performance consistently falls short of the target value

What the chart tells us

The chart shows that performance is significantly improved between April and June 2020, but returns to normal performance levels around the average from Aug20 onwards. Performance between Oct20 and May21 does show an improving trend to a high of 78% in April and May, and although performance for June and July dropped below the 72% average, latest performance shows a return to above average.

Narrative

Issues:

Although attendances started to ease a little in August, they still remain at an elevated level compared to earlier in the year.

It should be noted that despite the continued pressures in demand, Stockport was ranked as the 2nd best performing Trust within Greater Manchester in August.

In addition, SFT is still the top performing Trust in terms of ambulance handover times and has been approached by NWAS to help develop a training module for other Trusts.

1x 12hr breach was reported in August 2021 due to a national lack of Mental Health beds.

Actions & Mitigations:

5 new ED-General Surgery pathways have been launched, including the straight to CT pathway for abdominal pain.

The department has been working with the Local Authority to improve COVID19 awareness and vaccination rates. A COVID advice bus has been on site every Friday supporting both staff and visitors.

Transformation work to reinstate the CDU facility within the emergency department continues as planned. Completion of works is expected at the end of November.

7 new Medical posts and 24 nursing posts have been recruited to and should commence in September.

Working with Pennine Care partners to agree an Urgent Pathway and Escalation process.

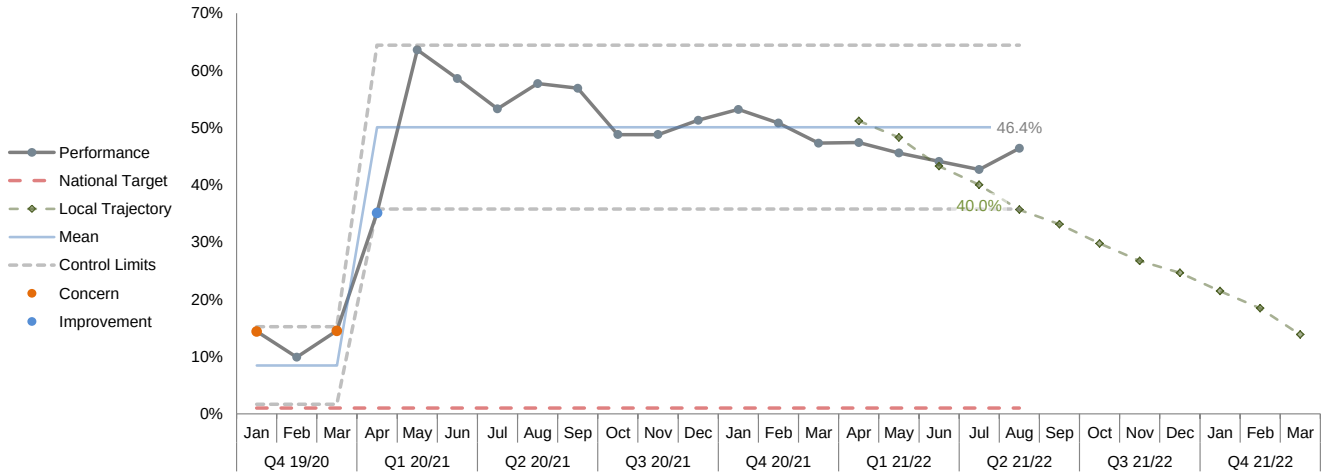
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Diagnostics: 6 Week Standard** The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	**Latest Performance**	**Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	46.4%

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target
<= 1%

Performance consistently exceeds the target value

What the chart tells us

The charts shows that from July 2019 there was a steady deterioration in performance through to March 2020. Performance significantly worsened in April and May 2020 to a high of 63.6% of diagnostics breaching the 6 week target. Performance appears to have stabilised, with no significant changes or improvements since May 2020. Overall performance is improving, but the improvement is not consistent month to month. The Trust is currently working to an improvement trajectory.

Narrative

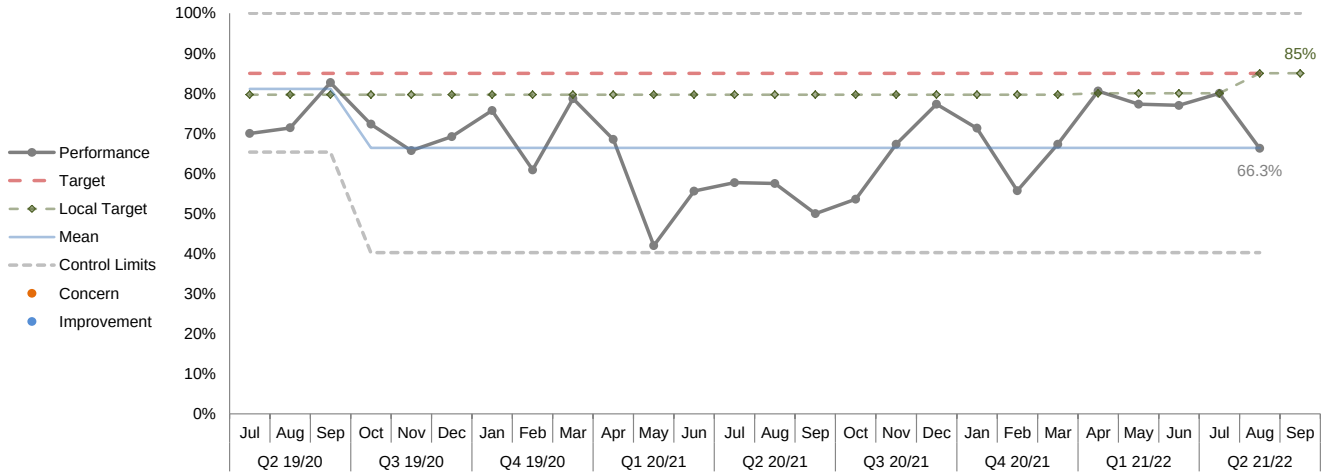
Issues:	Actions & Mitigations:
Performance for August shows an increase in the percentage of patients waiting 6+ weeks. It should be noted however, that the total number of patients on the Diagnostic waiting list has reduced by 774 in month. The main driver of adverse performance continues to be Endoscopy, however challenges do remain within Radiology and Echocardiography. Reliability of DHC staff to support imaging lists has also been a recent contributing factor.	A staffing model review is planned across Radiology to support recruitment and retention and maximise available capacity within the service . Partnership working with East Cheshire hospital is underway providing additional Endoscopy capacity each week. Further outsourcing opportunities have been identified and are currently being developed. In-house, extra Endoscopy lists are being provided at the weekend. Productivity gains have also been identified and implemented within the unit. Estates work in Echocardiography will facilitate an increase in activity once completed.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Cancer: 62 Day Standard The percentage of patients on a cancer two-week-wait pathway that have received their first treatment within 62 days of GP referral. Screening referrals are not reported as not statistically viable due to low number received	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	66.3%

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target

>= 85%

Performance is consistently achieving the target

What the chart tells us

There is a lot of variation in performance month to month, and a period of concern is highlighted between Apr20 and Oct20 with performance below average. This have improved since then, although performance continues to below the 80% local improvement target. April and July have met the 80% target. The improvement target increased to 85% from August 2021, but performance has taken another dip to just above average.

Narrative

Issues:

The main issues affecting performance are:

- Time to Endoscopy for patients unsuitable to be triaged straight to test, which is impacting on the colorectal pathway.

- Insufficient face:face outpatient capacity in some services is affecting overall pathway waits, particularly ENT and Urology.

- The inability to restore theatre capacity to pre-COVID levels and the impact of high urgent care demand on the elective bed base.

- Radiology access and reporting times

Actions & Mitigations:

The Trust plans to access the additional capacity being provided at the Christie site from October.

A new Radiology Cancer pathway meeting has been implemented to mitigate delays to imaging. An action plan has been developed to help support more timely access and reporting going forward.

A review of OP capacity has been undertaken in ENT and Urology to enable patients to be seen within 7 days of referral

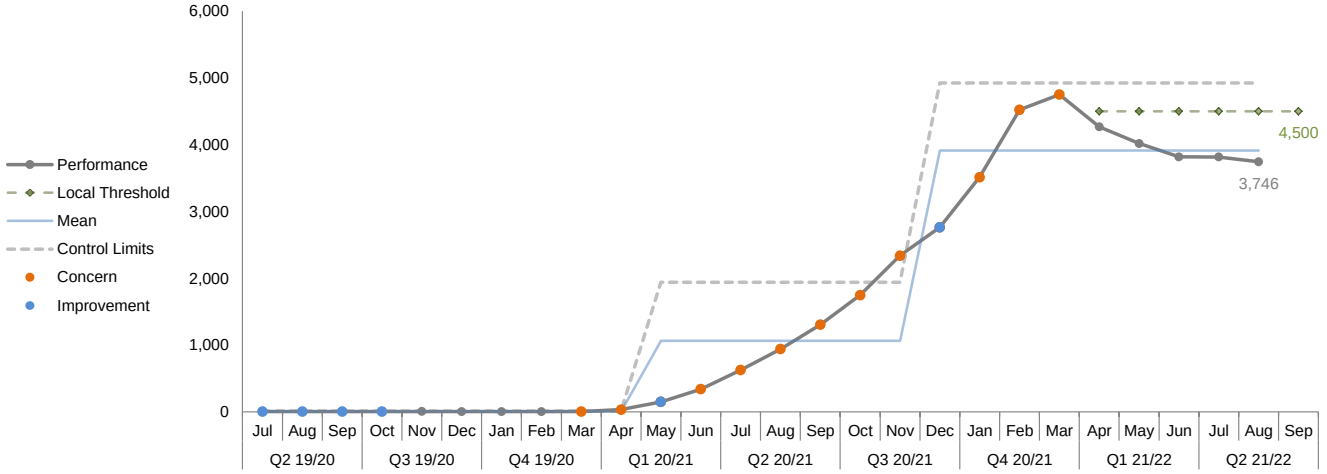
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Referral to Treatment: 52 Week Breaches The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	3746

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target: <= 0

Performance consistently exceeds the target value

What the chart tells us

The chart shows that the number of 52 week breaches was maintained within expected levels until January 2020. From that point a trend of worsening performance can be seen, which continues through to March 2021. April 2021 sees a reduction in the number of 52 week breaches for the first time in 12 months, a reduction that continues through to August.

Narrative

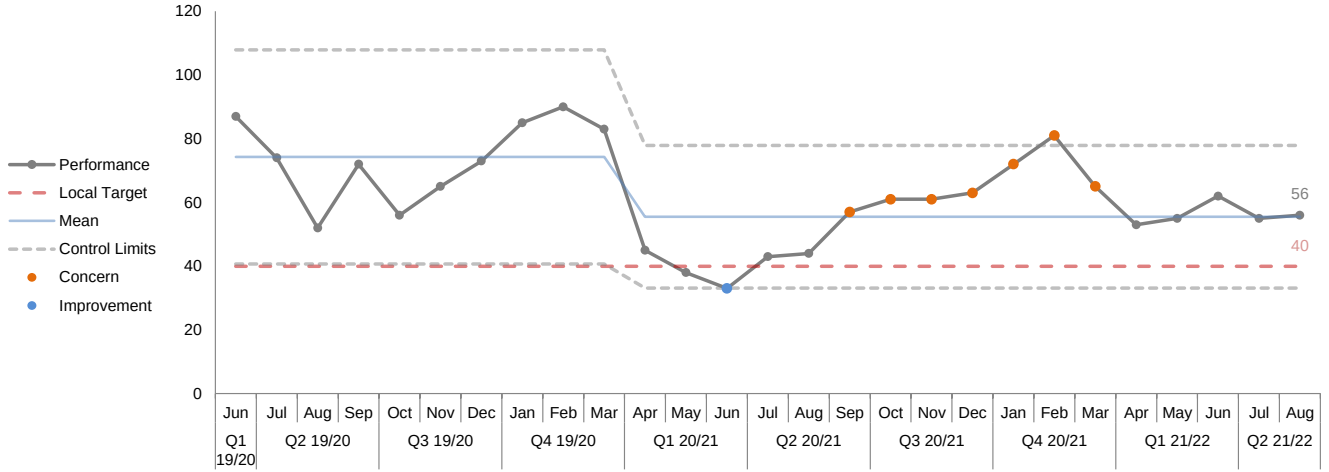
Issues:	Actions & Mitigations:
Challenges remain in terms of elective operating for both diagnostic and treatment procedures, both as a result of reduced theatre capacity compared to pre-Covid levels, and the continued high non-elective demand impacting on the elective bed-base.	Allocation of theatre lists is in accordance with longest waits once clinically urgent patients have been accommodated. Theatre restoration group has been convened to improve utilisation and maximise efficiency.
Elective paediatric surgery was suspended due to non-elective demand and staffing pressures, further extending waits for patients.	Prioritisation within endoscopy for patients who have waited the longest for routine investigations.
Reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT and Oral Surgery , remains a pressure.	Additional weekend lists have been approved on site as part of the Elective Recovery Fund monies.
Extended waits for Endoscopy are the main contributor to General Surgery and Gastroenterology pressures. The ENT service has a long wait for first appointment and a significant number of patients waiting for routine surgical interventions.	Considering feasibility of a Walk-in – Walk-out model for paediatric Max-Fax lists.□ A recent review of Infection Prevention requirements in Outpatient areas will support additional face to face capacity from October. Participation in the National Data Quality programme to ensure accuracy within the 18 week dataset.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	No Criteria To Reside (NCTR) Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	56

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target: <= 40

Performance consistently exceeds the target value

What the chart tells us

The charts shows that from April 2020 there was a significant change, with a new lower average number of patients with No Criteria to Reside. May and Jun20 show a significantly lower number of patients, but between Sep20 and Mar21 there is a significantly higher trend of performance with higher numbers than average. April 21 onwards has seen a return to normal variation, and there have been no significant changes since then.

Narrative

Issues:	Actions & Mitigations:
Social Care capacity to support Pathway 1 discharges has been an emerging pressure.	Weekly Patient Flow reviews continue across the Trust which include lessons learned and sharing of best practice. Discussions with partners continue regarding capacity for patients on pathways 1 & 2, particularly around winter resilience.

Quality | Operations | Workforce | Finance

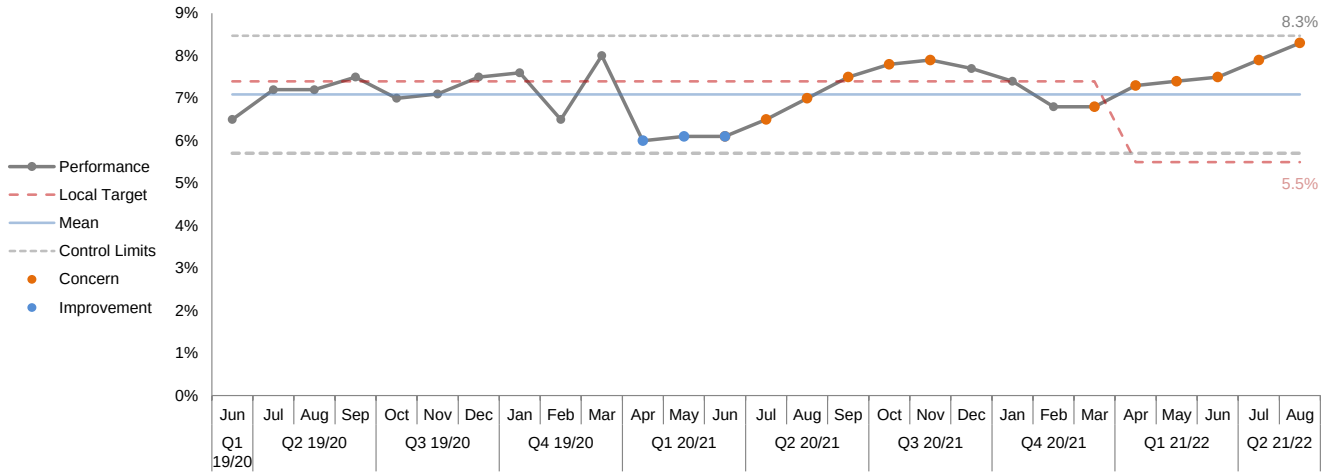
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Outpatient DNA rate The percentage of outpatient appointments where the patient did not attend (DNA). This indicator combines new and follow-up appointment types. The latest target for this metric is based on the peer median performance for April 2021 in NHSEI Model Hospital.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	8.3%

The data shows special cause variation, indicated by the trend of 6 consecutive values on a worsening trend.

Assurance

Target

<= 5.5%

Performance consistently exceeds the target value

What the chart tells us

Until Feb20, the DNA rate was variable and not consistently hitting the target. Despite this, there were no significant changes to it in the period leading up to that time. A significant increase in DNAs for Mar20 can be seen, and the a significant drop to 6% - this is likely due to the pandemic. Between Jun20 and Nov20 a trend of increasing DNA rates is seen as activity levels increase, but this does drop again to expected levels of variation after that point to an average 7%. But the latest data shows an worsening trend for the last 6 consecutive months.

Narrative

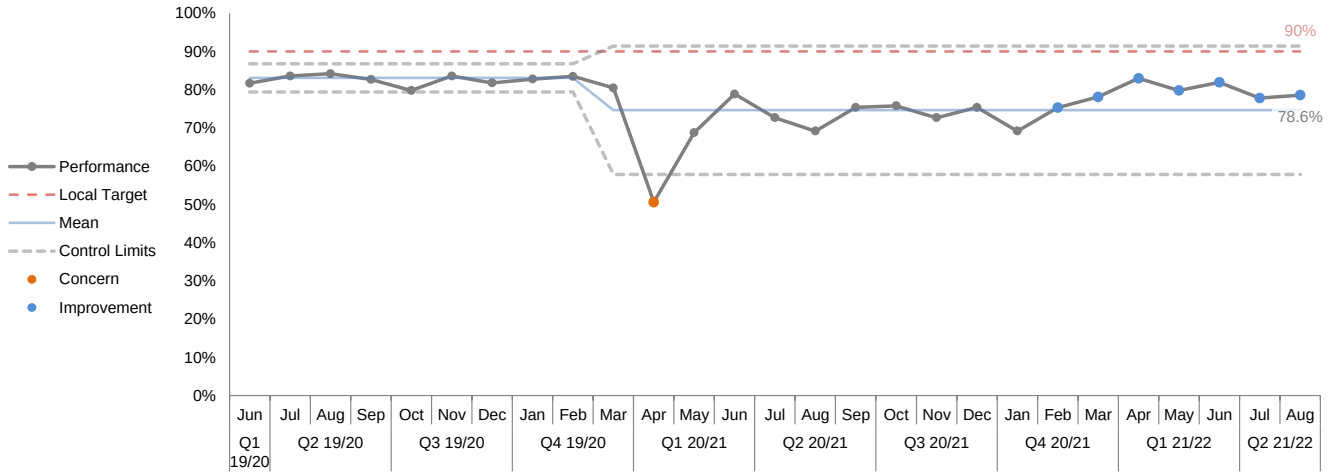
Issues:	Actions & Mitigations:
DNA rates currently benchmark higher than peers. Stark contrasts between services has been noted, along with the number of unrecorded mobile phone contact details for patients. Outpatient clinic utilisation is also significantly below expected levels. Administration processes are contributing to under-utilisation figures as a number of redundant clinics remain within the database and not all cancelled clinics are being removed from the system.	Task and Finish groups have commenced across the services to look at improving both the DNA rates and clinic utilisation. Cleansing of current clinic templates will be undertaken to ensure accuracy of reported performance measures. There is a specific focus on mobile phone capture rates to maximise the impact of the appointment reminder system.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Theatres: Capped Utilisation The actual session times as a percentage of the planned session time. Based on the time from the start of the session to the end of the session unless it lasts longer than the planned session minutes in which case it is capped at 100%. Downtime between operations in a session is included in these utilised minutes. Excludes emergency/trauma sessions, obstetric and endoscopy activity. Planned session time based on delivered sessions only.	Latest Performance	Next Month Forecast

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	78.6%

The data shows special cause variation, indicated by 7 consecutive values above the average.

Assurance

Target >= 90%

Performance consistently falls short of the target value

What the chart tells us

The chart shows that before March 2020 we maintained an average utilisation of 83%. This drops significantly in April 2020, but since then we have maintained an average utilisation of 74%. The last 7 consecutive months have been above this, and the chart flags this as an improvement.

Narrative

Issues:	Actions & Mitigations:
Theatre zoning and the inability to restore a dedicated day-case ward and a pre-admission area for elective surgery patients has created inefficiencies in the theatre pathway. Inability to restore further elective work at the present time to maximise efficiency.	Theatre restoration Project Underway comprising 4 initiatives : -Scheduling – prospective review of lists and challenge via theatre meeting -First patient stays first – focus on reducing inefficiencies resulting from changing the list order on the morning of surgery -All day lists – focus on staffing model to cover lunch breaks and keep lists running through, minimising downtime in the middle of the list -Turnaround – standardisation of process for sending for the next patient Additionally, there will be a 'deep dive' into the specialties showing least list efficiency

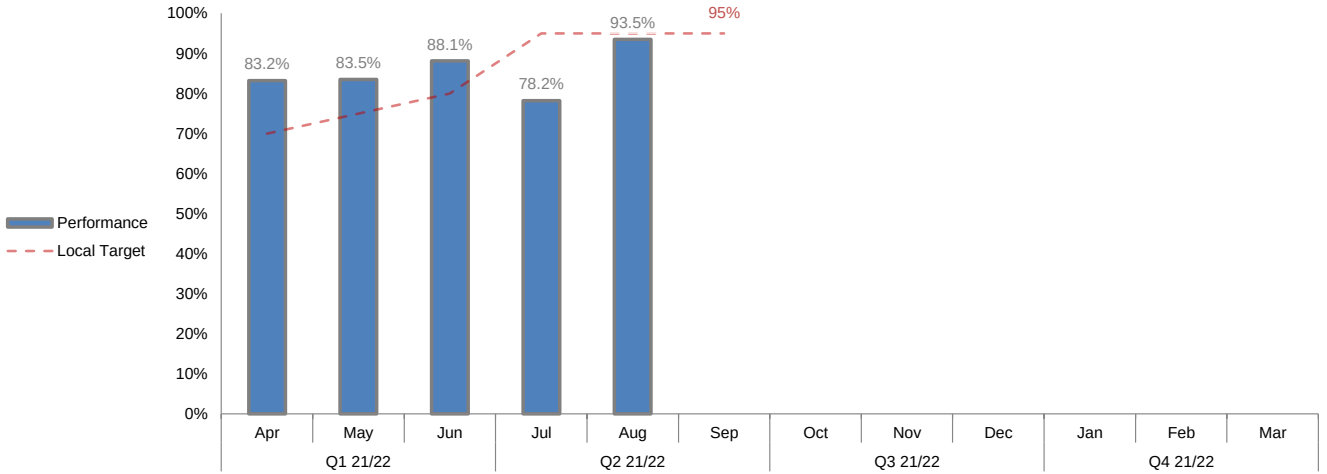
Quality | Operations | Workforce | Finance

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Total Elective Activity Restoration (IP & DC) Total elective activity (Elective-Inpatient and Daycase) for 2021/22, as a percentage of total elective activity for 2019/20. Excludes Breast Surgery and Swanbourne House activity. Based on the flex/freeze position, not the SUS position.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Performance

Latest Month	Actual
Aug-21	93.5%

Assurance

Target: >= 95%

Performance against the target has not been consistent in the last 6 month period

What the chart tells us

Against the target trajectory set at the start of quarter 1, activity restoration has been higher than expected. A new target of 95% restoration has been introduced from Jul21 onwards, and although performance for the month dropped to 78.2%, latest data for August shows us at 93.5% of activity restoration

Narrative

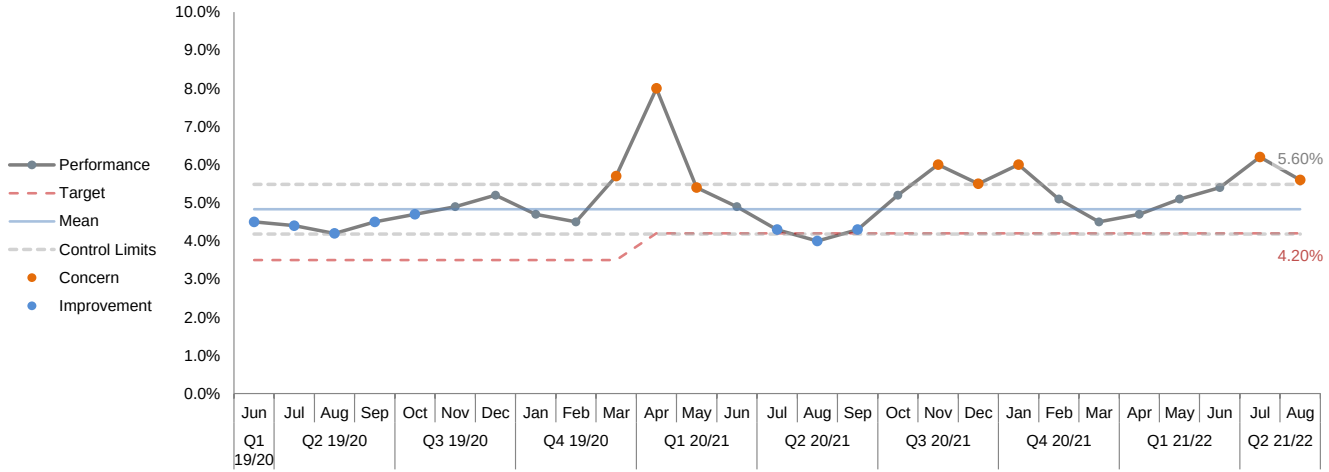
Issues:	Actions & Mitigations:
Restoration of total elective activity increased to 93.5% in August. The day-case restoration rate was 96.7%, and the in-patient restoration rate was 76.6%. The continued impact of non-elective demand on the available elective bed base is restricting in-patient restoration levels.	Work has been commissioned to re-purpose areas of the estate to maximise ward capacity and re-provide elective bed capacity. Outsourcing opportunities continue to be explored with both NHS and Independent Sector providers.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Sickness Absence: Monthly Rate The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month		Actual
Aug-21		5.6%

The data shows special cause variation, indicated by the latest value above the upper control limits.

Assurance

Target

<= 4.2%

Performance consistently exceeds the target value

What the chart tells us

During the period Mar20-May20 we saw an unusually high spike in sickness absence levels, but this returns to normal levels the following month, dropping to a new low of 4% in August. Sickness levels then significantly increase again Nov20 to Jan21, but return to normal levels between Feb and Mar21. However, Apr21 sees the start of another increasing trend, which peaks at 6.2% for Jul21, and dropping slightly to 5.6% in the latest available data.

Narrative

Issues:

The in-month sickness absence figure for Aug 2021 is 5.59%; a decrease of 0.57% compared to the previous month's adjusted figure of 6.16%. The cost of sickness absence in Aug 2021 is £762K; a decrease of approximately £87K from the previous month.

COVID-related sickness has this month decreased from 0.71% in July to 0.57% in Aug. The number of COVID related absence episodes has now shown a decrease from July of 148 to 96 in Aug.

Actions & Mitigations:

A number of Divisions are continuing to hold monthly Director led Sickness Meetings to ensure that all available support mechanisms are being offered to staff, including Occupational Health referrals, health & wellbeing conversations and staff counselling and to give assurance that absences are being managed appropriately in line with our policies.

We have successfully appointed a Consultant Psychologist in support of providing increased psychological well-being support for staff.

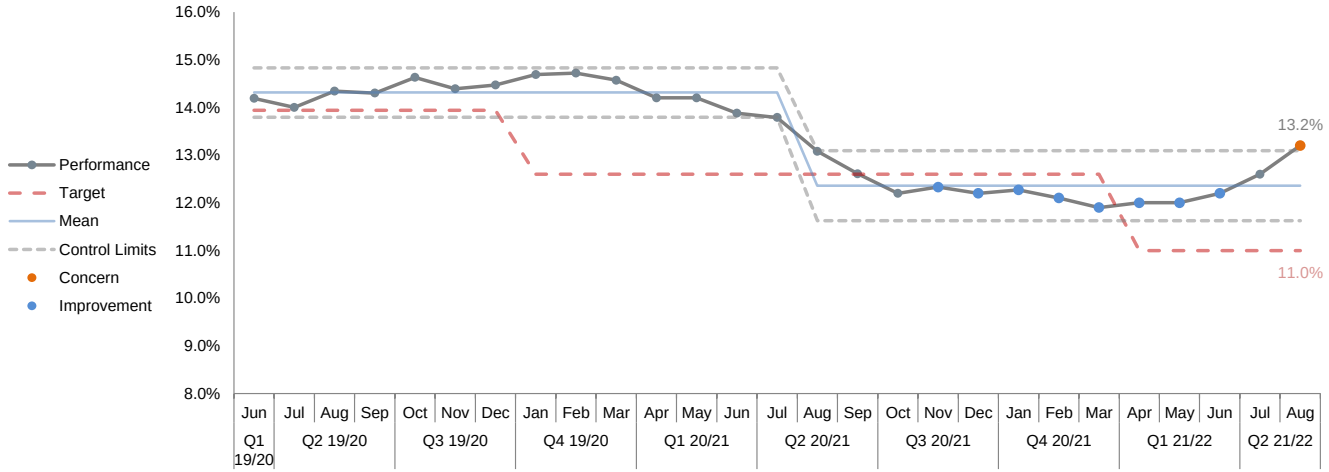
Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Workforce Turnover** The percentage of employees leaving the Trust and being replaced by new employees.

Latest Performance	Next Month Forecast
	

Performance of this measure over time



Variance

Latest Month		Actual
Aug-21		13.2%

The data shows special cause variation, indicated by a value outside the upper control limits.

Assurance

Target

<= 11%

Performance against the target has not been consistent in the last 6 month period

What the chart tells us	May20 sees the start of an improving trend, which leads to a new lower level of workforce turnover consistently Oct20 onwards. A period of significant improvement can be seen between Dec20 and Jun21 with a run of performance below the average. From Apr21 a new turnover target was been introduced, but so far there have been no significant changes or improvements in line with the new target, with the latest data showing that turnover is increasing, and the chart flagging the latest data as a potential concern.

Narrative

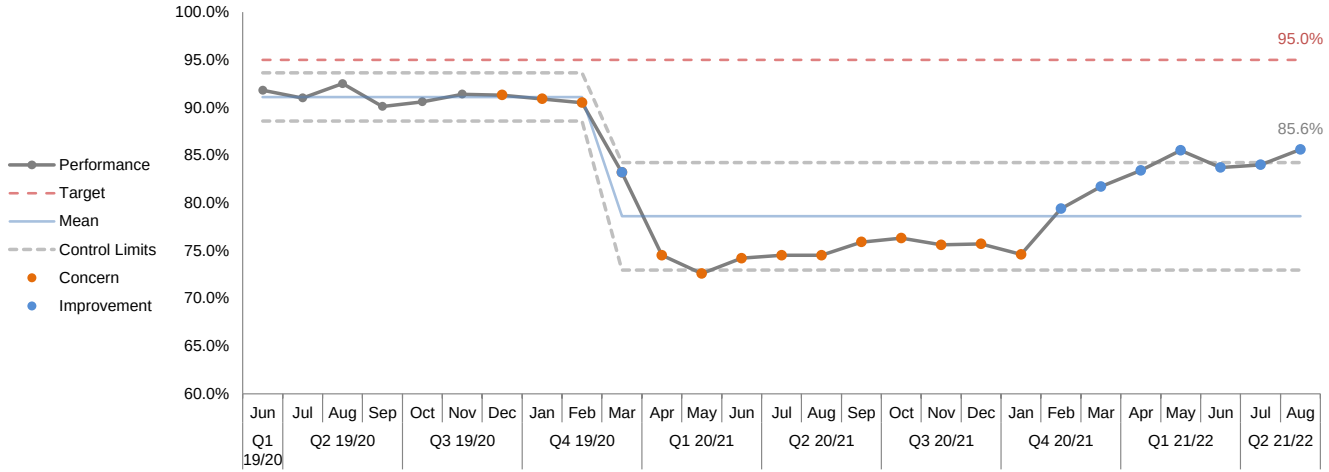
Issues:	Actions & Mitigations:
The rolling 12-month unadjusted permanent headcount turnover figure is 13.2% (adjusted is 12.20%), which is a 0.60% increase from last month. The top known leaving reasons are: Voluntary Resignation – Relocation (14.95%), Work Life Balance (14.83%) and Retirement Age (12.51%).	Reducing turnover is one of the key objectives for the Trust to ensure that we minimise avoidable leavers. Turnover was specifically discussed as part of the Divisional Performance Review meetings to ensure that the work being undertaken to support retention remains effective. Interventions include flexible working, career progression, along with health and well-being initiatives.

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	Appraisal Rate: Overall The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.	Latest Performance	Next Month Forecast
			

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	85.6%

The data shows special cause variation, indicated by a value outside the upper control limits.

Assurance

Target

>= 95%

Performance consistently falls short of the target value

What the chart tells us

The chart shows that the overall Trust appraisal rate was consistently around 85% up until Mar20. April and May 2020 see a significant drop in appraisal rates but these stabilise at a new average of just over 74%. Oct20 to Jan21 see a further drop to between 68-70% but a potential improvement can be seen from Feb21 onwards, and the chart has flagged performance in April to August as a significant improvement.

Narrative

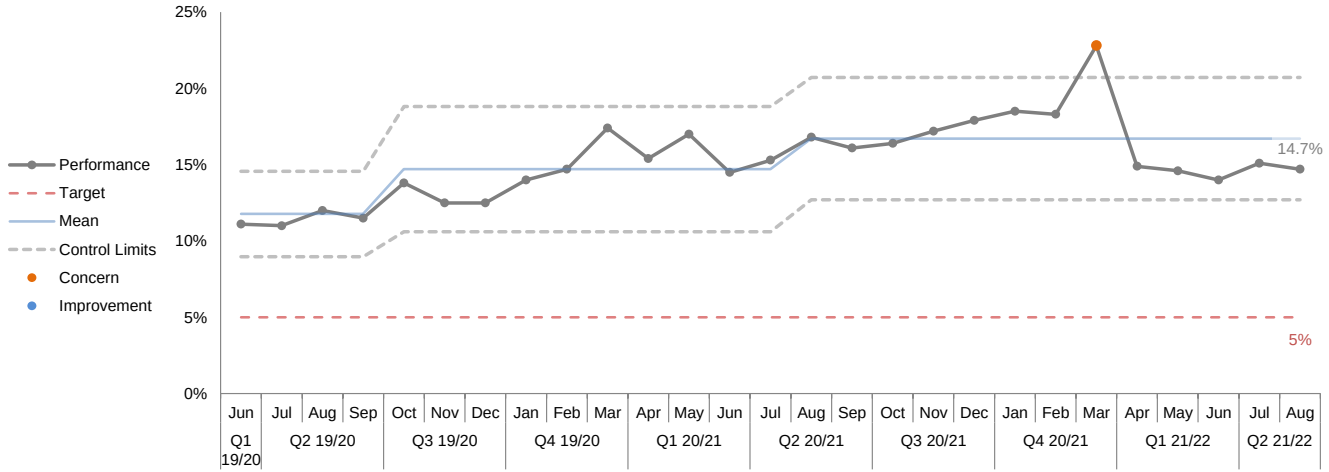
Issues:	Actions & Mitigations:
The medical appraisal rate has decreased from 97.2% in Jul to 92.9% in Aug and is now below the Trust target of 95%. Performance Appraisal compliance has seen a slight increase to 85.07%. Each Division remains below the Trust target of 95% although improvements have been seen in many areas.	Divisions are supplied with detailed reports outlining the performance appraisals which are upcoming and overdue in their areas and the OD team offers support to managers to get these completed. As part of the Stockport Leadership Programme the OD team continues to deliver regular Performance Appraisal and Preparing for Your Performance Appraisal training sessions via Zoom

Integrated Performance Report

NHS Stockport NHS Foundation Trust

Measure	**Bank & Agency Costs** The total bank & agency cost as percentage of the total pay costs	**Latest Performance**	**Next Month Forecast**

Performance of this measure over time



Variance

Latest Month	Actual
Aug-21	14.7%

Data shows common cause variation, suggesting no significant changes in performance

Assurance

Target: <= 5%

Performance consistently exceeds the target value

What the chart tells us

The chart shows that up to Sep19, normal performance varies between 10% and 13%. Oct19 shows the start of a new higher level of bank & agency costs, which runs through to Jul20. Another step increase in bank & agency costs can be seen starting from Aug20 through to Feb21, with the March position being significantly higher than that. Performance for Jun21 did show the lowest percentage of bank and agency costs since Jan20, and performance since then has continued to be below average.

Narrative

Issues:

The total bank and agency spend in August was £3.38M, which represents 14.78% of the total pay bill within the month and is £58K lower than in July.

The Division with the highest bank & agency spend in August was M&UC (£1.1M), followed by Surgery with £819K.

Actions & Mitigations:

Safecare has gone live.

Recruitment and retention investments have been agreed for priority shortage groups.

5 NAs/APs appointed to the registered nurse degree top up.

Off-framework usage continues to be contained.

A 'recruiting to turnover' principle has been agreed and is being operationalised.

Winter plans are in development.

Newly qualified nursing graduates commenced in September 2021.

Meeting date	7 October 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Quality Strategy 2021-2024					
Lead Director	Nic Firth, Chief Nurse		Author	S Burnett, Business Planning Manager H Howard, Deputy Chief Nurse		

Recommendations made / Decisions requested

To approve the revised Quality Strategy for 2021 – 2024.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

✓	Safe		Effective
✓	Caring		Responsive
	Well-Led		Use of Resources

This paper is related to these BAF risks-	✓	**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
		PR4	Performance recovery plan is not delivered
		PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs

		PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The 2021-2024 Quality Strategy sets out the Trust's trajectory to go from 'Requires Improvement' to 'Good' and with the aspiration of being an 'Outstanding' Trust.

This document sets out our three-year approach to achieve our goals.

- We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.
- We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on quality across the Trust.
- The quality strategy will link with other organisational strategies and support the Trust's objectives.

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Quality Strategy 2021-2024

www.stockport.nhs.uk

Contents

Foreword

We are delighted to be introducing the refreshed 2021-2024 Quality Strategy for Stockport NHS Foundation Trust.

Stockport NHS Foundation Trust holds a unique position in the Stockport community as the provider of healthcare to its population, and it is one of its largest employers. It offers a number of specialist services, and plays a key partnership role within Greater Manchester, Stockport, North Derbyshire and East Cheshire.

We have made improvements to many services over the last few years, and we are clear in our commitment to continue to strive to deliver excellent, safe, effective and compassionate treatment and care.

Our goal is to be recognised as an outstanding organisation, and we aim to demonstrate that the care and treatment delivered by all our staff is of the best quality possible. We want to make sure that the high quality and safe care we aim to provide is recognised externally by our partners and colleagues because it has become business as usual. This strategy describes the blueprint for our journey; it makes our objectives clear and sets timescales and performance indicators along the way.

Nic Firth
Chief Nurse

Andrew Loughney
Medical Director

What are we trying to achieve?

We will be putting Quality Improvement at the heart of everything we do, developing a portfolio of quality improvement projects to achieve our overall ambition. Across our hospital and community services, our staff, patients and partners will be empowered and supported to provide high quality, inclusive, safe care for all, via the refreshed Quality Strategy.

We want our Quality Strategy to underpin our work in becoming an outstanding organisation. We all want our patients to receive consistent, high-quality care and our ambition is that the pride taken in delivering care to our patients helps us to become the employer of choice in the region.

This document sets out our three-year approach to achieve our goals:

- We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.
- We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on quality across the Trust.
- The quality strategy will link with other organisational strategies and support the Trust's objectives.

We care	We respect
Our plan is to embed QI methodology across the whole org. We will be developing a communicationsstrategy to help raise awareness across staff, patients and key stakeholders.	We will respect the expertise of our frontline staff who will be developing improvements by testing ideas and proactively making changes to improve quality.
We listen	**Making a difference**
We know we may not always get things right, however importantly we will listen, learn and actively put plans in place to make our services improved and safer for everyone.	In order to check the improvements we put in place are making a difference, we will apply robust measurements and benchmarking against our peers. We will always strive for continued improvement.

Improving quality – why are we trying to do this?

In February 2020, the Trust underwent an unannounced Care Quality Commission (CQC) inspection of our Urgent and Emergency Services, Medical Care, Maternity and Services for Children and Young People between 28 January to 27 February 2020. The report was published May 2020 and found the Trust to be "Requires Improvement", overall.

We recognise that we will not always get care right and there are areas we need to improve, we will build on the successes we have seen to date by bringing learning together, developing a Quality Improvement Community.

At times we need to be responsive, reactive, and agile, taking immediate actions however, we need to make sure that these actions are sustainable and have a long-term positive impact. Our Quality Strategy builds on the work our teams have done to date, and compliments the new governance and assurance infrastructures that have been established in the past 12 months.

Driving change on our improvement journey

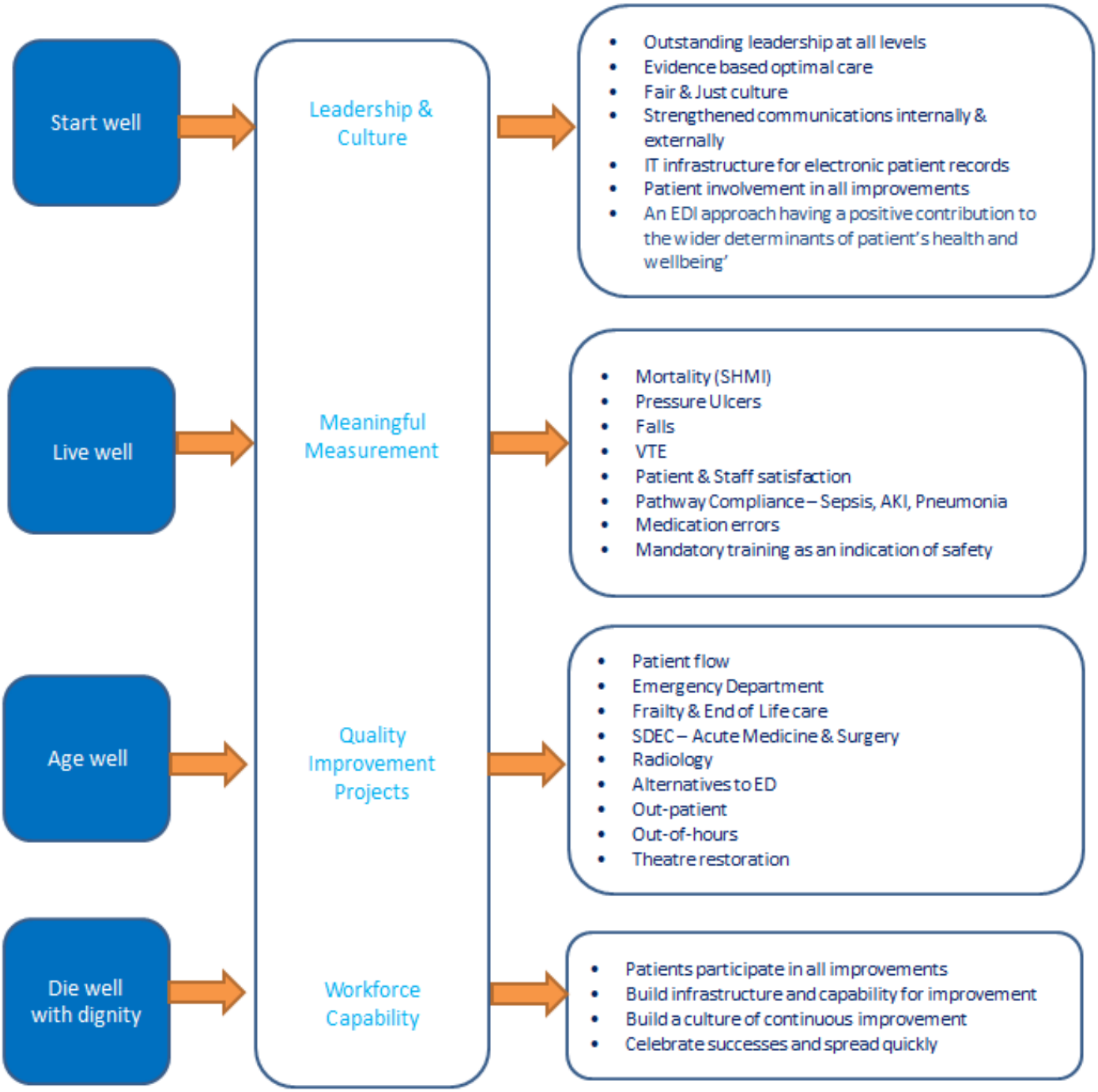
To deliver on our ambition to:

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

Our Board of Directors have agreed that improvements need to be managed through an understanding of what will drive and influence change.

We will be developing Quality Improvement projects with each project having specific aims and objectives that are Specific, Measurable, Achievable, Relevant and Time limited.

The driver diagram overleaf identifies the Quality Improvement programme that will take place over the next three years and its organisational impact building on the previous quality improvement plan (2018-2021). This diagram helps to identify connections and interdependencies of what will drive and influence change.


Start well
Live well
Age well
Die well with dignity
Leadership & Culture
Meaningful Measurement
Quality Improvement Projects
Workforce Capability
Outstanding leadership at all levels
Evidence based optimal care
Fair & Just culture
Strengthened communications internally & externally
IT infrastructure for electronic patient records
Patient involvement in all improvements
An EDI approach having a positive contribution to the wider determinants of patient's health and wellbeing'
Mortality (SHMI)
Pressure Ulcers
Falls
VTE
Patient & Staff satisfaction
Pathway Compliance – Sepsis, AKI, Pneumonia
Medication errors
Mandatory training as an indication of safety
Patient flow
Emergency Department
Frailty & End of Life care
SDEC – Acute Medicine & Surgery
Radiology
Alternatives to ED
Out-patient
Out-of-hours
Theatre restoration
Patients participate in all improvements
Build infrastructure and capability for improvement
Build a culture of continuous improvement
Celebrate successes and spread quickly

Aim 1 – Start well – Improve first 1,000 days of life

The first few years of life are a key period in which the actions of our parents, carers and those around us influence our physical, emotional and mental health in later life. Our earliest experiences of life, starting in the womb, through pregnancy and birth and into our early years, are vital in laying the foundations for our future health and wellbeing. We believe that all pregnant women should receive excellent care in pregnancy for their own sake and in order to give their baby the best possible start in life. We also believe that all children deserve to have their healthcare needs managed to the highest of standards however complex those needs may be. Setting up our services well and getting the simple things right every time in the hospital setting are the essential first steps if these aims are to be achieved.

The proportion of children and young people within the overall population has remained relatively stable over the years, certainly in comparison to older people. This is expected to remain stable in the coming years. However, what has changed rapidly is the sort of society and problems that children and young people face, the increase in children being referred to agencies, and the complexity of the children's needs that our services are working with. Our challenge is to adapt to this growing complexity and support parents, carers and families, providing universal services but also targeting resources at those most in need, and those at risk of poorer outcomes, narrowing the inequality gap. This requires systematic approaches to prevention, good communication, appropriate data sharing, working with a range of partners, at all stages of childhood, and in a range of settings.

Key Issues and Challenges

- Although the child poverty rate for Stockport is amongst the lowest in the country, there are 15,500 under 16s living in poverty.
- Unhealthy behaviours amongst 15 year olds (such as smoking, cannabis use, alcohol) are relatively poor, compared with England, and require focused interventions.
- Only half of children receiving free school meals achieve a good level of development at the end of reception.
- The number of referrals to children's social care has risen consistently for the past four years: there were nearly 2,000 more referrals last year than in 2015.
- More than half of our 15 year olds report having been bullied.
- The rate of hospital admission for self-harm in young people is higher than the national rate. As a whole, compares well with the rest of England on issues such as obesity and infant mortality, there is considerable variation within Stockport.
- Adverse childhood experiences, such as living in a household where domestic violence, alcohol or substance misuse is taking place, can have significant health impacts later in life.
- Outcomes of looked after children and children leaving care are poorer than other children.

Aim 2 – Live well – Reduce avoidable harm

Good health is important at any age, and providing safe high quality care for the people of Stockport and surrounding areas is our priority, and it is at the heart of our new strategy. We also believe that healthcare inequalities should be eradicated in our society and that the Trust has a role to play in redressing that imbalance with a focus on equality, diversity and inclusivity.

Stockport is in line with the national trend and has seen a greater increase in the older population. In the last ten years there has been a year-on-year increase of people aged 65 years or over. This increase is set to double by the end of the next decade, as the high number of people born in the 1950s and early 1960s enter the older age groups. Creating the conditions to enable people to enter older age healthier will be increasingly important. As we see a growing population of elderly people often living with multiple complex physical and mental illnesses, increasing demands on our hospital and community services. It is against this backdrop that we, and the rest of the NHS, are faced with the unprecedented challenge of Covid-19 and the restoration of services that will enable our community to continue to live well.

<u>Key Issues and Challenges</u>

- There are an increasing number of people working past retirement age and the retirement age itself is increasing.
- Enterprising and entrepreneurial communities are needed to create the flourishing borough we seek; health is an intrinsic part of that.
- The organisations within the health and wellbeing system will need to adapt to enable this, for example flexible working practices.
- Networks of families, friends and communities are rich sources of solutions to the problems working age people face. Transition points in people's lives (e.g. starting a family) should be a focal point for intervention and action.
- There are personal, economic and societal benefits from preventative lifestyle approaches, which should be co-ordinated across individual, community and population levels.

Aim 3 – Age well – Reduce avoidable harm

Overall, older people in Stockport are relatively healthy and many find Stockport a great place to live. They play a vital role in contributing to the life of their communities, and increasing numbers are continuing in paid employment well past State Pension age.

However, with age comes the increased likelihood of living with one or more long term health conditions and/or sensory impairment. Older people have increased risk of dementia, and large numbers of older people suffer from depression. Older people are also vulnerable to social isolation and/or loneliness. All of these can result in a reduced quality of life and increased use of health and care services.

Key Issues and Challenges

- Ageing well needs to focus on families as well as individuals and communities; carers have an important positive role to play, but are also at increased risk of loneliness and physical and mental health problems.
- Ageing requires an asset based approach enabling older people to continue to learn, build relationships, and contribute.
- Supporting independence is a priority in maximising older people's quality of life and reducing demand on health and care services.
- Maintaining older people's skills and abilities and responding to the needs of carers who support people to live at home are key approaches.
- The use of assistive technology, aids and adaptations in people's homes play an important role. Effective responses to crises are equally important – providing a proportionate level of support to restore independence as quickly as possible.

Aim 4 – Die well with dignity – Improve last 1,000 days of life

We recognise that people get "stranded" in our hospital beds, particularly the elderly or chronically ill. A proportion of patients who are "stranded" in our hospital are in the last 1,000 days of their life, and we want to make sure that their time is not wasted being stranded so that they can make the most of their last 1,000 days in a setting they want, with the people they want. People who are identified as being likely to be in the last year of life are given the opportunity to discuss advance care planning. Those who are likely to be dying are recognised in a timely way, to provide an opportunity for sensitive and meaningful discussions with the person and those important to them around their wishes and needs.

There is significant evidence that immobility in hospital leads to deconditioning, loss of functional ability and cognitive impairment, all of which have the potential to increase a patient's length of stay, using up their valuable time.

Making these last 1,000 days meaningful is something we cannot do alone. We need to draw on our system partners from GP practices to Community Services so we can all support patients to receive care in their place of choice. We will need to set up a forum with our partners which will act as a place to develop ideas as a system and collate examples of good practice.

We will develop metrics that help us recognise patients who are in need of support and work with teams to develop ideas to improve.

Governance

Board of Directors

The Board of Directors is committed to supporting quality initiatives that meet the key aims. This support will be shown directly to our front-line staff, devoting the first part of the Trust Board for our staff to present and update them regarding their improvement projects.

Quality Committee

The Quality Committee is a Board assurance committee which will monitor outcomes on work streams within its portfolio.

Service Improvement Group

The Service Improvement Group will monitor all sponsored service improvement projects against agreed trajectories, and to ratify proposed action plans where variations in performance levels are noted.

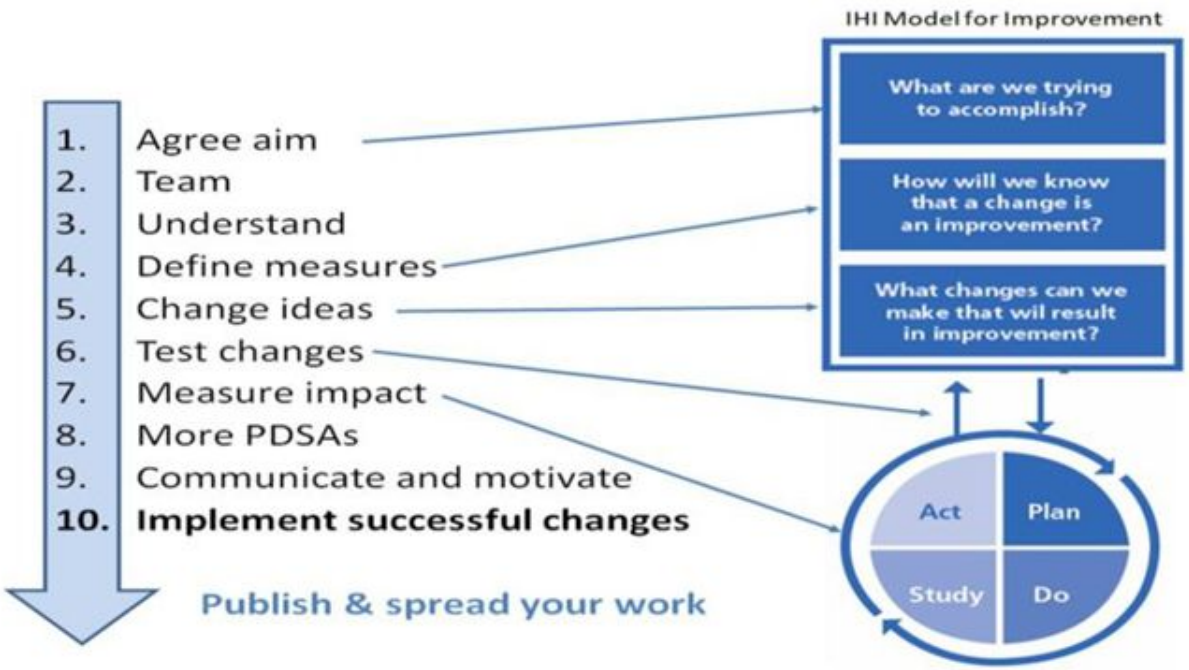
Quality Improvement (QI) Methodology

We want to make Stockport NHS Foundation Trust a more sustainable, resilient and progressive organisation where our people love to work and are able to be at their best every day. To do this in a sustainable way we want to create:

- an inclusive and supportive environment that we are proud of where improvement is everyone's business;
- an environment where we work together and have permission, time and an enabling infrastructure to achieve sustainable improvement and provide the best possible patient care.

By doing this we will flourish and become a learning organisation that has an improvement driven culture, underpinned by a trust-wide improvement methodology that is used by staff to deliver excellent patient care and services.

Quality Improvement (QI) is the use of a number of methods and tools to continuously improve quality of care and outcomes for patients.
Our QI approach is how we will make this vision a reality and is central to enabling us to achieve our ambitious improvement agenda.



The rationale for, and Trust approach to QI, will be aligned and to other enabling strategies such as Transformation and Workforce and Organisational Development. The QI methodology will underpin improvement plans, recognising that not everything will be reliant on the methodology. Specific organisational actions will be required at times to respond and react to our challenges however where we can use this methodology, we will.

The underlying principles we will focus on are:

1. Understanding the problem/issue
2. Understanding the systems and processes
3. Understanding the information & data
4. Ideas for change
5. Implementing change
6. Evaluating & measuring the change
7. Effective engagement & leadership
8. Staff & patient participation

Engagement & Communications

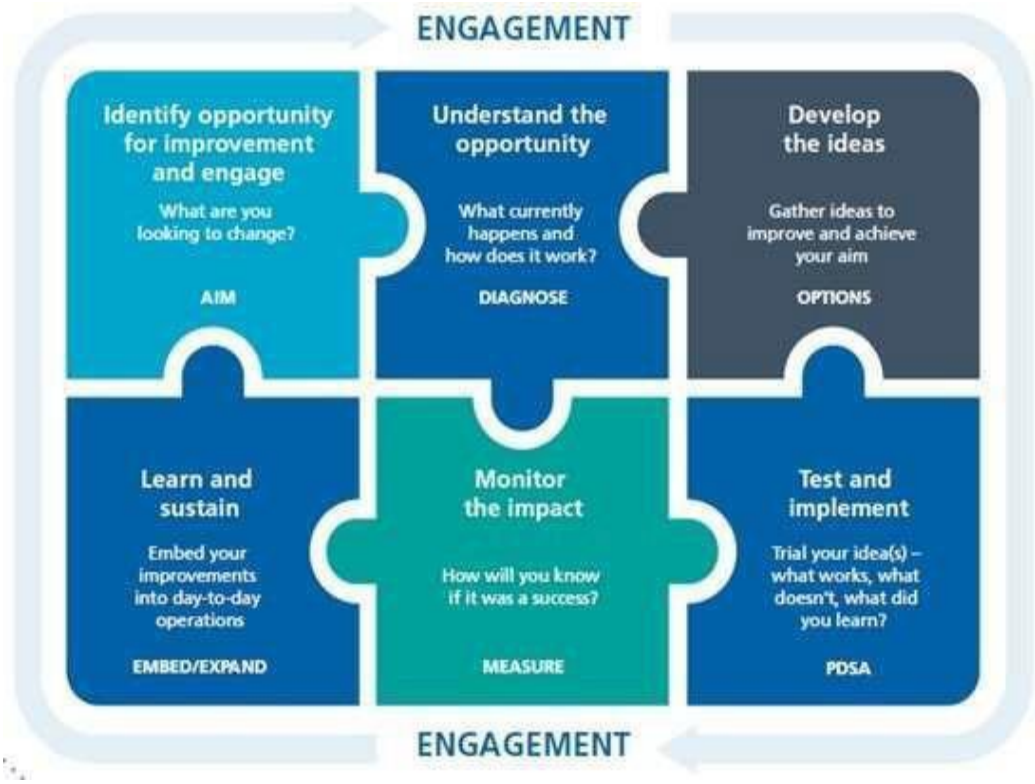
We recognise that all our staff and teams are doing their best, in these unprecedented and challenging times. Their daily contribution cannot be underestimated and is highly valued. That said, we are continuously striving for improvement and need to ensure that we provide staff with a clear understanding of the need and rationale for change.

To do this we need to communicate to our staff:

1. Our strategic direction
2. The problems we face
3. QI is everyone's business

Through consultation with our teams and colleagues, we can begin to gain staff opinion about our direction, building on the previous QI plans. Over the comingmonths we will:

1. Engage with staff and patients
2. Launch the QI strategy aims
3. Build on our systems of feedback and recognition



Measuring Impact

The Board is committed to ensuring our QI methodology underpins everything we do, and we have a dedicated Service Improvement Group to discuss and monitor Quality Improvement projects. To support the board overseeing the quality work, and for our teams to track improvements, we need high quality data.

As part of our improvement journey we have set up a programme group to improve our Integrated Performance Reporting, to ensure we have one source of truth. This work to support managers, clinicians and project teams to track changes using one source where possible.

We will be developing statistical process charts to determine trends, shifts or special cause variation. Each project will develop their own set of meaningful measurements (process, outcome and balancing measures) which will track the achievement and sustainability of the project aim.

Culture and Leadership

For the Trust to be most effective, quality must become the driving force of the organisation's culture. The presence of a positive and supportive organisational culture, with engaged and empowered staff encourages high quality care and an enthusiastic workforce. This is often underestimated but is essential to achieve patient focused services of the best standard. No QI methodology alone will drive improvement unless it sits in the right culture.

We are committed to engaging with our people, and supporting and caring for them. We want to support everyone to get the same opportunities to lead fulfilled working lives and enjoy good health. We know that there is a direct link between engaged and fulfilled staff and good patient outcomes and experience. A central enabler will be the development of a coaching culture and our health and wellbeing initiatives will make us an NHS employer of choice

We will need to learn and embed quality improvement methods at all levels, and within all teams, in the organisation. This will require our clinicians and managers to demonstrate an unrelenting determination to stick to this agenda despite internal and external challenges.

Ensuring the support and development of our leaders is essential to the delivery of an open and inclusive culture; where staff and leaders work together to ensure improvements are achieved.

Key initiatives:

- Increase staff led improvement
- Make staff voice even stronger in our leadership and governance
- Continue to implement and embed innovative, compassionate and collective leadership models
- Develop high performance teams
- Develop and implement clinical leadership models

Quality Strategy 2021-2024

NHS Stockport NHS Foundation Trust

Nic Firth
Chief Nurse

Andrew Loughney
Medical Director

AIM	HOW
Start Well	• Outstanding leadership at all levels • Evidence based optimal care • Fair & Just culture • Strengthened communications internally & externally • IT infrastructure for electronic patient records • Patient involvement in all improvements
Live Well	• Mortality (SHMI) • Pressure Ulcers • Falls • VTE • Patient & Staff satisfaction • Pathway Compliance – Sepsis, AKI, Pneumonia • Medication errors • Mandatory training as an indication of safety
Age Well	• Patient flow • Emergency Department • Frailty & End of Life care • SDEC – Acute Medicine & Surgery • Radiology • Alternatives to ED • Out-patient • Out-of-hours • Theatre restoration
Die Well with dignity	• Patients participate in all improvements • Build infrastructure and capability for improvement • Build a culture of continuous improvement • Celebrate successes and spread quickly

Making a difference every day

Appendix A

Quality metrics for achievement in year 1 (2021 – 2022)

Metric	Measure
Start well – improve the first 1,000 days of life	
Reduction of perinatal mortality in line with the national ambition to halve the rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 2025.	• Full compliance of all 5 elements of Saving Babies Lives Care Bundle version 2 (SBLCBv2)
Reduction in the number of women smoking at the time of delivery (SATOD)	• To achieve the national target of 6% for SATOD
NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST	• Full compliance with all 10 safety actions of CNST
Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the women, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.	• 75% of the services BAME/vulnerable women to be booked onto COC pathway
The Ockenden report was published in 2020 and highlighted immediate and essential actions for maternity services to put in place	• To be compliant against all immediate and essential actions
Avoiding term admissions into the neonatal unit	• To have <4% of all term births being admitted to the neonatal unit
Implementation of the neonatal critical care review	• Expert neonatal workforce • Enhancing the experience of families
To reduce unnecessary Hospital admissions for children and young people particularly those who have long term conditions such as Asthma, Diabetes and Epilepsy	• Supporting CYP and their families to maintain wellness and manage their health needs within the community setting
To ensure that transition of care for young people to adult services meets their needs and ensures continuity of high care.	• Seamless transition to adult services
For the neonatal unit to become a Baby Friendly accredited unit	• Aim to achieve stage 1of the accreditation process

Live well/Age well – Reduce avoidable harm	
Pressure ulcers	• 10% reduction
Falls	• 10% reduction
Falls with moderate harm	• 10% reduction
Sepsis	• 20% reduction
CDI	• 20% reduction
MRSA	• 0
MSSA	• 10
E.Coil	• 34
Klebsiella	• 15% reduction
Pseudomonas	• 33% reduction
Mortality: Hospital Standardised Mortality Ratio (HSMR)	• <=1
Mortality: Summary Hospital-level Mortality Indicator (SHMI)	• <=1
Number of incidents reported relating to moderate or severe harm	• Reduction in incidents reported

Die well – Improve the last 1,000 days of life	
Reduce admissions to hospital in the last 90 days of life through use of advance care plans and enhanced clinical management plans shared with primary care	• Establish baseline and determine % reduction.
Implement use of GM electronic palliative care coordination system (EPaCCs) in community and secondary care	• Determine and agree implementation date
Improve quality of palliative care monitoring in District Nurse teams through use of IPOS palliative outcome scale	• Establish baseline and determine % reduction.
All Learning from Death reviews completed from a palliative care perspective	• Implement learning from learning from death reviews
End of life care role specific training %	• All teams >85%
Review complaints associated with end of life care	• Implement learning from review of complaints

NHS
Stockport
NHS Foundation Trust

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

Meeting date	7 October 2021		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	ONE Stockport Health & Care Plan					
Lead Director	Andy Bailey, Acting Director Strategy & Planning		Author	Andy Bailey, Acting Director Strategy & Planning		

Recommendations made / Decisions requested

The purpose of this report is to share the final version of Stockport's One Health and Care Plan. This is one of the key pillars in the overall 'One Stockport' Borough plan.

The Board of Directors are requested to endorse their support for the One Health and Care Plan.

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
x	Well-Led		Use of Resources

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
	x	**PR3**	Working with others does not fully deliver the required benefits
		PR4	Performance recovery plan is not delivered
		PR5	Critical shortage of skilled workforce with capacity and capability to meet service needs

		PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The purpose of this report is to share the final version of Stockport's One Health and Care Plan.

A full draft was presented to the Health and Wellbeing Board meeting held on 8th September 2021, with members offered an opportunity to provide feedback.

This version has also been shared internally via the Executive Team, Finance & Performance Committee, JCNC and JLNC.

Subsequent to these meetings and further engagement with system colleagues and wider stakeholders, we are now in a position to present the final version of Stockport's One Health and Care Plan. The plan has been developed over the course of the past 9 months and is one of a suite of documents that will support the delivery of the One Stockport Borough Plan.

Board Members are asked to endorse the Stockport One Health and Care Plan

Appendix 1 - ONE Health and Care Plan – Final draft

ONE HEALTH AND CARE PLAN-SIGN OFF

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 At the Health and Wellbeing Board meeting held on 8th September 2021, Members were presented with a working draft of Stockport's One Health and Care Plan and offered an opportunity to provide feedback.

1.2 Subsequent to that meeting and further engagement with system colleagues and wider stakeholders, we are now in a position to present the final version of Stockport's **One Health and Care Plan**. The plan has been developed over the course of the past 9 months and is one of a suite of documents that will support the delivery of the One Stockport Borough Plan.

1.3 The plan has been developed jointly by Stockport Council, the Clinical Commissioning Group and the Foundation Trust and brings together the Health and Wellbeing Strategy, the Population Health Plan and the Locality Plan into one cohesive document.

2. ENGAGEMENT PROCESS

2.1 The engagement process undertaken to develop the plan, builds on the extensive programme of engagement that was undertaken during the development of the One Stockport Plan. In addition to the discussions that were held with staff, community groups and stakeholder partnerships, consideration was also made to key documents including; the Greater Manchester Inequalities Commission report and the Greater Manchester Marmot review and learning taken from other local authority areas.

2.2 The final iteration of the plan acknowledges the wide range of feedback from additional engagement sessions and has been amended, in particular to include the following:

- A **foreword** from chairs of the main partner organisations (as requested by Councillors)
- An **executive summary** to outline the context and how it fits with national changes. Plus a visual "plan on a page" (as requested by the CCG)
- More detail on high level **outcomes measures** (as requested by the CCG)
- The **Inequalities and Neighbourhoods** commitment under the borough plan has been split into two sections to better describe work on the wider determinants of health and the integrated model (as requested by the CCG & Public Health)
- An appendix setting out the deliverables from the **NHS Long-Term Plan** - also added into the actions for the delivery plans (as requested by the CCG)
- Reference to the 'Local Plan' for land use under **Inequalities, Ageing well, Independence and Enablers** (as requested by strategy team at SMBC)
- Reference to the LeDeR action plan has been included in the **Quality** actions (raised at Health & Wellbeing Board)

- The All-Age Autism Strategy has been added to the **Inequalities** actions (raised at Health & Wellbeing Board)
- The importance of the value of an asset-based approach and cultural competence training has been added to **Workforce** actions (raised at Health & Wellbeing Board)
- A stronger emphasis has been placed on references to "child" throughout the plan and reference is now to a **"Child and Age Friendly Borough**" (Raised at the Children's Integrated Leadership Team)

3. THE IMPACT OF COVID

3.1 The impact of the COVID response and the COVID recovery plays a significant role in terms of the plan's context and ambition. The impact of COVID, naturally at the forefront of everybody's thoughts at this time, features strongly in the feedback received from stakeholders and in particular the effect on people's mental health and wellbeing, confidence in the system, activity levels and hopes for the future.

3.2 What is also clear from the feedback received were the importance and the positive impact that local community resources had during the pandemic. In particular, reference was made to those grass roots organisations - many of which flourished during the pandemic, which provided informal support and addressed issues such as social isolation and mental wellbeing issues. Whilst there has been no formal approach to measuring impact, primarily due to the fact that the groups grew organically and at pace, in response to a crisis with no time for planning, the anecdotal feedback that has been received emphasises the importance and the crucial role these organisations have in preventing crises.

3.3 The plan has very much been developed in this context and engagement feedback taken on board in relation to the widespread impact that the pandemic has had.

4. EQUALITY IMPACT ASSESSMENT

4.1 The Public Sector Equality Duty came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities are required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

A detailed Equality Impact Assessment has been undertaken to identify any inequalities that have emerged throughout the development of the plan, in particular in relation to people who have protected characteristics.

4.2 In particular a number of potential areas of concern were flagged through the impact assessment process, and further engagement sessions will be undertaken with key stakeholders, including our VCSFE sector colleagues, to address these issues. In particular, concerns were flagged in relation to the following:

- Digital exclusion for people who may have a disability, be older, not have access to digital equipment through socio economic issues, or those who may not have English as a first language
- Children's issues not given the attention they should be, given that social care spending, attention and focus tends to be on the older age cohort
- Access to support could relate to age, race, socioeconomic status or disability
- It is important to acknowledge the role that carers play so that their needs can be factored into both planning and solutions

.

4.3 In addition to the Equality Impact Assessment that has been carried out in relation to the One Health and Care Plan, health and care colleagues have also developed an equality impact assessment in relation to the impact of the COVID pandemic. Whilst this document is predominantly operational in focus, the two assessments give a comprehensive overview in relation to the potential inequalities that could arise and offer solutions in terms of how any disproportionality may be mitigated against.

5. MEASURING IMPACT

5.1 The plan cites some system level outcomes and measures, which are relevant to Greater Manchester as a whole and have been developed in response to both the Marmot Review and other strategic work to address the wider inequalities, including the Building Back Better programme.

5.2 In addition to this, however, it is crucial that Stockport develops its own outcomes framework, one which complements the Greater Manchester ambition and provides reassurance that the plan is making a difference; through investment in the right areas, excellent quality services, positive patient experiences and a service that is sustainable and fit for the future.

5.2 A potential major redevelopment opportunity in terms of the hospital estate, will clearly have a key part to play in the development of this framework, subject to a successful outcome in the expression of interest submitted to the Department of Health.

6. ENVIRONMENTAL IMPACT ASSESSMENT

6.1 An environmental impact assessment has been undertaken and at this stage, the positive impacts on the environment relate to the changes that may emerge as a consequence of the digital agenda; including less travel due to on-line provision and resources.

6.2 As it stands, there are no negative consequences in relation to the plan itself. If Stockport is successful in securing funding for a new hospital estate, a comprehensive environmental assessment will be undertaken.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Board Members are asked to:

- Agree and endorse the Stockport One Health and Care Plan
- Support the request that a draft of the outcomes framework be presented at the next Health and Wellbeing meeting on the 24th November 2021.

1ONE STOCKPORT

Health & Care Plan

A Healthy & Happy Stockport

CONTENTS

FOREWORD

Stockport is a confident and ambitious Borough. United in the face of the coronavirus pandemic, our communities pulled together to support each other, overcome new challenges and build hope for the future. ONE Stockport - our new Borough Plan - is based on the priorities which have come from extensive engagement with the people who live and work in Stockport.

Health and Wellbeing are at the forefront of Stockport's vision for 2030 and a key priority for local people. If 2020 taught us anything, it's that we're stronger working together. We believe that the best way to deliver Stockport's vision is through collaboration across the wide range of partners who support health and wellbeing for local people. That means teams from statutory health and care bodies working together with voluntary and faith groups, private health and care providers, care homes and domiciliary care providers, community groups, family, friends and carers who, together, help to keep us healthy, happy and independent.

We want to build on the innovation, community spirit and outpouring of compassion that brought us together during the pandemic to tackle long-standing issues of inequalities and make Stockport a place where everyone has the best start in life, is supported to live well and age well.

Working together is about so much more than health and care services. It is about all the factors that make us happy and healthy, from education and employment to housing and security. It is also about people living their best lives, supported to make good lifestyle choices that improve their health and wellbeing and allow them to be independent.

This plan sets how we will work together as a system to deliver ONE Stockport's vision for **a Healthy and Happy Stockport**.

Dr. Cath Munro

Chair of NHS Stockport Clinical Commissioning Group

Cllr. Jude Wells

Cabinet Member for Adult Care and Health

Prof. Tony Warne

Chair of Stockport NHS Foundation Trust

0. EXECUTIVE SUMMARY

ONE Stockport[1] is our new 10-year borough plan based on priorities which have come from extensive engagement with people who live and work in Stockport. Health and wellbeing are at the forefront of Stockport's vision for 2030, to be delivered through a single, system-wide plan for health and care over the next 5 years. The key areas highlighted for action include:

- a collective, proactive, all-age approach to prevention and early intervention from a physical, mental and social wellbeing perspective to enable people to live healthy, happy lives
- taking a "whole person" holistic approach to the delivery of health and social care services, coordinating care delivered by multiple teams and organisations
- ensuring equity and equality in access to all services
- recognising and increasing the significant role of our Voluntary, Community and Social Enterprise (VCSE) providers have in supporting and connecting our local communities and providing advice and guidance to our residents
- improving access to and local information about mental health and emotional wellbeing services
- embedding design work in taking forward plans, including our neighbourhood model and implementation of Healthier Together
- improving local employment, economic growth, education, housing and transport – the areas which have such a significant impact on people's health and wellbeing
- supporting our carers who are so vital to helping people retain their independence and prevent the need for high level health and care interventions
- working together to recover from the negative impact of Covid-19 on so many people in terms of physical and mental health - particularly those communities hardest hit through loss of employment, exacerbation of long-term conditions, increased waiting times, as well as the emotional impacts of loss, isolation, stress and grief
- locking in the benefits of increased collaboration between public services, the voluntary sector and local communities during the pandemic to support each other and the most vulnerable in our communities; retaining the digital advances in care provision; and learning from the success of the rapid, far-reaching and agile delivery of the COVID vaccination programme.

This 5-year plan brings together existing strategies and plans, including Stockport's Locality Plan[2], Health & Wellbeing Strategy[3], and local partners' strategies into a single document and ONE vision for health and care. This is our new locality plan for Stockport in the Greater Manchester Integrated Care System[4]. Underpinning this are specific, detailed action plans which will ensure local delivery of the requirements of the NHS Long Term Plan[5] - a schedule of these deliverables can be found in **Appendix 1**.

We recognise that health and wellbeing are strongly influenced by a wide range of external factors. Achieving our aims will require a full-system approach and full delivery of all the plans set out under ONE Stockport.

[1] https://www.onestockport.co.uk/the-stockport-borough-plan/
[2] https://www.stockportccg.nhs.uk/about-us/what-are-our-plans-and-priorities/
[3] https://www.stockportccg.nhs.uk/stockport-joint-health-and-wellbeing-strategy-2017-2020/
[4] https://www.gmhsc.org.uk/our-plans/about-our-plans/
[5] https://www.longtermplan.nhs.uk/

National Context
This plan sits within the context of major national change in the organisation of the health service. The Health and Care Bill[6] establishes Integrated Care Systems (ICS) to deliver joined-up place-based working across health and care providers. This Plan is therefore focused on how we continue our transformation of the local health and care system as part of the Greater Manchester ICS.

Our work also sits within the context of significant financial challenges. Growth in long-term conditions and need for health and care services has put a strain on public sector organisations. Collaboration will be key to ensuring the best use of the 'Stockport Pound', eliminating duplication and creating economies of scale. We will work together with partners to build a sustainable health and care system with the capacity to flex in response to future needs and challenges.

Living with and beyond COVID
Responding to COVID-19 and the emerging unprecedented challenge has placed significant demand on the Stockport health and care system, as well as the wider public and private sector. The impact of the pandemic is becoming increasingly evident, and both public services and communities are likely to be dealing with the economic, social, and physical and mental health consequences for many years to come. Some of the issues we face include:

- COVID-19 as an acute illness likely to be prevalent in the population in future years
- the ongoing impact of 'long COVID' requiring access to existing or new services and additional support
- undiagnosed illness unrelated to COVID-19 and a directly correlated negative impact on population outcomes into the future
- increased mental health issues – both acuity and prevalence
- significant increases in the number of people on waiting lists for diagnostics, treatment and social care support
- increases in the number of Looked After Children (LAC) and placement breakdowns

[6] https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf

- an increased proportion of children and young people experiencing Adverse Childhood Experiences (ACEs)
- a significant decrease in the number of people in employment and the consequent negative impact on our local economy.

We were able to respond quickly and effectively to the pandemic, despite a rapidly changing and uncertain environment:

- public services and local communities have worked together to support each other and the most vulnerable in our locality
- we have seen an agile and rapid response from VCSE and demonstrated the significant role the sector will play going forwards
- we have significantly accelerated health and care integration
- care homes have worked together to provide mutual aid and provided excellent care to our residents
- we rapidly transformed the way we delivered primary care and outpatient services
- we accelerated progress in digital delivery; although we fully recognise the challenges faced of digital exclusion and the appropriateness of digital delivery in more complex interventions
- we effectively rolled out the largest mass vaccination programme in the country's history, including specialist vaccination services for vulnerable groups such as refugees and asylum seekers.

Delivering Change
We want to build on this learning and harness the opportunities presented by national changes to continue our transformation of the local health and care system.

Ultimately, we want to create the conditions that enable people to live healthy and happy lives, offering proactive support when needed from teams of professionals working together at a neighbourhood level.

Delivery will be through the eight programmes of work set out in this plan (see infographic below). The impact of these changes will be seen in the following high-level outcomes:

- **Stockport residents will be healthier and happier**, with tangible improvements seen in life expectancy; happiness & emotional wellbeing; the proportion of children and young people who are thriving; and reductions in social isolation and loneliness.
- **Health inequalities will be significantly reduced**, as evidenced through healthy life expectancy levels; access to key preventative services such as screening; early diagnosis of cancer, heart disease, and respiratory disease; reductions in smoking and obesity; and reductions in premature mortality among people with the worst health outcomes.
- **Safe, high quality services will work together for you**, resulting in positive CQC and service user ratings for all local services; delivery of national standards; improved access to services and reduced waiting times.
- **Stockport residents will be independent and empowered to live their best lives**, as evidenced through the proportion of people who are active, eat well and drink healthily; reductions in avoidable emergency hospital admissions and permanent admissions to care homes.

Strategic Ambition

Stockport residents will be healthier and happier

Health inequalities will be significantly reduced

Safe, high quality services will work together for you

Residents will be independent and empowered to live their best lives

Outcome Measures

Life Expectancy
Happiness scores
Emotional wellbeing
iThrive scores
Loneliness

Healthy life expectancy
Access to screening
Early diagnosis rates
Smoking rates
Obesity levels
Premature mortality

CQC ratings
Satisfaction levels
Improved Access
Waiting times
Delivery of national standards

Physical activity
Healthy eating and drinking
Hospital admissions
Permanent care home admissions

Delivery Programmes

Quality & Leadership

Early Help & Prevention

Independence & Reablement

Mental Health & Wellbeing

Tackling Inequalities

Stockport's Neighbourhoods

Age-Friendly Borough

Valued Workforce

1. INTRODUCTION

Stockport's Borough Plan – ONE Stockport[7] - is the overarching strategy that sets our shared strategic aspirations for Stockport 2030. It was developed through extensive engagement with local people, who told us that health and care is one of their top priorities.

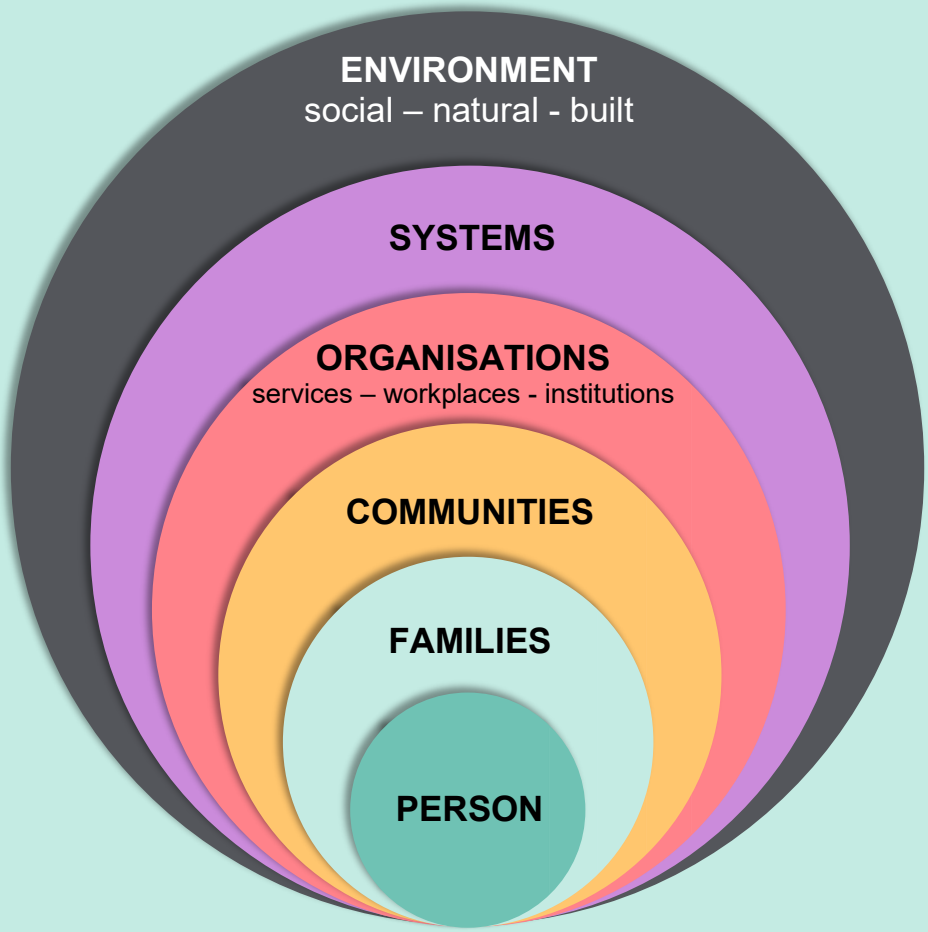
This Plan sits under the 'ONE Heart' section of ONE Stockport, setting out our shared approach to improving health and care outcomes through all partners working together to support local people to be Healthy & Happy. We recognise that health and wellbeing are strongly influenced by a wide range of factors, especially employment, connected communities and access to green spaces and activities. Delivery of the aims set out in this plan will be achieved as part of the full-system approach set out in the Borough plan and all of its delivery plans.

NHS Stockport Clinical Commissioning Group	STOCKPORT METROPOLITAN BOROUGH COUNCIL		NHS Stockport NHS Foundation Trust	NHS Pennine Care NHS Foundation Trust
Clinical Commissioners	Adult Social Care, Stockport Family & Public Health	Schools, Colleges and local education providers	Hospital Care & Community Health Services	Acute & Community Mental Health
VIADUCT CARE CIC	Mastercall	NHS	Sector³	healthwatch Stockport
Federation of 36 local GP practices	Out of Hours Primary Care	Pharmacy, Dentists, Opticians & Ambulance Services	Voluntary & Community Services	Patient Voice

[7] https://www.onestockport.co.uk/the-stockport-borough-plan/

One Heart, One Home, One Future

At the heart of Stockport are its people and the communities in which they live. We recognise the importance of ***all*** elements of the Borough plan in creating the conditions in which we can grow and thrive together.



Our lives are understood as being interdependent and shaped by the contexts we live in. Therefore, all our health, education, community, and social care services must also work together with individuals, their families and communities to improve local care and outcomes.

This plan provides a framework to guide our work across all stages of the life course from birth to death, to prevent risks becoming problems and challenges from becoming entrenched or turning into crises so that everyone in Stockport can live their best lives, be happy, healthy and independent.

2. THIS IS STOCKPORT

Stockport is made up of a wide range of communities, unique neighbourhoods, local villages and district centres. We are proud of where we live and celebrate the diversities that make up our borough. We're part of Greater Manchester, but we're also lucky to have Cheshire, North Derbyshire and the Peak District on our doorstep, sharing wide open countryside and farmland. This unique geography and sense of community is why Stockport is one of the healthiest places to live in the North West.

Our Population

291,775	315,655	61,900	58,064	138,888	22,456	50,838	74,793
Local residents	Registered with a local GP	Under 18	Over 65	Disability / long-term condition	Black, Asian and Minority Ethnic	Live in most deprived wards	Live in most affluent wards
		21.2%	19.9%	47.6%	7.7%	17.4%	25.6%

Stockport is home to 291,775 local residents, with 315,655 people registered at one of Stockport's 36 GP Practices. Stockport's population is split almost equally by gender - 50.5% female, 49.5% male - which mirrors the national trend. Stockport is one of the most polarized boroughs in the country, with some of the most affluent and some of the most deprived local areas, generating significant inequalities among community groups.

Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently 19.9% of people are aged 65+ and this is likely to rise to 21% by 2024. 9.4% of the population is aged 75+, 2.8% are over 85 and 1% are aged 90 or over. The number of children and young people in Stockport is also rising – particularly in areas of higher deprivation - though at a lower rate than the growth of our older population. Stockport's more affluent areas to the South and East of the borough tend to have older populations, while the more deprived wards in the Centre and North have younger populations.

In Stockport the Black, Asian & ethnic minority population has risen from just 4.3% in 2001 to around 11% at the 2011 census. Areas to the West of the borough have the highest proportion of ethnic diversity - particularly among younger populations.

40% of people registered with a Stockport GP have one or more long-term health conditions and around 30,000 people have caring responsibilities, including 4,230 children. 7,560 local children have special educational needs and / or a disability. Over 2,000 children are classed as 'in need' with 660 Looked After Children[8].

[8] 230 placed in Stockport by SMBC; 300 placed in Stockport by another Local Authority; 130 placed by Stockport in another Local Authority.

Health in Stockport

Stockport continues to be one of the healthiest places to live in the North West, with overall health outcomes similar to the national average. However, we know this is not the experience of all of our residents: outcomes vary significantly between affluent and deprived areas.

Average life expectancy in Stockport is high, with women living on average 83.3 years and men 79.8. However, there is significant difference within our neighbourhoods, with men in Bramhall South living 11 years longer than those in Brinnington & Central. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.

At least 93,500 people in Stockport have one or more long-term health conditions, with hypertension, asthma, diabetes and heart disease the most common. 7,560 local children have special educational needs and / or a disability. 15% of the population report low wellbeing – rising to 29% in deprived areas. 11.9% of children aged 5-19 report low mental wellbeing and 12.8% have a mental health disorder. Cancer is the main cause of death in the borough, followed by heart disease and lung disease. While this is the case for all community groups, people in more deprived areas are more likely to die earlier of these diseases.

26% of adults have three or more lifestyle risk factors associated with ill-health: 22% of adults are inactive, 25% drink unhealthily, and 63% are overweight or obese, similar to the national position. Stockport residents are less likely to smoke than the national average – only 13.4% of adults in Stockport smoke, compared to 13.9% nationally - but this rate more than doubles in areas of deprivation to 34% in Brinnington.

83.3	79.8	15%	44%	63.3%	13.4%	25%	21.4%
Female life expectancy	Male life expectancy	Low mental wellbeing	Long-term condition	Overweight or obese	Smokers	Drink unhealthily	Inactive

The Impact of COVID-19 on the long-term health of our population has yet to be fully understood. We know that at least 50,000 people in Stockport will have been infected with COVID-19 over the last 16 months, with 27,650 diagnosed and more than 1,900 being admitted to hospital as a result. More than 750 people in Stockport have sadly died due to COVID-19, and in 2020 the overall mortality rate for the borough was 14% higher than normal, an excess mortality level similar to the national average. COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas. In addition, lockdown has impacted on children's development, the consequences of which will be not be understood fully for some time. National life expectancy modelling shows a reduction in life expectancy of 0.9 years for women and 1.3 years for men between 2019 and 2020, with larger reductions of 1.6 years for females and 1.9 for males in the most deprived areas.

Local Services

At some point in their lives, everyone will need the support of health and care services.

There are currently around 10,000 people working for the partner organisations to provide health and social care services. In addition, a wide range of people work in Stockport's private care providers and care homes; there are 3,000 employees and 49,100 volunteers working in Stockport's voluntary and community sector; as well as Stockport's 31,982 unpaid carers, who make a vital contribution to our system.

Stockport also benefits from a high number of health and social care professionals working across the region who live in the borough - providing a strong community asset.

Health and care services are a major industry, accounting for 12% of all employment in England. Each year in Stockport there are around:

1,500,000
GP appointments

470,650
Community health contacts

141,000
Mental Health appointments

105,000
Emergency Department attendances

131,700
Hospital admissions

350,000
Outpatient appointments

1,639,620
Prescriptions issued

70,000
NHS Sight Tests

18,039
dental appointments

3,514
Referrals to Children's Social Care

6,307
Adult Social Care users

2,300,000
Voluntary Sector interventions

United in the face of the pandemic, our organisations and communities have joined forces to create an ambitious, connected and caring borough, working hard to overcome the challenges. Through working together and supporting each other we know we can create a happy and healthy borough for all of our residents.

For more information on Stockport's population, needs and services, see our Joint Strategic Needs Assessment[9].

[9] http://www.stockportjsna.org.uk/

3. OUR JOURNEY

Over the past decade, Stockport has seen significant changes in health and care:

People in Stockport can now access General Practice services 7 days a week

Patients have access to a team of pharmacists supporting medicines reviews and self-care advice in GP surgeries

Residents now have access to non-clinical advice and guidance on social, economic and practical needs from Social Prescribers in General Practice

People with back or joint pain and other musculoskeletal conditions can now go straight to a physiotherapist through their GP Practice

Children, young people and families can access Stockport Family's fully integrated health and care model of support based on where they live, with strong links to education inclusion services and schools

Children and young people facing a crisis now have support from a Rapid Response team and access to Safe Zones, designed with young people

People with complex care needs can benefit from a multi-disciplinary approach, bringing together all the professionals involved in their care to coordinate support in neighbourhood teams.

People now have access to Healthy Stockport - our prevention and self-care resource hub, which sits at the heart of a family of prevention services.

Adults struggling with their mental health can access the Open Door safe haven 7 days a week, supported by a 24 hour helpline and overnight safe space, STEM (Stockport Early Management Team).

In an emergency, people have access to a community Crisis Response Team; GPs in the emergency department; increased mental health support in A&E; and extended opening hours in the Ambulatory Care Unit to assess and treat people without an admission

2020 was an unprecedented year which had a profound effect on every member of our community. We are immensely proud of the amazing efforts made by our combined health and care workforce and their support teams during the COVID response as well as key workers in the wider public sector and community. We have seen incredible resilience and adaptation, with more joined-up care, which has delivered an outstanding result.

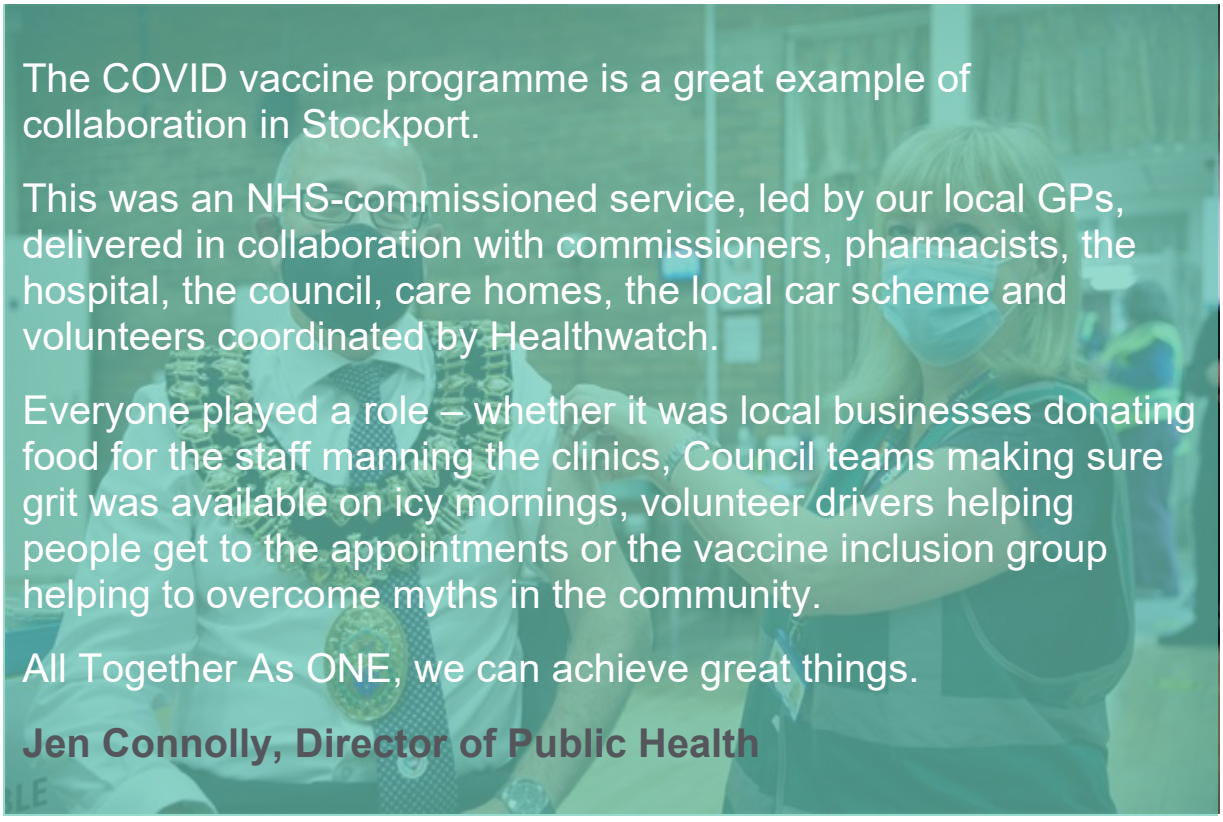
However, COVID-19 has not affected all of us equally and has exacerbated the inequalities in our borough:

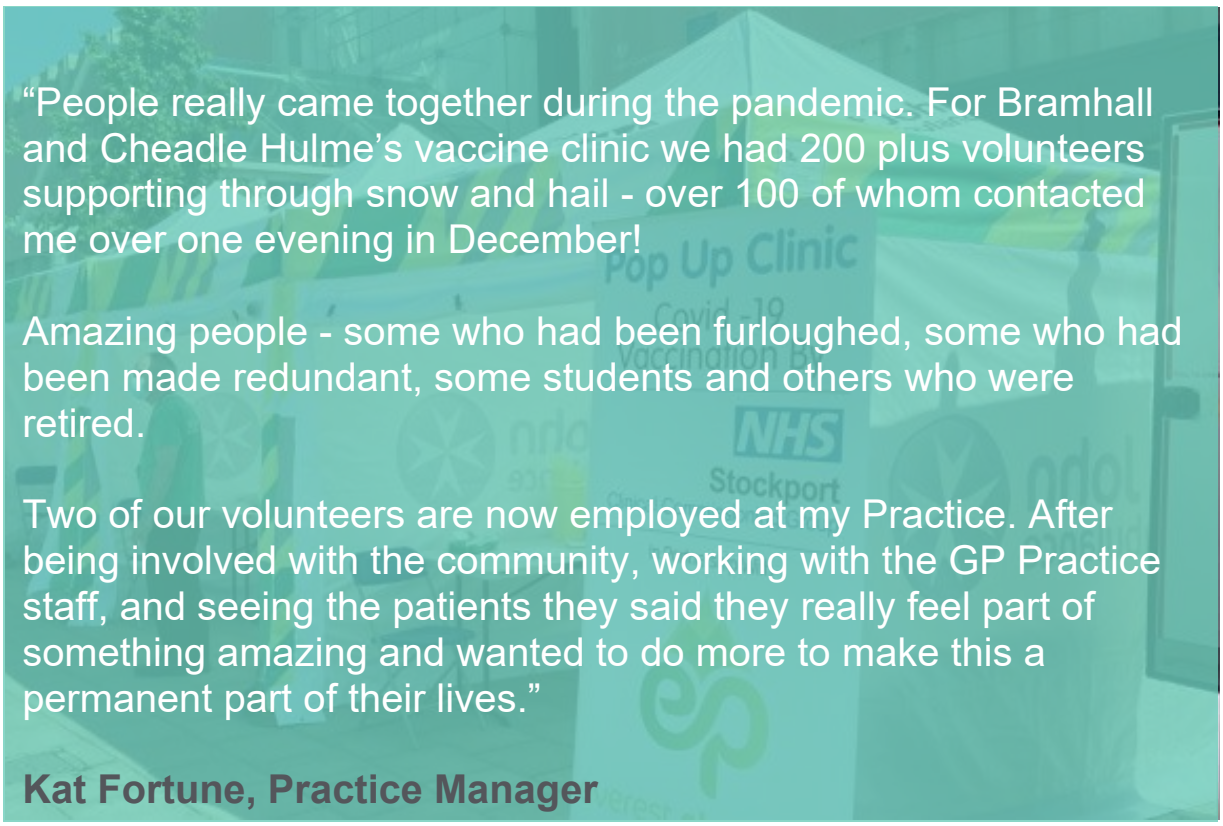
- rates of infection were significantly higher among people in manual occupations and frontline health and care staff;
- older people and those from Black, Asian and Minority Ethnic (BAME) backgrounds were more likely to experience serious complications from the virus; and
- mortality rates from COVID-19 have been significantly higher in areas of deprivation – particularly among younger people.

Even among those who did not contract COVID-19, lockdown has had significant impacts on mental health and wellbeing, felt most in: deprived areas where there is less access to green spaces and lower quality of housing; among those who are socially isolated; and among care home residents, where access to families and visitors was restricted. The focus on managing the pandemic has resulted in unavoidable delays for routine care, which has had a disproportionate impact on people with disabilities, long-term conditions, and families of children with special education needs and disabilities.

If 2020 taught us anything, it's that we're stronger working together.

Our aim is to learn from the positive changes over recent years and from the inspiring levels of community support and compassion during the pandemic to build back stronger, supporting our most vulnerable, to and create a healthy, happy and more resilient borough.





"People really came together during the pandemic. For Bramhall and Cheadle Hulme's vaccine clinic we had 200 plus volunteers supporting through snow and hail - over 100 of whom contacted me over one evening in December!

Amazing people - some who had been furloughed, some who had been made redundant, some students and others who were retired.

Two of our volunteers are now employed at my Practice. After being involved with the community, working with the GP Practice staff, and seeing the patients they said they really feel part of something amazing and wanted to do more to make this a permanent part of their lives."

Kat Fortune, Practice Manager

"Stockport Car Scheme is part of the Wellbeing & Independence Network. It helps to keep people well in their own homes by enabling those who would struggle with public transport to get out and about in a safe way.

Over the last year there has been a reduction in social groups and people going out shopping, so we adapted our service to help deliver prescriptions, foodbank parcels, pulse oximeters and thermometers to people shielding.

We also delivered 7-day support for people attending a vaccine clinic. Some days we have taken almost 80 people for a vaccine!

During these unprecedented times the number of people coming forward to volunteer has increased and enabled us to cover all requests for support. We feel that we can build on this enthusiasm and offer more medical transport in the future."

Sue Peck, Stockport Car Scheme

4. SHAPING OUR PLAN

The Borough Plan and our Health & Care Plan are for everyone, so it is important to us that we reflect this when shaping it.

Our plans are based on a wide range of evidence:

- throughout 2020 we spent time seeking and listening to over 3,800 people to capture the experiences, insight and aspirations of our communities, businesses and different partnership perspectives to inform the development of the Borough Plan
- over the first half of 2021 we spoke to around 1,000 people about the health and care plan, and
- we have been analysing all our data and intelligence to understand our opportunities and our challenges.

Our data is telling us that:

Stockport's population is changing, we have an increasingly culturally diverse community, an ageing population and Stockport is a popular place for people to relocate to and live

Stockport has a strong economy, we are in the top 20 in the UK for productivity growth. We are responding well to new emerging industries. However, as with other areas we face the challenges of unemployment

We are a **polarised borough** (top 10 in England), with a number of our residents living in some of the most affluent and least affluent areas in England

Stockport's **children generally achieve above average outcomes,** however the most vulnerable and deprived children do not perform or engage as well as their peers across England

Stockport tends to have **good health outcomes and life expectancy** that have been improving year on year, but our **growing levels of health & care needs will present in challenges in future years.**

What we have heard is that:

People are **passionate** about their local area, enjoy being part of a community, supporting local businesses and want to get involved

Equality, equity and unity are important for our communities and at the heart of how we want to work together in the future

Access to **health services** was identified as a big future priority and **Mental Health and wellbeing** was a particular concern for young people.

Our **communities care for the environment** and want to proactively address the causes and impacts of climate change

People, businesses and communities talked about the importance of **inclusive employment opportunities** and inspiring future generations

The **economy and recovery** from COVID is a concern but we don't want to lose our ambitions around regeneration and economic growth

People and communities have, and continue to be, **impacted by Covid-19**, whether it is their health, employment, wellbeing or concerns for the future

In particular, the following feedback was received around health and care:

- While health in Stockport is generally good, people are worried of the impact of COVID-19 on their health and wellbeing and on existing health inequalities
- Access to good quality health services is a top priority for the future
- Cultural competency is important for services
- Emotional wellbeing and mental health is a priority - particularly for young people. Rates of poor wellbeing have almost doubled from pre-pandemic levels
- Obesity and smoking are on the rise among young people and key for improving health and reducing inequalities. Behaviours and cost are key barriers to making healthy choices
- Support for carers, including respite care, is a big priority – Signpost identified 1,000 new carers during the pandemic
- Wider factors like employment, education, housing, leisure and green spaces all have an impact on health and vice versa
- Social isolation is a major issue for mental wellbeing – even more so since COVID
- We have an ageing population which brings opportunities but puts more pressure on health and care services
- Some people and communities require additional support such as families with a child with Special Educational Needs and Disabilities, care leavers and older people
- Services need to work together and take a holistic approach to care for an individual.

A full analysis of engagement can be found in **Appendix 2**.

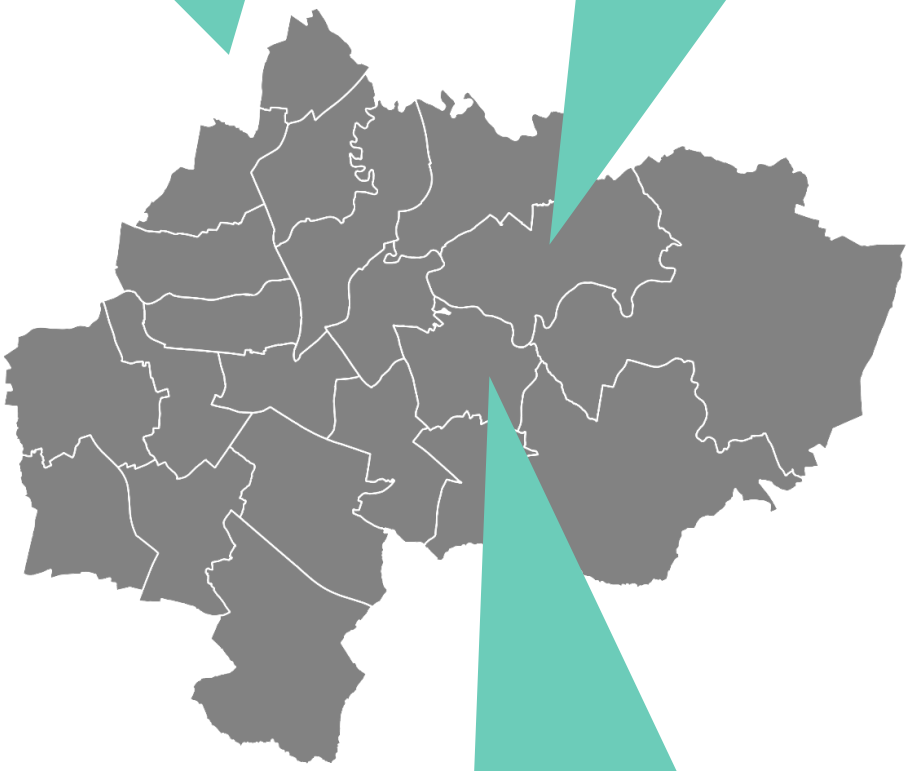
"Looking after our mental health is more important than ever!"

Millie, Stockport College, age 17

"I want everyone to be happy and healthy. Good health isn't just about good services it is also about employment, education, friendship and enjoying the outdoors."

Claire, Romiley, age 43

ONE STOCKPORT



Impact on health and wellbeing

Health Inequalities

Collaboration

Mental Health & Wellbeing

High Quality Services

Wider Determinants of Health

"For an aging population, I think having an accessible and good quality health care network is key - this ties in closely with a good quality social care and community network.
People need to feel safe and secure and this is dependent on health and connectivity.
It's imperative this is supported by being able to get around and have access to a solid and affordable public transport system."

Janet, Offerton, age 68

5. OUR VISION

Our vision for 2030 sees us all working together to develop a borough which is inclusive, caring, enterprising and full of ambition. **We want people to live the best lives they can and feel happy, healthy, included, and independent.**

For health and care, this means giving everyone the best possible start in life, reducing inequalities between different communities while improving health and wellbeing for everyone in the borough.

The best way to achieve this goal is to **work together as ONE system, wrapping care around the needs of the individual.** We will create a sustainable, person-centred system where professionals work together with local communities, recognising their strengths and assets, to prevent ill health, proactively support people to remain independent and offer high quality care when needed.

We want services to create the conditions that enable people to live healthy and happy lives and offer proactive support when needed. This means preventing problems emerging in the first place or, if issues have emerged, offering the help people need, when they need it, to address problems and/or prevent or delay them from getting worse. It means working *with* people rather than doing things *for* or *to* them and helping them to access and develop the resources available to them.

General Practice and local education settings will be key anchors that services are wrapped around. Learning from the progress of our integrated neighbourhood teams, Stockport Family, and the Team Around the Place, we will develop our **ONE Neighbourhood Model of multi-disciplinary teams, working together for their shared communities**. Health and Care leaders will work together as ONE System, embracing new technology to improve independence, access to information and services, and create a sustainable system, operating with a Place-Based budget to ensure delivery of quality outcomes for everyone.

Working through our neighbourhood model, we will **match support to local needs, increasing the scale and pace of progress to reduce health inequalities**. Our approach will be inclusive, recognising the significant benefits of communities looking after each other during the COVID pandemic and the impact of wider public services such as education, housing and employment on health and wellbeing.

➢ **Healthy, Happy, Included**

➢ **Communities that *care* and look after each other**

➢ **ONE Stockport, ONE Neighbourhood Approach**

This is not a quick fix - our long-term vision will be delivered through the detailed 5-year delivery programmes set out below and constantly refreshed to meet changing needs and demands.

A Healthy, Happy Stockport

Putting people at the heart of everything we do. Working together as ONE System to wrap support around the individual.

Person-centred care for you and your family at the end of life	• Palliative Care • Respite • Care Homes
Help to get you back to health and independence	• Rehabilitation • Reablement • Resettlement • Intermediate Care

Responsive care in times of need	• Elective care
	• Urgent care
	• Specialist services
	  • Mental Health
	  • Cancer Care
	  • COVID response

Support people to maintain their health, wellbeing and independence through proactive management of care	• Primary Care • Social Care • Neighbourhood teams • Housing • Education • Voluntary & Community Sector
Prevent ill-health and dependence	• Vaccination • Immunisation • Risk Stratification • Equipment & adaptations
Enable people to be healthy & happy, ensuring everyone has the best possible start in life	• Self Care • Wellbeing services • Reducing inequalities • High quality maternity services
Putting people at the heart of everything we do	• Local People • Families • Carers

This plan provides a framework to guide our work across all stages of the life course from birth to death, to prevent risks becoming problems and challenges from becoming entrenched or turning into crises so that everyone in Stockport can live their best lives.

ONE STOCKPORT

6. VALUES

2020 has taught us so much and has enabled us to build new relationships, develop ourselves and work with those around us to overcome challenges – giving us hope for the future of Stockport.

In Stockport…

- **We are inclusive.** We believe our difference and unique experiences need to be celebrated. We proactively address inequality and hold ourselves accountable for everyone feeling included and valued.
- **We are ambitious.** We believe in Stockport, our people, and the places that make up our Borough. We are continuously challenging ourselves to be the best we can be for Stockport.
- **We are collaborative.** We believe in working together, including with our citizens, openly and honestly. We support each other and always work together for the benefit of Stockport.

We will uphold these values as citizens, employers and partners, championing them with our neighbours, our colleagues and our local communities.

As ONE Health and Care System, we will work to the following principles:

- **Person-Centred**
  Putting people at the heart of our services, recognising their skills, networks and assets. Professionals and organisations will work together for our communities

- **Place-Based**
  Working together across Stockport and within neighbourhoods to support shared populations. Following the principle of subsidiarity so decisions are taken closer to the communities they affect.
  Considering the whole system and responding to complexity with collaboration.

- **Outcomes-Focussed**
  Delivering excellence in our services, health and wellbeing outcomes, leadership and in how we support our colleague. Being innovative and informed by evidence.

- **Strengths & Asset-Based**
  Recognising the strengths and assets individuals and communities bring to the table and proactively engaging with them to co-produce the right support. Enabling personal growth and empowering people to determine and achieve their goals, drawing on their own and their communities' assets.

- **Fair**
  Reducing inequalities at the core of all we do, with links to wider public services and determinants of health. Valuing diversity and adapting ways of working to empower all of our communities.

- **Sustainable**
  Able to meet changing local needs within the available place-based budget.
  Make best use of digital technology to support our work and enable independence
  Working together to respond to the challenge of climate change.

"I don't know the difference between NHS Stockport, Stockport NHS and all the other services – I just want them to work together instead of passing people from pillar to post. There should be no wrong door for accessing care"

Steve, Signpost's Young Carers

"I know what I need better than any stranger sat behind a desk. You should ask me what I want, not tell me what you want to do"

Jean, Cheadle Hulme

"The people we all care for should come before the organisation we work for and the system needs to make that easy to do"

Julia, Social Worker

ONE STOCKPORT

7. OUTCOMES

Our health and wellbeing have never been more important to us. ONE Stockport sets a clear mandate for health and care partners to deliver real change. Stockport residents will see tangible improvements in health and wellbeing as well as in the quality of local services. Through this plan, we aim to deliver the following outcomes for our population:

Strategic Outcomes	Measures of Success
 **Stockport residents will be healthier and happier**	• Increase in life expectancy • Increased happiness & emotional wellbeing • More children and young people who are thriving • Reduction in loneliness and social isolation.
 **Health and wellbeing inequalities will be significantly reduced**	• Increase in health life expectancy • Improved access to screening • Earlier diagnosis of cancer, heart disease, and respiratory disease • Reductions in smoking and obesity • Reductions in premature mortality among those with the worst health outcomes
 **Safe, high quality health and care services will work together for you**	• Positive CQC ratings for all services • Consistently high staff and service user satisfaction levels • Delivery of national standards • Improved Access to services • Reduction in Waiting times
 **Stockport residents will be more independent and empowered to live their best lives**	• More people are physically active • More people eating the recommended 5-a-day • Reduced rates of unhealthy drinking • Fewer avoidable emergency hospital admissions • Fewer permanent admissions to care homes

These measures are just part of Stockport's developing Outcomes Framework, which covers all areas of the Borough Plan. Delivery of these improvements will be monitored through Stockport's Integrated Care Locality Board and overseen by Stockport's Health & Wellbeing Board.

The image below sets out the commitments for health and care described in Stockport's borough plan and how these will be measured:

What Action We Will Take

1. Continue to provide **safe, high quality health and care services** through new system leadership arrangements and a joint improvement plan
2. Radical focus on **early help and prevention** through codesigning a new model, recommissioning key services for 2022 and making the most of digital technology. Including the network of support from friends, family members and the many local community groups and organisations that provide vital care and support within the home
3. Improve **mental health and wellbeing** through development of a joint all age mental health and wellbeing strategy working with communities, schools and businesses
4. Work together to undertake **targeted action on inequalities** as a population health system and through a **neighbourhood model** that recognises wider factors such as housing, employment and social connectedness
5. Build and retain a **resilient, valued and inclusive health and care workforce** that promotes homegrown talent to create training and employment opportunities for local people and carers through a joint workforce plan
6. Continue our work to be an **Age-Friendly Borough** through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life
7. Continue our work to be a **Child-Friendly Borough** through delivery of the Start Well Strategy & Children and Young People's Plan; Early Help Strategy and our SEND Strategy & Joint Commissioning Plan that are proactively developing the opportunities for children and their families to have the best outcomes in life and prepare well for adulthood.
8. Develop the way we deliver Adult Social Care and Health to help the people of Stockport to live their best lives possible. We will continue to embed and develop our operating models which promote **prevention, reablement and a Home First ethos**.

How We Will Measure Success

- Maintain and increase healthy life expectancy across the Borough, whilst also reducing the widening gap between our communities
- Early intervention and prevention keep people independent for as long as possible and reduces admission and re-admission to hospital, residential or nursing care
- Improvement in the levels of happiness, mental health and emotional wellbeing and increase the number of active people across the Borough
- Better access to mental health treatment and support (via CAMHS and Community Mental Health Services) for children and young people
- Improvement in the quality and timeliness of care and support needed
- Financially sustainable and resilient health and care provision.

8. PRIORITIES WE WILL DELIVER

The COVID-19 pandemic taught us all the importance of working together to support each other to design and deliver real change. We will maintain the positive collaboration and increased communications between partners, taking a system-wide approach to our work.

We will put local people above organisational needs through multi-disciplinary working and redeployment across services that flex to local needs; harmonise partner plans, providing checks and balances of the impact of one partner's plans on another's capacity.

In July 2021 the Government published a Health and Care Bill[10], outlining a range of reforms including the development of Integrated Care Systems (ICS) to deliver joined-up place-based working across health and care providers. Locally, this will take the form of a Greater Manchester ICS, supported by a locality construct in each of the ten Boroughs of Greater Manchester.

Integrated Care Systems will work at three levels:

- **System** setting strategic direction and delivering economies of scale
- **Place / Locality** bringing together local services to build a comprehensive offer
- **Neighbourhood** integrated teams of health and care professionals supporting their local communities

This structure, fits with the ideals of ONE Stockport and our Health & Care Plan to meet Stockport's needs through the following delivery model:

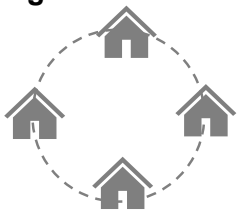
- ONE System based around you, not organisations
- ONE Locality Board managing outcomes from a place-based budget
- ONE Delivery Partnership operating ONE Neighbourhood model.

Using this new model, the following section sets out how we intend to deliver each of the health and care commitments in the borough plan through 9 key work programmes:

- *Quality & Leadership*
- *Early Help & Prevention*
- *Independence & Reablement*
- *Mental Health & Wellbeing*
- *Tackling Inequalities*
- *Stockport's Neighbourhoods*
- *Child-Friendly Borough*
- *Age-Friendly Borough*
- *Valued Workforce*

For each area it explains what actions we will take over the next 5 years, what outcomes we will deliver and what this means for you.

[10] https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf

Our Future Integrated Care System (1st April 2022)			
Level	**Population**	**Overview**	**Local Model**
System 	***2.822m in Greater Manchester***	Integrated Care System in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.	#GreaterManchester
Structures:	Integrated Care Partnership (ICP) as the NHS body	bringing together the NHS, Local Authorities and wider partners including voluntary sector to address health, social care and public health needs across GM	
	Integrated Care Board (ICB)	responsible for NHS planning & funding allocation, performance, accountability and functions transferred from CCGs; plus day to day management of the ICS	
	GM Provider Collaborative(s)	responsible for delivery of NHS Constitution and standards of care across different provider organisations	
Place 	***291,775 in Stockport***	Our Borough, bringing together health and care teams to understand local needs and prioritise service delivery to improve health and wellbeing for everyone in Stockport	#ONEStockport
Structures:	Health & Wellbeing Board	bringing together political, clinical, professional and community leaders across the health and care system to oversee local outcomes	
	Locality Board	Board of health and care leaders and service providers responsible for co-ordinating the local contribution to health, social and economic development, jointly managing the place-based budget and providing assurance to the GM ICS	
	Provider Alliance	bringing together local care providers to ensure seamless delivery of care, holding each other to account to transform, deliver, assure and sub-contract services to deliver the population health and wellbeing priorities of the Locality Board	
Neighbourhood 	circa 30,000 to 50,000 people	Local neighbourhoods served by integrated health and care teams to deliver more coordinated and proactive services that keep people happy, healthy & independent	#TeamBramhall #TeamCheadle #TeamHeatons #TeamTameValley #TeamHazelGroveOfferton #TeamVictoria #TeamMarple #TeamWerneth
Structures:	Neighbourhood Teams	multi-agency approach from GPs, community services, mental health teams, social care, voluntary sector and Healthwatch etc	

8.1. QUALITY & LEADERSHIP

We will work together as ONE System to deliver safe, high quality health and care services through new system leadership arrangements and a joint improvement plan.

Quality is our top priority.

> "There have been examples of excellent quality of care through the Covid-19 pandemic. People really stepped up and took responsibility to help people, regardless of which team they work in"
>
> **Julie, Mental Health team**

Stockport's health and care system currently relies heavily on hospital care, with high rates of hospital admissions for conditions which, in most parts of the country, would be treated out of hospital. We spend more on acute hospital care and less on NHS mental health services than our peers.

We believe that the only way to improve health and care for everyone in Stockport is to work together as ONE system, wrapping care around the needs of the family and or individual. We will work together to create a sustainable, person-centred system where professionals work together with local communities to prevent ill health, proactively support people to remain independent and offer high quality care when needed.

Leaders from across Stockport will come together to oversee a plan to improve our health and social care. We will co-produce a quality improvement plan and optimise outcomes through effective clinical and professional leadership.

> "Data sharing is critical for working well together. We need aligned systems and consent processes so we can share information and provide the best care to our shared populations."
>
> **Kirsteen, Citizen Focus**

We will embed a culture of safety and create an environment of continuous quality improvement, research, and innovation. We will positively act upon learning – whether from incidents, complaints, or compliments about what goes well – and share this across the system.

We will continue to work with partners across the city region to address variation in standards, access, and quality.

Safe, high quality health and care services

Objectives: To embed a culture of safety and create an environment of continuous quality improvement, research, and innovation. To take accountability for health and care services in Stockport continuously improve performance against national standards. To develop an Integrated Care System that provides seamless care and delivery of high-quality outcomes.

Actions:

- Develop local Integrated Care System & leadership arrangements
- Build a Provider Alliance to deliver integrated services in Stockport
- Re-design and integrate multi-agency pathways
- Develop a System Charter on Quality
- Co-produce a Quality Improvement Plan
- Develop and implement a LeDeR improvement plan
- System-wide audit plan and commissioning strategy
- Community Diagnostic Hubs
- Rapid Diagnostic centres
- Enhanced Health in Care Homes
- Digital innovation, including virtual outpatients and telehealth
- Develop a strategy to optimise use of estate
- South East Sector development set out in Taking Charge
- Implement the GM Cancer plan
- Implementation of the Better Births Standards
- Recover health and care services post-COVID, reducing waiting lists
- Work with partners in GM to address variation in standards, access, and quality

Outcome Measures:

- Consistently high levels of satisfaction with health and care
- All services rated as ‘good’ or ‘outstanding by the CQC
- High quality Social Care services compliant with the Care Act
- Full delivery of NHS constitutional standards
- We will be in the lowest quartile nationally for clinical error
- Improved access to services and reduced waiting times
- Low levels of complaints upheld by the ombudsman
- Fewer child deaths, particularly in areas of deprivation
- Fewer unnecessary emergency admissions to hospital
- Reduction in harm to individuals
- Financial sustainability in the system

What does this mean for….

➢ Our population

Better care, improved services, and satisfaction. Greater confidence in health and care providers.

➢ Our staff

Proud of care provided. Enthusiasm to be a team member / leader.

➢ Our partners

Confidence in our system.

What will the future look like?

There should be no organisational boundaries, ensuring care is seamless. We will have a stable, highly motivated and engaged workforce, with the skills and expertise to enable us to deliver improvements in line with national and regional delivery programmes.

8.2. EARLY HELP & PREVENTION

We will work together as ONE System to deliver a radical focus on early help and prevention through co-designing a new model, re-commissioning key services and making the most of digital technology. Our work will include the network of support from friends, family and the many local community groups and organisations that provide vital care and support within the home.

Traditionally, health and care services have focussed on support for people in crisis. While this is important, we need a greater focus on supporting people to live well, preventing ill health and empowering people to live their best lives.

> "It's easy to wait for someone to fall down and put a plaster on their knee…
> … we should help people to live well so they don't fall in the first place!"
> **Healthwatch Engagement Event**

Prevention needs to start from an early age to improve outcomes and build a strong foundation for physical and mental health and wellbeing throughout life. We will collaborate across the system - particularly with schools - to give Stockport residents the best start in life, including delivery of the Start Well Strategy, and work with colleagues across the city region to respond to the Marmot review of inequalities in Greater Manchester[11].

We will ensure a particular focus on our children and young people with Special Educational Needs and Disabilities (SEND), including work on diagnostic pathways. More detail on our broader children's work can be found in "A Caring & Growing Stockport".

We will improve the use of technology to help people live well at home, with easily accessible advice and guidance. Digital support should enable people – we are committed to supporting those who cannot access this option. Through our "Active Communities Strategy" we will encourage everyone to lead healthy, physically active lives. We will also work together to improve our approaches to identifying health risks and social determinants earlier and supporting people to make changes before they develop long-term conditions.

Building from Stockport's successful screening programmes, we will enhance early assessment and intervention for long term conditions, with a specific focus on those conditions that most contribute to health inequalities: cardio-vascular disease, respiratory disease, cancer and diabetes. We will develop a community diagnostic hub, increasing access to screening and routine diagnostics out of hospital and a Rapid Diagnostic Centre for cancer screening.

We will review those services specifically commissioned to prevent ill health, social isolation and loss of independence to ensure that we are getting the most impact, reducing any overlap, sharing information, and targeting those with the greatest need. And we will embed early help and prevention into the way all of our services work across the system – shifting the focus from treating illness to helping people stay well and independent.

[11] https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/greater-manchester-a-marmot-city-region

Radical focus on early help and prevention

Objectives: To shift the balance of care from reacting to problems once a person needs help, to more support for people to stay well and reduce, avoid and delay the need for intervention by health and care services. Effectively address the social determinants of health and wellbeing and clearly articulate the health and social care offer to residents.

Actions:

- Re-commission preventative services
- Clearly articulate the health and social care offer to local people
- Community Prevention Hub development
- Diabetes Prevention Programme and online self-management
- Community Diagnostic Hub & Rapid Diagnostic Centre
- Early Help Strategy & Start Well Strategy
- Focus on childhood obesity
- SEND Strategy & Joint Commissioning Plan
- Address the wider determinants of health and wellbeing
- Make the most of assistive and digital technologies
- Digital Prevention Strategy
- Population Health Management & risk stratification
- Prevention, strength and asset-based focus in every pathway – underpinned by an all-age prevention framework
- Provide information in an accessible way so people feel informed

Outcome Measures:

- Increase in life expectancy & healthy life expectancy in Stockport
- Improved outcomes for children with SEND
- Increase the proportion of people who are active
- More people using outdoor space for exercise / health reasons
- More people meeting the recommended 5-a-day, particularly children
- Reduce obesity levels, particularly in deprived areas and children
- Reduce rates of unhealthy drinking
- Reduce smoking, particularly in deprived areas
- Maintain high uptake of flu vaccine
- Increase uptake of screening
- Earlier detection of cancer, heart, liver, and respiratory disease
- Fewer people accessing formal care

What does this mean for….

➢ Our population

Support to live well and prevent the need for health or social care interventions. Improved health outcomes.

➢ Our staff

Satisfaction of empowering people and improving their lives. Reduction in preventable diseases.

➢ Our partners

Greater input from the voluntary sector. Partners will have confidence in us to deliver sustainable services.

What will the future look like?

More people are active, healthy, resilient, and happy. People take ownership of their health and wellbeing. Diseases are identified earlier and treated, reducing the demand on specialist services to provide timely support to those with serious conditions. Earlier intervention when treatment options are less expensive generates a sustainable health and care system, well placed to meet the needs of our growing population.

8.3. INDEPENDENCE & REABLEMENT

We will work together as ONE System to develop the way we deliver Adult Social Care and Health to help the people of Stockport to live their best lives possible. We will continue to develop and embed our operating models which promote prevention, reablement and a Home First ethos.

Over recent years our Adult Social Care team has developed a new approach to care, based on:

- Prevention – helping people stay well so that they don't need formal care
- Reablement – when people do need support, helping them recover and regain their independence;
- A Home First approach – delivering the right care and support to people within their own homes.
- Developing and implementing a strength and asset-based approach to enable people to utilise local and personal resources and support as much as possible without necessarily relying on formally provided and charged for services.
- Working with people who receive formal services to routinely review their care and support needs and ensure that any services they receive remain relevant and appropriate to theirs and their carer's circumstances.

This also applies to health services - when you are really sick, hospitals are the place you need to be. Ideally, services will prevent problems emerging in the first place, but when you do need help, it does not always need to be given in hospital. If you *do* need hospital treatment, this should be only for as long as necessary and your discharge should not be delayed. Once you are medically stable, you recover much better and faster at home with the right support around you. Being in familiar surroundings with support from loved ones, family and friends is also one of the best things for your mental wellbeing.

We want to change the way we deliver care so that people in Stockport are supported to stay well and independent, to take charge of their own health and wellbeing, accessing support as close to home as possible.

We will work closely with planning teams in the implementation of the 'Local Plan' to ensure that planning for housing and land use supports improved health, wellbeing and independence.

We want services to create the conditions that enable people to live healthy and happy lives and offer proactive support when needed. This means working *with* people rather than doing things *for* or *to* them and helping people to access and develop the resources available to them. However, when people do need formal care and support our aim is wherever possible to take a re-abling approach and work to promote people's abilities and independence.

Helping people live their best lives

Objectives: To support people to be happy, healthy and independent through a person-centred approach that helps people stay well and be as independent as they can be, preventing the need for formal care where possible, delivering services as close to home as possible, minimising length of stay in hospital or a care home, and enabling people to regain skills and wellbeing.

Actions:

- Thriving Communities reform programme
- Develop the Provider Alliance offer to people at risk of requiring formal support interventions
- Implementation of the 'Local Plan' for land use to promote independence
- Review of the Intermediate Care offer
- Develop alternatives to hospital to prevent unnecessary admissions
- Early Supported Discharge
- Structured Medication Reviews
- Making sure that people are only in care settings as long as necessary
- Social Prescribing
- Personal Budgets
- Community Champions
- DigiKnow Champions to support people to get online

Outcome Measures:

- People remain independent for as long as possible
- Fewer permanent admissions to residential and care homes
- Fewer admissions to hospital where care and treatment could be provided differently in the community or at home
- Fewer emergency hospital admissions among children
- Reduced length of stay in hospital
- More people accessing short-term services at the right time and reduce the need for long-term care
- More people feel confident to manage their own health or care needs
- More adults with a learning disability or serious mental illness living in stable appropriate accommodation
- More people have access to information, advice and guidance to maintain their heath and wellbeing
- Access to support is fair and representative of local population needs
- Local services comply with statutory and constitutional duties

What does this mean for….

➢ Our population

An increased level of independence. More emphasis on self-care and being involved in your care. Less trips to hospital and shorter time spent away from home.

➢ Our staff

An asset-based approach makes every role more meaningful. Healthy workforce role modelling positive lifestyle behaviours for the wider population.

➢ Our partners

A shared vision across the system to improve lives. Confidence in our sustainable system.

What will the future look like?

People feel confident to take control of their health and wellbeing to prevent ill health and stay independent. When support is needed, more often than not it will be offered close to home and in collaboration with the individual and their family / carers.

8.4 MENTAL HEALTH & WELLBEING

We will work together as ONE System to improve mental health and wellbeing through development of a joint all-age mental health and wellbeing strategy, working with communities, schools, and businesses

We want to improve mental health and wellbeing for everyone. We recognise that current services focus on people in crisis, rather than supporting people's emotional wellbeing, issues of loneliness, or helping people with mental health problems to live well.

We want to create a comprehensive package of care that supports people through all stages: from prevention, social support, emotional wellbeing, tackling loneliness, and living well with mental illness; to formal support like counselling, crisis care and inpatient services.

"BOOST deliver a range of physical activity sessions geared specifically at supporting people with poor mental health and those who are lonely and socially isolated, driven largely by my own lived experience of using physical activity as an alternative to prescribing.

I think residents find it incredibly difficult to identify non-clinical opportunities to improve their health and service providers do not have clear sight of what is on offer, particularly from the VCSE community."

Steve Flynn, BOOST

Care should also cover all ages – joining up support for children and young people through well-planned transition services with the support for adults and older people.

We want to extend the 'No Wrong Door' policy to all mental health and wellbeing services, so that people can always get the help they need, regardless of which part of the system they go to.

"When people go to 'Open Door' - the drop-in service in the town centre – they will be signposted to the right service for them and supported to get the care they need."

Jane, Support Worker Manager

As with many elements of this plan, mental health and wellbeing is strongly influenced by a wide range of factors, such as family, employment, education, deprivation, and housing. To create a comprehensive range of support will require input from a wider range of people. We will offer specialist mental health training in areas such as dementia, substance abuse, learning disabilities and eating disorders, to support all teams across the system to help service users with mental health support needs.

This workstream focuses on the actions that can be undertaken by health and care services, while recognising the importance of all elements of the ONE Stockport Borough plan to creating the conditions that can improve mental health and wellbeing.

Working with colleagues across the city region, we will support delivery of the Greater Manchester Mental Health & Wellbeing Strategy. Locally, we will ensure provision for mental health and wellbeing support across all communities, with particular focus on the most vulnerable groups.

Improving mental health and wellbeing

Objectives: To create a culture where people understand there is no health without mental health. System-wide support to maintain good mental wellbeing and prevent crisis. Recognition of the role of education, employment, housing and the community. A strong, joined up service offer for all age groups and levels of need that keeps people well and provides timely support when needed. Continued investment in mental health services.

Actions:

- No Wrong Door policy applied across all services
- Improving access to MH services, including place-based interventions
- Developing the primary care offer
- Reshaping community support for people with serious mental illness
- Creating alternatives to inpatient care
- Create a smooth transition for young people into adult services
- Better support for children and young people
- Annual health checks for people with serious mental illness
- Develop digital prevention offer
- 'Togetherall' online community support for emotional wellbeing
- Reduce social isolation, including befriending and volunteering networks
- Activity-based social prescribing
- Assertive outreach & post-discharge follow-up
- Development of emotional wellbeing support in schools
- Specialist day centre provision for people with dementia
- Specialist mental health training for all staff across the system
- Person-centred social care support which is compliant with the Care Act and complements NHS services

Outcome Measures:

- Fewer people experiencing low wellbeing
- Fewer people reporting loneliness and isolation
- More children and young people who are thriving
- 24/7 access to crisis care via NHS 111
- Core 24 mental health liaison service
- Fewer out of area placements for acute mental health
- Reduce premature mortality in adults with severe mental illness
- Reduce self-harm and suicide rates
- Fewer relapses / re-referrals into alcohol and substance abuse services
- Improved access to mental health services

What does this mean for….

➢ Our population

Consistent support for all ages. Support to live well. Better care and greater levels of satisfaction.

➢ Our staff

Proud of care provided. Capacity to deliver well. Enthusiasm to be a team member / leader.

➢ Our partners

Confidence in our system Joint working across the city region.

What will the future look like?

A happy borough where people are supported to live well. Good access to information about mental wellbeing, which is seen to be as important as physical health. Good access to support for all ages and needs.

8.5 TACKLING INEQUALITIES

We will work together as ONE System to undertake targeted action on inequalities through a population health system that recognises wider factors such as education, housing, employment, and social connectedness

While health and wellbeing in Stockport is, on average, among the best in the North West, we know that this is not the experience of all of our communities. We want to give everyone in Stockport the best possible start in life and support them to live well and age well with equal opportunities and access to quality services, in the right place and at the right time.

The COVID-19 pandemic has not affected us all equally and has exacerbated the inequalities in our borough. Rates of infection were significantly higher among people in manual occupations and frontline health and care colleagues; older people and those from ethnic minority backgrounds were more likely to experience serious complications from the virus; and mortality rates have been significantly higher in areas of deprivation – particularly among younger people. The lockdown has had significant impact on mental health and wellbeing - felt more in deprived areas where there is less access to green spaces and lower quality of housing. We anticipate that this will also impact on the level of long-term health conditions in deprived areas. Significant effort will be put into recovery of screening services to reach those people who did not attend appointments during the pandemic and ensure that this does not exacerbate inequalities.

We will work to reduce inequalities and maximise healthy life expectancy by tailoring services to local needs. This will require a disproportionate focus of resources for those with the poorest outcomes - primarily within areas of deprivation and among people with learning disabilities, serious mental illness, and children with special educational needs.

While advances in tele-care and digital access to services has benefited many residents, we recognise that some people are unable to use this resource. We are committed to supporting digital inclusion through training, support for businesses including a digital platform for care homes, digital champion volunteers, internet access in public spaces and the DigiKnow lending library. More information can be found in our Digital Strategy.

We will take a systematic approach to inequalities at all levels. We will work with colleagues across the city region to respond to the Marmot review of inequalities in Greater Manchester[12]. Particular focus will be given to those health conditions that are the main driver of inequalities in outcomes – cancer, heart disease, and respiratory disease.

We recognise that public services working in isolation cannot effectively resolve many of the complex issues that drive the need for our services, such as poverty, education, employment, housing, access to green spaces, loneliness, and trauma. We need to work together with individuals, their families, carers and communities, voluntary organisations, schools and businesses in ways that respond to their lived experiences and aspirations.

[12] https://www.instituteofhealthequity.org/about-our-work/latest-updates-from-the-institute/greater-manchester-a-marmot-city-region

Targeted action on inequalities

Objectives: To reduce health inequalities between different groups in our population and improve health and care for all.
To address the wider determinants of health and wellbeing through system-wide action, supporting everyone to live well.

Actions:

- Develop an action plan on inequalities that addresses the wider determinants of health and wellbeing; responds to the Marmot review in Greater Manchester; and responds to the Inequalities Commission report.
- Implementation of the 'Local Plan' for land use to support reductions in inequalities
- Take a systematic approach to the drivers of health inequality (cancer, heart and respiratory disease)
- Recovery of screening services post-COVID
- Digital Inclusion
- Improve services for people with learning disabilities and autism
- Embed learning from the LeDeR report
- Develop and implement an All Age Autism Strategy
- Delivery of our SEND Strategy & Joint Commissioning Plan
- Peer-to-Peer support from Community Champions to challenge lifestyle behaviours that impact on inequalities

Outcome Measures:

- Reduce the widening gap in life expectancy between our communities
- Reduce the healthy life expectancy gap
- Improve outcomes for children with special educational needs
- Improve health outcomes for people with a learning disability
- Increase smoking cessation in areas of deprivation
- Increased uptake of health checks, particularly in people with a Learning Disability, Serious Mental Illness & those in areas of deprivation
- Improved uptake of diabetes support
- Improve the one-year survival rate from cancer
- Reduce early deaths from cancer, heart, liver and respiratory disease, particularly in areas of deprivation

What does this mean for….

➢ Our population

Fair access to services. Improved outcomes for all. Better access to specialist services when needed.

➢ Our staff

Proud to work in Stockport. A satisfying and varied career path. Stronger community engagement.

➢ Our partners

Greater collaboration – between agencies working together for the best outcomes for our residents.

What will the future look like?

Everyone in Stockport will have the best start in life and the opportunity to live and age well. Inequalities in health and wellbeing outcomes will be significantly reduced with improvements in outcomes for all.

1.4 STOCKPORT'S NEIGHBOURHOODS

We will work together as ONE System through a new neighbourhood model that recognises wider factors such as education, housing, employment, and social connectedness

As our population grows and ages, more people are developing complex care needs and requiring support from multiple health and care services. Partners in Stockport recognise that people are more than just their health conditions or care needs. We will put people at the heart of our services and tailor care to their individual needs by creating the conditions for individuals, communities, services and professionals to work together. Delivery of care will be through a joined-up neighbourhood approach, with relevant professionals working together to deliver a seamless service.

"We need to create neighbourhood teams who identify with their shared community, not an organisation"

Feedback from Staff Engagement Event

We want to build on our neighbourhood approach for adults with long-term conditions, our Stockport Family model for children, and the Team Around the Place to create a local model that brings together all the people involved in supporting you in your own community. We will work together to proactively identify people who may be vulnerable to losing independence - for example through an unplanned hospital admission or not being school ready - and deploy support from different agencies to reduce that risk. Key to delivery will be information sharing between teams and full roll-out of the shared care record.

In developing a single model for neighbourhoods, we will work across the full life course, ensuring a smooth transition from children's to adult services. While the model of care will be universal, the focus of neighbourhood teams will be tailored to local needs. This may mean that services in one neighbourhood have different priorities to others.

Integrated neighbourhood services will be co-ordinated around Stockport's primary care networks and local schools, bringing together GPs, nurses, community health services, social care, specialist secondary care, mental health services, community and voluntary groups to prevent ill health and to proactively manage care when the need arises so that people can remain independent. We will connect wider public service partners to the neighbourhood model, including education, housing and employment. We will use anchor institutions like libraries, community centres and cafes, as community hubs that link into neighbourhood services.

The Start Point café in Woodley is a community hub, where anyone can come in and get advice, information about services, online learning or even just find someone to talk to.

Our neighbourhood model will recognise the invaluable contribution of carers to the independence and wellbeing of local people and ensure that adequate support is also given to carers themselves to support their wellbeing and resilience. We will put a greater focus on community resources and the role of the individual in making healthy decisions.

ONE Neighbourhood Model

Objectives: To offer a joined-up service in neighbourhoods, bringing together professionals from across organisations to deliver person-centred care with actions and priorities determined at a local level.

Actions:

- Develop a single neighbourhood model for Stockport
- Baseline of health and wellbeing needs in each neighbourhood
- Baseline of neighbourhood workforce and assets
- Baseline of community assets
- Improvement plans for each neighbourhood based on local needs
- Implement the NHS Comprehensive Model for Personalised Care
- Shared care records
- Development of anchor institutions as community hubs in each neighbourhood

Outcome Measures:

- More people with a co-produced care plan
- Increased confidence among people with a long-term condition to manage their own care
- More carers with long-term conditions feel supported to manage conditions
- Improved satisfaction among people with complex care needs
- Crisis response within 2 hours and reablement care within 2 days
- Fewer emergency hospital admissions for chronic conditions
- Fewer emergency hospital admissions for children with long-term conditions such as asthma, epilepsy, diabetes
- Fewer permanent admissions to residential or care homes
- Reduce the widening gap in life expectancy between our communities
- Reduce the healthy life expectancy gap

What does this mean for….

➢ Our population

Joined up care. Only need to tell your story once. Care and support solutions based on local need. Coordinated support.

➢ Our staff

Proud to work in Stockport. A satisfying and varied career path. Stronger community engagement.

➢ Our partners

Greater collaboration – between agencies working together for the best outcomes for our residents.

What will the future look like?

Health and care professionals work together in each neighbourhood of Stockport to support local people. Agencies will collaborate to focus on local needs, reducing inequalities and achieving positive outcomes through personalised care.

1.5 CHILD-FRIENDLY BOROUGH

We will work together as ONE System to be a Child-Friendly Borough through delivery of the our Start Well Strategy, Children & Young People's Plan and our SEND Strategy and Joint Commissioning Plan that proactively support children and their families to have the best outcomes in life and prepare well for adulthood.

Our children and young people are our future and Stockport is a great place for them to grow up. Most children and young people in Stockport area healthy, live in settled families, benefit from high-quality early years provision and education places, and go on to do well at school. However, this is not the case for all of our local children:

- 13.5% of children and young people in Stockport are living in poverty and there are small areas that rank within the 2% most deprived in England
- In recent years birth rates have grown most rapidly in the more deprived areas of Stockport - almost half of all births between 2009 and 2014
- Children living in poverty in Stockport do less well in education and have poorer health and life chances than children living in poverty nationally and in some neighbouring boroughs
- In areas of disadvantage, the number of children achieving a good level of development at the end of the early years' foundation stage is declining. In 2018, 46% of children eligible for free school meals achieved at good level of development, compared to 57% nationally.
- 16% of children with special educational needs or disabilities in Stockport achieved a good level of development, compared to 29% nationally
- Outcomes for communication and language have also fallen below national levels (80.7% in Stockport compared to 82.2% nationally), impacting on children's attainment in literacy and mathematics.

Our vision is for all children and young people to have the best start in life, be happy and healthy, safe and supported to thrive. Supporting children and families is central to our vision of improving health and wellbeing in Stockport and reducing health inequalities.

Working together, we will ensure that local maternity services offer every mother and child the best start, implementing the Better Births standards and the recommendations in the Ockenden Review.

We will learn from the success of the Stockport Family Model, which wraps care and support around children and their families, and build this into our all-age approach to health and care, creating smooth transitions from children's to adult services.

We will focus on the inequalities in outcomes between children in the more affluent and deprived areas of the borough, tackling growing issues of childhood obesity and mental wellbeing to prevent long-term conditions and disadvantages that lead to health inequalities in alter life.

And we will ensure that children and young people with additional support needs are given the care and support they need to flourish.

Best Start in Life

Objectives:

To give everyone the best possible start in life, creating the conditions where children can thrive and creating a solid foundation for equality of opportunity and outcomes into the future.

Actions:

- Implementation of the Start Well Strategy & Children's Plan
- Implementation of the Early Help Strategy
- Delivery of our SEND Strategy & Joint Commissioning Plan
- Respond to the Marmot review in Greater Manchester
- Focus on childhood obesity
- Development of emotional wellbeing support in schools
- Develop and implement an All Age Autism Strategy
- Create a smooth transition for young people into adult services
- Inter-generational, activity-based social prescribing
- Development of the Team Around the School approach post-16
- Develop an all age living campus with intergenerational housing
- Engage with schools and higher education to grow local talent
- Full implementation of the Better Births standards

Outcome Measures:

- More children and young people who are thriving
- More children achieving a good level of development at 2-2.5yrs
- Families supported to ensure children are ready for school
- Improved outcomes for children with SEND
- More young adults with a learning disability in settled accommodation
- More children & young people physically active
- More children eating the recommended 5-a-day
- Fewer children & young people who are overweight or obese
- Improved emotional wellbeing among looked-after children
- Fewer emergency hospital admissions for children & young people with long-term conditions such as asthma, epilepsy & diabetes
- Increased uptake of childhood immunisations & vaccinations
- Improved uptake of flu vaccination among children
- Reduction in the infant mortality rate
- Improved access to CAMHS services
- Improved access to perinatal mental health

What does this mean for….

➢ *Our population*

Everyone has the best possible start in life, reducing inequalities.

➢ *Our staff*

Making a difference every day. No organisational boundaries.

➢ *Our Partners*

Positive outcomes and increased collaboration.

What will the future look like?

Everyone in Stockport will have the best start in life and the opportunity to develop, proser and live well. Inequalities will be significantly reduced with improvements in outcomes for all.

1.6 AGE-FRIENDLY BOROUGH

We will work together as ONE System to build an age-friendly Borough through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life, starting in the early years.

Stockport has an older population than most of our neighbours. This is a both a testament to the success of local health and care services and an asset moving forward through the knowledge, experience and support our older population provide to the community.

We need to celebrate the many ways older residents actively contribute to our communities, including volunteering, providing informal care to family and friends, their economic contribution to local businesses and their rich knowledge and experience.

As people live longer lives with more complex health and care needs, we need to work together across communities to support people better and earlier so that they can continue to live as independently as possible, remain healthy and active, feel happy, valued, respected and appreciated, and maintain a good quality of life.

Social isolation is a major issue for older residents which has become significantly worse in the pandemic and threatens health and wellbeing. Loneliness is an issue for many across the ages and needs to be recognised and supported.

For many older people the motivation to join groups is social interaction, so we have turned buddying schemes into Walk and Talk, which also incorporates families, so all ages can support each other in active living

We want to develop Stockport's ageing well strategy to make this a truly Age-Friendly Borough. We firmly believe Age Friendly should relate to all ages and be embedded in how we work together, design local areas, and shape services so that children are supported to thrive, people can grow and age-well with the right care at the right time.

The Reddish Cycle Repair Shed is an inter-generational project that works with Adswood Primary school, enabling disadvantaged kids to learn to fix and own a bike.

We need to develop housing that is inclusive, suits people at different stages of their lives and meets different needs - taking advantage of future developments in technology around adaptable housing for all ages. Access to green spaces and planning for land use should support our Age-Friendly ambitions.

In terms of employment, we need to recognise the role of older people in our workforce, value their experience and support them to share learning with future generations.

And we need to review the education offer around lifelong learning, particularly focussing on the all-age strategy to support people at all stages of their lives from re-training and getting back into employment, to adult literacy.

An Age-Friendly Borough

Objectives: To embed a culture of fairness and an environment that supports people to start well, live well, and age well.

Actions:

- Ageing Well Strategy
- 'Big Conversation' to plan for a happy, healthy older age
- ONE Stockport Age-Friendly Network
- Active Ageing Programme
- Promote and support inclusive employment practices
- Volunteer Hub development
- Invest in lifelong learning, skills and training
- Develop an all age living campus, including intergenerational housing and an Academy of Living Well
- Planning for green spaces and land use through our 'Local plan'
- Deliver our Active Communities strategy
- Invest in tele-care, health and technology assisted living
- Invest in digital platforms for Care Homes
- Development of the Frailty Pathway
- Inter-generational programmes
- Activity-based social prescribing
- Support for carers

Outcome Measures:

- Consistently high service user experience
- Reduce the proportion of people reporting loneliness and isolation
- Increase the proportion of people who are active
- Reduce the average age of people entering permanent care
- Improved market sustainability
- People enabled to live well at home for longer.

What does this mean for….

➢ Our population

More intergenerational support initiatives.
Inclusive education, training, and employment opportunities.

➢ Our staff

All staff valued.
Life-long learning opportunities.
Strength and asset-based approach.

➢ Our partners

System-wide programmes of work to build relationships and maximise capacity.

What will the future look like?

People live their best lives and are proactively supported to age well, remain healthy, active and enjoy a good quality of life.

1.7 VALUED WORKFORCE

We will work together as ONE System to build a resilient, valued and inclusive health and care workforce that promotes homegrown talent to create training and employment opportunities for local people and carers through a joint workforce plan

Our workforce is our greatest strength and is key to delivering this vision. To be successful, we need to support our colleagues, make sure they are given the tools they need to do their job, feel valued and are offered opportunities to develop their career in Stockport. We also need to ensure the workforce of the future by developing clear, exciting career paths and ensuring that training and education opportunities exist to develop our home-grown talent.

There are currently around 10,000 people working for the partner organisations to provide health and social care services as well as the wide range of colleagues in Stockport's private care providers, voluntary sector and the 31,982 unpaid carers, who make a vital contribution to our system. Stockport also benefits from a high number of health and social care professionals working across the region who live in the borough, providing a strong community asset.

As local needs change and we develop our services, we need to support colleagues to take on new challenges and work in different ways across organisational boundaries to meet local needs. By developing a joint workforce development plan across all of Stockport's health and care services, we can support teams to understand all parts of the system and how they work together to support local people. This will also provide opportunities for lifelong learning and new, fulfilling career opportunities.

To create a sustainable system that is fit for the future, we also need to consider a joint approach to training and development, linked to our new integrated approach that creates training and employment opportunities across the system, including mentoring and placements for colleagues across different services.

"The Academy of Living Well is helping to target the right candidate, create the new qualifications for the workforce required of the future and make the adult social care career path more attractive to future generations."

Workforce Engagement Event

This plan provides a real opportunity to bring teams together to learn from each other and create the conditions for effective collaboration that benefits local people.

"When we put up organisational boundaries it reduces our impact"

Liz, Community Champions

"Working creatively together we can create the synergies that help all of our teams with shared issues like hard to recruit to posts"

Janet, Adult Social Care

"Stockport Family has a really positive story to tell on recruitment, retention and staff satisfaction – we should share this learning"

Rebecca, Stockport Family

A resilient, valued, and inclusive workforce

Objectives: To provide an inclusive employment experience for our colleagues from all backgrounds and communities. To provide local choices for training, education and career development. To improve the health and wellbeing of colleagues. To provide resources; culture and engagement; education and development. Support staff to work collaboratively with other professions in a multi-disciplinary way.

Actions:

- Establish a baseline of existing HR & OD capacity, skills, and plans
- Develop and implement a Joint Workforce Strategy
- Undertake a joint recruitment approach for key roles
- Invest in career path opportunities, including for residents with additional needs such as care levels and young people with SEND
- Launch a multi-professional leadership development programme
- Support teams to work collaboratively across professional and organisational boundaries to support residents
- Recruitment to new roles in Primary Care Networks
- Provide a shared training platform across the system
- Ensure our staff wellbeing programme is accessible and effective
- Focus on the ageing workforce
- Career Academy to deliver a Stockport Standard of Care
- Introduce new ways of working, including agile, flexible, and digital
- Focus on becoming best in class for equality, diversity, and inclusivity
- Engage with schools and higher education to grow local talent
- Train all teams on supporting people with mental health issues, on cultural competence, and taking an asset-based approach

Outcome Measures:

- Consistently high levels of staff satisfaction
- Improve levels of colleague engagement and morale
- Improved retention rates
- Improved representation of diverse communities in our workforce
- Reduce vacancy rates
- Reduce levels of agency staffing
- Improve sickness absence and wellbeing of colleagues
- Increase apprenticeships and the numbers of colleagues in ‘new roles’
- Understanding of professional roles in multi-disciplinary approach
- Consistently high learning outcomes from workforce training

What does this mean for….

➢ Our population

A skilled and responsive workforce Compassionate, high quality care. Agility – adapt to and influencing changing times.

➢ Our staff

Rewarding experience at work. Opportunities for training and career prospects. Recognition of your contribution.

➢ Our partners

Integrated working
Shared responsibility

What will the future look like?

Stockport will be a great place to work with a wide range of education, training, and career options. We will have happy colleagues and satisfied patients. We will have a great reputation for the work we do and people will want to work here.

2. ENABLERS

Delivery of our shared goals will require input from a range of enabling services, providing shared solutions to the technical issues of how we bring together a wide range of professionals from a number of different organisations and locations around the borough.

Estates
Together, we will review local infrastructure to support the provision of more care outside of the hospital site and the effective co-location of teams to enable new ways of working. This work will reflect the opportunities of using the whole health and care system estate to best effect We will work closely with planning teams in the implementation of the 'Local Plan' to ensure that planning for land use supports improved health, wellbeing and independence.

Finance
We will work together with partners to build a sustainable health and care system – better than before - with the capacity to flex in response to future challenges.
We will develop detail on how money will flow to and through the system and how financial governance and accountability need to operate at neighbourhood and boroughwide levels.

Commissioning
As we move into an Integrated Care System, the aim is to dissolve the historic divide between commissioning and delivery of services. The separation of purchasing and provision in the 1990s gave commissioners responsibility for understanding local needs and rewarded providers for delivery of their specific areas of care, generating competition between providers and stifling collaboration. The ICS presents an opportunity for commissioners to work with providers to ensure that gaps in services are addressed and improve experiences and outcomes for service users by combining commissioning knowledge of population needs and front-line intelligence on managing care to develop a comprehensive model that considers the interests of the wider health system.

Digital Transformation
We will build digital solutions to new ways of working, including connected infrastructure, integrated systems, digital access to services and better use of health and care intelligence to support earlier intervention and improved outcomes, as well as supporting people to be in control of their own information.

Business Intelligence and Information Governance
Our information is one of our most valuable assets in understanding local needs and the impact of the services we provide. We will encourage further use of data and gather insights using the 'The Big Stockport Picture' which brings together data published by organisations from across the Borough and is designed to help with local transparency, aid collaboration and to build products and services that benefit Stockport citizens. We need to be able to share, safely and appropriately information with other organisations working together to support our citizens.

Communication, Engagement and Co-Production
We will involve local people in co-producing services that meet their needs and ensure that residents are informed of the public sector offer as well as their own role in health and care. We will ensure colleagues and wider stakeholders are informed and engaged in a timely, consistent, and appropriate way to coproduce the new system.

3. APPENDICES

APPENDIX 1 – Schedule of deliverables from the GM & NHS Long-Term Plan
APPENDIX 2 – Engagement Report
APPENDIX 3 – Equality Impact Assessment

APPENDIX 1 – Schedule of deliverables from GM's 'Taking Charge' and the NHS Long-Term Plan

Stockport's Health and Care Plan sets out a single vision for health and care across the borough and what we intend to do over the next 3-5 years to deliver our ambitions. As an active partner in Greater Manchester's Integrated Care System, our vision supports the local delivery of GM's strategic plan for health and care and the Long-Term plans of the NHS.

This schedule sets out the requirements of the NHS Long Term Plan and Greater Manchester's Integrated Care System and how they will be delivered under this plan.

Priority	Requirements	Delivery Plan
Fully Integrated Community-based Care (including Primary Care Networks)	Enhanced Health in Care Homes	Quality & Leadership
	Structured medication reviews	Independence & Reablement
	Personalised care support	Stockport's Neighbourhoods
	Early cancer diagnosis	Early Help & Prevention
	20,000 additional staff to work in Primary Care Networks over 5 years	Valued Workforce
	5,000 full time equivalent doctors in general practice	Valued Workforce
Reducing Pressure on Emergency Hospital Services	Improved crisis response within two hours, and reablement care within two days;	Stockport's Neighbourhoods
	Providing 'anticipatory care' jointly with primary care;	Stockport's Neighbourhoods
	Supporting primary care to developed Enhanced Health in Care Homes;	Stockport's Neighbourhoods
	Building capacity and workforce by implementing the Carter report and using digital innovation	Valued Workforce
Giving people more control over their own health and more personalised care	Implement the six components of the NHS Comprehensive Model for Personalised Care	Stockport's Neighbourhoods
Digitally enabling care	Virtual Outpatients, reducing outpatient visits by 30 million a year nationally	Quality & Leadership
Improving Cancer Outcomes	Improving the one-year survival rate.	Tackling Inequalities
	Improving bowel, breast and cervical screening uptake;	Early Help & Prevention
	Roll-out of FIT for symptomatic and non-symptomatic populations in line with national policy, and HPV as a primary screen in the cervical screening programme;	Early Help & Prevention
	Improving GP referral practice;	Quality & Leadership
	Implementation of faster diagnosis pathways;	Quality & Leadership
	Improving access to high-quality treatment services, including through roll out of Radiotherapy Networks, strengthening of Children and Young People's Cancer Networks, and reform of Multi-Disciplinary Team meetings;	Quality & Leadership
	Roll-out of personalised care interventions, including stratified follow-up pathways	Quality & Leadership
	Rapid diagnostic centres	Quality & Leadership
	Lung health checks	Early Help & Prevention

Priority	Requirements	Delivery Plan
Improving Mental Health Services	345,000 additional children and young people (CYP) aged 0-25 will be able to access support via NHS-funded mental health	Mental Health & Wellbeing
	Expansion of access to specialist community perinatal mental health services in 2019/20;	Mental Health & Wellbeing
	By 2020/21 there will be 100% coverage of 24/7 adult crisis resolution and home treatment teams operating in line with best practice;	Mental Health & Wellbeing
	The continued expansion of CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions;	Mental Health & Wellbeing
	The development of local mental health crisis pathways including a range of alternative services so that by 2023/24 there is 100% roll out across the country.	Mental Health & Wellbeing
Shorter Waits for Planned Care	No patient will have to wait more than 52-weeks	Quality & Leadership
	Access to First Contact Practitioners (FCP) by 2023/24	Valued Workforce
More NHS Action on Prevention	Targeted investment to develop NHS-funded smoking cessation services in selected sites in 2020/21;	Early Help & Prevention
	Additional indicative allocations for all STPs and ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services (as a complement not a substitute for local authority's own responsibility to fund smoking cessation).	Early Help & Prevention
	The Diabetes Prevention Programme (DPP) is a nationally-funded and commissioned programme. Systems should set out local referral trajectories that will contribute to the national DPP uptake;	Early Help & Prevention
	Targeted funding for 2020/21 and 2021/22 for a small number of sites to test and refine an enhanced weight management support offer for those with a BMI of 30+ with Type 2 diabetes or hypertension and enhanced Tier 3 services for people with more severe obesity and comorbidities.	Early Help & Prevention
	Targeted funding available from 2020/21 to support the development and improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions.	Early Help & Prevention
	Targeted support from the NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.	National
	Targeted support available to regions to drive progress in implementing the Government's five-year national action plan, Tackling Antimicrobial Resistance, to reduce overall antibiotic use and drug-resistant	Quality & Leadership
A Strong Start in Life for Children and Young People	Implementation of Better Births standards • Continuity of Carer to support the most deprived areas, to address health inequalities • Saving Babies' Lives Care Bundle (v2) to optimise implementation, particularly the new element on reducing pre-term births. • UNICEF Baby Friendly Initiative • Neonatal Critical Care services to develop allied health professional (AHP) support • Integrated support for families during neonatal care Postnatal physiotherapy and multidisciplinary pelvic health clinics	Best Start in Life Quality & Leadership
	Children and Young People's Transformation	Best Start in Life
	Developing age-appropriate integrated care, integrating physical and mental health services, enabling joint working between primary, community and acute services, and supporting transition to adult services;	Stockport's Neighbourhoods Best Start in Life
	Improving care for children with long-term conditions, such as asthma, epilepsy, diabetes, and complex needs;	Stockport's Neighbourhoods

Priority	Requirements	Delivery Plan
		Best Start in Life
	Treating and managing childhood obesity;	Early Help & Prevention Best Start in Life
	Supporting the expansion of Children and Young People's mental health services;	Mental Health & Wellbeing
	Improving outcomes for children and young people with cancer	Quality & Leadership
Learning Disability and Autism	Reduction inpatient usage and beds	Tackling Inequalities
	Learning disability and autism physical health checks for at least 75% of people aged over 14 years	Tackling Inequalities
	Local offer for autistic young people	Mental Health & Wellbeing Best Start in Life
	Use the reasonable adjustment 'digital flag' in the patient record or, where this is not available, use the Summary Care Record as an alternative.	Mental Health & Wellbeing
	Intensive, crisis and forensic community support	Mental Health & Wellbeing
Cardiovascular Disease	Increasing the numbers of people at risk of heart attack and stroke who are treated for the cardiovascular high risk conditions; Atrial Fibrillation, high blood pressure and high cholesterol. This will be supported by the roll-out in 2020 of the CVDPREVENT audit. From 2020/21 funding will be included in fair shares allocations to systems.	Tackling Inequalities
	Testing the use of technology to increase referral and uptake of cardiac rehabilitation from 2021/22. In 2023/24, funding for wider roll out will be included in fair shares allocations to systems;	Independence & Reablement
	Pilot schemes in 2020/21 and 2021/22 to increase access to echocardiography and improve the investigation of those with breathlessness and the early detection of heart failure and valve disease. From 2022/23 funding for wider roll out will be included in fair shares allocations to systems.	National
Stroke Care	Delivering Integrated Stroke Delivery Networks (ISDNs),	National
	Ensure that all patients who need it, receive mechanical thrombectomy and thrombolysis.	Quality & Leadership
	Early Supported Discharge (ESD) should be routinely commissioned and available to all patients for whom it is appropriate	Independence & Reablement
	Integrate ESD and community services	Independence & Reablement
Diabetes	Support for more people living with diabetes to achieve the three recommended treatment targets;	Early Help & Prevention
	Targeting variation in the achievement of diabetes management, treatment and care processes;	Early Help & Prevention
	Addressing health inequalities through the commissioning and provision of services;	Tackling Inequalities
	Expanded provision of access to digital and face-to-face structured education and self-management support tools for people with Type 1 and Type 2 diabetes;	Tackling Inequalities
	Providing access for those living with Type 2 diabetes to the national help Diabetes online self-management platform, which will commence phased roll out in 2019/20;	Tackling Inequalities
	Ensuring universal coverage of multidisciplinary footcare teams (MDFTs) and diabetes inpatient specialist nurses (DISN) teams, for those who require support in secondary care.	Stockport's Neighbourhoods
Respiratory Disease	Identification of respiratory disease	Early Help & Prevention
	Increase associated referrals to pulmonary rehabilitation services	Early Help & Prevention
	Setting targets for BME representation across its leadership team and broader workforce by 2021/22	Valued Workforce

Priority	Requirements	Delivery Plan
Giving NHS Staff the Backing they Need	Improving mental and physical health and wellbeing	Valued Workforce
	Enabling flexible working	Valued Workforce
Delivering digitally-enabled care across the NHS	Digitise to core standards supported by a robust IT infrastructure by 2024	National
	By 2021/22 all staff working in the community will have access to mobile digital services to	Valued Workforce
	Integrated child protection system: By 2022 a new system will replace dozens of legacy systems;	National
	By 2020, every patient with a long-term condition will have access to their care plan via the NHS App, enabled by the Summary Care Record (SCR). By 2023 the SCR functionality will be moved to the local shared health and care record systems and be able to send reminders and alerts directly to the patient;	National
	Personal Health Records delivered through local health and care records that will also hold care plans	Stockport's Neighbourhoods
	All women have their own digital maternity record by 2023/24;	National
	By 2021 all parents will have a choice of a paper or digital Redbook for their new babies.	National

APPENDIX 2 – Engagement Report

1. Background

In 2021 partners across Stockport launched a new borough plan - *ONE Stockport* - setting out a collective ambition for the next ten years. Delivery of this vision will be through a range of enabling plans, including a system-wide Health & Care Plan. The ambition of this health and care plan is to enable local people to live the best lives they can, happy, healthy & independently.

Over the first half of 2021 engagement was undertaken to:

- understand what is most important to local people, patients, carers and health and care staff;
- translate those priorities into clear outcomes we will work to deliver;
- understand how services are best delivered to meet local needs, local budgets and our workforce capacity; and
- set out tangible actions that we will take across the wider health and care economy to deliver the seven health and care commitments identified in the Borough Plan.

2. Engagement Approach

In light of the pandemic and social distancing requirements, engagement was undertaken virtually through a range of methods to reach as many community groups as possible and gain insight into the needs and aspirations of the Stockport population:

- Attending existing community, partnership and organisational meetings
- Over 500 local groups contacted with information
- Targeted focus groups to speak to a representative selection of community stakeholders
- Presentations and discussions at team meetings
- System-wide workshops for health and care staff
- Social media
- Briefings and presentation at formal meetings
- Press releases and input into partner newsletters.

Key Stakeholders included:

- Stockport residents
- Children and Young People
- Older People
- LGBTQ+ Groups
- Ethnic Minorities
- Parents and Carers
- Community partnerships
- Representatives of the Voluntary, Community, Faith and Social Enterprise sector

Staff providing health and care services in Stockport:

- Primary Care
- Community healthcare
- Mental Health
- Hospital services
- Social Care
- Local authority
- Care homes and home care providers
- Unions and Trade organisations.

A full list of stakeholders involved and engagement undertaken can be found below.

Who we involved

As part of our commitment to engaging as widely as possible, the following local groups were contacted to ensure that feedback included views from a range of community groups, including groups protected under the Equality Act.

Stakeholder Groups

Health & Care Leaders	ONE Stockport Leadership Group Health and Wellbeing Board Healthwatch Stockport Health & Social Care Scrutiny Committee NHS Stockport CCG Governing Body Stockport NHS FT Board Pennine Care FT Board Adult Social Care Management Team Stockport Family Council Leadership Team SMBC Cabinet
Health & Care Staff	NHS Stockport CCG Stockport NHS Foundation Trust Pennine Care NHS FT General Practice Adult Social Care Children's Social Care Viaduct Care Mastercall Public Health
Stockport's Strategic Boards	Area Committees Care Homes Forum Children's Integrated Leadership Group Children's Transformation Group Economic Alliance Headteachers Meeting Looked After Children Provider Forum Safer Stockport Partnership Stockport Family Partnership Board Stockport Housing Partnership Strategy Group
Patient Groups and Representatives	General Practice Patient Participation Groups Patient Involvement Network Stockport FT Members Vaccine Inclusion Group Arts For Recovery In The Community Arts on Prescription Arts For Wellbeing Alzheimer's Society

Protected Characteristics

Age	Age UK Stockport Older People's Forum University of the Third Age Stockport Coram Voice (youth advocacy) Children in Care Council and Autism Ambassadors DePaul (youth homelessness service) Edgeley and Cheadle Heath Sure Start Home-Start Stockport Starting Point Stockport College Youth Participation Group
Disability	Action on Hearing Loss CALD - Carers for Adults with a Learning Disability Disability Stockport Community LD Team Parents in Partnership Stockport (PIPS) Pure Innovations Pure Insight Walthew House (sensory loss) The Seashell Trust Stockport Disability Partnership Stockport Parents of ADHD Children in Education Together Trust
Ethnicity	ACCA – Stockport's African & Caribbean Community Association Asian Heritage Centre Council of Ethnic Minority Voluntary Sector Organisations Ebony & Ivory Community Organisation Nexus Equality Network Nia Kuumba Stockport Council Ethnic Diversity Service Stockport Race Equality Partnership Wai Yin Chinese Society
Gender Identity	MORF Support Group for Trans guys in Manchester Press for Change
Pregnancy & Maternity	Stockport Maternity Voices Partnership

Stakeholder Groups

Patient Groups and Representatives	Beacon Counselling Beechwood Cancer Care Gatley & Cheadle Diabetes Support Group Multiple Sclerosis Society Stockport & District Rethink Stockport Caring Together Stockport Progress & Recovery Centre (SPARC) Stockport Cerebral Palsy Society Stockport Mind Stockport Stroke Support Group Stockport User Friendly Forum (STUFF)
Carers	Carers' Voice Oasis for Carers Signpost for Carers Stockport Parent Partnership
Homelessness	Wellspring DePaul
Wellbeing & Fitness	Life Leisure Why Sports
Wider public sector	Fire Service GMCA GMHSCP GMP Primary Head Teachers Consortium Stockport Advice Stockport Advocacy Stockport Homes VCFSE Forum

Protected Characteristics

Sex	Stockport Women's Aid Stockport Women's Centre First Step Women Development Group
Sexual Orientation	Forward LGF People Like Us Stockport Stockport Pride / Stockport Pride Youth Group Stockport Proud Trust Youth Group

Protected Characteristics

Religion & Belief	Inter Faith Group Meeting 360Life Church Bramhall Baptist Church Bramhall Methodist Church Bramhall United Reformed Church Cheadle Hulme United Reformed Church Cheadle Hulme Methodist Church & Youth Fellowship Cheadle Muslim Association Christ Church Heald Green Christ with All Saints' Church Christians In Schools Trust Churches Together Justice and Peace Group Ford's Lane Evangelical Church Hazel Grove Baptist Church Heaton Moor Evangelical Church Heaton Moor United Church Marple Methodist Ladies Group Mellor Church Archivists Group Mothers Union St Michaels Bramhall Muslim Welfare Centre Edgeley Norbury Parish Church Stockport Christian Spiritualist Church Religious Society of Friends Cheadle Hulme The Religious Society of Friends in Marple St Ann's Cheadle Hulme St Catherine's Parish Church St Chads Church Romiley St James Church, Gatley St Martin Low Marple St Marys Catholic Church Marple Bridge St Mary's Church Cheadle St Marys South Reddish St.Peter's Catholic Church St Philip Catholic Church St Saviours Great Moor St Winifred R.C. Church Heaton Mersey Stockport's Baha'i's Stockport Family Church Union United Reformed Church Woodley Methodist Church

Engagement Grid

The following table sets out all of the meetings, workshops, focus groups and surveys undertaken as part of the engagement on the plan.

Date	Organisation / Group	Stakeholder Group	Engagement Method	Number Engaged
27/01/2021	Health and Wellbeing Board	Health & Care Leaders	Presentation & discussion	23
09/02/2021	Healthwatch Stockport	Health & Care Leaders	Presentation & discussion	15
02/03/2021	VCFSE Forum	Patients & Public	Presentation & discussion	30
14/04/2021	Health and Wellbeing Board	Health & Care Leaders	Meeting to approve engagement plan	14
19/04/2021	ONE Stockport Leadership Group	Health & Care Leaders	Presentation & breakout sessions	28
May-Aug	All	All	Online survey	131
May-July	General Practice	Health & Care Staff	GP survey	8
10/05/2021	Adult Social Care Management Team	Health & Care Leaders	Paper to Board for discussion	22
10/05/2021	CCG's ICS Project group	Health & Care Staff	Presentation & discussion	10
11/05/2021	System Recovery Group	Health & Care Staff	Presentation & discussion	13
11/05/2021	Adult Social Care Neighbourhood Managers	Health & Care Staff	Presentation & discussion	8
12/05/2021	CCG Governing Body	Health & Care Leaders	Development Session	17
12/05/2021	CCG Finance Directorate	Health & Care Staff	Presentation & discussion	19
12/05/2021	Care Homes Forum	Strategic Boards	Presentation & discussion	40
13/05/2021	CCG Recovery Group	Health & Care Staff	Presentation & discussion	10
14/05/2021	Adult Social Care Mental Health managers	Health & Care Staff	Presentation & discussion	5
17/05/2021	Children's Transformation Group	Health & Care Staff	Presentation & discussion	4
20/05/2021	Children in Care Council and Autism Ambassadors	Patients & Public	Presentation & discussion	1
20/05/2021	Pure Insight	Patients & Public	Presentation & discussion	1
20/05/2021	Stockport Advocacy	Patients & Public	Presentation & discussion	1
20/05/2021	Coram Voice	Patients & Public	Presentation & discussion	1
20/05/2021	DePaul	Patients & Public	Presentation & discussion	1
20/05/2021	Life Leisure	Patients & Public	Presentation & discussion	1
27/05/2021	Children's Integrated Leadership Group	Health & Care Staff	Presentation & discussion	25
28/05/2021	Walthew House	Patients & Public	Presentation & discussion	1
04/06/2021	Patient Involvement Network	Patients & Public	Attend meeting to present plan	15
08/06/2021	Starting Point	Patients & Public	Presentation & discussion	1
09/06/2021	Stockport Proud Trust Youth Group	Patients & Public	Presentation & discussion	3
09/06/2021	Stockport Maternity Voices Partnership	Patients & Public	Presentation & discussion	1
10/06/2021	Stockport Disability Partnership	Strategic Boards	Presentation & discussion	1

Date	Organisation / Group	Stakeholder Group	Engagement Method	Number Engaged
10/06/2021	Vaccine Inclusion Group	Patients & Public	Attend meeting to present plan	30
10/06/2021	Stockport College	Patients & Public	Session with health and social care students	10
10/06/2021	Signpost for Carers	Patients & Public	Presentation & discussion	1
11/06/2021	Stockport Housing Partnership Strategy Group	Strategic Boards	Presentation & discussion	7
14/06/2021	Disability Stockport	Patients & Public	Presentation & discussion	1
15/06/2021	Looked After Children Provider Forum	Strategic Boards	Presentation & discussion	20
16/06/2021	Youth Participation Group	Patients & Public	Presentation & discussion	8
16/06/2021	Inter Faith Group Meeting	Patients & Public	Presentation & discussion	5
17/06/2021	CCG Corporate Services Directorate	Health & Care Staff	Presentation & discussion	14
17/06/2021	Stockport Race Equality Partnership	Strategic Boards	Presentation & discussion	15
21/06/2021	GP Masterclass	Health & Care Staff	Masterclass session	86
30/06/2021	System health and care staff	Health & Care Staff	Staff Workshop on Neighbourhoods & Inequalities	19
07/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on an Age-Friendly Borough	25
08/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Quality	22
12/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Workforce	43
15/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Early Help & Prevention	38
21/07/2021	CCG Wider Commissioning Team	Health & Care Staff	Presentation & discussion	10
26/07/2021	System health and care staff	Health & Care Staff	Staff Workshop on Mental Health and Wellbeing	58
16/08/2021	Council Management Teams – Children's	Health & Care Leaders	Engagement Report and draft plan for discussion	11
17/08/2021	Council Management Teams – Adults	Health & Care Leaders	Engagement Report and draft plan for discussion	9
18/08/2021	Council Management Teams – Corporate Services	Health & Care Leaders	Engagement Report and draft plan for discussion	12
19/08/2021	Council Management Teams – Public Health	Health & Care Leaders	Engagement Report and draft plan for discussion	8
23/08/2021	Stockport FT Exec Team	Health & Care Leaders	Engagement Report and draft plan for discussion	
24/08/2021	Council Leadership Team	Health & Care Leaders	Engagement report & draft plan to CLT	
25/08/2021	CCG Exec Board	Health & Care Leaders	Engagement Report and draft plan for discussion	
August	Viaduct Board	Health & Care Leaders	Paper to Board for discussion	
August	Pennine Care FT Board	Health & Care Leaders	Paper to Board for discussion	
02/09/2021	Stockport FT Board	Health & Care Leaders	Engagement Report and draft plan for discussion	
07/09/2021	Healthwatch Stockport	Health & Care Leaders	Discussion on draft plan	7
08/09/2021	CCG Governing Body	Health & Care Leaders	Engagement Report and draft plan for discussion	
08/09/2021	Health and Wellbeing Board	Health & Care Leaders	Feedback on engagement & draft plan	17
09/09/2021	Health & Social Care Scrutiny Committee	Health & Care Leaders	Engagement Report and draft plan for discussion	
14/09/2021	SFT Joint Consultation & Negotiating Committee	Health & Care Leaders	Paper to Committee for discussion	
16/09/2021	Stockport FT Finance & Performance Committee	Health & Care Leaders	Paper to Committee for discussion	

Date	Organisation / Group	Stakeholder Group	Engagement Method	Number Engaged
21/09/2021	SMBC Cabinet	Health & Care Leaders	Engagement Report and draft plan for discussion	
22/09/2021	CCG Exec Board	Health & Care Leaders	Final plan to Exec Board	
27/09/2021	Stockport FT Exec Team	Health & Care Leaders	Engagement Report and draft plan for discussion	
29/09/2021	CCG Planning & Commissioning Committee	Health & Care Leaders	Final plan to Committee	
07/10/2021	Stockport FT Board	Health & Care Leaders	Paper to Board for discussion	
13/10/2021	CCG Governing Body	Health & Care Leaders	Board sign-off	
13/10/2021	Health and Wellbeing Board	Health & Care Leaders	Sign-off for final plan	
Running Total Number of People Engaged:				**934**

3. What we heard

We spoke to over 900 people who live or work in Stockport. Some common themes emerged from these exercises and are outlined below.

There was overwhelming support for a single plan for health and care, taking into consideration the wider determinants of health such as education and housing.

Feedback clearly showed that people and communities have, and continue to be, impacted by Covid-19, with concerns about the future, employment opportunities and the physical and mental health and wellbeing of family, friends and our communities emerging strongly in discussions and surveys. Conversations focussed on the importance of mutual support, collaborating to support those in need but also to maintain new relationships and closer ways of working and designing, together, a hopeful future.

The following section sets out (in no particular order) the main themes of feedback.

3.1 Inequality

Local people expressed concerns about widening health inequalities, exaggerated by the impacts of COVID, and asked us to focus on this as a priority.

There was a strong message that a one-size-fits-all approach is not suitable for everyone and we need to consider wider sectors of our communities. Engagement highlighted that cultural competency is important for services

Respondents highlighted steps they could take to help address inequalities and these focussed around self-care, but there were recurrent barriers such as people not knowing where to get support or issues around time.

3.2 Collaboration

Many conversations focussed on collaboration and collective approaches which are joined up with a real community emphasis. People were clear that services need to work together to deliver a seamless service for them.

"I don't know the difference between NHS Stockport, Stockport NHS and all the other services – I just want them to work together instead of passing people from pillar to post. There should be no wrong door for accessing care"

Steve, Signpost Young Carers

Staff engagement highlighted the need to focus on service users and put their needs above organisations.

"The people we all care for should come before the organisation we work for and the system needs to make that easy to do"

Julia, Social Worker

Positive examples of collaboration were given, showing the impact it can have on outcomes, including Stockport Family, the COVID Vaccine Programme, the Stockport Care Scheme and the Volunteering Hub.

3.3 Mental Health

Mental Health and wellbeing is a particular concern for our young people.

"Looking after our mental health is more important than ever!"

Millie, Stockport College, age 17

Rates of poor wellbeing have almost doubled from pre-pandemic levels. People were clear that local support should not just focus on reactive mental health services, but also support people to stay well with a strong mental wellbeing offer linked to the voluntary sector.

"BOOST deliver a range of physical activity sessions geared specifically at supporting people with poor mental health and those who are lonely and socially isolated, driven largely by my own lived experience of using physical activity as an alternative to prescribing. I think residents find it incredibly difficult to identify non-clinical opportunities to improve their health and service providers do not have clear sight of what is on offer, particularly from the VCSE community."

Steve Flynn, BOOST

A third of survey respondents did not know where to access services and those that did had predominantly had experience of mental health services either as a provider/practitioner or recipient. Solutions proposed included self-referral, greater availability of urgent access to services and the 'No Wrong Door' policy used by Open Door.

"When people go to 'Open Door' - the drop-in service in the town centre – they will be signposted to the right service for them and supported to get the care they need."

Jane, Support Worker Manager

3.4 COVID

The challenges of COVID are widely acknowledged and there is wide-spread understanding of the pressures the health and social care system has faced. Whilst new ways of working are appreciated there is also a strong desire to move on and build on partnerships, particularly those in the community.

"Considering the current stress the NHS is under we have been using our GP and Stepping Hill Hospital Outpatients. We have been impressed at how efficiently both have worked and how flexible they are being. For instance, we attended a drive-in pre-op on Monday in the Outpatient car park that just took moments. Other outpatient appointments have taken place on-time with minimal waiting."

Online survey feedback

3.5 Age-Friendly

People noted the fact that Stockport has an older than average population and the demand this creates for health and care services.

"For an aging population, I think having an accessible and good quality health care network is key - this ties in closely with a good quality social care and community network. People need to feel safe and secure and this is dependent on health and connectivity. It's imperative this is supported by being able to get around and have access to a solid and affordable public transport system."

Janet, Offerton, age 68

It was felt that our ambition to be an Age-Friendly Borough should encompass all age groups from early years. In particular, people highlighted the importance of inter-generational work.

"For many older people the motivation to join groups is social interaction, so we have turned buddying schemes into Walk and Talk, which also incorporates families, so all ages can support each other in active living"

Staff Engagement Session on Ageing Well

The Reddish Cycle Repair Shed was identified as an intergenerational project that works with The Reddish Cycle Repair Shed is an intergenerational project that works with Adswood Primary school, enabling disadvantaged kids to learn to fix and own a bike.

3.6 Support for Carers

Stockport benefits from a large number of unpaid carers who support residents with health and care needs. Engagement noted the importance of this group and flagged the need for more respite care and training to support them.

"If I were supported as a carer better, I could attend to my own health and wellbeing needs and be more resilient for my children."

Online survey feedback

An issue raised was that many people would not identify as a carer and this is especially the case with the BAME community and older male carers who are less likely to connect to services.

3.7 Access to services

Access to good quality health services is a top priority for the population. During COVID surveys, almost half of respondents put this as their top priority moving forward.

"Online appointment system is brilliant. Being able to order repeat prescriptions online works well."

Online survey feedback

Access to care was highlighted and, in particular, there were calls for more face-to-face appointments, post-lockdown.

"We have long waiting lists, too few nurses and doctors. Too many people waiting for operations etc. services stretched to the limit and face to face appointments hard to get."

Online survey feedback

3.8 Prevention

There was a strong focus on the prevention agenda. People asked for more promotion of services and linking in with mental health and wellbeing, highlighting the opportunities of linking in with local groups and organisations.

"It's easy to wait for someone to fall down and put a plaster on their knee …
… we should help people to live well so they don't fall in the first place!"

Healthwatch Engagement Event

The Start Point café in Woodley was mentioned as an example of a community hub, where anyone can come in and get advice, information about services, online learning or even just find someone to talk to.

3.9 Asset-based approach

There was an acknowledgement of the need for more self-care and enabling people to take control of their health and care.

It was felt that services should acknowledge the strengths and assets of local people and use them in co-producing care.

"I know what I need better than any stranger sat behind a desk. You should ask me what I want, not tell me what you want to do"

Jean, Cheadle Hulme, age 79

3.10 Wider Determinants of Health

It was recognised that an holistic approach is needed – not only a health and social care issue but also impacted by housing and employment.

"I want everyone to be happy and healthy. Good health isn't just about good services it is also about employment, education, friendship and enjoying the outdoors."

Claire, Romiley, age 43

Education was highlighted as a key factor to help address inequalities particularly around how to access services, but a fundamental issue was the proposition of an equitable offer so it didn't matter how much someone earned or where they lived.

"Long-term it requires more than just care and health services. Differences in housing, employment and crime are factors that also contribute significantly to health inequality."

Online survey feedback

3.11 Workforce

The COVID-19 pandemic clearly illustrated the importance of the health and care workforce. There was a strong acknowledgement of the pressures that health and social care staff have faced during the pandemic with suggestions of support measure to help retain staff. Top suggested item was the need for education.

"The Academy of Living Well is helping to target the right candidate, create the new qualifications for the workforce required of the future and make the adult social care career path more attractive to future generations."

Workforce Engagement Event

How teams work together featured heavily in feedback.

"When we put up organisational boundaries it reduces our impact"

Liz, Community Champions

"Working creatively together we can create the synergies that help all of our teams with shared issues like hard to recruit to posts"

Janet, Adult Social Care

"We need to create neighbourhood teams who identify with their shared community, not an organisation"

Staff Workshop on Inequalities

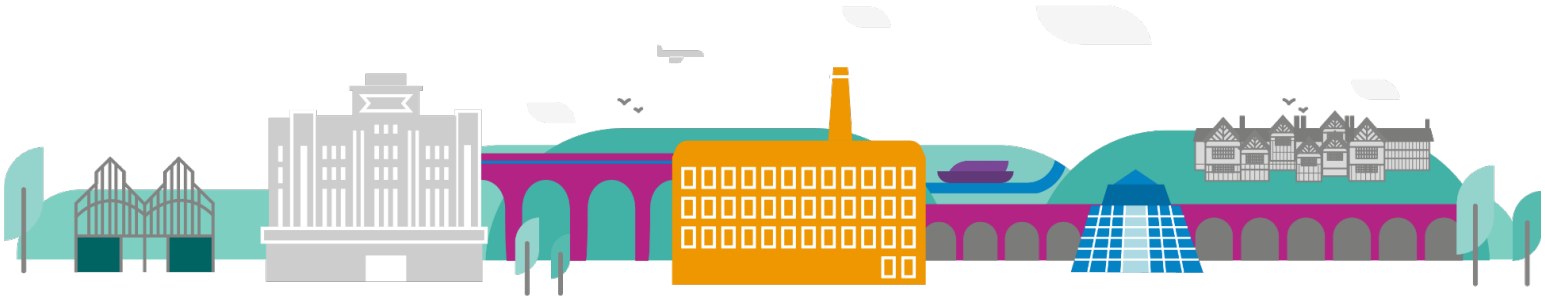
4. How Feedback Was Used

Feedback from local staff, patients, service users and community groups has been used to shape our priorities and build the detail of the Health and Care Plan.

Throughout the plan, case studies based on local experiences have been used to shape our new model of care and prioritise shared resources for the future.

APPENDIX 3 – Equality Impact Assessment

One Health and Care Plan
Equality Impact Assessment
September 2021



Title of report or proposal	ONE Health and Care Plan		
Lead officer(s)	Andy Bailey, Acting Director of Strategy (SFT) Mel Maguinness, Director of Integrated Commissioning (CCG) Kathryn Rees, Service Director Strategy & Commissioning (SMBC)	**Date**	28.09.21

Aims and desired outcomes of the proposal
Are you trying to solve an existing problem?

Health and care are supported by a range of organisations, community groups and volunteers across Stockport. As a result, accessing the right care at the right time can be challenging – particularly for our more vulnerable residents and those with complex care needs.

Engagement on the ONE Stockport Borough plan highlighted the importance of health and care to local people and a desire for services to work together.

This ONE Health and Care Plan sets out a single vision for health and care in Stockport and a system-wide road map for delivering on the commitments in the borough plan. It is based around a vision of services working together for the benefit of local people and sets out four over-arching outcomes:

- Stockport residents will be healthier and happier
- Health inequalities will be significantly reduced
- Safe, high quality services will work together for you
- Residents will be independent and empowered to live their best lives

Scope of the proposal
Include the teams or service areas from the Council and outward-facing services or initiatives

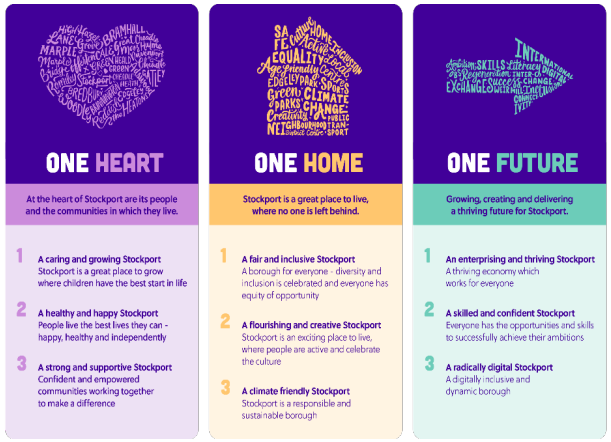
The Plan will be relevant to all Stockport's health and care services including health colleagues, social care, VCSE partners and local businesses as well as partners in those sectors that impact on health and wellbeing such as education, employment, housing and security.

What are the possible solutions you have been / will be exploring?
You should refer to any business cases, issues papers or options appraisals

The One Health and Care Plan sets out how we will deliver the health and care commitments in the Borough Plan to develop “A healthy and happy Stockport”:

1. Continue to provide safe, high quality health and care services through new system leadership arrangements and a joint improvement plan
2. Radical focus on early help and prevention making the most of digital technology, including the network of support from friends, family members and community groups
3. Improve mental health and wellbeing through development of a joint all age mental health and wellbeing strategy working with communities, schools and businesses
4. Undertake targeted action on inequalities as a population health system and through a neighbourhood model that recognises wider factors such as housing, employment and social connectedness
5. Build and retain a resilient, valued and inclusive health and care workforce that promotes homegrown talent through a joint workforce plan
6. Continue our work to be an Age-Friendly Borough through our aging well strategy that proactively supports people to age well and remain healthy, active and enjoy a good quality of life
7. Help the people of Stockport to live their best lives possible by embedding and develop our operating models which promote prevention, reablement and a Home First ethos.

After feedback from stakeholders, it also describes the health and care-related plans for children and young people, which sits under the Caring & Growing section if the borough plan.



Who has been involved in the solution exploration?
Please list any internal and external stakeholders

The ONE Health and Care plan builds on engagement undertaken on the borough plan and during the COVID pandemic to understand changing local needs and ambitions. In addition to the 3,800 contacts during development of the borough plan, around 1,000 local people were engaged in the development of the plan. This included people who live and work in Stockport, with specific efforts undertaken to engage those people most impacted by the plans and those groups whose voices are less often heard in traditional engagement.

Key Stakeholders included:

- Stockport residents
- Children and Young People
- Older People
- LGBTQ+ Groups
- Ethnic Minorities
- Parents and Carers
- Community partnerships
- Representatives of the Voluntary, Community, Faith and Social Enterprise sector

Staff providing health and care services in Stockport:

- Primary Care
- Community healthcare
- Mental Health
- Hospital services
- Social Care
- Local authority
- Care homes and home care providers
- Unions and Trade organisations.

A full list of stakeholders involved and engagement undertaken can be found in Appendix 2 of the plan.

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA? *Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.* *Groups could include but are not limited to: equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.*
The plan is based on a range of intelligence, including: • Population data and health needs as set out in Stockport's Joint Strategic Needs Assessment (see section 2 of the plan) • Service access data, compared to health outcomes to identify unmet needs • Service performance data, including the NHS Constitutional standards, CQC assessments, NHS RightCare benchmarking information, patient and staff satisfaction reports • The Marmot review of inequalities in the Greater Manchester city region • Scrutiny Committee review of the Council's relationship with health partners • And extensive patient and public involvement, as set out in Appendix 2 of the plan.
Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?
The COVID-19 pandemic has had a profound impact on every part of our lives and we recognise that many of the longer-term impacts will not be fully understood for some time, such as impacts on life expectancy, healthy life expectancy, rates of long-term conditions, and growing mental health needs. As such, many of our plans aim to recover to pre-pandemic levels before making longer-term improvements. Equality monitoring within health and care services is varied, with particular gaps in monitoring of sexual orientation and gender identity. Both locally and nationally, there is a lack of data on LGBTQ+ and transgender populations. Where possible, national or limited studies have been used to assess potential impacts.

Step 1: Establishing and developing the baseline

To assess the impacts of your proposal, you first need to understand how things are now. This will vary depending on your proposal, but consider who will be affected by the proposed changes: for example, who currently accesses a service or lives in an area? What works well for them? Are you aware of any issues? Are there any groups that are underrepresented?

Characteristic	**Demographic of residents / service users**	**What works well** How does the current provision or service meet the needs of people in different protected characteristics?	**Current problems / issues** This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
Age	• Stockport has the oldest age profile in Greater Manchester and the population continues to age. Currently 19.9% of people are aged 65+ and this is likely to rise to 21% by 2024. 9.4% of the population is aged 75+, 2.8% are over 85 and 1% are aged 90 or over. • The number of children and young people in Stockport is also rising – particularly in areas of higher deprivation – though at a lower rate than the growth of our older population. • Stockport's more affluent areas to the South and East of the borough tend to have older populations, while the more deprived wards in the Centre and North have younger populations.	• During the engagement process, people highlighted the importance of inter-generational work and offered positive examples of how more groups and projects are turning towards an inter-generational approach. • VCFSE group provision for older people was seen as a strong point in the survey. • Increased focus on resumption of routine services, including vital cancer treatments, in safe, non-COVID zones will benefit patients and carers, with a particular impact on older patients. • Examples of older groups setting up parent and child groups in local churches. It was also felt that a "Death Café" could be useful for some – a place where a person is able to talk about grief. • General aim to quickly discharge from hospital into the community with support teams. • Life leisure have recently employed 5 new youth workers to build up trust in the community using relaxed events/lunches.	• Engagement showed that mental health and wellbeing was a particular concern for young people. • Problems with isolation and mental health across all groups • Face to face contact with GPs was needed, and the need for receptionists to be patient with the patients. • Social prescribing for elderly groups for activity and connection with others at local groups • Waiting times were noted as an issue with concern as they could act as a deterrent for people to go to their GP, particularly for young people. • Older people noted the challenges of accessing travel, which could mean more home visits, as well as being digitally excluded from online appointments. • *"It's imperative this [health care networks] is supported by being able to get around and have access to a solid and affordable public transport system."* • *"It's not easy to get appointments. Accessing [mental health] services for young people can take a long time."*

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	• Average life expectancy in Stockport is high, with women living on average 83.3 years and men 79.8. • Stockport's children generally achieve above average outcomes, however the most vulnerable and deprived children do not perform or engage as well as their peers across England. • Nationally, older people are more likely to experience serious complications from the COVID-19 virus. • 4% of respondents to the survey were aged under 25; 71% were aged 25 to 64; and 25% were aged over 65.	• Existing community fund that can be applied with a simple conversation • *"For many older people the motivation to join groups is social interaction, so we have turned buddying schemes into Walk and Talk, which also incorporates families, so all ages can support each other in active living."* • *"There are fantastic services like Age UK and Stockport Car Scheme that support older people accessing the community."*	
Disability	• 40% of people registered with a Stockport GP have one or more long-term health conditions (93,500 people). • 7,560 local children have special educational needs and / or a disability. • 15% of the population report low wellbeing – rising to 29% in deprived areas. • 11.9% of children aged 5-19 report low mental	• Some respondents to the survey noted that mental health services for people in crisis were good, however many noted that mental health service offer before and after reaching crisis point was not adequate. • Increased focus on resumption of routine services, including vital cancer treatments, in safe, non-COVID zones will benefit patients and carers, with a particular impact on those with disabilities.	• A third of survey respondents did not know where to access services and those that did had predominantly had experience of mental health services either as a provider / practitioner or recipient. • During engagement, the importance of supporting local people in digitalisation was highlighted, as disabled people can lack confidence to use IT to access healthcare, especially those with sensory loss who can't access through e.g. phones or digital media.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	wellbeing and 12.8% have a mental health disorder. • 48% of respondents to the survey were disabled. 61% of survey respondents had a long-term (12 months+) health condition or illness. 42% had a condition that reduced their ability to carry out day-to-day activities.	• Prioritising annual health checks for people with a Learning Disability or Severe Mental Illness will provide an opportunity to reduce inequalities among those groups. • *"The mental health services in Stockport for crisis are quite good. The follow up support is not and people waiting on year long waiting lists for Healthy Minds is just not good enough."*	• Email addresses and phone number should always be provided to assist people who are deaf or blind. • All service designers should consider how people could use the service if deaf or blind (e.g. transport announcements) • Letter reading services were requested • Social isolation was also a key theme for disabled people made worse by the pandemic. • Disabled people in particular require healthcare professionals to understand the complexity of someone's needs so that they don't experience a "tick box exercise" when accessing services. • There were suggestions that walking and cycle paths should be more accessible for those using wheelchairs and other mobility equipment, which suggests that accessibility is a barrier to outdoor exercise for disabled people. • Feedback from local groups has shown a negative impact on mental health from the lack of face-to-face contact as a result of lockdown, particularly among those with mental health problems and those who are socially isolated. • Language used by professionals should be simple and clear to support BSL. • ASD has a massive impact on relationship building and ability to manage housing, finance etc, and needs additional support. Needs holistic and flexible staff, who can turn their hands to anything. Third Sector staff wanted to be located alongside LA staff, to share approaches and learning. • Generic staff could be trained in BSL, to step in to support in health settings as required.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• *"Inability to be treated for simple, but debilitating conditions leads to poor mental health."*
Gender Identity	• It is not known how many transgender people live in Stockport, but UK-wide estimates believe this to be around 1% of the population. This would equate to 3,000 people in the borough.	• No feedback was received from Press for Change or Morph, who were specifically contacted around the plan.	• Trans people experience some of the most significant health inequalities and frequently experience abuse, harassment and violence. • According to the Department of Health, more than 30% of trans people living in the UK report having experiences discrimination from professionals when accessing a range of health care services. • Issues have been raised around which wards trans patients are assigned to and access to changing / bathroom facilities
Maternity & Pregnancy	• On average there are over 3,300 births to Stockport resident mothers each year • Birth rates are higher in areas of deprivation and among ethnic minority groups	• Infant mortality rates are low in Stockport, at around 4.2 per 1,000. • 73.9% of mothers initiate breastfeeding and 50.3% maintain up to 6-8 weeks. • Smoking in pregnancy is low, at just 11.7%, • Access to Stockport's IVF services over recent years has shown in particular a high rate of service uptake by residents of Pakistani heritage - 5.6% of all patients, despite making up just 1.04% of the local population.	• In Brinnington, rates of smoking in pregnancy are significantly higher than average at 42% • People using maternity services said that they require services to be more joined up – they do not want "to keep telling their story over and over again". • Training for cultural competencies is very important within maternity services. • Improved health literacy can benefit the mother, baby and wider family. • *"I think the maternity department need to hear more from patients about their experiences so they can better understand the impact of how they are cared for on their ability to recover."*
Marriage & Civil Partnerships	• 48.2% of Stockport's population are married • 32.2% are single • 0.2% are in a same-sex civil partnership		Issues have been raised around care home accommodation for same-sex partners

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	• 2.5% are separated • 9.2% are divorced • 7.7% are widowed • In 2018 there were 862 marriages in Stockport, including 28 same-sex marriages		
Race	• In Stockport the Black, Asian & ethnic minority population has risen from just 4.3% in 2001 to around 11% at the 2011 census. • Areas to the West of the borough have the highest proportion of ethnic diversity - particularly among younger populations.	• All services offer free translation and interpretation support	• Black African and Black Caribbean people are more likely to have high blood pressure than other ethnic groups. • In the general adult population, Black women are most likely to have experienced a common mental health disorder. • Engagement with ethnically diverse communities suggested that there is a concern about systematic racism in healthcare, for example, BMI scales are still routinely used to assess aspects of health but BMI doesn't take into account differences in body mass between racial groups. • The SREP group commented the description BAME is not well liked and that Ethnically Diverse Communities (EDC) is preferred. • Another example is that 111 guidance is based on white skin presentations. Oxygen monitors have larger error margins on dark skin. • There were also concerns raised that people from ethnically diverse communities may struggle to access health care through language difficulties and digital exclusion.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• Relationship building and lived experiences must be key to including people from ethnically diverse communities. • Also comments that facilities not based in local areas with the highest need, or where people do not have access to cars • Specialist facilities are only available in Manchester – Sickle cell support • EDC are linked to higher rates of diabetes, unplanned hospitalisations, psychosis, some cancers, and still births – and lower mental wellbeing • EDC Groups have a great will to be involved in service planning and the design of new services. • SREP report that 1.5% of Stockport households do not have English as a first language. • People from Black, Asian and Minority Ethnic backgrounds are more likely to experience serious complications from COVID-19 nationally.
Religion or Belief	• Census data from 2011 shows that the religious make up of Stockport is 63% Christian, 25% no religion, 3.3% Muslim, 0.6% Hindu, 0.5% Jewish, 0.3% Buddhist, and 0.1% Sikh.	• Hospital services offer support for all religious groups, including chaplaincy and prayer spaces • Local faith groups are particularly active in engagement and support health campaigns such as vaccination • The local Hindu, Jewish & Muslim populations reported above average levels of 'good health' compared to the average Stockport population.	• Nationally, Muslim people report worse health on average compared to other religious groups, although much of Stockport's Muslim population live within the more affluent areas where health outcomes are higher. • Locally, self-reports of 'not good health' are particularly high among Hindu and Sikh communities • Cultural food is difficult to buy locally – important for stability and happiness.
Sex	• 50.5% of Stockport residents are female and 49.5% are male, in line with the national average.	•	• Women are more likely to access health services than men

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• Although women were more likely to have a positive COVID test, men were more likely to die from the disease. • Suicide rates are significantly higher among men
Sexual Orientation	• It is estimated that 5-7% of the UK population is LGB, which would equate to 15-21,000 people in the borough.	• Data for England and Wales from the Citizenship Survey in 2007 indicates that perceived health levels for LGB respondents were largely similar to heterosexual respondents, and similarly that there is no significant difference between levels of LLTI/disability. • Stockport GP Practices have signed up to the GM initiative 'Pride in Practice • Good relationships between some council services and LGBT provision in the community • LGBT specific commissioned services work well • Good element – is specialist LGBT mid wife based in stepping hill	• Smoking rates are higher among LGBT groups • According to Stonewall, 42% of gay men have clinically recognised mental health problems compared with just 12% of predominantly heterosexual men • LGBT Foundation's substance misuse team have seen relapses attributed to COVID-19. • People who are on antiretroviral treatment have an increased risk of severe COVID-19 and are not immunosuppressed, which has a disproportionate impact on LGBT groups. • Proud trust offered to link with school nurses and give training and insight. • Need more training for health professionals to make them more welcoming and inclusive. • When setting up new services, the Council should consult with existing organisations about how to grow existing services, rather than starting from scratch
Socio-economic status	• Stockport is one of the most polarized boroughs in the country, with some of the most affluent and some of the most deprived local areas, generating significant inequalities among community groups.	• Virtual Multi-Disciplinary Team meetings across Stockport neighbourhoods allow more health and care professionals involved in an individual's care to discuss complex needs and coordinate seamless care for the most vulnerable people in Stockport's neighbourhoods	• The move towards new technology during the pandemic such as online appointments and ordering prescriptions online was welcomed by some, but in both the engagement and the survey people highlighted that these methods of accessing healthcare may not be accessible to the digitally excluded. There were calls for more face-to-face appointments in the survey.

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	• There is significant difference in life expectancy within our neighbourhoods, with men in Bramhall South living 11 years longer than those in Brinnington & Central. This variation is also seen in healthy life expectancy - in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas. • Mortality rates from COVID-19 have been significantly higher in areas of deprivation – particularly among younger people. Rates of infection were significantly higher among people in manual occupations	• Stockport Housing Partnership is working well, providing a holistic and flexible approach • Social value in some contracts focuses on disadvantaged areas and cohorts- opportunity to expand	• There were a number of respondents who noted they did not know where to get information on local facilities and opportunities with a number cross-referencing the impact of the pandemic on access. There were calls to diversify publicity as there was seen to be a strong emphasis on social media, which could not be accessed by everyone. • Mental health services are perceived as hard to access. There were concerns raised that people were having to turn to private counselling services, which excludes those who cannot afford it. • Access to healthier choices was highlighted as an issue. For facilities such as swimming pools it was reported it was difficult to book sessions and that cost was also a barrier to participation. • Leisure Centres should be fully integrated into the community e.g. Bridgehall area – and linked to social prescribing by GPs • Food and healthy diets were mentioned by a few groups including SREP and Starting Point. The need for healthy food shops in local areas and the importance for identity and local connection. At the moment, some shops in local areas only provide unhealthy food. A lot of households no longer have dining tables. • Parks are a huge investment in wellbeing. Horticulture, walking and gardening too. • *“Issues with income caused by too many sick days.”* • *“Most people need to resort to private [mental health and counselling] services whether they can afford them or not.”*

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• *"The information provided needs to be consistent, but it also needs to take into about accessibility. So many people don't have a computer or an Internet enabled phone. There needs to be ways to access the things in an easy way for those who simply can't."*
Other	**Health inequalities** • 26% of adults have three or more lifestyle risk factors associated with ill-health: • 22% of adults are inactive, • 25% drink unhealthily, and • 63% are overweight or obese, similar to the national position. • At least 50,000 people in Stockport will have been infected with COVID-19 over the last 16 months, with 27,650 diagnosed and more than 1,900 being admitted to hospital as a result. • More than 750 people in Stockport have died due to COVID-19. COVID-19 is exacerbating existing inequalities in health and is particularly affecting older people, males, ethnic minority groups and those living in deprived areas.		• Engagement revealed concerns about widening health inequalities, exaggerated by the impacts of COVID. • There was a strong message that a one-size-fits-all approach is not suitable for everyone and we need to consider wider sectors of our communities. • Engagement highlighted that cultural competency is important for services. • There was a strong focus on the prevention agenda with promotion of services and linking in with mental health and wellbeing, highlighting the opportunities of linking in with local groups and organisations. • Empowering the community to have meaningful engagement with professionals and training GPs to focus on good engagement at a community level • One idea was shared facilities/ equipment – such as a local van that could be shared by local groups. • Need for psychological support for third sector workers who are support local people. • Healthy lifestyles are not always accepted as necessary or desirable/ achievable

Characteristic	Demographic of residents / service users	What works well How does the current provision or service meet the needs of people in different protected characteristics?	Current problems / issues This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
	"Long-term it requires more than just care and health services. Differences in housing, employment and crime are factors that also contribute significantly to health inequality."		
You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.			
Carers	• Around 30,000 people have caring responsibilities in Stockport, including 4,230 children. • 61% of survey respondents said that they had caring roles in some capacity, but only 45% identified as a carer. 25% said they worked in the social care sector.	• Stockport benefits for a large number of unpaid carers who support residents with health and care needs. • Commissioned services for young carers works well • The work and commitment of staff during the pandemic was widely recognised, with reference to the stress and workloads. Within the system the disparity between providers was noted, particularly those in the care sector and the need for resource in a number of areas.	• Engagement noted the importance of this group and flagged the need for more respite care and training to support them. • Recognition for 'unpaid carers' who struggle to identify as a carer and the impact of this. • The top request for support from Signpost for Carers is respite from caring. • Carers intersect with other protected characteristics as it was noted that ethnically diverse communities are less likely to identify as carers, and older males less likely to connect with services. • Need to mention young carers too. • The groups also wanted local networks of carers who they could turn to and help to reduce isolation • *"As a carer, I need the support as promised as if I fall over under all the strain then you will have to look after our loved ones in hospital, which is counter-productive and must cost 10 times as much to provide a secure environment."* • *"If I were supported as a carer better, I could attend to my own health and wellbeing needs and be more resilient for my children."*

Characteristic	**Demographic of residents / service users**	**What works well** How does the current provision or service meet the needs of people in different protected characteristics?	**Current problems / issues** This could include low levels of access or participation from certain demographic groups in current service or scheme; or disadvantages or barriers for particular groups
			• *"The whole attitude towards the caring profession needs to change dramatically and become recognised as a 'proper' career. Care workers often do not even value themselves - very often describing themselves as 'JUST a carer'!"*
Those experiencing homelessness		• The Wellspring provides great support for homeless people	• Increasing use of digital technology to access health and care services excludes those who are unable to access technology, including some homeless people.
Asylum seekers and refugees		• Strong outreach from Public Health • All services provide free access to interpretation	• Asylum seekers and refugees have particular health concerns due to the impact of relocation and possible past experience of trauma. Research is generally limited on their general levels of health due to the hidden nature of the population.

Step 2: Identifying the impacts the proposal will have compared with the baseline

To explore the impacts of your proposal, you should use your baseline as a comparison with how things would be after your proposal. Think about how this would differ from the baseline for people with each protected characteristic. Include any sources of data you have used (including desktop research and engagement activity).

Impact no.	**Characteristic**	**Positive or negative impact**	**Impact source** *How have you become aware of an impact or inequality?*	**Impact details and rationale** *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	**Additional information** *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
1.	Age Disability Carers	Positive	Engagement	**Collaboration** The development of a Provider partnership and a single neighbourhood Model will support further collaboration between services and reduce the burden on service users, their carers and family with regard to coordinating care	This will have a positive impact in particular on older people, those with disabilities, people with complex care needs and their carers.
2.	All protected groups	Positive	Engagement	**Tackling Inequalities** The focus on reducing inequalities will mean that more money is spent in areas of deprivation, reducing capacity in more affluent areas	This differential impact is objectively justifiable as a positive act to reduce inequalities in those with the worst outcomes.
3.	Age Disability Ethnicity	Positive	Engagement	**Digital Transformation** Accelerated use of digital technology will increase access to key services in a safe way, increasing the number of health and care appointments the system can deliver. This provides a particular benefit to younger people and those of working age who struggle to access appointments during school / working hours; people	The move to virtual triage in primary care has significantly increased the number of appointments delivered – particularly the number of appointments delivered on the same day, reducing waiting times. However, we recognise that not all patients can benefit equally from this approach (see impact 4 below)

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
				with English as a second language who can use online translation support; those with visual impairments who can easily change the size of information on screen; deaf patients who struggle to use the phone and prefer alternative methods such as text. Virtual appointments also provide an overwhelming health benefit to people with long-term conditions, by reducing the likelihood of transmission of disease.	
4.	Age Disability Ethnicity Socio-Economic	Negative	Engagement	**Digital Exclusion** The move towards increased use of technology to provide information and services, such as virtual appointments, may have a negative impact on those people with limited ability to use digital technology	Increasing use of digital technology to access health and care services excludes those who are unable to access technology, including some older people, people with disabilities, those with English as a second language, homeless people and those who cannot afford the required technology. Ensure that all services continue to risk assess patient needs and provide safe face-to-face appointments for those unable to access virtual appointments
5.	Age Disability Ethnicity Sexual Orientation	Positive	Engagement	**All-Age Approach to Mental Health & Wellbeing** The introduction of new mental health support services will support people affected by lockdown.	Low mental wellbeing has increased significantly during the pandemic with a particular impact on children and young people.

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
6.	Age Disability Socio-economic	Positive	Engagement	**Focus on reducing the backlog** Resumption of routine services, including vital cancer treatments, in safe, non-COVID zones will benefit patients and carers, with a particular impact on older patients and those with disabilities.	This will have a greater impact on older people, those with disabilities and long-term conditions who are more likely to use elective services.
7.	Staff Carers Disability Sex	Positive	Engagement	**Flexible Working** Home working will continue to provide greater flexibility for staff, enabling individuals to achieve a better work-life balance. This has a particular impact on those staff with disabilities or long-term conditions as well as those with caring responsibilities.	Analysis of staff sickness, shielding and redeployment numbers to understand expected staff shortages and put mitigating actions in place Undertake risk assessments for all staff to identify those most at risk of infection, and develop tailored action plans to reduce those risks Ensure that all staff are offered appropriate training to use new digital solutions
8.	Age Carers Disability	Positive	Engagement	**Enhanced support to care homes** will support more vulnerable patients. Development of a Care Homes Dashboard will allow GPs and multi-disciplinary teams to see at a glance how local care home residents are every day and prioritise visits to meet any escalating needs	
9.	Staff Disability Carers	Positive	Engagement	**Virtual Multi-Disciplinary Team meetings** across Stockport neighbourhoods will allow more health and care professionals involved in an	This will help provide additional support to people with disabilities, older people and carers.

Impact no.	Characteristic	Positive or negative impact	Impact source *How have you become aware of an impact or inequality?*	Impact details and rationale *What is the impact or inequality that has been identified? What is the frequency of claim for it? What is the rationale behind the issue, inequality or impact claimed?*	Additional information *Is there any evidence to support or deny the claim? Provide full details. Has the inequality or impact claimed been tested with people from the relevant characteristic? Have you researched the claimed issue? If yes, what has been learned and from what source(s)?*
				individual's care to discuss complex needs and coordinate seamless care for the most vulnerable people in our neighbourhoods	
10.	Disability	Positive	Engagement	**Prioritising annual health checks** for people with a Learning Disability or Severe Mental Illness will provide an opportunity to reduce inequalities among those groups with the worst health outcomes and life expectancy.	People with learning disabilities and those with sever mental illness live on average 10 years less than the average population.
11.	Disability Carers Ethnicity	Negative	Engagement	**Self-Care** Not everyone will be able to benefit equally from self-care options and this may put more pressure on carers	Ensure that new self-care materials are available in paper formats for those without access to technology as well as large print, audio, easy read and translated versions, where required
12.	Age – younger people	Negative	Children's Strategic Leadership Team (SMBC)feedback	Disproportionate focus on adults-given that the majority of the budget for social care is spent on over 60 age cohort	The plan has been strengthened and links to the children's plans made much stronger. The vision includes the intent that "children are our future" and these messages are consistent throughout the document and across Stockport's plans.
13.	Socioeconomic status	Negative	Engagement feedback	**Service Location** Access and availability of certain provision may be more or less prevalent in areas with lower socio-economic status. In some cases, whilst services are offered, there is a reliance on individuals to "seek out", rather than be supported into services.	This can often lead to people reaching a crisis point more quickly where communication, access, confidence, education, housing etc are an issue

Step 3: Identifying mitigating factors to minimise negative impacts

Step 2 identified potential impacts your proposal may have on people with different protected characteristics. If there are negative impacts, then you must consider how you could mitigate against (lessen) these negative impacts.

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
4.	The move towards increased use of technology to provide information and services, such as virtual appointments, may have a negative impact on those people with limited ability to use digital technology	• Support for DigiKnow digital Champions to train people in use if technology • Local schemes to give out tablets and other devices to those in need • Ensure that all services continue to risk assess patient needs and provide safe face-to-face appointments for those unable to access virtual appointments	Engagement with community groups	Case studies of impact digital training has had on local people Increase in use of tech in care homes and educational settings	Already in place
11.	Not everyone will be able to benefit equally from self-care options and this may put more pressure on carers	Ensure that new self-care materials are available in paper formats for those without access to technology as well as large print, audio, easy read and translated versions, where required	Engagement with community groups	Ethnic Diversity Service	Contracts already in place for translation of materials
12.	Disproportionate focus on adults-given that the majority of the budget for social care is spent on over 60 age cohort	The plan has been strengthened to include a Children's chapter and links to the children's plans made stronger.	Engagement with children's services	Impact of collaboration via Stockport Family on improving outcomes	Work already underway
13.	Access, availability and appropriateness of certain provision may be more or less prevalent in areas with lower socio-economic status.	• Review of estates, including development of Community Diagnostics Estate to improve access. • Ensure that all services are culturally appropriate and inclusive of all community groups. • Ensure that all services continue to offer interpretation and translation	Engagement with community groups and clinicians	Impact of pilot services in areas of deprivation	Will depend on suitable estates

Impact no.	Impact summary	Suggested mitigation and rationale	Source of suggestion	Evidence for solution	Feasibility
		services to enable those with English as a second language to access support • Ensure that staff continue to undertake cultural competence training			

Please state if there are any additional comments or suggestions that could promote equalities in the future.
Work will be required to improve equality monitoring in all services so that analysis can be undertaken on the impact of the plan on: • Access to services • Satisfaction with services • Impact on outcomes.

Step 4: Conclusions and outcome

It is strongly recommended to engage with people with protected characteristics to sense-check your conclusions before you indicate an outcome in this EqIA. Including feedback from this engagement activity will ensure your baseline assessment and your impacts are accurate, and that your mitigating actions are helpful and the best use of resources. It ensures that the proposal has been designed so that it is fair as possible to everybody.

If you have <u>not</u> undertaken any community engagement for this EqIA, please indicate this and explain why.
Significant engagement was undertaken as part of the development of this plan, including the mitigating actions to support reductions in inequalities – see appendix 2.
If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?
The majority of the impacts identified will have a disproportionately positive impact on those community groups who currently have the worst outcomes. As such they are objectively justifiable under the equality act.
Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.
Work to reduce inequalities and tailor services to local needs within neighbourhoods may result in a reduction of spending in areas where outcomes are above average. In all cases, the intention is to maintain high standards, but reduce the inequality gap.
Are there any other proposals or policies that you are aware of that could create a cumulative impact? This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.
This plan is the strategic roadmap for health and care over the coming years. As such, the impacts identified above are represent the cumulative impact. Individual projects or plans sitting under this document (e.g. Mental Health & Wellbeing Strategy, project to develop a Community Diagnostics Hub) will be impact assessed separately to ensure that additional impacts as a result of detailed plans are identified and managed.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.		
A.	No major barriers identified, and there are no major changes required – proceed.	☐
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	☒
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	☐
D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	☐
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	☐

Please describe briefly how this EqIA will be monitored.
When will this be reviewed? What mitigating actions need to be implemented and when?

Progress will be monitored through the ONE Stockport Outcomes Framework via the Health & Wellbeing Board. Where changes have an unintended negative impact on any protected group, changes will be made via this body.

Stockport NHS Foundation Trust

Meeting date	7 October 2021	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	2021 Workforce Race Equality Standard (WRES)					
Lead Director	Director of Workforce & OD		Author	EDI Manager		

Recommendations made/ Decisions requested

The Board are asked to:

(i) Approve the enclosed document for publication on the Trust website
(ii) Discuss the results of the 2021 WRES

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
		PR4	Performance recovery plan is not delivered
	X	**PR5**	Critical shortage of skilled workforce with capacity and capability to meet service needs
		PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment
		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

Launched in 2015, the main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff,
- to improve BME representation at the Board level of the organisation.

This report summarises the key metrics required of the WRES and contains changes in data collection processes since the previous submission.

Key findings include:

Within the non-clinical workforce AfC bands:

- There has been little change in the proportion of BAME staff across Bands 1-4.
- BAME representation at Band 5 has risen from 3.9% to 5.7%.
- BAME representation at Band 6 has fallen from 10.5% to 8.2%
- At Band 7 BAME representation has fallen from 10.4% to 7.8%
- At Band 8A, the BAME representation has fallen from 2.3% to 0%
- At Band 8B, the BAME representation has risen from 10.0% to 11.1%
- There is no BAME representation above this level (Noting the measure definition excludes Non-Executive Directors).

Progression disparity ratios, included in this report, show that white staff at bands 6 and 7 (middle) are 2.03 times more likely to progress to 8a and above through the organisation compared to BAME staff; and white staff are 4.26 times more likely to progress through the organisation compared to BAME staff. This would indicate that the fall in the BAME representation at Band 8A, and the rise in BAME representation at Band 8B is due to internal progression.

Within the clinical workforce AfC bands:

- There has been little change in the proportion of BAME staff across Bands 1-4, with slight increases at Band 3 and 4.
- At band 5, there has been a 5% rise in the proportion of BAME staff.
- All other bands with the exception of VSM have remained relatively static. A 9.1%

drop at VSM represents a single individual, given the small numbers of staff within this group.
- There is no BAME representation above Band 8A

Within Medical and Dental colleagues:

- There has been a 2.2% and 3.4% respective increase in slight increases in the % of BAME consultants and non-consultants career grades.
- There has been a 5.7% decrease in BAME representation at trainee grades.

During recruitment, BAME staff are less likely to be recruited from the shortlisting stage, although this disparity has reduced from 2020.

BAME staff are more likely than white staff to be subject to formal disciplinary proceedings, although this disparity has reduced from 2020.

Across all of the metrics measuring bullying, harassment and discrimination, (with the exception of bullying from patients and service users), scores have deteriorated for BAME staff compared to the previous 12 months.

There has been an additional BAME Non-Executive Director appointed to the Board.

Actions developed to address the issues in this report are provided in the 2021 action plan.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust Workforce Race Equality Standard (WRES) Report 2021

Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BAME representation at the Board level of the organisation.

This document reports on Trust's activity between 1 April 2020 and 31 March 2021. In accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (indicator 9).

In addition to reporting the metrics required of the WRES, this report also sets out actions that will be undertaken to address the inequalities identified.

The WRES Indicators

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff
4	Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).

National NHS Staff Survey indicators

Indicator	Descriptor
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that the trust (or organisation) provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

Board representation indicator

Indicator	Descriptor
9	Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board

NHS Stockport NHS Foundation Trust

Reporting against the WRES Indicators

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff

Non-Clinical workforce

As of March 2020, within the non-clinical workforce, 88.4% of staff were White, and 9.7% of staff were from Black and Minority Ethnic backgrounds. In March 2021, the proportion of White staff rose slightly to 88.7% and the proportion of BAME staff had fallen to 9.5%.

31st March 2020		**31st March 2021**	
White	1364	White	1388
BAME	150	BAME	149
Unknown	29	Unknown	28
Total	1543	Total	1565

Clinical workforce

As of March 2020, within the clinical workforce, 78.0% of staff were White, and 19.3% of staff were from Black & Minority Ethnic backgrounds. In March 2021, the proportion of White staff had fallen slightly to 76.2%, and the proportion of BAME staff had risen to 20.5%.

31st March 2020		**31st March 2021**	
White	3057	White	3100
BAME	756	BAME	834
Unknown	106	Unknown	134
Total	3919	Total	4068

Figure 1 shows the proportion of White and BAME staff in each of the AfC pay bands within the non-clinical workforce.

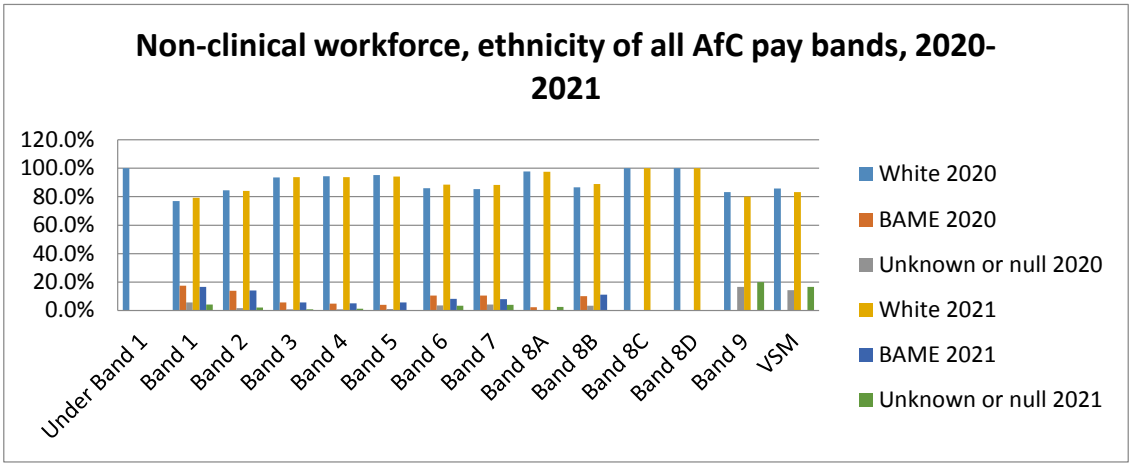


Table 1 shows where the movement has occurred within each band:

	% movement per band		
	White	BAME	Unknown or null
Under Band 1	-100.0%	0.0%	0.0%
Band 1	2.2%	-0.8%	-1.4%
Band 2	-0.5%	0.1%	0.3%
Band 3	0.1%	-0.1%	-0.1%
Band 4	-0.7%	0.3%	0.4%
Band 5	-0.9%	1.8%	-1.0%
Band 6	2.6%	-2.3%	-0.2%
Band 7	2.8%	-2.6%	-0.2%
Band 8A	-0.1%	-2.3%	2.4%
Band 8B	2.2%	1.1%	-3.3%
Band 8C	0.0%	0.0%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	-3.3%	0.0%	3.3%
VSM	-2.4%	0.0%	2.4%

In summary, the data shows:

- There has only been a percentage increase for BAME representation at bands 4, 5 and 8B over the assessed period
- There is very little to no BAME representation at Band 8A or above, with the only exception being Band 8B (absolute number is static over the periods)

Figure 2 shows the proportion of White and BAME staff in each of the AfC pay bands within the clinical workforce.

Figure 2.

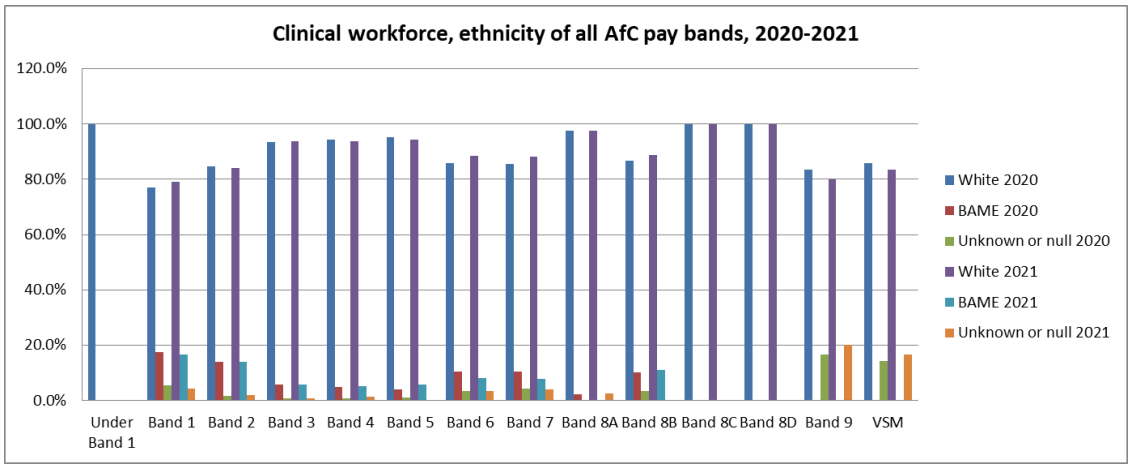


Table 2 shows where the movement has occurred within each band:

Table 2

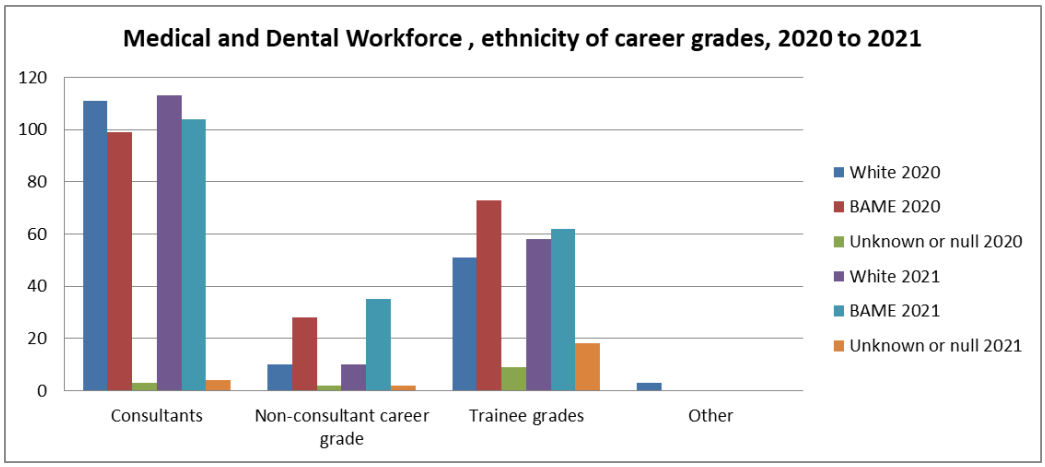
	% movement per band		
	White	BAME	Unknown or null
Under Band 1	-100.0%	0.0%	0.0%
Band 1	0.0%	0.0%	0.0%
Band 2	0.4%	-0.1%	-0.3%
Band 3	-0.8%	1.2%	-0.4%
Band 4	-10.6%	1.0%	9.6%
Band 5	-5.1%	5.2%	-0.1%
Band 6	-0.4%	0.3%	0.2%
Band 7	-0.4%	1.2%	-0.8%
Band 8A	-1.4%	0.9%	0.4%
Band 8B	-3.0%	-1.0%	4.0%
Band 8C	0.0%	0.0%	0.0%
Band 8D	0.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%
VSM	9.1%	-9.1%	0.0%

In summary, the data shows:

- There has been little change in BAME representation across all bands. The exception being a 5% increase in band 5 and a 9% decrease at VSM level.

Figure 3 shows the proportion of White and BAME staff in each of the career band within the Medical and Dental workforce.

Figure 3



In summary, the data shows:

- There has been a 2.2% and 3.4% respective increase in slight increases in the % of BAME consultants and non-consultants career grades.
- There has been a 5.7% decrease in BAME representation at trainee grades.

Indicator 2

	Relative likelihood in 2020	Relative likelihood in 2021	Difference +/-
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff.	3.42	2.43	-0.99

Analysis of recruitment data shows that there has been an improvement in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff. However, these figures do not include our internationally recruited staff as their applications were not processed using the standard Trust recruitment systems and processes. This is demonstrated by the retrospective change in 2020 figure but still shows improvement.

Indicator 3

	Relative likelihood in 2020	Relative likelihood in 2021	Difference +/-
Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.	1.47	1.14	-0.33

There has been a small reduction in the relative likelihood that BAME staff will be entered into formal disciplinary process compared to that of White staff.

Indicator 4

	Relative likelihood in 2020	Relative likelihood in 2021	Difference +/-
Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).	0.83	0.91	+0.08

There has been a small increase in the relative likelihood of BAME staff accessing non-mandatory training and continuous professional development (CPD), compared to White staff.

Indicators 5-8
The figure below summarise the staff survey data that is used to inform the WRES submission.

Metric	2020 Score	2021 Score
% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	28.2	25.8
% of BAME staff reported experiencing harassment, bullying or abuse from staff in last 12 months	29.1	27.6
% of BAME staff said they had experienced discrimination at work from either their manager, team leader or other colleagues	71.2	73.2
% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion	14.3	18.1

Comparative analysis shows that there has been a small fall in the proportion of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public and other staff members in the last 12 months and a significant improvement in equality for career progression. However, we note a small deterioration in BAME colleagues experiencing discrimination in the workplace.

Indicator 9
Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated:

	White	BAME	Unknown
Board Membership	15	2	0
Of which; Voting Board Members	6	0	0
Non-voting Board Members	9	2	0
Board Membership			
Of which; Exec Board Members	6	0	0
Non-Exec Board Members	9	2	0
Number of staff in overall workforce	4488	983	162
Overall Workforce % by ethnicity	79.7%	17.5%	2.9%
Total Board members by ethnicity (%)	88.2%	11.8%	0%
Difference Board membership to overall workforce	8.6%	-5.7%	-2.9%

There has been an additional BAME Non-Executive Director appointed to the Board.

Workforce Disparity Ratios

The 'disparity ratio' has been developed as a metric by the national WRES team to aid organisations in working towards the Model Employer target to reflect representation of ethnic minority staff for equal proportions in all AfC pay scales by 2025.

One of the national priorities was for organisations to provide a dedicated action plan on the steps identified to reduce the disparity ratio in BAME staff from **Band 6 and above** to **1.5.**

Figure 3, shows our WRES disparity ratios. Please note the disparity ratio is the comparison between the progression ratios for white and BME staff. Progression ratios are the probability of white staff versus BME staff being promoted through the lower (band 5 and below), middle (band 6 & &7) and higher bands (8a and above).

Trust Name	Lower to Middle	Middle to Upper	Lower to Upper
STOCKPORT NHS FOUNDATION TRUST	2.10	2.03	4.26

The data above shows that white staff at grades 6 & 7 (middle) are 2.03 times more likely to progress to 8a and above through the organisation compared to BME staff; white staff are 4.26 times more likely to progress through the organisation in relative comparison to BME staff.

Our approach to Equality, Diversity & Inclusion supports the development of our staff networks; of which a BAME staff network continues to meet & will continue to consider the WRES findings and appropriate actions.. We are working closely with the network leadership to build membership and engage with members to better understand the issues faced by our BAME workforce.

Action Planning

The following outlines proposed plans to address some of the issues identified through this analysis. These actions will be consolidated into the EDI work plan and reported through our EDI Steering Group and people, engagement & leadership group and our people performance committee.

Task	Who	Timescale
Develop recruitment processes to embed diverse interview panels with training on good practice. Clear guidance for hiring managers to ensure fair and inclusive practices.	Recruitment Manager	30/09/2022
Support BAME staff to undertake NHS NWLA courses including Stepping Up and Ready Now	EDI Manager	31/12/2022

Create a formal talent management framework for diversity and develop a pool of people talent that are eligible for developmental opportunities and promotion through a variety of training methods and acting up roles	Head of OD & Learning	30/09/2022
Review the reverse mentoring program and develop provision to assist senior leadership understand the lived experiences of staff groups	EDI/ L&OD	30/03/2022
Develop and implement a suite of Equality, Diversity and Inclusion masterclasses to build staff and manager competence around EDI and EDI trust wide processes at all levels	EDI/LD	31/07/2022
Develop a range of resources for leaders and staff to engage in meaningful conversations about race inequality using the Black History Month #proud to be platform	EDI	30/06/2022
Strengthen recruitment and retention of members for Staff Networks by widening participation and developing robust engagement and involvement opportunities	EDI	30/03/2022
Scope dedicated projects and identify protected funding for evidence based approaches to reduce health and workforce inequalities and specific leadership initiatives and programmes to support BAME development	EDI/L&OD	30/01/2022
Review existing practice and recruit EDI champions and ambassadors to support the wider SNHSFT EDI network	EDI	30/07/2022

Conclusions

The data from this WRES submission clearly shows that whilst there has been small progress in some areas there remains further work to do to improve our BAME representation. However, the ongoing commitment to actions identified within our action plan seeks to address barriers through recruitment, home developed talent, line manager development and support for a more diverse workforce.

Stockport NHS Foundation Trust

Meeting date	7 October 2021	x	Public		Confidential	Agenda item
Meeting	The Board of Directors					
Title	2021 Workforce Disability Equality Standard (WDES)					
Lead Director	Director of Workforce & OD		Author	EDI Manager		

Recommendations made/ Decisions requested

The Board are asked to:

(i) Approve the enclosed document for publication on the Trust website
(ii) Discuss the results of the 2021 WDES

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver effective care leading to poorer outcomes for patients and staff
		PR3	Working with others does not fully deliver the required benefits
		PR4	Performance recovery plan is not delivered
	X	**PR5**	Critical shortage of skilled workforce with capacity and capability to meet service needs
		PR6	Failure to deliver agreed financial recovery plan
		PR7	A major disruptive event leading to operational instability
		PR8	Estate does not meet national standards or provide sustainable patient environment

		PR9	IM&T infrastructure and digital defences do not protect against cyber attack

Where issues are addressed in the paper-

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

Executive Summary

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability equality. The reporting period for this data set is 1 April 2020 to 31 March 2021.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Disability Equality Standard

Key findings include:

Non-clinical workforce:

- Percentage of non-clinical Disabled staff in every pay band is equal to or higher than the Trust Disabled staff average of 3.2%, apart from Bands 8a and 8b.
- No board members have a disclosed disability
- Percentage of non-clinical staff who consider themselves as disabled in every Band is lower than the Trust Disabled staff average apart from clustered Bands 1-4.

Clinical workforce:

- The data taken from the Electronic Staff Record (ESR) demonstrates that there is an under-representation across senior levels and Band 4 upwards for clinical representation. Nominal increase of staff declaring a disability so a renewed focus for self-declaration for 2021/22.

Recruitment:

- Non-disabled staff are 1.3 times more likely to be appointed from shortlisting, compared to disabled staff.
- Significant improvement in the relative likelihood of staff entering the formal capability procedure. A reduction from 5.19 in 2020 to 1.22 in the 2021 reporting period.

Bullying, harassment and abuse; there has been an overall decline in staff experiencing harassment, bullying or abuse although remains higher for staff with disabilities.

There has been a reduction of 3.3% for disabled staff experiencing pressure from line

managers, this bucks the trend for staff without disabilities in which we have seen a marginal increase of 0.1%

33.6% of Disabled staff compared to non-disabled staff are saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, compared to 25% of non-disabled colleagues.

There has been an overall decrease in staff saying that they are satisfied with the extent to which their organisation values their work from 36.1% to 32.2% for our disabled staff and 45.7% to 43.9% for our non-disabled staff.

We continue to see an increase in the percentage of staff across the board stating that the Trust has made adequate adjustment(s) to enable them to carry out their work for both disabled (71.8%) and non-disabled (75.5%).

Engagement scores from the 2020 staff survey showed that disabled colleagues are less engaged than non-disabled colleagues.

Board level disability data showed that there were no members of the Board who had self-described as living with a disability.

Actions developed to address the issues in this report are provided in the 2021 WDES action plan. Actions from this plan are incorporated into our consolidated EDI work plan.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust Workforce Disability Equality Standard (WDES) Report 2021

Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Disability Equality Standard.

NHS Stockport NHS Foundation Trust

The WDES Indicators

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

National NHS Staff Survey indicators

Indicator	Descriptor
4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

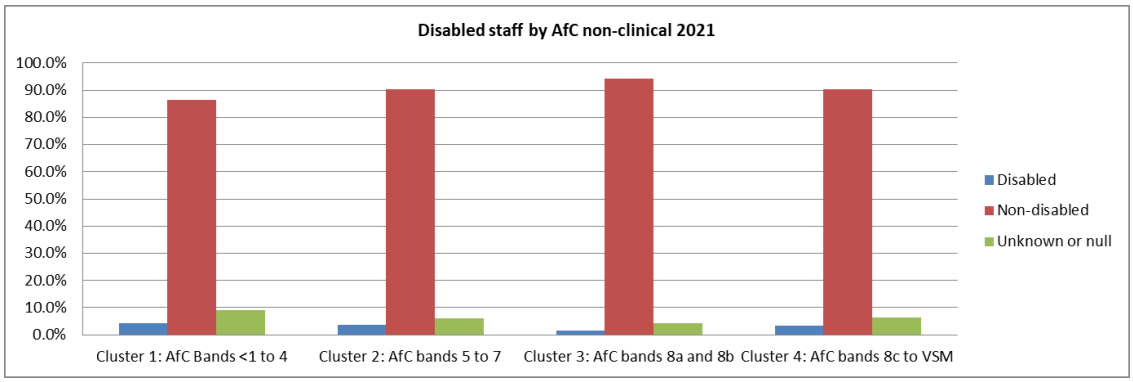
Board representation indicator

Indicator	Descriptor
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board

Reporting against the WDES Indicators

Indicator 1: Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff

Figure 1 shows the distribution of disabled/non-disabled staff across the AfC pay bands in the non-clinical workforce for 2021.

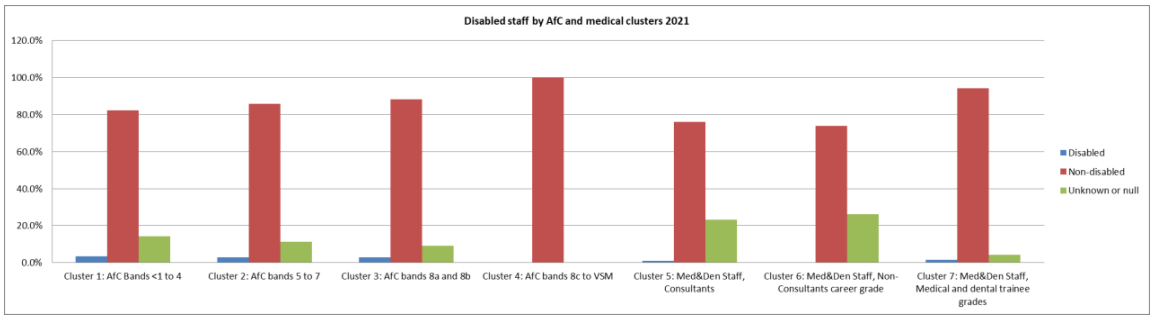


2021 Data	Cluster 1: AfC Bands <1 to 4	Cluster 2: AfC bands 5 to 7	Cluster 3: AfC bands 8a and 8b	Cluster 4: AfC bands 8c to VSM
Disabled	4.4%	3.7%	1.5%	3.2%
Non-disabled	86.5%	90.3%	94.1%	90.3%
Unknown or null	9.0%	6.0%	4.4%	6.5%

Summary analysis shows that:

- There has been an improvement in the representation of disabled staff in clusters 1 and 2 against the Trust total average of 3.2%, as compared to 2020.
- There has been a decrease in representation of disabled staff against the Trust total average in cluster 3 as compared to 2020
- There has been an increase in representation in within cluster 4, but in absolute terms this is a very small number.
- 8.5% have no data in the disability field of the Trust staff data system, the Electronic Staff Record (ESR.)

Figure 2 shows the distribution of disabled/non-disabled staff across the AfC pay bands and the medical grades, in the clinical workforce for 2021.



2021 Data	Cluster 1: AfC Bands <1 to 4	Cluster 2: AfC bands 5 to 7	Cluster 3: AfC bands 8a and 8b	Cluster 4: AfC bands 8c to VSM	Cluster 5: Med&Den Staff, Consultants	Cluster 6: Med&Den Staff, Non-Consultants career grade	Cluster 7: Med&Den Staff, Medical and dental trainee grades
Disabled	3.4%	2.9%	2.8%	0.0%	0.9%	0.0%	1.4%
Non-disabled	82.3%	85.9%	88.1%	100.0%	76.0%	73.9%	94.2%
Unknown or null	14.3%	11.2%	9.0%	0.0%	23.1%	26.1%	4.3%

Summary analysis shows that:

- Percentage of clinical disabled staff in every band is lower than the Trust Disabled staff average of 3.2% apart from cluster 1.
- A difference in reporting methodology between 2020 and 2021 makes direct comparison difficult, but a slight decrease representation in clusters 2 and 3 is indicated.
- 11.5% have no data in the disability field of the Trust staff data system, the Electronic Staff Record (ESR.)

Indicator 2

	Relative likelihood in 2020	Relative likelihood in 2021	Difference +/-
Relative likelihood of disabled staff being appointed from shortlisting across all posts	1.00	1.33	+0.33

Non-disabled staff is 1.3 times more likely to be appointed from shortlisting, compared to disabled staff. This represents a deterioration compared to the 12 months before.

Indicator 3

	Relative likelihood in 2020	Relative likelihood in 2021	Difference +/-
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	5.19	1.22	-3.97

There was significant improvement in the relative likelihood of staff entering the formal capability procedure throughout the 2021 reporting period. Whilst it is 0.22 more likely that staff with disability will enter the process it is significantly improved from 2020 when disabled staff were 5 times more likely to enter into formal capability.

Note: A figure above 1:00 indicates that Disabled staff is more likely than Non-Disabled staff to enter the formal capability process.

Indicator 4
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	Disabled staff	Non-disabled staff
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	28.5%	23.2%
Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months	24.0%	11.2%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	25.4%	16.5%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	44.6%	48.7%

There has been an overall decline in staff experiencing harassment, bullying or abuse although staff with disabilities remains higher.

Indicator 5

	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	81.2%	87.4%

There has been an increase with both disabled (81.2%) and non-disabled (87.4%) staff believing that our Trust acts fairly in terms of career progression.

Indicator 6

	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	33.6%	25.0%

There has been a reduction of 3.3% for disabled staff experiencing pressure from line managers; this bucks the trend for staff without disabilities in which we have seen a marginal increase of 0.1%

Indicator 7

	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	32.2%	43.9%

There has been an overall decrease from 36.1% to 32.2% for our disabled staff and 45.7% to 43.9% for our non-disabled staff.

	Disabled staff
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	71.8%

Indicator 8

We continue to see an increase across the board and both disabled (71.8%) and non-disabled (75.5%).

Indicator 9

a) The staff engagement score for Disabled staff, compared to non-disabled staff.
b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

	Disabled staff	Non-disabled staff
Staff Engagement Scores (1-10) of Disabled Staff v Non-Disabled Staff	6.4	6.9

The staff survey engagement scores show that overall, disabled staff are less engaged than non-disabled colleagues.

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? **Yes**

Our Trust has an established staff network of people living with disability, to ensure the voices of staff to be heard and meet bi-monthly. In collaboration, over the last 12 months we have delivered the following across the Trust:

- Staff stories at Performance in People Performance Committees (PPC)
- Opportunities for staff with disabilities to share their lived experience with our NEDs on what life is like for them as employee
- Values into Action – these sessions are delivered for all staff groups with targeted delivery of sessions aimed at staff with protected characteristics.
- People Pulse, our quarterly survey that collects data around protected characteristics to use in organisational development
- Staff with disabilities were invited to share their lived experiences in inform the work streams of Values into Action group

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

	Disabled	Not Disabled	Not Disclosed /Unknown
Board Membership	0	17	0
Of which; Voting Board Members	0	6	0
Non-voting Board Members	0	11	0
Board Membership	0	17	0
Of which; Exec Board Members	0	6	0
Non-Exec Board Members	0	11	0
Number of staff in overall workforce	180	4822	651
Overall Workforce % by disability	3.2%	85.3%	11.5%
Total Board members by disability (%)	0%	100%	0%
Difference Board membership to overall workforce	-3.2%	14.7%	-11.5%

There are currently no members of the Board who identify as disabled, and no members of the board who have not disclosed within the ESR record.

Action Planning

The following outlines proposed plans to address some of the issues identified through this analysis. These actions will be consolidated into the EDI work plan and reported through the Trust EDI steering group and workforce committee.

Task	Who	Timescale
Strengthen recruitment and retention of members for Staff Networks by widening participation and developing robust engagement and involvement opportunities	EDI	30/03/2022
Develop Cultural Competence Training and Participation for staff with disability to join in the NHS North West Leadership Academy Shadow Board programme	EDI/L&D	30/04/2021
Further develop Leadership Development Programme provision to provide equitably for staff with protected characteristics	L&D	30/06/2022
Create cultural awareness calendar and awareness training for all staff to foster good relations and civility awareness training	EDI, L&OD	31/03/2022
Roll out a Trust-wide campaign to encourage all staff to update their personal details, including their protected characteristics in ESR.	EDI Communications	31/08/2022
Review the reverse mentoring program and develop provision	EDI/ L&OD	30/03/2022
Develop and implement a suite of Equality, Diversity and Inclusion masterclasses to build staff and manager competence around EDI and EDI trust wide processes	EDI/LD	31/07/2022
Development of Supporting Disabilities in Work guide for managers to offer guidance in supporting disabled colleagues, including the provision of reasonable adjustments	OH/HR	30/06/2022
Create a formal talent management framework for diversity and develop a pool of people talent that are eligible for developmental opportunities and promotion through a variety of training methods and acting up roles	L&OD/ HR	30/09/2022
Develop and launch Equality in Employment policy to cover practical guidance in relation to employing individuals with a range of protected characteristics	HR/EDI/ LD/WOD	30/09/2022
Continue to develop recruitment processes to embed diverse interview panels with training on good practice. Clear guidance for hiring managers to ensure fair and inclusive practices.	HR/EDI/ LD/WOD	30/09/2022

Conclusions

The data from this WDES submission clearly shows that there are some significant barriers to disabled people in employment. The actions identified within the action plan will seek to address particular barriers through recruitment, talent pipelines, line manager development and support for disabled staff.

Subject to approval of this report, we will share the details with the Disability Staff Network and publish this report of the Trust website and intranet page

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	7 October 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Annual Patient Experience Report 2020					
Lead Director	Nic Firth, Chief Nurse		Author	Patient Experience Matron		

Recommendations made/ Decisions requested

The Board of Directors are asked to acknowledge the content of the report

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

x	Safe	x	Effective
x	Caring	x	Responsive
x	Well-Led	x	Use of Resources

This paper is related to these BAF risks-		**PR1**	Significant deterioration in standards of safety and care
		PR2	Demand that overwhelms capacity to deliver care effectively
		PR3	Critical shortage of workforce capacity & capability
		PR4	Failure to implement the recovery plan to achieve and maintain financial sustainability
		PR5	A major disruptive event leading to rapid operational instability
		PR6	Working more closely with local health and care partners does not fully deliver the required benefits

NHS Stockport NHS Foundation Trust

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	All Sections
Financial impacts if agreed/ not agreed	All Sections
Regulatory and legal compliance	All Sections
Sustainability (including environmental impacts)	All Sections

Executive Summary

Summary of Report

The summary of the report is to provide an overview of core services that form part of the Trust's Patient Experience portfolio, as well as wider work to improve the experience of patients, carers, friends and families.

This report contains the improvement and developments within the following services:

- Patient Engagement
- Surveys, Compliments, Gratitude
- Patient Experience Improvements
- Patient Experience Staff Education
- Patient and Customer Services
- Voluntary Services
- Chaplaincy Services

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Patient Experience Annual Report 2020

NHS Stockport NHS Foundation Trust

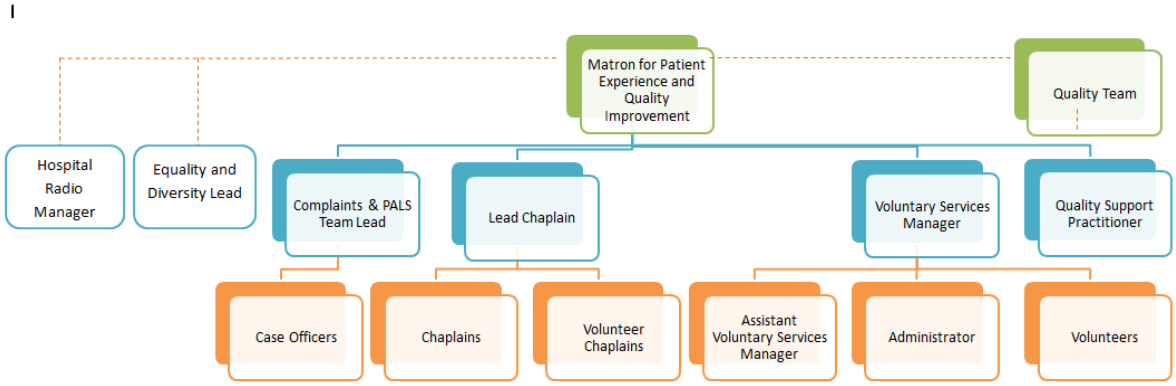
Contents Page

1. Introduction

Improving the patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide great care to every patient, every day. The views of the people who use our services are important to us. We want to know when things have gone well, but also when we don't get things right, so we can learn and improve. We welcome all feedback and seek to take a proactive approach to helping with any questions or concerns.

In order to assess and better understand the experience of our patients, carers, friends and families, the Trust actively seeks feedback from people using our services. This is enables the trust to make the necessary service improvements that ensure our patients receive a safe, consistent, person centred experience at every contact. The team currently consists of the Matron for Patient Experience and Quality Improvement (QI) and the Quality Support Practitioner.

The Patient Experience Team brings together Patient and Customer Services, Voluntary Services, Chaplaincy Services, Quality Support Practitioner and with close links to the Hospital Radio Manager, Equality and Diversity Lead and the Quality Team.



2. Patient Engagement

2.1 Patients, Carers, Friends & Family Strategy (see attachment 1)

The purpose of this strategy is to provide a context and framework which supports the trust, its staff members to work effectively in partnership with patients, carers, families, friends and community partners to deliver and improve services and patient experience. The strategy focuses its key areas of improvement on the NICE Quality Standard 15 for Patient Experience.

The strategy sets out our ambitions and approach for improving the patient experience by always:

- Listening to our patient, carer family and friends
- Learning together from their feedback
- Leading change based on patient, carer family and friends experiences
- Ensuring our patients, carers family and friends are consistently put first as we continuously improve our communication, care, environment and processes.

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Stockport NHS Foundation Trust

*Our values are at the heart of everything we do and come from our 'Your **Health. Our Priority'** promise. Every day they drive the behaviour and action of everyone who works for us ensuring good care for others.*

Patient, family and friends experience priorities	What will we do in 2018/2021	How will we deliver this?	Measures by April 2021
Ensure patient, family and friends feedback supports service delivery	Patient, carers, families and friends stories will become pivotal aspect of our learning.	We will routinely share patient, family and friends stories with the Trust board and staff groups.	For the Trust board and team brief to have received a patient, family and friend story at each meeting within every business group.
To utilise care opinion/friends and family test feedback	Care opinion/friends and family test feedback will change practice and improve services for our patient, family and friends.	We will provide patients and families, friends with systems to allow real time feedback.	To see a rise in key themes identified from feedback systems.
Learn lessons from complaints and compliments	Complaints and compliments will be shared with business groups.	We will share feedback from complaints and compliments and areas of concern will be actioned.	Ward areas will be monitored on complaints and compliements on key themes identified.
Listening to our patients, families, friends and staff	We will engage with our patients, families, friends and staff to ensure patients receive safe, effective and personalised care.	We will share feedback from patients, families, friends and staff and engage with our community to keep them informed.	Specific themes will be fedback from care opinion/friends and family tests and in-house satisfaction surveys delivered up to the Trust Board.

The strategy was developed and reviewed in consultation with the patient and carer representatives. Following on from this a number of hospital inpatients were invited to provide feedback on the proposed strategy. The Patient, Carer, Friends and Family strategy was implemented in October 2018 with a review date of October 2021.

2.2 Action Group for Patient Experience

The Action Group for Patient Experience Group (AGPE) was established in January 2018 as a sub group to the Patient Experience Group (PEG) in accordance with standing order for the practice and procedure of the board of Directors. The group is responsible for providing information and assurances to PEG that it is managing all issues relating to patient experience. A variety of clinical and non-clinical staff attend the group alongside patient and carer representatives.

2.3 Dementia Steering Group

The Matron for Patient Experience & QI and the Quality Support Practitioner joined the Dementia steering group to help support the Dementia strategy and the re-launch of John's campaign. The group is made up of a variety of clinical and non-clinical staff, and patient and carer representatives who have considerable knowledge of Dementia. Members come together to share best practice and learn enabling us to capture and implement their findings.

2.4 PLACE (Patient Led Assessment of the Care Environment)

The Matron for Patient Experience & QI and the Quality Support Practitioner are members of the PLACE inspection team alongside patient and carer representatives, public Governors and trust staff. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

2.5 Nutrition & Hydration Committee

The Matron for Patient Experience & QI and the Quality Support Practitioner are members of the Nutrition and Hydration group alongside patient and carer representatives, and trust staff. Good nutrition and hydration are fundamental to the recovery and wellbeing of patients who are under the Trust's care. Hospital patients are at risk of malnutrition and dehydration as a consequence of their clinical condition, due to their increased nutritional and fluid requirements and/or a reduced

appetite for food. The committee works together to outline the steps required to ensure all patients receive optimal nutritional care

2.6 Action Group for Armed Forces

The Matron for Patient Experience & QI and the Quality Support Practitioner developed a Veterans passport to provide individualised methods of the communication and a tool for the sharing their personal information. This group is attended by hospital staff clinical and non - clinical including reservist members of the Armed Forces, public governors, serving members of the Armed Forces, local Police force and Veteran representative.

3. Surveys, Compliments, Gratitude

During 2020, due to the Covid-19 Pandemic there was a pause on the collection of patient feedback including Friends and Family and national patient surveys, the Trust's local surveys were also paused. During this time the FFT cards were not available due to concerns around infection prevention and control

3.1 Friends & Family Test

We are part of a nationwide initiative known as the 'Friends and Family Test' which gives us and other NHS organisations across the country - an even greater insight into what patients think of our services. We offer all our patients the opportunity to answer one simple question:

"How likely are you to recommend our services to friends and family if they need similar care or treatment?"

Patients are asked to respond from a number of options from "extremely likely" to "extremely unlikely", and they also have the opportunity to tell us the main reason for their answer. You can find out more about the Friends and Family Test (FFT) by visiting www.nhs.uk/friendsandfamily.

The Trust actively seeks patient feedback and promotes the FFT widely across the Trust, including on the website. We offer the following options for patients to give their feedback via the FFT: postcard (available on ward/in clinical areas); text message; online; and automated voice message (IVM). Patient voices continue to include patients attending the Emergency Department, Out Patients Department and parts of Community Services and this remains positively received. Patients contacted via landline are asked for their verbal feedback at the point of discharge, and comments are available to the business group for review and sharing with staff.

The Trust's overall response rate from April 2019 – April 2020 was 19.7%. Our average 'recommend' score (the percentage of respondents who said they would recommend our services) was 91%, with an average 'not recommend' score of 4%. Although the trust does not work to a target in respect of FFT, we monitor themes, compliments and complaints as part of the FFT process.

3.2 iPad Inpatients Survey's

The questions asked within the in–house patient satisfaction surveys are generated from national in-patient survey results, and are reviewed on an annual basis. The undertaking of these surveys enables the Trust to monitor progress and address areas of concern in a timely manner. Bespoke surveys

continue to be undertaken in Paediatrics and Neonatal Units which capture patient and parent / carer experience. We aim to undertaken 10 surveys per area, per calendar month.

This approach intends to ensure that feedback across all business groups is targeted in a coordinated manner with business group specific actions to be agreed where issues are clearly prevalent in a particular area and/or business group. Please note, the arrows indicate progress against each question based on previous quarter results.

Similarly to the FFT surveys, the collection of inpatient surveys was stopped due to the Covid-19 pandemic. However, the below table shows the most recent results of what was collected:

Responses for selected areas — Clear filters (except month)

Breakdown responses by	Question	2020-03 (March) no. of replies	2020-03 (March) % positive	change on previous	2020-02 (February) no. of replies	2020-02 (February) % positive	2020-01 (January) no. of replies	2020-01 (January) % positive
		90	90%	=	245	86%	233	89%
Care	Have you been given enough privacy when being examined or treated?	90	99%	=	244	98%	231	#####
Care	Have you been given enough privacy when discussing your condition or treatment?	89	99%	↑	244	93%	230	98%
Care	Have you been involved as much as you want in decisions about your care?	87	95%	=	237	87%	230	93%
Care	If you have received pain relief medication during your stay, have you been asked by a m	61	87%	=	174	80%	146	78%
Care	Overall, do you feel you have been treated with respect and dignity while here in hospital	90	99%	=	245	96%	233	99%
Care	Overall, how would you rate the care you have received so far?	90	94%	=	245	92%	233	95%
Care	While in hospital, if you have been in pain do you think the hospital staff have done every	67	94%	=	182	92%	152	97%
Care	Do you feel there are enough nurses on duty to care for you?	90	87%	=	242	76%	233	86%
Care	If you required assistance at mealtimes did you receive it?							
Care	If you required assistance to eat your meal or to drink, did you receive it?	16	69%	=	52	79%	46	78%
Care	If you needed assistance with opening sachets/packets or cutting your food did you rec	23	91%	=	81	86%	63	86%
Care	Do you know the name of the nurse looking after you?	88	81%	=	242	73%	232	86%
Communication	Did the staff respond to your call bell in a timely manner? (ie within 5 minutes)	60	98%	=	164	91%	154	95%
Communication	Did the staff treating and examining you introduce themselves?	90	96%	=	245	96%	232	98%
Communication	Do the doctors talk in front of you as if you were not there?	86	92%	=	222	88%	219	92%
Communication	Do the nurses talk in front of you as if you were not there?	89	92%	=	245	87%	234	91%
Communication	Have you been given enough information about your condition or treatment?	88	95%	↑	243	86%	234	93%
Communication	If you have been taking medication during your stay in hospital, has a member of staff ex	63	97%	↑	180	78%	164	88%
Communication	If your family or someone close to you has wanted to talk to a doctor, have they had enou	54	89%	=	151	84%	136	88%
Communication	When you have important questions to ask a doctor, do you get answers you can unders	87	#####	*	221	95%	219	97%
Communication	When you have important questions to ask a nurse, do you get answers you can underst	88	97%	=	242	97%	231	99%
Communication	Do you feel you get enough emotional support from hospital staff during your stay?	79	94%	=	212	91%	201	90%
Communication	Is your call bell within reach?	90	99%	=	245	95%	233	97%
Communication	If you have had any worries or fears have you found someone to talk to about them?	70	96%	=	179	88%	165	88%
Communication	So far, during your stay, would you rate the cleaning staff as courteous?	83	98%	=	233	98%	200	99%
Communication	So far, during your stay, would you rate the cleaning staff as courteous?	83	98%	=	233	98%	200	99%
Communication	So far, during your stay, would you rate the portering staff as courteous?	64	#####	=	180	98%	161	99%
Communication	So far, during your stay, would you rate the portering staff as courteous?	64	#####	=	180	98%	161	99%
Communication	Are you aware of your plans for discharge?	88	60%	↑	241	40%	233	54%
Environment	Have you been bothered by noise at night from hospital staff?	82	87%	=	228	82%	218	81%
Environment	Have you been bothered by noise at night from other patients?	82	57%	=	232	56%	218	56%
Environment	In your opinion, how clean is the hospital room or ward you are in?	90	91%	=	245	93%	233	95%
Environment	Did a member of staff complete a patient property list with you on admission?	70	64%	=	213	66%	188	69%
Environment	In your opinion, did you find the toilets and bathroom to be clean on this ward?	79	94%	=	222	96%	205	96%
Environment	In your opinion, did you find the toilets and bathroom to be clean on this ward?	79	94%	=	222	96%	205	96%
Facilities	Do you feel you have had adequate choice of food on the hospital menu?	80	94%	=	225	90%	205	92%
Facilities	How would you rate the temperature of your food?	90	78%	=	245	70%	233	72%
Facilities	Were napkins available?	80	94%	=	224	89%	207	89%

The themes are:

- How would you rate the temperature of your food?
- Are you aware of your plans for discharge?
- Have you been bothered by noise at night from other patients?
- Do you know the name of the nurse looking after you?
- If you required assistance with your meals did you receive it?
- Did a member of staff complete a patient property list with you on admission?

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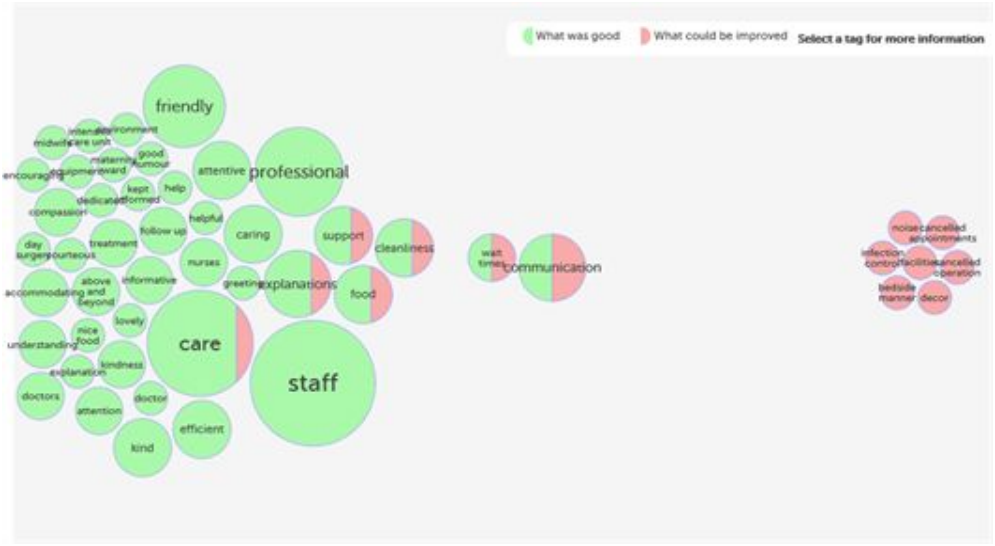
3.3 Care Opinion

Care Opinion was launched in 2018 at Stockport NHS Foundation Trust within Stepping Hill hospital. Care Opinion provides patients, carers, family and friends with a system to share their experiences of health and care and allows us to provide real time feedback.

The feedback we receive from Care Opinion has enabled us to communicate with patients and their families about the care they received.

The Matron for Patient Experience and QI maintained the robust process for business groups to respond corporately to compliments and concerns; this enables timely feedback to be provided to patients and their families.

The below interactive tag bubbles identify the key themes that have emerged since implementation:



The below work cloud reveals the most popular responses collated from real time feedback.

4. Patient Experience Improvements

❖ Family Liaison Service

In April 2020, during the start of the Covid-19 pandemic, the Trust recognised the difficulties families were encountering with visiting to Stepping Hill Hospital being restricted and so implemented the Family Liaison service to help families, friends and carers keep in touch with patients who were staying with us in Stepping Hill Hospital. Stockport NHS Foundation Trust is the only Trust who have had this service during the pandemic and other Trusts have made contacts to see how it has worked so they can implement something similar because it has had a good impact on patient experience. The purpose of the Family Liaison service was to:

- Offer a central point of contact for patient related queries.
- Facilitate virtual calls with family and friends.
- Arrange virtual best interest meetings.
- Support families with decisions making regarding discharges.
- Offer end of life support for families.
- Facilitate patient property over the weekend.

❖ Hello my name is… campaign

At Stockport NHS Foundation Trust we continue to support and embrace the 'Hello my name is' campaign and promote that all staff should always introduce themselves by name to patients, carers, families, friends and other staff members, this applies to the hospital and community. The magic of a name should never be underestimated; it all goes to help improve the experience of our patients and staff. This was particularly important due to the increase in the wearing of face masks during the pandemic.

❖ Patient Bed Boards

The Matron for Patient Experience and QI had rolled out 'Hello my name is' patient boards as a tangible part of the organisation's effort to support the campaign more broadly. The boards are placed next to each patient's bed and have space to note the name of the patient, the nurse caring for them, their consultant and expected discharge date. They also have sections for more information about the patient and, crucially, what is important to them. The boards are emblazoned with the #hellomynameis logo which emphasises the importance of using names.

❖ Quality & Safety Boards

In order to standardise information that is displayed to staff, patients and their relatives 'Quality and Safety' boards were rolled out across all in-patient wards and this was continued during 2020. This allows us to display key information including the name of the nurse in charge of the shift, the number of staff on duty, patient safety data, quality care indicator data, patient feedback and any 'you said, we did' initiatives.

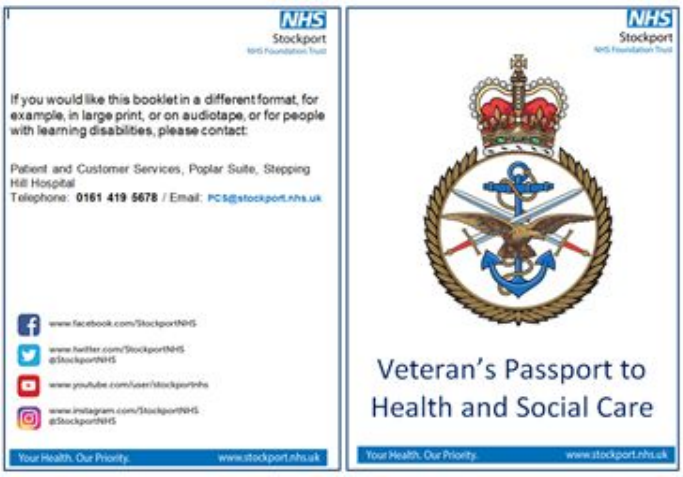
❖ Veterans Project

The Veterans project commenced in July 2018 following a comment posted on the 'Care Opinion' feedback portal by a patient and armed forces veteran. The comment raised the issue that the support for armed forces community was not adequate.

This led to the development and implementation of the Veteran's Passport.

Veteran's Passport

The passport was designed with our Veteran champion (see attachment 2) and is a small handbook which the Veteran owns. They complete the questions in the handbook in as much or as little information as they like and hand this in to the healthcare professional prior to each appointment. The passport is then reviewed prior to the assessment so key information has already known before the consultation.



The passport was trialled with our Veteran Champion within an Outpatients appointment and was very positively received, with only minor amendments to the passport proposed.

The vision of the passports is for this to be in use across all areas of the hospital and all GP practices; as well as in use within certain partnering organisations.

Veteran Champion quote:

"*All the opportunities your giving me, not only to heal and get over the trouble I've experienced but giving me the chance to change other veterans lives and save them from the trauma of what I went through leaving the forces. You're changing and saving lives!"*

Armed forces veterans can now be identified on admission to hospital via the Nursing Admission Form, Patient Administration System (PAS) and patient flow system (Advantis Ward)

The PAS system has now had a flag added for when a veteran has been identified. This system automatically links through to the Advantis Ward system which will then display a red poppy symbol next to the patient details, the internationally recognised symbol.

As the initiative gains more momentum and more veterans utilise the support, patient experience will only improve.

At Stockport NHS Foundation Trust our vision is to be a Veteran friendly hospital that provides our patients with a first class person centred service. This service will be seamless and will eventually sign post our Veteran patients to the right level of support at the time they most need it by collaboratively working with a multidisciplinary team of professionals.

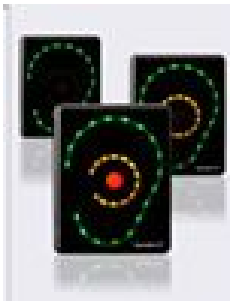
This work continues to have a positive impact to a number of areas, including, patient experience, patient flow metrics and readmission rates.

❖ Noise at night reduction programme

Noise at night standards have been in place for a number of years at Stockport NHS Foundation Trust however there remains to be ongoing concerns raised by patients nationally and via our in-house satisfaction surveys regarding sleep disturbance during the night. Sleep deprivation can have a detrimental effect on health and well-being and we have been working hard to implement the noise reduction programme.

Regular audits continue to be undertaken monitored by the Patient Experience Group to ensure the noise at night standards are being adhered to by staff. These include the ward phone on low and answered within 5 rings, a stock of ear plugs to offer patients, main ward lights switched off and night lights on between the hours of 23:00hrs – 07:00am, soft closing bins, soft closing doors, kitchen doors kept closed, staff to wear soft sole shoes and be mindful of the volume of conversations.

The Matron for Patient Experience and QI continues to work on a project to implement visual sound ears in all in-patient areas to help reduce noise levels at night. The visual electronic sound ears are to improve the patient experience, they will help manage sound levels and aid patient recovery. A traffic light system is used to visualise when noise levels are increasing and a prompt for staff.



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❖ Catering

Electronic Meal Ordering System

The implementation of the electronic meal ordering system (EMOS) was completed at the end of May 2019 and continues to deliver on improvements in relation to patient meal times as patients can choose their menu right up until a few hours before service. One of the advantages of the system is it enables the Catering department to collect data relating to any themes or trends and then make changes to the menus.

Menu Changes

The Catering department regularly review all patient menus and they have already made adjustments to improve the children's menu.

Alongside the standard menu the Catering Department provide meals for therapeutic diets and religious or cultural beliefs including: Gluten free, Dysphagia, finger food, halal, kosher and Afro-Caribbean.

Water Jugs

At Stockport NHS Foundation Trust we are committed to improving the health of our patients through better hydration, providing fresh cool water to our patients encourages fluid intake and helps to prevent hydration. All water jugs have been replaced and a new coloured lid system was introduced, the coloured lids refer to the time of day and are changed 3 times a day to ensure patients always have fresh water, additionally there are red jugs for patient who require assistance with drinking.

Morning **Afternoon** **Evening** **Assistance with hydration**

Red Lids

To help staff quickly identify which patients require assistance with their meals the catering department place a red lid/cloche over their meal.

Allergen information

Allergen information for all menu items is now included on all the electronic device, staff simply click on the menu item touch the information tab and any allergens in that menu item are listed.

❖ Protected Mealtimes

We continue to fully support protected mealtimes at Stockport NHS Foundation Trust allowing patients to eat their meals in a calm and relaxing environment without unnecessary interruptions. They also allow hospital staff to monitor and help patients meet their nutritional needs and improve the patient's experience of hospital food.

Stockport NHS Foundation Trust fully supports John's Campaign and welcomes relatives, friends or carers to assist patients at mealtimes and Visitors unless assisting patients will be asked to leave the ward during this time.

❖ Dressed Is Best

Dressed is Best was launched in Stockport NHS Foundation Trust in 2017 and there has been significant progress across the organisation. The aim of Dressed is Best within Stockport was to get at least 75% of patients by midday up and dressed to enable them to become more independent.

Data is collected to help monitor compliance against the aim and a new dashboard will be available from August 2020 which will be available on CIS.

❖ Mixed Sex Accommodation

Stockport NHS Foundation Trust is committed to improving the quality of patient experience and will uphold the principle that all shared sleeping, casual overlooking and bathing / toilet facilities across the trust should be eliminated. We consider mixing of the sexes to be the exception, not the norm.

National guidelines for delivering same sex accommodation changed in 2020 and the Trust's policy was updated to reflect this.

The Matron for Patient Experience & Quality Improvement is responsible for monitoring compliance and to ensure that an annual audit of all in-patient areas is carried out which is monitored by the Patient Experience Group.

❖ Hospital Radio – 'Radio Starlion'

Stepping Hill Hospital has its own radio station. Radio Starlion has been providing a bespoke radio service to our patients for over 40 years from its professional-standard studios on the hospital premises.

At the hospital's invitation, the station was originally founded by the Stockport Lions Club and presented its first programme on 29th May, 1977. It is now run by a small team of dedicated volunteers and broadcasts 24 hours per day, every day of the year and is financed entirely through fundraising by the team.

It provides a balanced mix of programmes including music and request shows, news, documentary items, comedy, live commentary of Stockport County's home games at Edgeley Park and other content, carefully crafted to suit listeners of all ages in a hospital environment.

During the pandemic hospital radio was broadcast off site to continue providing this service to patients.

❖ Patient Stories

To capture our patient experiences we invite our patients and their loved ones to film their stories, to be shown at trust board then shared with staff and the public. Alternatively if the person does not wish to participate in the filming of their story, they are invited to attend trust board to relay their experiences. It is of great importance to capture patient experience of the people that use our services. This enables us to learn what is great about our organisation, thus allowing us to share with our staff the impact that their care has had. It also allows us to address areas that fall short of our high standard of consistent care, and

improve the areas for concern. The value of people sharing their personal experiences is immeasurable and allows us to shape and improve on our services in line with our quality improvement plan.

Filming patient stories was put on hold during the pandemic but the team continue to capture stories to share them across the Trust.

5. Patient and Customer Services

Although most patients are happy with the care they receive, there may be times when we do not get things right. Stockport NHS Foundation Trust welcomes and values complaints from patients and carers as the learning from these is invaluable in shaping and improving the quality of future service provision. Many concerns can be resolved with the person in charge of the area where that patient is receiving care. If the issues cannot be resolved, or the matter is of a more serious nature, patients should be directed to the PALS & Complaints team to discuss the concerns and agree a course of action. The PALS & Complaints team is responsible for facilitating investigations into complaints (formal and informal), enquiries and concerns about care, treatment and services provided by Stockport NHS Foundation Trust.

On 23 March 2020, due to the ongoing Covid-19 pandemic NHS England and NHS Improvement agreed to support a system wide “pause” of the NHS complaints process which allowed all health care providers in all sectors to concentrate their efforts on the front line duties and responsiveness to Covid-19. However, patients and the public were still able to raise concerns or make a complaint, but the expectation of an investigation and response was managed. All complainants received a letter to explain the reasons for the pause along with confirmation that that they would receive further confirmation when the pause was lifted.

Following the commencement of the national pause, the PALS & Complaints team provided assistance to the wider corporate nursing team and began to take on different roles to assist in the management of the emerging pandemic. Members of the team assisted in a variety of ways including providing administrative support within silver command and making appointments for fit testing of masks for clinical staff.

The Trust continued to monitor the situation and following a review, made the decision to lift the pause on 28 May 2020. All of the complainants were contacted to notify them of the decision and were provided with timescales for response.

The Trust’s chief nurse who had delegated responsibility as executive lead and guardian of the integrity of the complaints process, reporting to the Chief Executive and the Board on complaints related issues, left the Trust in July 2020. The new Chief Executive, Karen James OBE who joined the Trust in November 2020 has now taken on the role of the Trust’s executive lead for complaints.

The Trust also created a separate business group for the Emergency Department within this financial year. This now sits alongside the Integrated Care, Medicine & Clinical Support, Surgery & Critical Care, Women, Children & Diagnostic Services and the Estates & Facilities Business Groups.

This report presents an overview of the complaints received and identifies themes and trends about the concerns that were raised.

5.1 Acuity Levels

There has been a decrease in the number of people contacting the PALS & Complaints team over in 2020-2021. **3,317** contacts were received in the year, which comprised of formal complaints, informal concerns, general enquiries (PALS), MP enquiries and compliments. This is a 30% decrease from 4,792 in the previous year.

5.2 General enquiries (PALS)

General enquiries (PALS) are requests for information, appointment enquiries or cancellations.

2,000 general PALS enquiries were received in 2020-2021. This is a significant decrease from the 3,092 received in 2019-2020.

5.3 Informal concerns

Informal concerns are usually more immediate concerns which can be or need to be dealt with within three working days. If an informal concern is more complex and will require more than three working days to resolve, communication is maintained with the complainant to ensure they are kept up to date and are happy with the timescales. The option of progressing to the NHS formal complaints procedure will also be discussed.

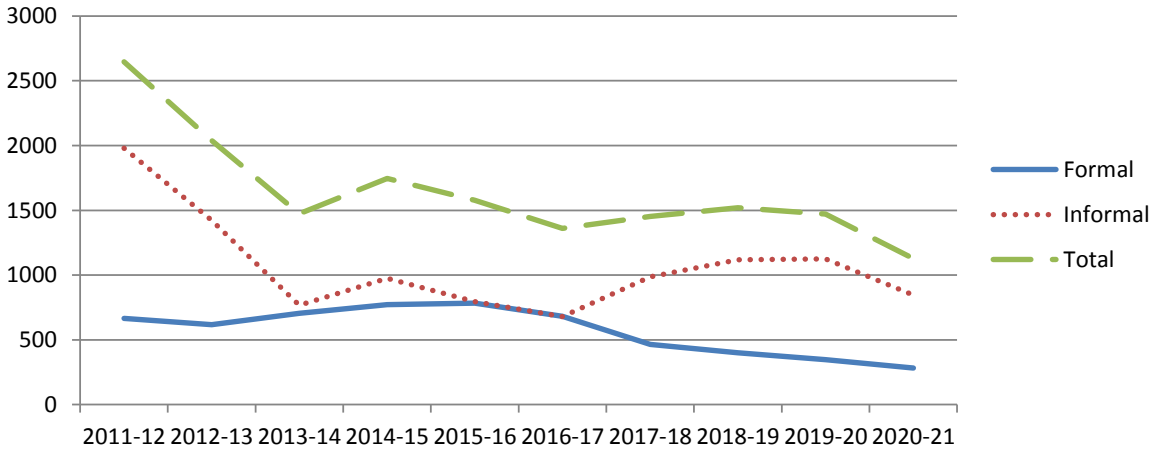
In 2020-2021, **845** informal concerns were received. This is a reduction from 1,124 received in 2019-2020.

5.4 Formal complaints

Formal complaints require a formal investigation and written response which we aim to provide within 45 working days. In 2020-2021, **283** formal complaints were received. This is 65 less than the 348 received in 2019-2020.

A total of 58,672 patients were admitted to the Trust in 2020-2021 (17,315 day cases and 41,357 admissions). A further 87,968 patients attended a new outpatient appointment and 176,296 received a follow up outpatient appointment. The emergency department saw 84,706 patients in the year making an overall total of 407,642 patients attending Stockport NHS Foundation Trust in 2020-2021. A total of 283 formal complaints were received which is 0.069% of the number of patients accessing our services.

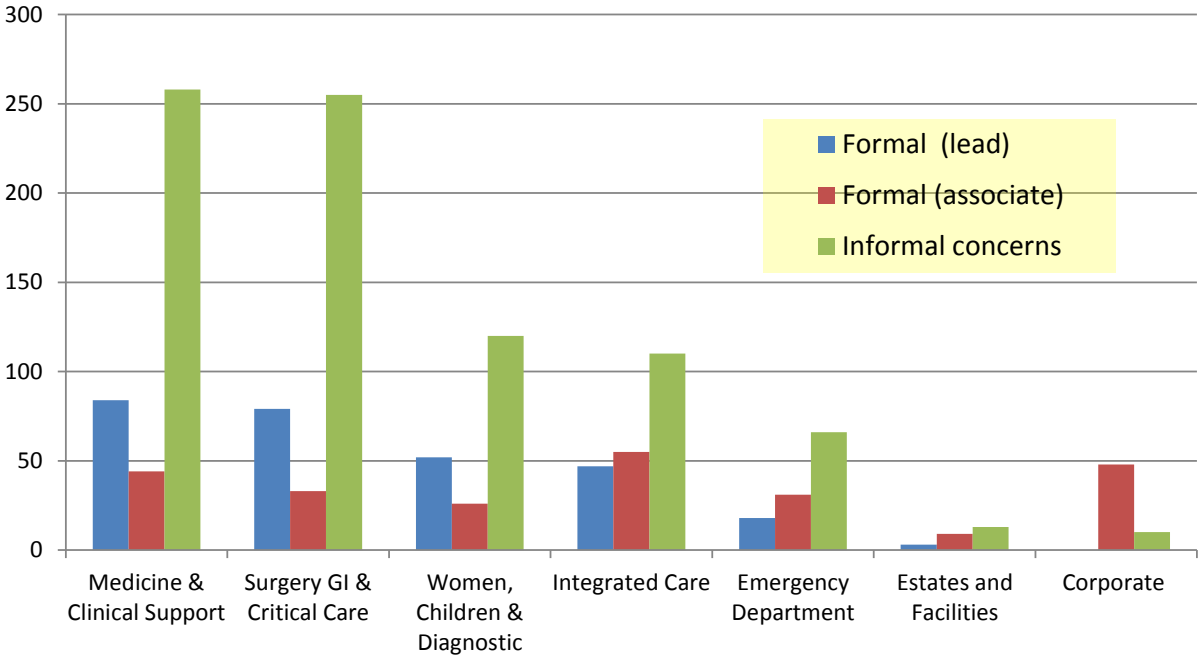
A breakdown of formal complaints received by year can be seen below:



The number of formal complaints received has decreased again this year with the number being received at the lowest for over 15 years. The Trust continues to strive to reduce the number of formal complaints by responding to concerns informally where possible and with the agreement of the complainant.

5.5 New complaints by business group

Many complaints involve more than one business group. In such cases, the PALS & Complaints team will appoint the business group with the majority as the lead business group and the remainder will be referred to as the associate business group. The lead business group take primary responsibility for the investigation and response of a formal complaint. The associate business group will provide supplementary comments on their involvement. The table below shows the number of investigations undertaken by each of the business groups.



5.6 Acknowledgement of complaints

Formal complaints received by the Trust are acknowledged within three working days. A case officer is assigned to each case and it is the case officer's role to make and maintain contact with the complainant, ensuring that their concerns have been fully understood and confirming the plan for investigating and responding, as well as the time period for the investigation.

The complaints team aims to acknowledge 95% of formal complaints within three working days. This target was achieved in 2020-2021 with 100% of complaints receiving an acknowledgement within this timescale.

To ensure that the Trust is clear on the issues for investigation, the department now outline the scope of the investigation by listing the concerns for investigation in the acknowledgement letter. This gives the complainant reassurance that the Trust will be investigating all areas of concern and offers the opportunity to amend any discrepancies with their allocated case officer.

5.7 Response rate

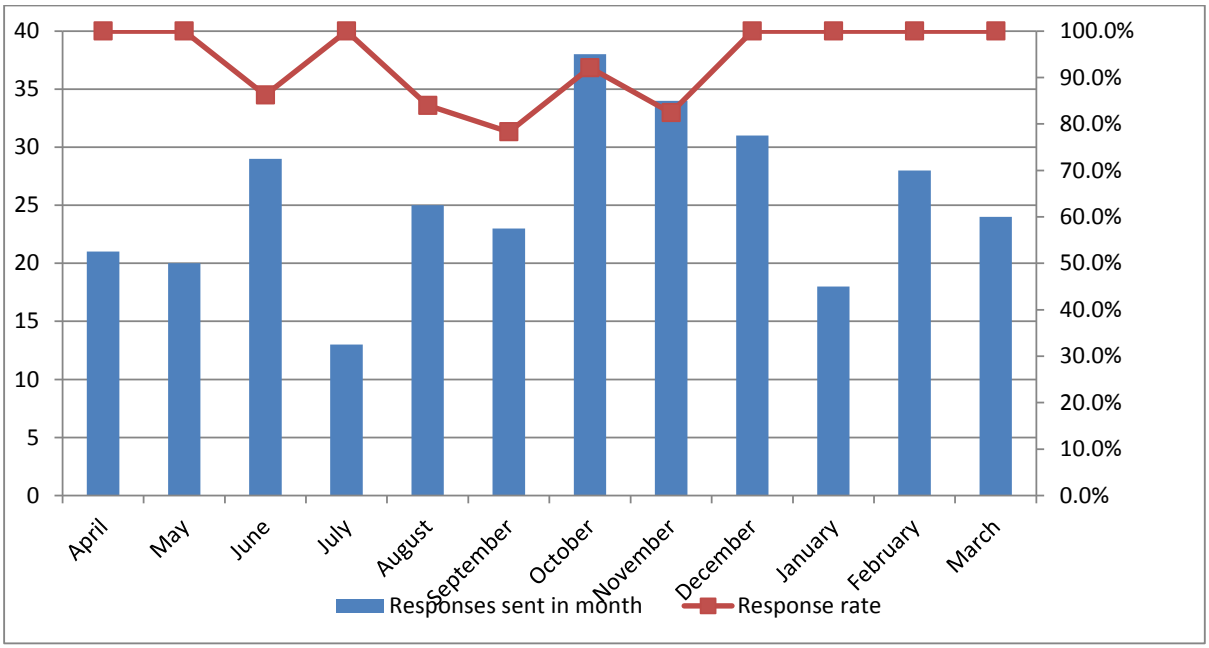
The Trust noted that responses sent within an agreed timeframe rates were below the national standard of 95% for the first three quarters of 2020-2021. This was largely due to the difficulties presented by the Covid-19 pandemic with staff needing to prioritise their clinical duties. The Trust achieved a 100% response rate for Q4 which was a great achievement given that the Covid-19 pandemic was still a significant challenge for the Trust.

Month	Response rate	
April 20	100%	↑
May 20	100%	↔
June 20	86.2%	↓
Q1 response rate: 94.3%		
July 20	100%	↑
August 20	84%	↓
September 20	78.3%	↓
Q2 response rate: 85.2%		
October 20	92.1%	↑
November 20	82.4%	↓
December 20	100%	↑
Q3 response rate: 91.3%		
January 21	100%	↔
February 21	100%	↔
March 21	100%	↔
Q4 response rate: 100%		

The response rate for the business groups for 2020-2021 is shown in the table below.

Business Group	Response rate
Corporate Team	100%
Emergency Department & Clinical Decision Unit	100%
Estates & Facilities	100%
Women, Children & Diagnostic Services	98%
Integrated Care	97.3%
Surgery, GI & Critical Care	89.4%
Medicine & Clinical Support	88.4%

The Trust aims to respond to 95% of complaints within the timescale given to the complainant. In 2020-2021, the Trust responded to 92.8% complaints within the timescale advised. This represents an increase from 2019-20 when the Trust response rate was 71.1%. The table below shows the performance against timescale for response:



All responses to formal complaints are reviewed at a senior level before being reviewed and signed by the chief executive. The Trust is open and honest when providing a response and the complainant is able to feel assured that a thorough investigation into their concerns has been conducted.

The chart shows that that in 2020-2021 there has been a change in performance from the data presented in 2019-20 and we are regularly achieving a much higher level of performance. We have achieved 100% response rate in 7 months of the year, although we are not consistently achieving this target.

5.8 Complaint outcomes

In 2020-2021, 304 formal complaints were closed. Each complaint is reviewed on completion of the investigation and a record is made on whether the complaint has been upheld by the Trust.

- 43% of complaints were not upheld
- 39% were partially upheld
- 18% were upheld

5.9 Returned complaints

The Trust conducts its investigations and aims to respond by 'getting it right first time' however a complainant may sometimes remain dissatisfied with the Trust's investigation, response and/or action following receipt of the final response and any meeting that may have taken place. Where a complaint is returned for further review, the PALS & Complaints team will:

- Contact the complainant to discuss the reasons for their continued dissatisfaction and will agree a further written response to be sent or offer to arrange a meeting, according to the complainant's preference.
- Will agree the timeframes for a further investigation to be completed and a further written

response to be sent by the Trust.

- Notify the relevant business groups of the complainants continued dissatisfaction and provide details of any outstanding issues to be investigated further.

Due to the Covid-19 pandemic, face to face meetings have not been able to take place for most of this year. So that patients and their families retained the option of escalating their complaint during this period, the PALS & Complaints service offered either the option of virtual complaint resolution meetings or to delay having a face to face meeting until the easing of restrictions allowed. Between the first and second wave of the pandemic, in line with government guidance, patients and their families were offered a face to face meeting subject to the rule of six and with the appropriate social distancing in place. This has been a difficult period for the service in respect of local resolution meetings and we have a list of patients and families who have requested a face to face meeting when we are allowed to do so.

In 2020-2021, **40** complainants were dissatisfied and sent a 'comeback' complaint. This is a decrease from **62** in 2019-20.

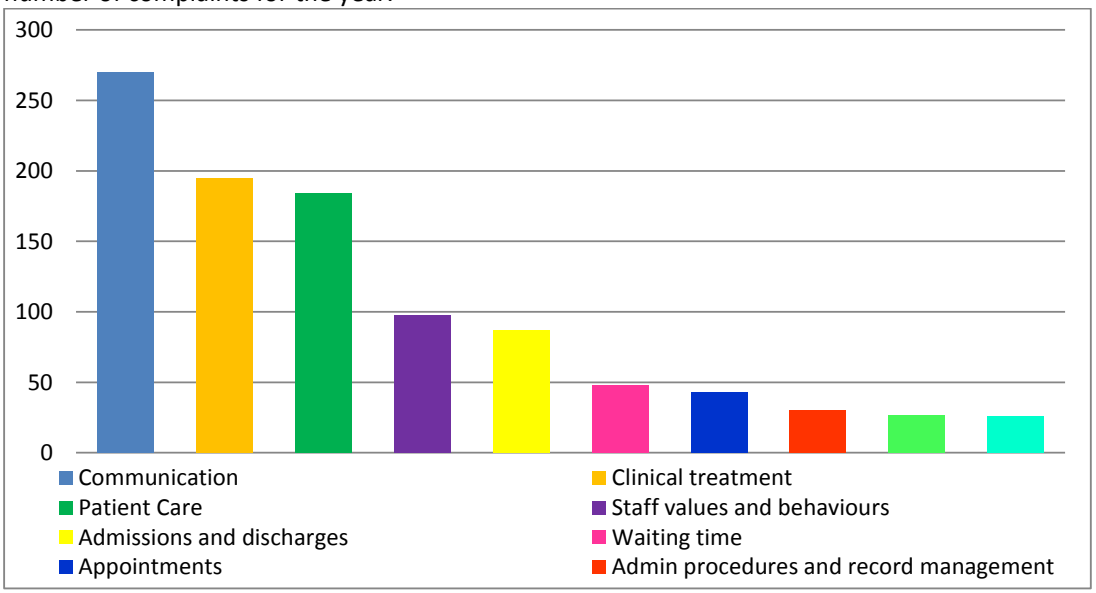
5.10 Complaint themes

Every formal complaint is recorded and categorised by a subject and location in order to assist the Trust in recognising themes and trends. These are allocated in priority of effect on the patient so clinical subjects are generally allocated as the primary subject if complaints refer to their treatment or the nursing care on the wards.

1,076 subjects were recorded about complaints received in 2020-2021. The number is higher than the total complaints received as many complaints raise numerous issues and may involve more than one location.

5.11 Subject of complaints

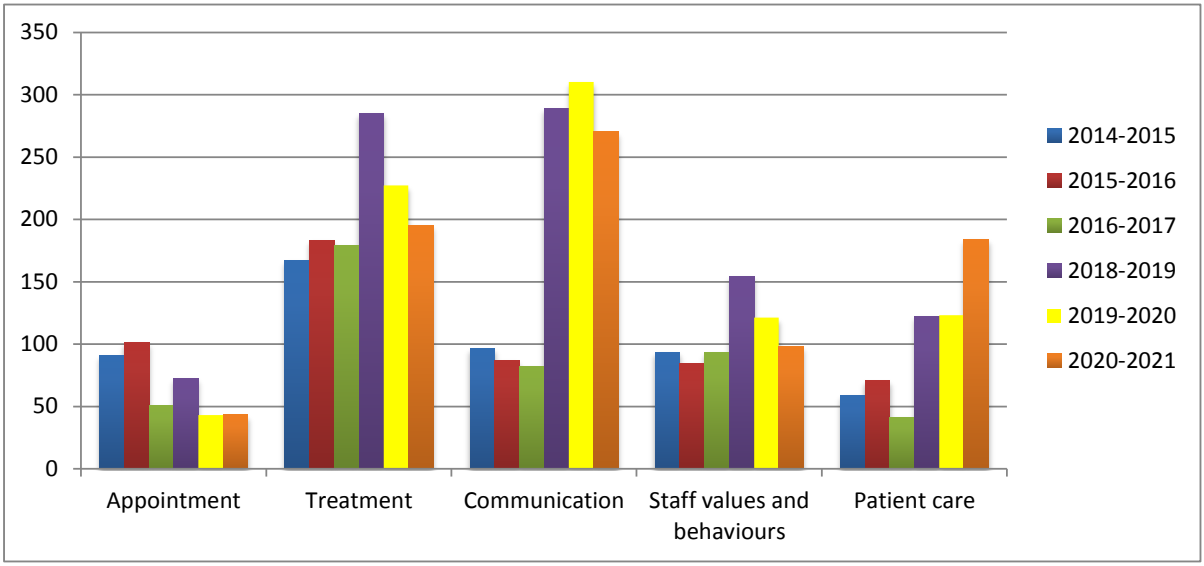
The table below shows a breakdown of the top ten concerns raised within formal complaints for 2019-2020. Concerns about communication, in particular with the patient's family or carer, received the highest number of complaints for the year.



5.12 Summary

- 25 % of all formal complaints raised concerns in relation to communication. 104 of these were specifically about communication with relatives/carers.
- 18% related to clinical care and treatment;
- 17% related to patient care with the highest number of these concerns alleging care needs were not being met;
- 9% staff values and behaviours;
- 8% admissions and discharges in particular concerns about patient's being discharged too early;
- 4.5% about waiting time;
- And 4% were about appointments.

The following graph compares the subjects of complaints in 2020-21 to previous years.



2020-2021 saw the highest number of concerns received about communication. During the Covid-19 pandemic, as set out by Public Health England, visiting restrictions were implemented at Stockport NHS Foundation Trust. This decision was not taken this lightly and we appreciate that it caused distress to both patients and their loved ones. However, the Trust needed to make every effort to reduce the spread of the virus, and as so minimising the amount of people in the hospital was essential. Unfortunately, as a result of family being unable to attend the hospital, the Trust received a high number of concerns about communication in relation to the patient's condition and treatment plan.

Locations

When a formal complaint is received, the concerns raised may include concerns about multiple locations at the Trust. The three most complained about locations were:

- The Emergency Department (ED)
- Acute Medical Unit (AMU)
- Ward A1

Please note, these areas may not be the main focus of the complaint but concerns were included about these wards within the overall complaint.

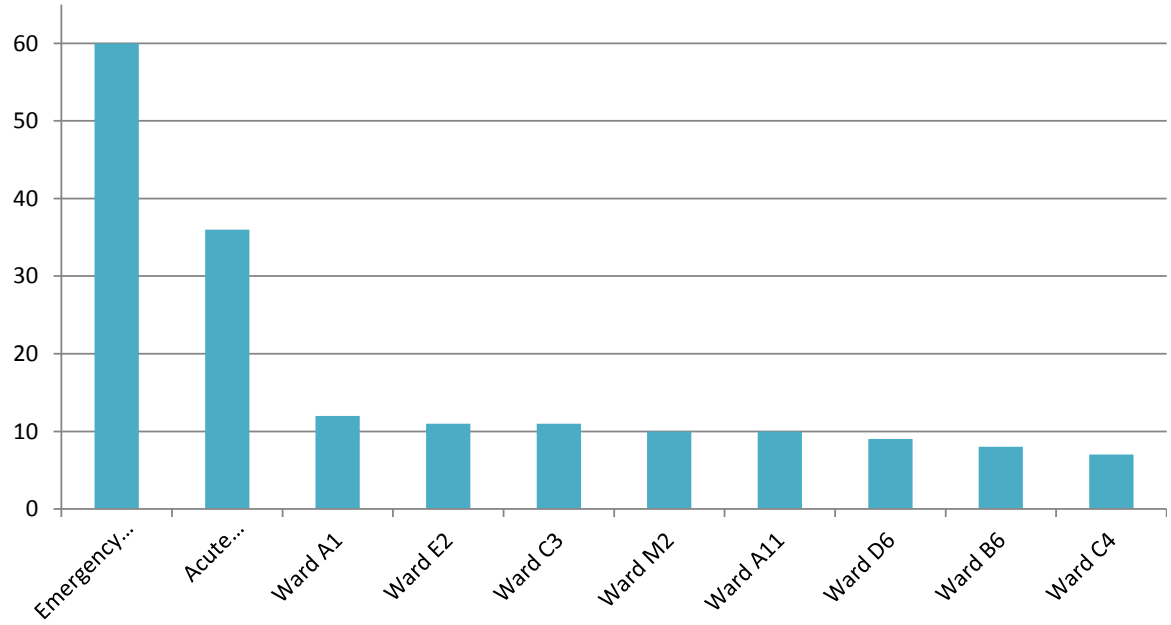
60 complainants raised concerns about the emergency department. 41% of the complaints about the emergency department relate to the treatment provided to include alleged missed, incorrect or dispute

over diagnosis. 25% of the complaints about the emergency department concerned patient care within the department.

There were 36 concerns recorded about the Acute Medical Unit with 31% relating to communication in particular, communication with the patient's relatives/carers. 19% of the complaints raised concerns with patient care.

With regards to ward A1, 12 cases raised concerns about the care provided on the ward with 30% of the concerns about clinical treatment and 20% regarding patient care.

The following table indicates the top ten locations that had concerns raised within a formal complaint:



Learning from complaints

Good complaints handling is not limited to providing a response or remedy to the complainant it should focus on ensuring that the feedback received through complaints is used to learn lessons and contribute to service improvement. Examples of learning and actions as a result of complaints in 2020/2021 are included below.

Integrated Care

- The patient property policy has been updated and shared with all ED staff. Reminders have been issued to all staff that patient property lists need to be accurately completed. Patient property has been added to the agenda for ward daily safety huddles, the induction for agency staff and a designated lead for patient property has been nominated.
- The lead nurse reminded all staff of the importance of using a pump to administer fluids. Additionally, the Trust reviewed its processes regarding the storage and sharing of pumps with the development of a pump library to ensure that all areas have the appropriate number of pumps at all times.
- All ED reception staff have been informed that should any patient feel that they are exempt from wearing a face covering, or request support of a relative or carer that this should be escalated to a member of the ED clinical team.

- The Trust, the commissioners and the disability team are in the planning phase of setting up a patient focus and feedback group to improve service development.

Medicine & Clinical Support

- Additional staff training on the insertion and removal of catheters was given.
- Dedicated training sessions about palliative and end of life care for the ED staff have been commenced by the palliative and end of life care educator team to run alongside the Trust's mandatory training.
- The therapy team will now provide advice leaflets directly to the patient or family prior to discharge and to ensure that all information is received and fully understood.
- The Transfer Team has put a more robust system in place to ensure that all messages for the team are documented and that they are actioned accordingly.
- Processes within the appointment booking team have been updated so that the clinician books patients onto the correct type of clinic.

Surgery GI & Critical Care

- Internal referrals will now be completed electronically to ensure secure delivery.
- A review of the process for transferring patients awaiting transport was carried out to ensure that it was robust and minimised inconvenience to the patient.
- The pain team now ensure that scans from external sites are now available prior to future consultations.
- A discharge template has been created to support effective discharge planning.
- The patient board in the reception area now displays information about the two assessment areas, the staff on duty, the services running from that unit and what to expect.
- An application to the Trust's charitable fund has been made for assistance with purchasing of televisions for those rooms without them on the ward.

Women, Children & Diagnostic Services

- A checklist has been introduced to clarify the most appropriate fertility referral pathway.
- Details of the chaplaincy service have been added to the information offered in the event of a cremation.
- The names of escorts accompanying patients to and from scans will now be recorded.
- Waiting arrangements for patients experiencing the loss of a pregnancy and the information displayed in these areas has been reviewed and updated.
- Breast feeding support and partners accompanying patients to pregnancy related appointments during the Covid-19 pandemic was constantly reviewed and offered as soon as was safely practicable.

Service improvement learning

- Outcomes from learning are included in governance and other quality reports to show evidence of "closing the loop" with regard to complaints.
- The Patient Experience Group receives bi-monthly reports that include intelligence on complaints and concerns to identify themes and provide assurance that lessons are learnt and improvements made.
- The Complaints Review Panel will provide assurance to the Board, via Quality Committee, that the Complaints Policy is appropriate and meets the requirements of the NHS Complaints Regulations 2009, and the Parliamentary Heath Service Ombudsman's recommendations, in their detailed in their report, 'My Expectations for Raising Concerns and Complaints, Parliamentary and Health Service Ombudsman, 2013.'

- The aim of the panel is to ensure the Trust Complaints Policy is adhered to. There is a rolling programme of complaint reviews by divisions, complaint responses are timely, and of sufficient quality, trends have been identified, lessons learned and actions have been identified and acted on.

Equality Monitoring

During the year 1 April 2020 to 31 March 2021, the Trust received a total of 283 formal complaints of which there were **2** that raised concerns about discrimination.

- There was 1 allegation of disability discrimination in which the complainant was unhappy with their care as a wheelchair user. Following an investigation into the concerns made, this element of the complaint was not upheld by the Trust.

- The second case made an allegation of sexual discrimination, in which the complainant has expressed their dissatisfaction with the attitude of the healthcare professional. It was the patient's opinion that the healthcare professional was misogynistic and would have never spoken to a male patient in the same manner. Following investigation, the Trust did not uphold this element of the complaint. Assurances given that the healthcare professional treats every patient as an individual irrespective of gender, race or belief. Patients are listed for surgery on the basis of clinical findings without bias.

There were also **2** informal complaints in 2020-2021 in which an allegation discrimination was made.

- In case one, the patient alleged that they had been treated differently to the other patient's on the ward and believed this was racially motivated. Due to the serious nature of the concerns, a senior member of the Trust attempted to telephone the patient in order to discuss the concerns further. Unfortunately, despite numerous attempts and telephone messages being left, the patient did not make further contact.

- In case two, the Trust received contact from a member of the public in which, they alleged a member of staff had made racial comments on their social media account. The initial review determined that the named individual was not employed by Stockport NHS Foundation Trust and as such, the Trust was unable to undertake an investigation.

In 2020-2021, Datix did not have the facility to capture any protected characteristics of the patient. However, the system has now been amended to allow the PALS & Complaints Team to record this information. The data is recorded using information available to the case officer on the Trust's patient administration system (PAS) and Advantis along with information supplied by the complainant to include ethnicity, sexual orientation and disabilities. This information is now recorded for all formal complaints and the information will be captured in the annual report for 2021-2022.

The formal complaints received in this financial year have been categorised in terms of age of the patient and gender of the complainant. The following tables breakdown these figures:

Table A – age of patient

Age of patient	Total
1 to 16	25
17 to 30	29
31 to 50	53
51 to 70	67
71 to 90	100
91 +	10
Not known	8

Table B – gender of patient

Gender of patient	Total
Female	166
Male	124
Not recorded	2

Second stage complaints: Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied after the Trust's complaints process has been exhausted and considers local resolution concluded, they have the right to request that their complaint is reviewed by the Ombudsman. The Ombudsman will assess cases referred to them, taking an in-depth look at what happened in order to decide whether to proceed with an investigation.

In 2020-2021, Stockport NHS Foundation Trust received contact from the Ombudsman in relation to **4** complaints, in each case, a copy of the complaint file and relevant medical records were provided. Following consideration, the Ombudsman confirmed they would not take the complaint to investigation as there was no indication of maladministration for 2 of these complaints. One is not progressing to investigation and the Ombudsman has recommended the complainant seek legal advice should they wish to pursue the case further. The fourth case is still under investigation and the Trust awaits their decision.

If the Ombudsman decides to accept the complaint, they will proceed with an investigation. The Ombudsman's approach when investigating complaints is to first establish what should have happened and whether the organisation has not acted properly or fairly or has provided a poor service and if this has caused an injustice or hardship for the complainant.

To help them understand what should have happened, they look at how the Trust was expected to act at the time of the events, taking into account of any relevant law, policy, guidance and standards that were in place at the time. The Ombudsman will compare what should have happened to what actually happened and consider if this is a gap between the two. If the Ombudsman recognise the Trust did get things wrong, they will look at the effect this had on the complainant and whether we have already acknowledged or responded to some or all of the problems identified. This will be taken in to account in their final decision on whether they fully uphold, partly uphold or do not uphold a complaint.

In 2020-2021 the Ombudsman concluded their investigation on two cases carried over from 2019-2020:

- Case one was concluded in December 2020 and after reviewing the evidence, the Ombudsman found the Trust's decision to discontinue the patient's medication was appropriate. For this reason, they **did not uphold** the complaint.

- Case two concluded in January 2021 and after reviewing the evidence, the Ombudsman found the Trust took the correct actions based on the information available. For this reason, they did not see any failing in the actions taken and **did not uphold** the complaint.

6. Voluntary Services

We started 2020 with over 400 volunteers although not all the majority work 3 hours per week, 7 days per week. The service was supported by a full time Manager and a full time Assistant Manager supported by a part time administrator.

6.1 Survey Update

❖ Inpatient Surveys

Volunteers support with the collection of the Inpatient Survey.

At the beginning of 2020 we had 14 volunteers trained to carry out the surveys. As the number of survey areas had increased we were looking for additional volunteers to carry out surveys. Surveys were carried out directly onto iPads at patients bedsides.

For the inpatient survey we look to engage 10 patients per ward, per month, prior to discharge. Currently patients are asked 34 key questions. All questions are rated using a choice of 2 five point scales. The questionnaire includes equality data. The survey also has an additional comments box.

Historical comparable data can be accessed to bench mark the findings.

Surveys were placed on hold in April 2020 due to the drop in volunteer numbers and the need to reduce the number of people on the wards unnecessarily. In May 2020 a new paper based Inpatient Survey was introduced.

Ward staff initially took on the responsibility for handing out and collecting in surveys from patients in the absence of volunteers doing bedside visits.

Each ward now has a folder containing paper surveys for handing out and completed surveys are placed back in the folder for collection by a volunteer. We worked with ward managers and Infection Prevention in identifying how best to manage this situation in Covid Wards.

Overall the number of surveys in 2020 was less than that of 2019 but to be expected. By December the new process had been introduced in most areas and numbers were slowly increasing back to expected levels.

❖ Outpatient Survey Pilot

In January 2020 volunteer services was called upon to facilitate a new Outpatients surveys the survey was to be rolled out in Outpatients A, B, C, Bobbie Moore and in the Laurel Suite. The initiative was piloted initially in one area Outpatients B. Following an unsuccessful pilot phase the decision was made that iPad surveys may not be the best way forwards as the area lacked a private space/room to carry out the survey and the majority of the patients seen by a consultant/Doctor wanted to rush off. Due to the pandemic this survey was not revisited at this time as many of the clinics were put on hold. Consideration of a survey for Outpatients remains on the agenda in 2021.

❖ ED Survey

The Patient Experience Group (PEG) requested a regular ED Survey to be carried out on a monthly basis. The Survey questions reflect the annual National ED Survey. An initial pilot was successfully carried out in December 2019 and continued to be implemented monthly in 2020. The findings will help in tracking the implementation of actions to improve patient experience in this area. This survey continued to be carried out on a monthly basis until the country went into lockdown at the end of March 2020.

By November 2020 surveys had dropped in ED dramatically. A meeting took place with the Emergency Department Management Team to look to increase the number of surveys taking place in ED.

Actions include:-

- Present volunteer job description to be updated and shared.
- Increase the number of St Johns Ambulance Volunteers
- Training in IP for volunteers
- Surveys in a folder in coordinators desk, volunteers to start collecting the information
- Questions to be updated

This again remains on the agenda for 2021.

6.2 NHS England Improvement: Reducing Winter Pressures – Funding Stream

❖ Volunteer Response Initiative

We were successful in our application for funding from NHS England at the end of 2019 this funding being released to us in January 2020. The programme focussed on developing a flexible volunteering model and building capacity within trusts to support efforts to reduce winter/seasonal pressures. The programme looked to optimise volunteering activity in order to provide greater support/response during times of increased pressure.

We received a one-off payment of £25,000 to develop our programme.

The aim of the initiative was to develop and implement of a range of volunteer roles known to reduce pressure on staff, reduce length of stay, speed up discharge, improve patient experience and health outcomes. The new volunteer response team would support teams both in ED and across our hospital and community to help to alleviate the pressure by having a sustained focus on getting it right for patients. Overseen and managed by our Clinical Bed Management Team and in liaison with our Transfer Hub volunteers were to be contacted by bleep and despatched and utilised as and where needed most.

Some of the tasks volunteers would be supporting with will included:

- Supporting ED during high pressure ie Ward Helper Duties
- Picking up medication/prescriptions from pharmacy

- Collect and deliver patient samples to pathology as requested
- Accompany a patient for a test or examination, e.g. to Radiology or Pathology
- Help to discharge a patient e.g.:-helping with dressing, packing, accompanying patients to the discharge lounge
- To push a patient or visitor in a wheelchair to their destination or to the transfer lounge to await their transport
- Updating paperwork and monitoring documents.
- Helping strip or make up patient beds
- Welcoming and settling in a new patient
- Filling in the patient board behind the bed
- On request to take a small selection of library books to a new inpatient
- Keep company confused or lonely patients
- Support/help a family member or carer who may be distressed

A small group of volunteers were training to carry out the new role in February 2020 and uniforms purchased for them. As the initiative was also placed on hold as the pandemic hit this is on our agenda for a relaunch in 2021.

❖ Additional NHS Funding

Additional NHS funding was made available which was utilised to purchase 3 mobility scooters and 4 wheelchairs to support with Inpatient and visitor mobility. Volunteer Guides would support as and when required. The mobility scooters would be based at the main desk at Oak House. As our guides were put on hold from April this is to be rolled out from 2021.

6.3 Covid

In April 2020 the number of active volunteers in the Trust plummeted to 20 as large numbers of volunteers chose to shield during Covid lockdown. As a result Senior Management called for the recruitment of additional volunteers to support paid staff as the number of Covid patients increased. 60 new starters were recruited including retired nurses and doctors and medical students alongside others who had been furloughed from their day jobs.

One or two changes were made to the service over quarter 1 including a change to policy putting the recruitment of 16 year olds and over 70's on hold. Whilst some volunteer roles were paused to reduce infection risk including Guiding, Bedside Surveys, Chaplaincy Volunteer bedside visits, Library Service and befriending. Other roles, some newly introduced, have shown their value in reducing pressure on both staff and services including Delivery Drivers for Tissue Viability taking much needed supplies to community facilities. Volunteers supporting procurement and pathology making up Covid packs as well as inputting of Covid results data for Occupational Health.

Our volunteers continued despite depleted numbers to play an important role allowing staff to spend their time focusing on providing the best healthcare for their patients.

❖ Vaccination Hub

A small team of volunteers provided additional support at our Vaccination Hub from December 2020. Volunteers supported by meeting, greeting, signposting staff and members of the public and offering refreshments over five days each week. This continued until May 21.

❖ Patient Property Service

Whilst visiting was put on hold 14 Holistic Volunteers supported a new Patient Property Service. This service is offered Monday to Friday from the Volunteers Office and at the Weekends from Pinewood.

The Service had its own designated phone line. Volunteers provided emotional support and advice to relatives who at times can be quite emotional and/or stressed in person and on the telephone. The holistic volunteer team advised relatives about the arrangements in place for drop of and collection of patient belongings to their loved ones. Additionally the volunteers distributed gifts, letters, mobiles and Ipads to patients to improve communication with relatives.

6.4 Recruitment and Training

From the beginning of September the service began to receive new applications, many of these from first year A Level students. At the same time requests began to increase from volunteers wishing to return that had been shielding.

In line with the Trust policy related to the return of shielding staff we have been bringing back our volunteers on a case by case basis, dependent on demand. Ward/department based Risk Assessments and a Vulnerability Risk Assessments have been carried out for shielding returnees.

All volunteers go through a full recruitment process which includes following up 2 references, DBS (Disclosure and Baring Service-criminal record checks), Occupational Health clearance and are instructed at Trust Induction, Volunteer Induction and Local Induction about PPE and the need for being socially distanced from patients and staff to prepare them for their roles.

Mandatory training is usually undertaken including Safeguarding Adults, Safeguarding Children, Fire Safety and Infection Prevention. Additional Training is available for Dementia, Dining Companions and Wheelchair Training. As mandatory training was placed on hold we are like other NHS Trusts explored on line alternatives such as Help**force** supported by NHS England. We implemented a Data Security Awareness Booklet and are currently exploring the implementation of a similar booklet for Safeguarding Adults and Children.

Volunteer Induction remained essential for volunteers in 2020. Sessions were held in January, February, March, May, August and October. Face to face sessions continued by from May numbers of attendees were dramatically reduced and social distancing introduced.

6.5 Christmas Meal

Most years end with a Christmas meal to celebrate the contribution the volunteers made over that year. Unfortunately due to Covid this event was placed on hold but we celebrated by sending all our volunteers £10.00 M&S Vouchers.

6.6 Celebrations

During 2020 due to the Covid pandemic and the depleted Volunteer workforce there were no celebrations or long service awards.

NHS Stockport NHS Foundation Trust

7. Chaplaincy Services

The Chaplaincy team is made up of a full-time Lead Chaplain and six part time Chaplains. The team are supported by twenty five of the Trust's volunteers. Their services are available daily from 8:30 am until 5:00pm, and the team provides an on-call service for the rest of the day. The team provide cover to all hospital in patient areas including the off-site facilities at The Devonshire Unit and The Meadows. The Chaplaincy team also extend all services to the patients of Pennine Care Trust who are co-located within the hospital site. The Chaplaincy team provide 365 days cover for the hospital.

7.1 Covid

From the beginning of the Covid-19 Crisis the Chaplains' visits were restricted to 'End of Life' situations/requests or other urgent matters for part of the past year from mid-March to mid July 2020.

From the middle of July 2020 onwards, the chaplains started to revisit the wards. Patients were so grateful for the visits, especially in the absence of visits from family and friends. We were not offering Holy Communion on the wards at this time. Some wards remained "off limits" including, the Marjory Warren Unit, Treehouse, the Devonshire and the Meadows, but the chaplains rang up instead, to keep in touch with them.
The Chaplaincy volunteers were not able to come in since the start of the Pandemic but the chaplains kept in touch with them on a regular basis. We have had a handful of our volunteers who were passed by OH and are coming in to the hospital to do other duties. These include taking and collecting patient property on the wards, serving teas and coffees on the wards and helping at Pinewood with the vaccination programme.

7.2 Baby Memorial Service

The Monthly Baby Memorial Services continued as usual on the first Tuesday (morning) of each month. Social distancing was adhered to with only two couples at a time.

We continue to conduct adult and baby funerals both at Stockport Crematorium and at Mill Lane cemetery in Cheadle. We also continue to do naming and blessing services for babies who have sadly died during pregnancy.

The Annual Baby Memorial Service at St Georges', scheduled for October 2020 did not take place. We wrote to each of the families who were intending to attend to let them know. In the letter we explained we would still be offering an act of remembrance and prayer at the chapel and if parents wanted their baby/babies to be included and named to let us know. This took place in the week October 9-15 2020 which is Baby Loss Awareness Week. We had a tree in the chapel on which the names of babies to be remembered (submitted by the parents) were displayed, alongside some helpful literature and candles. There was a good response to this and very positive feedback was received.

7.3 Team Facebook page

During October 2020 the Chaplaincy began to use the Staff Facebook post to advertise particular events/services as an additional form of advertising as well as posting on the Communications bulletin and intranet which has been very useful.

7.4. Remembrance Service

On November 11th an online service of Remembrance was streamed via Webex. The service included poems, readings and prayers and the playing of music for the Last Post. A 2 minute silence was held. The service was recorded in Pinewood and a limited number of people were invited to attend observing the necessary current restrictions. There were art work displays and poppy wreaths were presented. The service was greatly appreciated by both those who were able to attend in person and those who followed it online.

7.5 Christmas 2020

Christmas services were hugely restricted because of the Covid restrictions. However we were able to do the following:

- Christmas stars

Stars were distributed across the hospital for staff to write the names of loved ones to be remembered at Christmas. The stars were put in the glass corridor and some were displayed on a small memory tree in the chapel.

- Christmas services

Instead of our usual Trust carol service, an on-line service was recorded and made available on the intranet for staff to view.
On Tuesday December 22nd, alternative Christmas services were held on the Oasis Unit…at Arden and Bevan. They were well attended by staff and patients and were warmly received.

7. Summary

This report provides an overview of the core services that form part of the trusts Patient Experience portfolio, as well as informing of the wider work to improve the experience of patients, carers, friends and families. Improving the patient experience is one of the trusts key objectives and forms a central part of our mission to provide great care and during a challenging year of the Covid 19 pandemic we have still been able to provide this to every patient, every day.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT Audit Committee 23rd September 2021
The Audit Committee draws the following matters to the Board of Director's attention-

Issue	Committee Update	Assurance received	Action	Timescale
Internal Audit Progress Report	The Committee received a report of: • Progress against Plan • Internal audits since last meeting • Issues arising • Follow up Tracker	The Committee received assurance that reviews are progressing well and, whilst there are some delays to issuing reports due to staff absence, they were all on track and there were no concerns.		Q4 2021/2022
		The Committee received substantial assurance on the Data Security and Protection Toolkit self- assessment and moderate assurance on assessment against the National Data Guardian Standards. Across the ten standards eight scored substantial and two moderate. As two scored moderate, overall assurance must be rated moderate also. Discussion was held how the Committee could gain specific assurance on the moderate areas such as unsupported systems as the detail in the report was not able to be shared for security of systems.	A further review of the Data Security and Protection Toolkit is due against a defined schedule of standards. The Committee requested that MIAA send an IT Technical Auditor to attend the next meeting to provide more information on the assurance given in this report.	Q4 2021/2022 25th November 2021
		The Follow Up Tracker was presented and assurance was given that there was a continued substantial reduction in the number of high/critical follow up action.		

Issue	Committee Update	Assurance Received	Action	Timescale
Internal Audit Progress Report continued.	The Committee received a report of: • Internal Audit Plan 2021/22 Summary • Anti-Fraud Progress Report	The Internal Audit work plan was discussed and noted. A review of Patient Letters has been added to the plan for 2022/23.		2022/23
		The MIAA counter fraud report was received and progress against work plan noted and approved. The Committee received assurance that all Fraud Prevention Notices had no impact on the Trust. The Committee was informed that the Trust had successfully submitted its return for the Purchase Order (PO) vs Non-PO (Part 1) and Covid-19 Post Event Assurance (PEA) (Part 2) NHS Counter Fraud Authority (CFA) exercises. The NHS Counter Fraud Authority will be running a Fraud Prevention Guidance Impact Assessment (FPGIA) in October.	MIAA to contact the Finance department for data capture required for this exercise.	October 2021
		A report was received on referral activity and discussion was held around working bank hours whilst on sickness absence hand how the Trust could benefit from IT and best practice at other organisations to identify this.	MIAA to liaise internally to identify if work with the IT Technical Auditor and the Data Security and Protection review can be linked.	October 2021

Issue	Committee Update	Assurance Received	Action	Timescale
External Audit update report.	The Committee received: • External Audit Annual Report 2020/21 including the Value for Money Commentary.	The Committee received the updated 2020/21 Auditor's Annual Report with a commentary on the arrangements for Value for Money. The Committee have received assurance that there were no significant weaknesses received for financial sustainability or governance. A weakness was reported on improving economy, efficiency and effectiveness based upon the existence of NHSi licence conditions and the CQC Inspection Report. The Committee received assurance that the Mazars recognised that the Trust had demonstrated that actions have been put in place with a CQC Action Plan. Mazars confirmed that the significant weakness must remain because the licence condition existed for the reporting period 2020/2021.	Mazars to issue the Auditors Annual Report as final and issue the Auditors Audit Certificate for the Annual Report and Accounts submission to Parliament. Director of Finance to follow up progress on the internal control points raised in the Accounts section of the Audit Report approved in June 2021.	2021/2022
NHSE/I Rostering	The Committee received a presentation and report from the Chief Nurse and Head of Workforce Delivery on what actions had been delivered on e-rostering and wider developments on staffing and workforce planning.	The Committee received updates on improvements made since the original NHSE/I report was issued and the subsequent action plans put in place. The Committee received assurance that the action plans in place had satisfied previous concerns raised at Committee and agreed that future monitoring should be followed up through the People Performance Committee. A request was made to see the original NHSE/I report and to re-run the performance metrics from the Allocate Insight Report.	1) The Chief Nurse agreed to issue the NHSE/I Report and provide an update of data. 2) E-Rostering Review to be removed from the Audit Committee action log and move to People Performance Committee for business as usual monitoring.	Ongoing Immediate

Issue	Committee Update	Assurance Received	Action	Timescale
Risk Management Committee Summary Report	The Committee received a report on the Risk Management Committee proceedings and a list of significant risks as of the 1st September 2021.	The Committee received assurance that a process was in place to monitor key risks with appropriate oversight by the Executive Team.	Individual Chairs of Trust Committees will comment on the significant risks highlighted where relevant to their remit.	Ongoing
Conflict of Interest Policy	The Committee received a report on the updated Conflict of Interest Policy for approval.	The Committee received assurance that the Conflict of Interest Policy had been updated in line with internal audit recommendations and approved the policy.		
Trust Committee updates	The Committee received verbal reports from the Chairs of key Board Committees.	The Committee noted the key risks identified in other Board Committees from the Chairs of the Finance and Performance, People Performance and Quality Committees.		

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *Thursday 19th August 2021*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Model Hospital	The Committee discussed further implications of areas identified as outliers in the Model Hospital information received at the previous meetings, and the direct link to the transformation agenda and delivery of recurrent CIP.	The Committee received positive assurance that the work streams were in place; however the golden thread links between areas of opportunity and CIP transformation schemes may not be documented for transparency to board members. The Committee requested a further update on triangulation between medium term financial strategy, model hospital and the transformation agenda schemes.	Update to be provided as part of MTFS and Drivers of the Deficit within work plan.	September 2021
Performance	The Committee received the performance report for Month 4.	The Committee noted the current trajectories on performance and recovery and were positively assured that the overall position was being managed appropriately.	Continue to update Committee each month	On going
		The Committee noted the risk of the lack of green patient pathway facilities in the Southern Sector of Greater Manchester and noted the steps that were being taken by the Exec Team to address this. The Committee notes the risk around equality of access across GM and disparity of access to independent sector.	Continue to update Committee each month	On going
		The Committee noted the risk on the increase of the numbers of attendances to ED and the continued growth in the size of waiting lists, particularly in diagnostics.	Continue to update Committee each month	On going
		The Committee noted the usefulness of comparison data with GM and local organisations and raw data on numbers, but requested consistency on the peer group and timescales for data.	Continue to update Committee each month	On going

MR service options appraisals	The Committee received an update on the programme.	The Committee had positive assurance on the progress with consideration of options towards changing the MR service delivery model. The Committee also received assurance on the low level of risk in relation to withdrawal of service from the incumbent supplier; rather the risk is associated with the long-term viability of the existing service model.	Full options appraisal with multi-year financial impact to come back to Committee	Q4 21/22
Finance	The Committee received the Finance report for Month 4 of 21/22.	The Committee received significant assurance on delivery of the H1 financial position.		
		The Committee noted the uncertainty of the plan for H2 21/22 and 22/23 given that further information was not due to be released until September 2021; however they noted the planning approach being taken by the Executive Team.	Continue to update Committee each month	On going
		The Committee noted the risk around CIP recurrent plans and year end 2021/22 position in relation to the lack of financial guidance.	Continue to update Committee each month	On going
		The Committee noted the likely Elective Recovery Fund (ERF) allocation from GM for April, May and June, but is not expected to receive a share for July onwards.	Continue to update Committee each month	On going
Winter Planning	The Committee received an update on the progress with winter planning.	The Committee noted the progress with internal plans in advance of the system meeting 20/08/2021. The Committee received assurance on the development of internal plans, and noted the risk in relation to locality and system planning, particularly around paediatrics, mental health and volumes through ED. The risk on recruitment of staffing to support the winter plans was also noted.	Continue to update Committee each month	On going
Capital prioritisation exercise	The Committee received a verbal update on progress of capital prioritisation.	The Committee noted the development of a decision making matrix and scoring system established, with a meeting scheduled for next week to prioritise all opportunities. This will likely include making early decision on over-committing sooner rather than later due to supply chain issues.	Updated requested to next meeting	September 2021

Risk report & BAF	The Committee received an update on risk and the Board Assurance Framework (BAF).	Risks reviewed, in line with the link to ongoing Board discussion on risk and Risk Assurance Committee. The Committee notes that the finance risk remains at a 15 due to uncertainty of the full year 2021/22 position.	Risks, scores and mitigations consistency to be picked up as part of workshop session referenced under BAF agenda item.	September 2021
Consent agenda – capital key issues	The Committee received the capital key issues paper under the consent agenda.	The Committee noted the contents of the report.	Timescales and/or deadlines to be added into the report for future updates.	September 2021

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT *Finance & Performance Committee* *Thursday 16th September 2021*				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Finance	The Committee received the Finance report for Month 5 of 21/22.	The Committee received significant assurance on delivery of the H1 financial position.		
		The Committee noted the continued uncertainty of the plan for H2 21/22 and 22/23 given that further information had been delayed until later in September 2021; however they noted the planning approach being taken by the Executive Team.	Continue to update Committee each month	On going
		The Committee noted the risk around CIP recurrent plans and year end 2021/22 position in relation to the lack of financial guidance.	Continue to update Committee each month	On going
		The Committee noted the risk on the cash associated with the pay award, which needed to be clarified as part of the H2 planning notification. The cash flow currently assumes that the H1 cost of £3.5m is funded	Continue to update Committee each month	On going
		The Committee has asked for further detail on the cost of sickness to the Trust. As part of this there will also be further work undertaken to see how information on finance and HR data are triangulated across the Assurance Committees	Further report to be presented in October 2021	Oct 2021

Medium Term Financial Strategy	The Committee received an update on the medium term financial strategy and the drivers of the deficit	The Committee noted the challenges of the current financial regime and having no planning guidance for H2 and beyond. The Committee recognised that the drivers of the position remain the same as previously reported, contributing to a significant deficit which has now been supported by system funding. The Committee recognised that there needs to be further discussion on risk appetite with regards to setting a financial plan when the finance regime is known on what is an achievable financial position which balances quality and safety with money.	Update on finance regime to next meeting in October Director of Finance to discuss with chairs of F&P and Audit	October 2021
Contracting	The Committee received a verbal update on the contracting position for the Trust	The Committee noted that the situation with block funding continues and that there is no updated guidance on commissioner contracts for 22/23 at this stage. The committee also requested to be updated in a future meeting on the development of this within the ICS structure when known	Continue to update when further guidance available	On Going
Performance	The Committee received the performance report for Month 5.	The Committee noted the current trajectories on performance and recovery and were positively assured that the overall position was being managed appropriately. There has been a positive improvement since July 202; however there is not complete assurance given the access issues to further capacity	Continue to update Committee each month	On going
		The Committee noted the risk of the lack of green patient pathway facilities in the Southern Sector of Greater Manchester and noted the steps that were being taken by the Exec Team to address this. The Committee notes the risk around equality of access across GM and disparity of access to independent sector.	Continue to update Committee each month	On going
Capital prioritisation exercise	The Committee received a presentation on the capital prioritisation exercise.	The Committee were assured that there was grip on the expenditure within the capital plan and that this was being well managed, with planning for a number of scenarios	Update to Board of Directors in a separate paper	October 2021

Urgent Treatment Centre	The Committee received a report on a proposed contract transfer	The Committee supported the recommendation within the report to transfer the contract to the Trust and noted the expected procurement timeline for tendering of the contract	Update to private board due to commercial sensitivity	October 2021
One Stockport plan	The Committee received a draft copy of the “One Stockport” Borough Plan	The Committee noted the plan and supported the plan to go to the Board, with endorsement form the Trust so that this can be signed off at the Health & Wellbeing Board on the 13th October	Report to Board of Directors	October 2021
Risk report & BAF	The Committee received an update on risk and the Board Assurance Framework (BAF).	The Committee welcomed an updated report which focussed on the principles risks for the Committee and agreed the contents of the report.	Update to Board as part of overall BAF	
Consent agenda – capital key issues	The Committee received the capital key issues paper under the consent agenda.	The Committee noted the contents of the report.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Quality Committee
August 2021

The Quality Committee draws the following matters to the Board of Directors' attention-

Issue	Committee Update	Assurance received	Action	Timescale
Annual Safeguarding Report 2020/21	*The Committee received the report which provided an update on adult and children's safeguarding, evidence of compliance with standards and legislation and strategic objectives for 2021/22.* *The Committee approved the final version of the report and agreed that a 'Strategy on a Page' would be presented at the September meeting.*	*Not applicable*	*Committee to monitor progress against strategic objectives through reports of the Safeguarding Group.*	*Ongoing*
CQC Update	*The Committee received an update of the previous CQC Action Plan and confirmation that the regulator had lifted the Section 29A Warning Notice in respect of ED.* *A draft of the Covid Transitional Monitoring Approach (TMA) and process for completion by Divisions was discussed.* *The CQC Insights report was presented which provided the latest published data relating to the Trust.*	*The Committee received assurance that the previous CQC Action Plan had been incorporated into Divisional quality governance processes.* *Positive assurance was received on the systems and controls in place across the Trust to tracking of progress against CQC actions, StARS accreditation and Core Service TMAs* *The Committee agreed that the CQC Insights report provided further assurance and should be utilised to ensure triangulation.*	*Committee to monitor CQC improvement plans, StARS as per workplan*	*Ongoing*

Issue	Committee Update	Assurance received	Action	Timescale
Resuscitation Group Quarterly Report	*The Committee received the quarterly report and requested further information regarding poor compliance with resus training.*	*There was negative assurance in relation to levels of training compliance.* *The Medical Director highlighted that overall resuscitation performance was positive and was being proactively managed by the Resuscitation Group*	*Committee to receive updates through Clinical Effectiveness Group Reports.*	*Monthly*
Emergency & Clinical Decision Unit Safety Report.	*The Committee received the Divisional report and discussed limited assurance in relation to quality metrics. It was agreed that a deep-dive report would come to the September Quality Committee.*	*Limited assurance was received on quality metrics, and clinical audit outcomes.*	*Deep-dive presentation to the Quality Committee*	*28/9/21*

Issue	Committee Update	Assurance received	Action	Timescale
Notification of Serious Incidents including Prevention of Future Deaths.	*The Committee received the report on Notification of Serious Incidents. It was reported that there were* • *4 Serious Incidents in July 2021.* • *No reports overdue to the CCG. T* • *5 outstanding action plans.* • *1 Prevention of Future Death was sent to the Coroner by the Trust* • *There was a total of 109 Covid-nosocomial deaths have been reviewed of which 17 relating to lapses in care.* *A discussion took place regarding Delayed Cancer diagnosis.*	*Limited assurance was received in relation to the 4 Serious Incidents reported to the CCG via StEIS and the 5 outstanding action plans.* *Positive assurance was received in respect that there were no overdue reports to the CCG and that there was 93.33% compliance with Duty of Candour within the 10-day timeframe.* *The Committee also took assurance from the Serious Incident Process and Outcomes report that described the process of learning from Serious Incidents.*	*Committee to receive monthly report*	*Ongoing*

Issue	Committee Update	Assurance received	Action	Timescale
IPC Committee Key Issue and Assurance Report	*The Committee received the IPC Group Key Issues Report*	*Positive assurance was taken from the update on the Nurse-led IV Service and implementation planning.* *Positive and negative assurance was received in relation to antimicrobial stewardship and development of key metrics* *The Cleanliness Report outlined concerns regarding the equipment library and therefore negative assurance was received.*	*Monthly reporting*	*Ongoing*
Medicines in Treatment Room Report	*The Chief Pharmacist presented an update on the issue of high treatment room temperatures and described current mitigating actions and long-term operational solutions.*	*The Committee were assured that there was appropriate oversight of the issue and mitigating actions. The Committee will continue to seek assurance that the actions taken are effective*	*To receive update through Medicines Management Report.*	*Ongoing*
Clinical Audit Report	*The Committee received a report on clinical audit including outcomes of national audits. Considering the detailed reviews by Divisional Quality Boards, the Committee suggested that a summary report for the Quality Committee, escalating areas of limited assurance, would be valuable.*	*The Committee received limited assurance on 5 local clinical audits.*	*Receive updates via the Clinical Effectiveness Group*	*Ongoing*
Stockport Accreditation & Recognition Scheme (StARS) Report	*The Chief Nurse presented the StARS Report which included outcomes from initial assessments, progress against trajectories, key issues, and themes.*	*The Committee took positive assurance from the progress of the implementation and actions taken from initial ward assessments.*	*Quarterly reporting*	*Ongoing*

Issue	Committee Update	Assurance received	Action	Timescale
Patient Experience Group Report.	*The Committee received Patient Experience Group Report and noted the updates on Dementia, Complaints, Accessible Information Standard.* *It was noted that the Key Issues report had not reported progress on the Mental Health strategy as previously agreed.*	*Positive assurance was taken from the consistently high level of performance regarding Complaints Response (<95%).* *Lost property remains a consistent theme of complaints.*	*Draft Mental Health Strategy to be shared with Non-Executive Directors.*	*September 2021*
Waiting List Harms	*The Deputy Medical Director presented the Waiting List Harms Report.*	*The Committee were assured that the Trust had robust processes in respect of clinical prioritisation and clinical harms review.* *Negative assurance was taken from the actual number of patients that remain on inpatient and outpatient waiting lists. The Committee were satisfied that addressing the backlog remained a priority and had appropriate level of focus by the Executive Management Team.* *Assurance was taken by the work underway to understand the demographics and potential health inequalities.*	*Bi-monthly reporting to Quality Committee*	*Ongoing*

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Quality Committee
September 2021

The Quality Committee draws the following matters to the Board of Directors' attention-

Issue	Committee Update	Assurance received	Action	Timescale
Quality Strategy	*The Committee received the draft Quality Strategy which had addressed feedback given by the Committee and other stakeholders.* *Subject to minor amendments The Committee approved the Quality Strategy.*	*Not applicable*	*Non-Executive Directors to provide comments to the Chief Nurse.* *Recommendation to the Board to formally approve the Trust Quality Strategy.*	*29/9/21* *6/10/21*
Safeguarding – Strategy on a Page	*The Committee discussed the 'Safeguarding Strategy on a Page' which highlighted the Strategic Objectives set out in the Annual Report. It was agreed that the Safeguarding Group would provide updates on progress against the strategic objectives as part of regular reporting arrangements.*	*Not applicable*	*Committee to monitor progress against strategic objectives through Safeguarding Group*	*Ongoing*

Issue	Committee Update	Assurance received	Action	Timescale
Healthcare Safety Investigation Branch (HSIB) investigations.	*The Medical Director updated the Committee on the paper that came to the Patient Safety Group outlining HSIB case/investigations.* *Out of 9 investigations completed, 2 did not have recommendations. 5 of the 18 recommendations in total related to placental histopathology*	*The Committee received assurance regarding the reporting compliance of eligible cases by the Women, Children and Diagnostics Division.* *A process has been implemented regarding the recommendation on histopathology*	*Committee to receive monthly updates.*	*Ongoing*
Sepsis Management	*The Committee received an update sepsis management and compliance.*	*There was limited assurance regarding paediatric and maternity sepsis data due to the requirement to development to PatientTrack.* *Substatial assurance was received from ED where they have achieved 100% compliance on screening/82% compliance on antibiotic treatment.*	*Committee to receive monthly updates.*	*Ongoing*
Falls	*The Chief Nurse provided an update with respect to the number of patient falls and the Trust-wide Falls Prevention Week.*	*Limited assurance was received in relation to the number of falls in July and August compared to 2020.* *There were no falls resulting in moderate harm and above during August. Falls sensors, slipper socks and awareness programme continue to be rolled out across the Trust.*	*Committee to receive monthly updates.*	*Ongoing*

Issue	Committee Update	Assurance received	Action	Timescale
Maternity Improvement Programme	*The Medical Director provided an update on the Maternity Improvement Programme which incorporates all maternity related actions plans. A detailed discussion was had regarding Continuity of Carer (CoC) regarding metrics and reporting.*	*Substantial assurance was received in respect of: Full Compliance with CNST standards, Saving Babies Lives standards CoC target trajectory.* *Risks remain around capacity of senior team to deliver improvements and with East Cheshire Service.*	*Committee to receive monthly report*	*Ongoing*
Notification of Serious Incidents including Prevention of Future Deaths.	*The Deputy Director of Quality Governance presented a report on data relating to serious incidents. The Committee had a discussion on the two serious incidents in maternity (one declared August and one overdue action plan).* *It was also noted that delayed diagnosis was a recurring theme in relation to incidents and serious incidents.*	*The Committee received assurance in respect that:* • *4 serious incidents were reported to the CCG via StEIS in August 2021.* • *There were no reports overdue to the CCG.* • *There was one outstanding serious incident action plans (maternity)* • *No Prevention of Future Death responses were sent to the Coroner by the Trust.* • *1 letter was requested by the Coroner to address a gap in handover from ED to AMU.* *Limited assurance was received in relation Duty of Candour where compliance in August was 75% compliance within 10 days (Target 100%). The Committee took assurance from the steps taken to address the issue, which included reporting of Duty of Candour by Divisions (weekly).*	*Committee to receive monthly report* *Report on progress of the Results Governance project and impact on reducing incidents.*	*Ongoing* *26th October*

Issue	Committee Update	Assurance received	Action	Timescale
IPC Committee Key Issue and Assurance Report	*The Chief Nurse presented the IPC Group Key Issues Report and the monthly update on surveillance, hygiene audits and Hospital Onset Covid-19.* *The Committee discussed positive position on nosocomial infection rates but also noted concerns around swabbing compliance. The Chief Nurse alerted the Committee to emerging guidance on relaxation of the 2 metre social distancing rule.*	*Substantial assurance was received in relation to C.difficile, E.Coli, MSSA, P.aeruginosa and Klebsiella species.* *Assurance was also received in relation to the outputs antimicrobial stewardship programme and dashboard development.* *Limited assurance was taken from the rate of blood contaminants; however the Committee was satisfied with the quality improvement actions being taken (enhanced training and assessment).* *Limited assurance was received in relation to PHE swabbing compliance which is consistently below 75%.*	*Committee to receive monthly report.* *Committee to receive a PHE swabbing compliance report with more granularity data and progress on quality improvement actions*	*Ongoing* *26th October*
Emergency Department and Clinical Decision Unit	*The Medical Director updated the Committee on the Divisional report and discussed limited assurance in relation to quality metrics. It was noted that there had been record daily ED attendances.*	*Limited assurance was received in relation to the quality metrics with a decrease in compliance with discharge, IPC, Medication and Privacy and Dignity*	*Committee to receive an ED deep-dive report into ED quality and safety.*	*26th October*

Issue	Committee Update	Assurance received	Action	Timescale
Research and Innovation Annual Report 2020/21	*The Medical Director presented the annual report of the Trust R&I department.*	*Substantial assurance was received from the achievements, performance and use of resources within the R&I department. The report highlighted the significant role that the Trust played in Covid-19 research during 2020/21.*	*Recommendation to the Board to formally approve the Trust R&I Annual Report*	*October 7th*
Annual Patient Experience Report 2020/21.	*The Deputy Chief Nurse presented the Annual Patient Experience Report which detailed activities and achievements during 2020/21.*	*Assurance was received in relation to the Trust's approach to patient experience and in particular the response to support patients and families during the Covid-19 pandemic.*	*Recommendation to the Board to formally approve the Annual Patient Experience Report.*	*October 7th*
Annual Medical Appraisal & Revalidation Report	*The Medical Director presented the Annual Medical Appraisal & Revalidation Report which included details of the current processes including data on current performance.*	*Substantial assurance was received in relation to the levels of appraisal and revalidation despite the challenges of the Covid pandemic response and recovery.*	*Recommendation to the Chief Executive to sign-off its contents.*	*October 7th*
Board Assurance Framework – Principle Risk Review	*The Trust Secretary presented the two Principle Risks assigned to the Quality Committee as set out in the BAF 2021/22.*	*The Committee reviewed and approved the Principle Risks PR1 and PR2. There was nothing arising from Committee discussions that were considered to have an impact on the BAF risks*	*Committee to review bi-monthly*	*Ongoing*

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT People Performance Committee 12 August 2021
The People Performance Committee draws the following matters to the Board's attention-

Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Describe the topic	What did the group consider	What assurance was received	What action (if any) is being taken	By when
The committee received the Director of Workforce and OD briefing	Covid Vaccination update • All our staff have been offered a vaccination (71 declined) • 91% of staff have received their vaccination; of which 88% have had both doses • 97% CEV staff have received their vaccine; of which 90% have had both doses • 88% BAME staff have had their first dose, with 83% having had both doses The 3% pay award will be paid in September and backdated to April. A framework had been agreed to enable trusts to resolve the implications of the 'Flowers' case. The Committee was advised that the Registered Nurse Degree Apprentice Top Up / APL route will commence in September 2021 This is in partnership with the University of Bolton.	The Committee received positive assurance on staff covid vaccinations The Committee received positive assurance that there was sufficient cash flow to pay the backpay and that a cash sum had been accrued to meet the 'Flowers' obligation. Therefore, there were no cash flow risks.		

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received the Workforce Risk Register	The Committee reviewed Risk 1695 relating to a critical shortage of staff. The Committee agreed that this risk should be closed and that this would be elevated to the BAF as it was a strategic risk. The operational management of the risk would be managed by the divisions with oversight from PPC to identify gaps in control. There was a need to develop medium and long term risks in the near future.	The Risk Management Committee will be undertaking a deep dive into staffing risks in November and the outcome will reported to PPC	Ongoing monitoring The current workforce risks would be reviewed in relation to the BAF for the next meeting	September 2021
The Committee received an update on the delivery of the People Plan	Only one area is behind planned delivery and that is the role essential training, but work is being done around this with Mrs McShane and Mrs Firth to realign training to specific roles	Positive assurance was received that the delivery plan is on track.	Ongoing monitoring	

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received the Workforce Performance Report	There has been an overall increase in month of the training given. Face to face training delivery remains the biggest challenge. Appraisals are continuing to improve month on month. There has been an increase in sickness particularly in non-COVID related sickness. The biggest reason for sickness remains anxiety, stress and depression. Following concern expressed by the Committee in July vacancies and turnover were explored in depth at the Divisional Reviews for ED and Surgery. No major concerns and trends were identified. New staff are in the pipeline for ED and Surgery. However, there has been an increase in scrub nurses leaving to work in the private sector this will be monitored as it may pose a risk to elective recovery. Potential cohort of 10/11 nurses from Hong Kong joining the Trust. They are awaiting interview.	Positive assurance that there is a pipeline of staff to fill vacancies in ED and Surgery and there is a cohort of newly qualified nurses due to graduate in September Huge reduction in bank and agency spend despite 2/3 additional non funded wards remaining open. These wards can be staffed with more substantive staff now rather than agency since the increase in the nurse establishment; this improves continuity of care and the patient experience. There has been no use of off-framework agency staff.	Ongoing monitoring	

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received a report on the National Staff Opinion survey	Two years ago, the response rate had been 31% and feedback forums were poorly attended. We achieved a response rate of 51.4% in the last survey and were the best performing Trust in GM. There will be some changes to the survey this year moving from the 11 previous themes to 7, which are in line with the ambitions in the People Promise. In addition, WRES, WDES, measures of staff engagement and morale will also be reported. EDI is threaded through all themes. A vast amount of work is being undertaken by the OD team in support of the feedback received in last year's survey Next targets are to explore opportunities for more inter professional working and to develop AHPs into more leadership roles.	Positive assurance was gained regarding increased ownership by departments of the results and actions and the increased engagement in initiatives such as the MADE Awards (100 nominations) and an increase in Apprenticeships to 145. The major challenge of this work continues to be cultural change and to get people to engage. There is now better engagement but still more work to be done. Further assurance will be gained when the impact of this work is seen through the results of the next survey.	Ongoing monitoring	

Issue	Committee Update	Assurance received	Action	Timescale
An overview of our approach to coaching was presented to the Committee	The approach outline is to establish a diverse coaching community across all staff groups. This will require the Trust to develop a coaching mind-set at every level of the organisation. This will be delivered in three parts; 1. Establishing a supportive coaching culture 2. Embedding high standards of performance 3. Promote coaching and evaluate its effectiveness. This approach is based on evidence from the Kings Fund research. The next stage is to operationalise this proposal.	Positive assurance was gained on the intent and approach. The Committee would continue to monitor the outcomes identified in the report.	To receive a further progress report in 6 months	February 2022
The following policies were reviewed and recommended for approval to the Board	• Acting up and secondment policy • Management of work related stress policy • Alcohol and substance misuse policy • Workwear policy • Rapid access to trust services policy • Conflicts of Interest policy	All the policies had gone through the agreed approval stages and processes.		

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT People Performance Committee 9 September 2021
The People Performance Committee draws the following matters to the Board's attention-

Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Describe the topic	What did the group consider	What assurance was received	What action (if any) is being taken	By when
The Committee received a briefing from the Director of Workforce and OD	Autumn vaccination for flu and booster vaccinations. Update awaited from JCVI. 2021 Staff Survey will be launched on the 20 September linked to the National People Plan. There is a focus during the month of September on flexible working. A change has been made to staff terms and conditions to allow flexible working from day 1 of employment rather than having to wait 6 months.			

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received a spotlight presentation from the Community Workforce	The spotlight featured a presentation on 'One Shared Vision' which described the improvement journey made by all system partners in the community to implement the D2A model. The key to the major shift in culture and relationships was a relentless focus on one shared vision which was putting the patient at the 'heart of what we do'. This took time and listening events were held regularly to understand each other's systems and challenges. There is now only one version of the truth which is maintained by the CCG The MDT meet at 13.00hrs, 7 days a week. Communication is key. These improvements have benefited the whole of the Trust. The next phase is to reduce admissions.	Positive assurance was received regarding D2A in Stockport. There was still a challenge to be addressed for patients out of area in Cheshire and Derbyshire because their model was different. 8.6yrs muscle wastage had been avoided due to these improvements. The team had been shortlisted for an HSJ award.	Update to be received	6 months
The Committee received the monthly report on the People Plan delivery report	All the targets are being met bar one which is the role essential training.	Positive assurance was received on the delivery programme. Apart from the outstanding role specific training review two further risks have been identified, which are that the response rate for the monthly people pulse survey is low and the programme for Clinical leadership Development is still in discussion and it is hoped this will begin to roll out in September 2021.	Ongoing monitoring of these 3 areas.	Ongoing

Issue	Committee Update	Assurance received	Action	Timescale
The Committee reviewed the PPC principal risks on the BAF.	The Committee agreed the current scores were correct			
The Committee received a report from the Guardian of safe Working	The GOSW is still closing the majority of exception reports but there is a slowly improving trend of supervisors doing this. TOIL is now being given for the majority of reports. The major area of concern and risk was the escalation of out of hours working in the evening and at night with reports of not enough cover. It has also been reported that Foundation Doctors are being pressurised into covering shifts at the last minute. This is being taken seriously and investigated	Positive assurance was received that junior doctors were aware of these safe working reporting processes and were using them. BMA are involved in the issue re late notice. There are many facets that have been identified regarding this issue and it was agreed that several streams of work need to be pulled together for a comprehensive solution. The Committee requested an urgent update on this before winter pressures commenced	Committee to receive an update on the issue of short notice to cover shifts.	October meeting

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received the Workforce Performance report.	The Committee noted an upward trend in sickness and the increase due to anxiety and stress. We are starting to see in increase in turnover and it remains higher than average. Feedback is that it is related to delayed resignations due to COVID. Surgery vacancies have risen due to the increase in establishment for this area however there is a general trend here and across GM of intensive care nurses leaving for a change in career. This is having an operational impact and there is a risk that this will affect elective surgery and recovery, particularly in Winter. This is being carefully tracked and we are actively recruiting to these vacancies.	Positive assurance was received in relation to a continuing improvement in mandatory training and appraisals. There was an increase in agency spend this month. However, the Trust was still not using off-framework agency staff and overall staffing expenditure was down in month. Some assurance was received regarding the ED staffing situation with a number of staff starting in September. Negative assurance was received regarding staff turnover. The Committee asked for further information on why nurses were leaving and whether we have an attrition rate of nurses awaiting clearance to start work.	Report on staff turnover to the October meeting	October 2021
The Committee received the results of the GMC Trainee Survey	Overall, our result was in line with the national average. There were outliers in some specialities that needed to be addressed. Namely Geriatric Medicine and Emergency Medicine. The other outlier in terms of the topics covered was out of hours supervision. The issues in Geriatric Medicine and out of hours supervision triangulated with the GOSW reports.	Positive assurance was gained on our overall performance. Positive assurance was also received regarding the work of the transformation group being led by Alison Jobling in relation to out of hours supervision. The Committee asked for further benchmarking information in relation to our position withing GM	Ongoing monitoring Action plan to be presented at the January meeting	January 2022

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received the following EDI Reports: Public Sector Equality Duty- Assurance report WDES – Action Plan	PSED: The Committee were informed that the WRES and WDES data had been submitted on time. We were compliant with the accessibility standard with plans in place, but this was still work in progress as we weren't yet capturing and collating all information together. WDES Action Plan. Out of the 10 indicators we had seen a worsening position in two and an improving position in three. The action plan has met all its objectives but there is no measurement regarding the outcomes of this work. The Committee requested that this be added to the action plan	PSED: positive assurance regarding our compliance with this duty. WDES: positive assurance that there had been a significant reduction in the likelihood of disabled staff entering a formal capability process from 5.198 to 1.22. The Committee asked for further information of Equality Impact Assessments regarding delivery and compliance and consideration of how we report on this.	Outcomes regarding the WDES action plan should be introduced so that progress against the targets could be measured.	Didn't note a timescale for this.

Issue	Committee Update	Assurance received	Action	Timescale
The Committee received a Safe Staffing Report	The underlying nurse and midwifery staffing position has improved and recruitment campaigns have been successful. However, although turnover reduced in July it is still higher than we would wish at 11.14% It was reported that Safe Care has now gone live. It is currently in tandem with the heat map but this will be discontinued on the 13 September. There is good visibility of the Health Roster KPIs and active engagement by all matrons. Performance has improved dramatically, 'Blue Skies' were reported in every area this month. A forward risk was identified in relation to the recruitment of HCAs. As the economy was recovering, post pandemic, there was increasing competition from the hospitality and retail sector for our usual labour market for these roles. The need to recruit winter staff early was emphasised.	Positive assurance was received in relation to safe staffing. A forward risk in relation to the recruitment of HCAs was noted and would be monitored by the Committee	Ongoing	

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

Stockport NHS Foundation Trust

Meeting date	7th October 2021	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Assurance Framework 2021-22					
Lead Director	Karen James, Chief Executive		Author	Rebecca McCarthy, Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:
- Review and approve the Board Assurance Framework 2021/22
- Note the current Significant Risk profile

This paper relates to the following Corporate Annual Objectives-

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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper is related to these BAF risks	All

Where issues are addressed in the paper-

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

Executive Summary

The Trust maintains a Board Assurance Framework (BAF) as a key tool to manage and mitigate strategic risk to the achievement of the corporate objectives that have been agreed by the Board.

Principal risks, to the delivery of the Trust's Corporate Objectives 2021/22 were approved by the Board of Directors in September 2021, alongside assignment to Board level Committee/s for oversight. Subsequently, the principal risks were developed and reviewed by the respective Executive Directors and Board Committees, including consideration of the key controls and assurances in relation to each, any gaps and mitigating actions. Those risks are set out in the Board Assurance Framework 2021/22 detailed in this paper, including a heat map and gap analysis between current and target risk score. Principal risks are prioritised as follows:

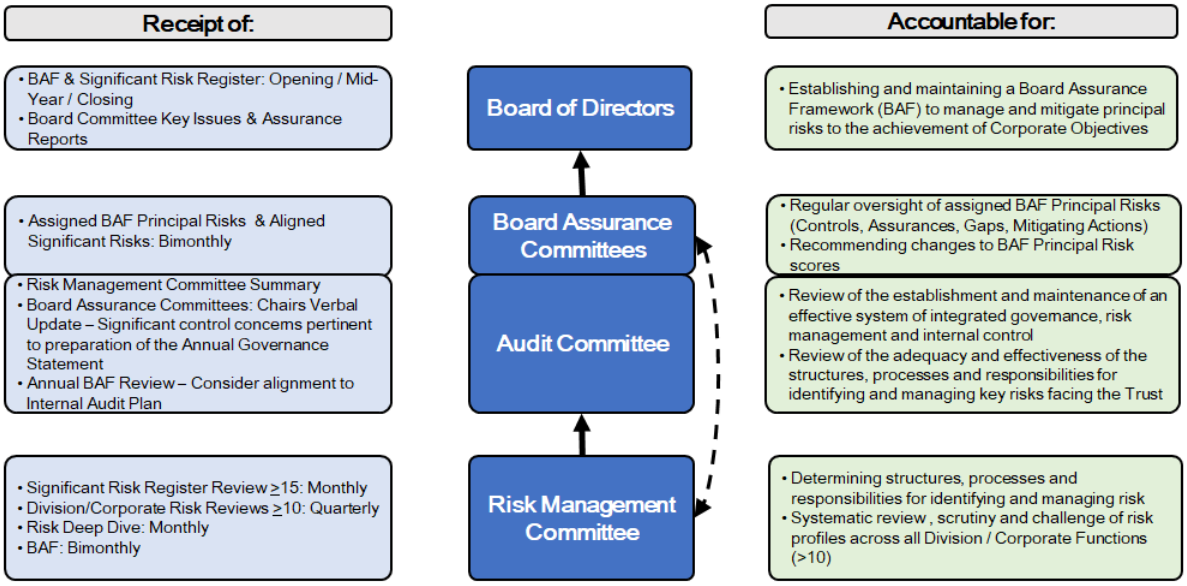
No.	Principal Risk	I	L	Opening position	Target Score
PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance	4	4	16	8
PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered	4	4	16	8
PR5.1	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented	4	4	16	4
PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability	4	4	16	8
PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards	4	4	16	8
PR7.2	There is a risk that the Trust does not materially improve environmental sustainability	4	4	16	8
PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus	4	4	16	8
PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position	5	3	15	5
PR1.1	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards	4	3	12	8
PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline	4	3	12	8
PR2.1	There is a risk that the Trust fails to support and engage its workforce	4	3	12	8
PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy	4	3	12	6
PR5.2	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy	3.	3	9	6
PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care	3	3	9	6

	needs				
PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level	4	2	8	6
PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality and system wide transformation programmes	4	2	8	6

In addition, an overview of the Trust's current Significant Risk Register is provided in the paper to ensure triangulation between operational and principal risks. There are currently 11 significant risks relating to the following areas:

- Restoration – A&E 4 hour access standard, Surgical waiting times, 18 weeks access standard, Endoscopy, ENT
- Staffing Levels – Tissue Viability, Speech & Language Therapy, Point of Care Testing, Anaesthetics
- Critical IT System Failure – Telepath System

Without a clear connection between operational and principal risks, emerging strategic risks may not be identified in a timely way. Likewise, changes to the volume and/or profile of risks in the Significant Risk Register should inform prioritisation and mitigating action of principal risks. The ongoing process for review of the BAF and integration with the risk management system is described below.



Stockport NHS Foundation Trust

Board Assurance Framework

April 2021 – March 2022

Corporate Objectives 2021/2022

1. To deliver safe, accessible and personalised services for those we care for;
2. Support the health and well-being of our communities and staff;
3. To work with partners to co- design and provide integrated service models within the locality and across acute providers;
4. Drive service improvement, through high quality research, innovation and transformation;
5. Develop a diverse, capable and motivated workforce to meet future service and user needs;
6. To utilise our resources in anefficient and effective manner;
7. Develop our Estate & IM&Tinfrastructure that is fit for purpose and meets service and user needs

Key to Board Assurance Framework

CONSEQUENCE MARKERS		LIKELIHOOD MARKERS		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or ≤ 1 in 1000 chance (or less) within 12 months

Risk Matrix					
Impact	**Likelihood**				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	**1**	**2**	**3**	**4**	**5**
2 - Minor	**2**	**4**	**6**	**8**	**10**
3 - Moderate	**3**	**6**	**9**	**12**	**15**
4 - Major	**4**	**8**	**12**	**16**	**20**
5 - Catastrophic	**5**	**10**	**15**	**20**	**25**

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	Risk target achieved
Gap score 1 - 5	Tolerable
Gap score 6 - 9	Close monitoring
Gap score 10	Concern
Gap score > 10	Serious

Risk Appetite

Area	Risk Appetite	Risk Appetite statements	Value, behavior and actions
Clinical Effectiveness/ Outcomes	MINIMAL	The Trust has a risk averse appetite for risk which compromises the delivery of high quality and safe services and jeopardises compliance with our statutory duties for quality and safety.	The provision of consistent safe and high quality care for our patients is central to all that we do. Variation from evidence based best practice models and standards of care are rare occurrences allowable only in highly controlled circumstances such as approved research programmes and, or innovative procedures.
Patient Experience	MINIMAL	We will accept risks to patient and service user experience if they are consistent with the achievement of patient safety and quality improvements. We will only accept service redesign and divestment risks in the services we are commissioned to deliver if patient safety, quality care and service improvements are maintained.	We are committed to delivering patient centred care that provides each and every patients with the most positive experience possible while meeting their individual needs. Adherence to the standards supporting patient experience can only be compromised when a compelling patient safety concern has been identified. All service redesign and, or reconfiguration are subject to a formal Equality Impact Analysis that specifically considers patient experience.
Workforce / Staff Wellbeing	MINIMAL	There are few circumstances where we would accept risks that would impact on the achievement of our Strategic Aim to employ caring and cared for staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients, or contradict our Trust Values.	The Trust will not compromise on our duty to maintain the safety and wellbeing of our staff.
Reputation	MINIMAL	Tolerance for risk taking is limited to those events where there is little chance of any significant repercussions for the Trust's reputation should there be failure, with mitigation is in place for any undue interest.	The Trust will not routinely take any actions or be party to any enterprise that risks tainting the good name and integrity of the Trust. On very rare occasions the Trust may engage in high risk undertaking where the rewards for success are sufficiently high, but only after due consideration and approval by the Board and where a downside risks mitigation plan is in place.
Finance / Value for Money	CAUTIOUS	We strive to deliver our services within the budgets set out in our financial plans and will only consider accepting or taking financial risks where this is required to mitigate risks to patient safety or quality of care. We will ensure that all such financial responses deliver optimal value for money.	We will consider taking financial risks only after executive level approval is agreed; and where the rewards for success are sufficiently high; and where a downside risk mitigation plan in place.
Regulatory / Compliance	CAUTIOUS	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.	The Trust are committed to maintaining compliance with all regulatory compliance requirements. Variance to this commitment are permittable only where full compliance is impossible to achieve (i.e. restrictions within the built environment, or where there is a widespread state of acceptance across the NHS for non-compliance)
Innovation	OPEN	The Trust has a risk tolerant appetite to risk where benefits, improvement and value for money are demonstrated. The Trust will not, however, compromise patient safety while innovating service delivery.	We are committed to providing the best possible patient care including the application of innovative practices. However, innovative practices will always be undertaken in a controlled way that ensures patients are kept safe at all times.
Partnerships	OPEN	The Trust is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties.	The Trust is committed to working in open and transparent way with our partners for the purpose of improving the quality of services for all of our patients and the wider community we serve.

BAF 2021/22 Heat Map & Gap Analysis

Risk Matrix					
Impact	**Likelihood**				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible					
2 - Minor					
3 - Moderate			**5.2, 2.2**		
4 - Major		**3.1, 3.2**	**1.1, 1.2, 2.1, 7.4**	**1.3, 1.4, 5.1,6.2, 7.1, 7.2, 7.3**	
5 - Catastrophic			**6.1**		

Gap Score Matrix (Difference between Target Score and Current Score)		
Gap score ≤0	Risk target achieved	
Gap score 1 - 5	Tolerable	**1.1, 1.2, 2.1, 2.2, 3.1, 4.1, 5.2**
Gap score 6 - 9	Close monitoring	**1.3, 1.4, 6.2, 7.1, 7.2, 7.3, 7.4**
Gap score 10	Concern	**6.1**
Gap score > 10	Serious	**5.1**

Objective 1 - To deliver safe accessible and personalised services for those we care for

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score
Objective 1 - To deliver safe accessible and personalised services for those we care for								

PR1.1	There is a risk that the Trust will deliver sub-optimal quality services, leading to sub-optimal patient outcomes, care and experience and failure to meet regulatory standards.	Quality	Divisional Quality Boards established (Safety, Experience, Effectiveness)
			
			Board Quality Committee established with Subgroups: Patient Safety, Patient Experience, Clinical Effectiveness
			
			Quality Improvement Strategy developed - To be approved by Board
			
			Weekly Senior Nurse Walk rounds
			
			Safety
			- Defined safe medical and nurse staffing levels
			- Established process for management of Incidents, Serious Incidents, Duty of Candour and Complaints
			- Mortality Review policy and process in place, including Learning from Deaths Reviews
			- Medical Examiner Team established
			- Maternity Improvement Plan & CNST Action Plan in place
			- Clinical Harm Review process established.
			
			Experience
			- Approved Patient Experience Strategy
			- Approved Volunteer Strategy
			- Patient, Family & Carer Feedback mechanisms in place including in-house patient satisfaction survey.
			- Patient experience & Adult/Children Safeguarding Groups established
			
			Effectiveness
			- Established clinical audit programme and monitoring arrangements including identified risk based local audits.
			- Established processes for clinical staff recruitment, induction, specific mandatory training, registration and re-validation
			- Full complement of appraisees for Doctors appraisal
			- Quality Assessment of Medical Appraisals/ Revalidation Process established
			- Ward assurance and accreditation programme established (StARS)
			- Central Alerting System (CAS) Implementation process
			- NICE Guidelines – Compliance review process established
			- GIRFT Benchmarking – Review process established
				Approved Trust Quality Improvement Strategy
				
				Standardisation of Divisional Quality Boards
				
				Incomplete review of all NICE Guidelines compliance
				
				Divisional Experience Reporting
					Level 1 - Management:
					- Divisional Quality Boards – Quality, Safety, Experience (monthly)
					- Divisional risk reports to Risk Management Committee (monthly)
					
					Level 2 – Corporate
					- Quality Committee (monthly)
					  - Quality IPR
					  - Key Issues & Assurance Report: Patient Safety, Patient Experience, Clinical Effectiveness
					- Quality Accounts (Annual)
					- Annual Safeguarding Report
					- Annual EoLC Report
					- CQC Report to Quality Committee including CQC Action Plan Update, CQC Preparation, StARS Position Statement (bi-monthly)
					- Significant Risk Register to Risk Management Committee (monthly)
					- Learning from Deaths Reports / Mortality Reviews to Quality Committee and Board
					- Guardian of Safe Working / Freedom to Speak Up Report to Board (bi-annually)
					
					Level 3 - Independent assurance:
					• CQC Inspection & Stockport Improvement Board
					• CNST Maternity Incentive Scheme
					• Friends & Family Test
					• Adult Inpatient Survey
					• Maternity Inpatient Survey
						- Temporary refocus of Learning from Deaths to nosocomial deaths – reducing capacity to comply with normal practice.
						- Triangulation of issues from Safety, Experience & Effectiveness functions
							- Complete StARS baseline assessment for inpatients (March 2022)
							
							- Develop StaARS for Maternity, Theatres, Community & Outpatients (2022/23)
							
							- Approved Quality Strategy in place (October 2021). To be delivered (2021/22)
							
							- Implement Quality Strategy (2021/2022)
							
							- Gap analysis of all NICE Guidelines to be completed (February 2021)
							
							- Production and approval of Mental Health Strategy (December 2021)
							
							- Reversion to standard Learning from Deaths review process (December 2021)
							
							- Improvement in triangulation of safety, experience, effectiveness via Quality Committee (December 2021)
								(4x3)
								12

PR1.2	There is a risk that the Trust fails to meet its target in reducing harm, leading to sub-optimal patient safety and outcomes Harms include: - Falls - Infection Prevention - Pressure Ulcers - VTE		- Quality Improvement Strategy developed - To be approved by Board - Board Quality Committee and established subcommittee - Patient Safety Group o Established subgroups of Patient Safety: o Quality Safety & Improvement Group (Tissue Viability, Falls, Nutrition & Hydration) o IPC Group (Antimicrobial Stewardship, Decontamination, IPC Improvement Plan)	- Estate requirements to support IPC measures	**Level 1 - Management:** - Divisional Quality Boards established - Divisional report to IPC Committee **Level 2 - Corporate** - Quality Committee (monthly) o Quality IPR o Key Issues & Assurance Report: Patient Safety, Patient Experience, Clinical Effectiveness		- Approved Quality Strategy in place (October 2021). To be delivered (2021/22) - Prioritisation of areas for maintenance work to support IPC measures. - Antimicrobial Stewardship Ward Rounds to recommence	(4x3) 12

Objective 1 - To deliver safe accessible and personalised services for those we care for

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk (Risk Score in last report to Committee) Current Risk Score
	- Sepsis - Never Events		o VTE Group o Sepsis Group o Deteriorating Patient - Key clinical policies & procedures in place. - Chief Nurse identified as DIPC - NHSEI IPC BAF in place - IPC risk assessments process in place. - National Early Warning Score (NEWS) 2, Modified Early Warning Score (MEWS) & Paediatric Early Warning Score (PEWS) tool in place.		- Significant Risk Register to Risk Management Committee (monthly) - Monthly IPR Report including Quality metrics reviewed by Board (monthly) - IPC Annual Report to Quality Committee & Trust Board **Level 3 - Independent assurance:** • IPC Improvement Plan • Routine reporting of IPC Data to CCG CQPD • National Clinical Audits • Data submitted to NHSE/I		(December 2021) - Electronic sepsis alert system involving Senior Nurse to be piloted (December 2021) - Paediatric Early Warning Score (PEWS) – Embed reporting to Patient Safety Group	
PR1.3	There is a risk that the patient flow plans are not effective, leading to patient harm and: - An increase in delayed discharges against the 2020/21 baseline - An increase in length of stay against the 2020/21 baseline - A declining trend in A&E performance of below 70% against the 4 hour standard - 12 hour breaches	Finance & Performance	- System wide Urgent Care Board in place with oversight of patient flow management plans - Rapid emergency diagnostics pathway in place (Medical) - Patient streaming out of ED – Use of SDEC and assessment areas - Trust and System escalation process in place, aligned to a single OPEL system - Paediatric winter planning at GM and locality in place - Cancer 62 Day Improvement Plan - Bed modelling – 18 Month Plan - Workforce models in place to reflect demand and remains flexible to adapt to surges. - Trust leadership of urgent and emergency care pathways	- Continuing impact of Covid-19 pandemic – Increased demand - Additional rapid emergency diagnostic pathways to be developed - Surgical SDEC to be implemented - Finalised Winter Capacity Plan	**Level 1 – Management** - Performance management reporting arrangements between Care Groups, Service Lines and SLT Reviews: - Overall bed occupancy rate (daily) - Ambulance Handover times (daily) - System-wide dashboard of acute, intermediate and domiciliary care capacity and performance **Level 2 – Corporate** - Care Group Risk Registers to Risk Committee [quarterly] - Significant Risk Report to Risk Committee and Board (monthly) - COVID-19 Recovery Plan to Board - Integrated Performance Report - Board (monthly) - Targeted 'Deep Dives' **Level 3 – Independent Assurance** - NHSEI Intensive Support Team Reviews - CQC Improvement oversight; - CQC unannounced inspection - Contract meetings - Model hospital – data submissions to regulator (monthly / annually)	Shadow reporting new ED metrics – To be embedded.	- System wide response to ED Front Door streaming to be fully implemented - Development of Urgent Care Treatment Centre - Rapid emergency diagnostic pathway – General Surgery to commence (September) - Surgical SDEC Project to be fully implemented & Evaluation of Medical SDEC - Winter Capacity Plan to be approved (October - Partnership agreement for community capacity	(4x4) 16
PR1.4	There is a risk that the inclusive restoration plan is not met to treat patients on the PTL in accordance with national planning guidance and clinical validation, leading to sub optimal patient safety and experience	Finance & Performance	- Clinical Prioritisation Group established - Clinical harm review process in place for patients waiting – Including review of demographics of patients waiting to identify inequalities - Robust 6-4-2 processes in place for Theatre and Diagnostic utilisation - Established Restoration Meetings with all specialties – Chaired by Deputy COO - Escalation process in place with Performance Team –104+ week wait patients and any P2/cancer patients that are not dated. - Cancer Quality Improvement Board established chaired by Director of Operations - Specialty specific deep dives and utilisation meetings	- Access to separate 'green' theatre site - Independent Sector availability and agreement - Finalised Winter Capacity Plan	**Level 1 – Management** - Clinical Reference Group: Report to fortnightly Restoration Meeting - Fortnightly report to Executive Team **Level 2 – Corporate** - Integrated Performance Report (IPR) reviewed by Finance & Performance Committee and Board (monthly): • 52+ week waits • Overall RTT waiting list size • Clinical harm events occurring • 104+ waits being dated for surgery • Cancer 2ww & 62 day - Waiting List Harms Review via Quality Committee (Bimonthly) **Level 3 – Independent Assurance** - Contract meetings	Limited availability of GM wide restoration performance data for benchmarking, including inequalities data.	- Alternative independent sector provider opportunities to be considered - Winter Capacity Plan to be approved (October - Waiting Well initiative (partnership with CCG) to commence (October) - Waiting List Harms Review – Further demographic analysis of waiting lists. Process for utilising data to inform prioritisation to be determined.	(4x4) 16

Objective 2 - Support the health and well being of our communities and staff

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk Risk Score in last report to Board / Current Risk Score
Objective 2 - Support the health and well being of our communities and staff								
PR2.1	There is a risk that the Trust fails to sufficiently engage and support staff leading to; low morale, high sickness rates, poor retention and insufficient workforce to deliver high quality patient care and experience	People & Performance	• Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession Planning • Approved People policies, procedures, guidelines and/or action cards in place (including. staff development; appraisal process; sickness and relationships at work policy) • Risk assessments undertaken for all staff; including BAME & Covid specific Risk Assessments • Influenza vaccination programme • COVID-19 vaccination programme • Staff Wellbeing Programme established • Wellbeing Guardian supported by Schwartz Rounds & Team Time events & Learning from COVID events • Respect Champions • Freedom to Speak Up Guardian • Guardian of Safe Working • Organisational wide Staff Survey action plan • Culture and engagement programme established – Values into Action • MADE Awards and Rewards and recognition	• Continuing impact of the pandemic on staff sickness/isolation/return to work • Localised Staff Survey Action Plans within Divisions • Lack of consistent approach to welfare and wellbeing discussions • Lack of transparent approach to flexible working • Lack of system to learn from exit conversations to inform retention plans.	**Level 1 – Management** • Divisional performance reviews – Workforce metrics dashboard system to support workforce decisions (Monthly) • Nursing & Midwifery Recruitment and Retention Plan • Business Continuity exercises – Post Exercise reports • Health and Wellbeing Update Reports • People, Engagement & Leadership Group **Level 2 – Corporate** • NHS People Plan Self-Assessment • National Staff Survey Action Plan and Annual Report to Board • Board - Integrated Performance Report – People Metrics • People Performance Committee – People Plan Update (monthly) • Workforce KPIs (monthly) • Bank and Agency Report (monthly) • Freedom to Speak-up Self-Review • Freedom to Speak-up Guardian report to Board (Bi-annually) • Risk Committee Significant Risk Report (monthly) **Level 3 – Independent Assurance** • CQC Well-led Report • Model Hospital and comparative benchmarking data • NHSI Use of Resources Report • National Staff Survey • Confirm and Challenge by NHSEI NW Regional Team • Internal Audit Reports	• System for monitoring talent not yet available	• Appointment of Consultant of Clinical Psychologist to support staff health and wellbeing. • Proactive management of working practices significantly altered by COVID related issues. • Implementation of Values into Action programme • Implementation of Divisional Staff Survey action plans • Flexible working campaign action plan to be launched, September 2021. • Mii People System to be implemented – Oversight of Exit Conversations	(4x3) 12
PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs leading to sub optimal improvements in overall health and wellbeing and inequalities in our local communities	Locality System Board / Trust Board	• Locality shadow ICS arrangements agreed including Provider Partnership arrangements • CEO and Chair members of Stockport Health & Wellbeing Board • System planning in place - ONE Stockport Plan and ONE Stockport Health and Care Plan developed with focus on reducing inequalities and improving population health outcomes (Final approval October 2021) • Partnership arrangements in place with key stakeholders to establish foresight and adaptive capacity in the event of pressures • Operational (H2) & Winter planning processes well established with system arrangements as a focus • Neighbourhood Leadership Group established with multi agency representation - Progress models of care • Integrated services established including Health Visitors and School Nurses. District Nursing Teams to work across 7 PCNs with GPs, Social Care,	• Draft plans for community services / population health in the ONE Stockport Health & Care Plan – Outcomes to be agreed • Development of demand and capacity work for Community Teams - Support appropriate deployment of resources • CCG review of community services specifications underway • Alignment of Community Services to PCNs. • Significant pressures in partner services e.g. Adult Social Care • Recruitment and retention of staff, with ageing workforce in specific community services	**Level 1 – Management** • Divisional Performance Reviews – Performance, Quality, Workforce (Monthly) • Governance KPIs and Quality metrics reviewed via Divisional Board (Monthly) • Health and Wellbeing Update Reports **Level 2 – Corporate** • Risk Management Committee (Monthly) • Community metrics and KPIs reported via Quality Committee Report (Monthly) • One Stockport Health & Care Plan reviewed via Board of Directors **Level 3 – Independent Assurance** • CQC clinical services assessment / Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources Report • Stockport JSNA		• ONE Stockport Health & Care Plan delivery and outcomes to be agreed • Completion of demand and capacity work for Community Teams • Align Trust community staff to PCNs	(3x3) 9

Objective 2 - Support the health and well being of our communities and staff

			VCSE • Established joint community Health & Well Being programmes with CCG e.g. Waiting Well, Active Hospitals, Stop Smoking CURE project.					

Objective 3 - To work with partners to co-design and provide integrated services models within our locality and across acute providers

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk Risk Score in last report to Board / Current Risk Score
Objective 3 - To work with partners to co-design and provide integrated services models within our locality and across acute providers								
PR3.1	There is a risk that the Trust does not have effective partnership and accountability arrangements in place at ICS and locality provider level, leading to sub optimal care for our patients and populations and unrealised financial benefit	System Locality Board / Trust Board	**System Level** • Directors engaged with all GMHSCP planning and governance arrangements for GM ICS development • Alignment of Trust, ICS and ICP plans • Directors engaged in GM Provider Federation Board arrangements • External oversight from regulators via System Improvement Board • SFT fully engaged in GM Gold arrangements - Visibility of system partners escalation processes/performance **Locality Level** • Meetings with system leaders from CCG and SMBC in place (Weekly) • Locality shadow ICS arrangements developed and approved by all partners, including Provider Partnership arrangements • CEO and Chair members of Stockport Health & Wellbeing Board • System planning and agreement on priorities and outcomes – development of ONE Stockport Plan and ONE Stockport Health and Care Plan • Shared ownership of system risks and operational impact associated • Operational (H2) & Winter planning processes well established with system arrangements as a focus **Provider Partnerships** • Board to Board meetings with partner organisations • Development of Joint Clinical strategy with East Cheshire – focus on clinical sustainability • Joint Director of Strategy post established with Tameside & Glossop Integrated Care NHS Foundation Trust **Trust Level** • SFT Strategy in place • Service Improvement Board and associated transformation schemes in place focused on quality improvement	• Insufficient granularity of plans to meet the needs of the population and the statutory obligations of each individual organisation • National policy and decision making at GM level not within the Trust's sphere of control • Shadow Locality arrangements to be enacted • Controls are not yet designed for the management & delivery of the One Stockport Health & Care Plan • Unmitigated pressures on services in partner organisations could adversely impact the Trust clinical services e.g. quality, finance and workforce • Failure to gain regulator and key stakeholder support for the Joint Clinical Strategy • Maintaining an up to date corporate strategy in light of changing national landscape • Development of an agreed clinical services strategy	**Level 1 – Management** • Executive oversight group for national, regional and system planning • Weekly meeting with CEOs on ICS developments • Joint Steering group in place w ECT (fortnightly) • Joint system meetings on ONE Stockport plan **Level 2 – Corporate** • Finance & Performance Committee / Executive Team oversight of key strategic matters. • Trust Board Reports as required – Key Strategic Developments: - ICS Bimonthly - Stockport One Health & Care Plan - East Cheshire Clinical Strategy • Board development sessions – ICS/Transformation **Level 3 – Independent Assurance** • Oversight and Challenge by NHSEI NW Regional team, CGC and Health care partners (Ongoing via System Improvement Board) • Oversight and Challenge by NHSEI and other health Care Partners on Joint Strategy development • Health & Wellbeing Board		• Continued engagement in key decision making forums for ICS. • Enact Shadow Locality arrangements • Development of delivery plan for One Stockport Health & Care plan • Continued development of East Cheshire Joint Clinical Strategy & partnership working.	(4x2) 8

Objective 4 - Drive service improvement, through high quality research, innovation and transformation

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk Risk Score in last report to Board / Current Risk Score
Objective 4 - Drive service improvement, through high quality research, innovation and transformation								
PR4.1	There is a risk that the Trust does not have the required capacity and capability to implement Trust, locality and system wide transformation programmes leading to suboptimal of care for patients and populations and unrealised financial benefit	System Locality Board / Trust Board	Director of Transformation working across SFT and Tameside & Glossop, utilising experience and knowledge of system-wide transformation programmes across other localities. Trust Transformation priorities set and resources managed by the Service Improvement Group (SIG) chaired by the Chief Executive Senior Responsible Officer, Clinical & Operational Lead in place for each Transformation Programme Alignment of SFT, ICS and ICP Plans System Improvement Board established. Partnership arrangements in place with key stakeholders to support system wide improvement with key , with Executive leadership / support (e.g. Discharge to Assess Model of Care) Agreement in place with key partners to align existing transformation schemes to reduce duplication across the system Proposal developed to share transformation resources across the system. Proposal developed to recruit to existing CCG vacancies to address system transformation capacity gap	Robust plans to be developed to understand the transformation requirements, particularly around addressing health inequalities, early identification and prevention, aligned to the NHS Long Term Plan and the Marmot Review for Greater Manchester. Proposals to be documented and agreed by all system partners Capability issues with existing transformation resources within SFT. Impact on operational teams due to the ongoing pandemic and their capacity to implement change. Uncertainty of where existing CCG resources will be aligned with the GM ICS or local system.	**Level 1 – Management** • Service Improvement Group – Monthly Transformation Programme Report & Quarterly Deep Dive: Review KPIs/Milestones • Executive oversight group for national, regional and system planning • Weekly meeting with CEOs on ICS developments • Joint system meetings on ONE Stockport plan **Level 2 – Corporate** • Executive Team oversight of Transformation Programmes • Trust Board Reports as required – Key Strategic Developments: - ICS Bimonthly - Stockport One Health & Care Plan - East Cheshire Clinical Strategy • Board development sessions – ICS/Transformation **Level 3 – Independent Assurance** • Oversight and Challenge by NHSEI NW Regional team, CGC and Health care partners (Ongoing via System Improvement Board) • Oversight and Challenge by NHSEI and other Health Care Partners on Joint Strategy development • Health & Wellbeing Board		Work with partner organisations to develop the high level system-wide transformation plan Formalise proposals and agreements. Address the capability issues with existing transformation resources within the Trust Continuing to seek clarity around alignment of CCG resources Continued engagement with partner organisations and key stakeholders across the system	(4x2) 8

Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk Risk Score in last report to Board / Current Risk Score
Objective 5 - Develop a diverse, capable and motivated workforce to meet future service and user needs								
PR5.1	There is a risk that we do not develop and implement a robust plan to recruit, train and retain the right number of staff, with the right skills, abilities and culture, to meet future service needs, leading to sub optimal staff experience and patient care and experience	People & Performance	• Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning • E-rostering and Job planning in place to support staff deployment • Recruitment & Retention Implementation Plan in place • Defined safe medical and nurse staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed • Temporary staffing and approval processes with defined authorisation levels • Local/ Regional/National Education partnerships • Leadership Development programme in place • Leadership Ward Managers - Unlocking Potential Programme established • Matrons Development programme in place • Values and Engagement events	• Clinical leadership Programme implementation. • Reduction in training capacity due to social distancing. • Restrictions on staff capacity to attend and participate in mandatory/statutory training.	**Level 1 – Management** • Divisional performance reviews – Workforce metrics dashboard system to support workforce decisions (monthly) • Safe Staffing Report (Quarterly) • Exception reports for Mandatory & Role Essential Training, Attendance, Appraisal and Staff Turnover • Educational Governance Group **Level 2 – Corporate** • Risk Committee Significant Risk Report (monthly) • People Performance Committee - Workforce KPIs (monthly) • Bank and Agency report (monthly) • Guardian of Safe Working report to Trust Board (quarterly) • TRAC Performance Report Dashboard **Level 3 – Independent Assurance** • CQC Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources report • National Staff Survey • Confirm and Challenge by NHSEI NW Regional Team • Internal Audit reports	• System for monitoring talent not yet available	• Clinical Leadership programme aligned to Leadership Development Programme • Improve awareness and access to ESR and training packages • Realignment of role essential requirements led by Chief Nurse • Implementation of Values into Action programme • Embed Talent Management/Succession planning approach	(4x4) 16
PR5.2	There is a risk that the Trust fails to deliver the Equality, Diversity & Inclusion (EDI) Strategy, leading to poor experience for staff with protected characteristics and a workforce that is not reflective of the communities served	People & Performance	• Approved People Plan in line with national People Strategy objectives – Including Equality, Diversity & Inclusion, Talent Management & Succession planning • EDI National Priorities Action Plan in place • Staff Networks (BAME / Disability / Carer/ LGBTQ+) • BAME Leadership Programme in place • Respect Campaign & Respect Ambassadors • Hate Crime Reduction Policy in place (Red/Yellow card) • Dying to Work Charter • Accessible Scheme • Risk assessments undertaken for all staff; including BAME & Covid specific risk assessments		**Level 1 – Management** • WRES / WDES Steering Group - oversight of WRES / WDES Annual Report and action plan • Equality, Diversity & Inclusion Steering Group established - oversight of the EDI Action Plan • Divisional performance reviews – access to workforce metrics dashboard system to support workforce decisions (monthly) • EDI Staff Newsletters • Senior medical leadership roles – interview panel includes representation from staff with protected characteristics • Diversity & Inclusion Annual Report **Level 2 – Corporate** • Risk Committee Significant Risk Report (monthly) • People Performance Committee – EDI KPIs (monthly) • WRES and WDES Report to Board • Gender Pay Gap report to Board **Level 3 – Independent Assurance** • CQC Well-led report • Model Hospital and comparative benchmarking data • NHSI Use of Resources report • Internal / External Audit reports • National Staff Survey • Confirm and Challenge by NHSEI NW Regional Team	• Remaining EDI inequalities	• Refresh EDI priorities	(3x3) 9

Objective 6 - To utilise our resources in an efficient and effective manner

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk Risk Score in last report to Board / Current Risk Score
Objective 6 - To utilise our resources in an efficient and effective manner								
PR6.1	There is a risk that the Trust fails to deliver the 2021/22 CIP; revenue; capital and cash annual plans following the receipt of national planning guidance, leading to a poor use of resources and increased regulatory intervention	Finance & Performance	- 5-year long term financial model/Recovery plan - Delivery of 2020/21 CIP - Revenue, annual and cash annual plans - Annual plan, including control total consideration; reduction of underlying financial deficit - Working capital support through agreed loan arrangements - Financial Plan incorporating CIP, planning processes and PMO coordination of delivery - Recovery plan process in place if required for Divisions - Delivery of budget holder training and enhancements to financial reporting - Appropriate SFI's authorisation limits /Scheme of Delegation - A full 'wash up' of portfolio planning, delivery and engagement conducted; recovery plan in place - Board approved & governance in place, with Executive oversight	- No long-term commitment received for liquidity / cash support - Lack of identification of opportunities for recurrent delivery of financial [Improvement/ Recovery] Plan - Lack of clarity on the financial regime for 2021/22 and beyond - Notification for financial regime has a short lead in time which creates uncertainty	**Level 1 – Management** - DOF Financial Report monthly – contains all key financial risks and triangulates financial drivers the Trust - Divisional Risk reports to Risk Committee - Divisional Performance Reviews held monthly and key issues to F&P Committee - CIP oversight group held monthly chaired by COO with clear accountability within Divisions. Monthly reports for all schemes and tracking of savings - Briefings to senior leaders on the changing finance regime and the implications of this, articulating the risk values **Level 2 – Corporate** - Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** - Internal Audit reports - Non-reciprocal challenge meetings between Finance Teams as part of GM ICS assurance (quarterly)	- The uncertainty of the finance regime and the short notice of planning guidance means that the Trust is operating without a confirmed income base which could lead to poor financial decisions being taken at risk	- Develop a series of plans for the H2 process without the guidance in place, which can then be confirmed at a quicker pace - Continue to engage with GM ICS finance colleagues and ensure that Stockport FT's financial position gains a fair share of system funding - Engage with senior leaders in the organisation on the financial challenge and the current regime so that they operate within this - Ensure that the financial governance processes remain in place and are upheld to ensure that the recurrent cost base of the Trust does not significantly or incrementally increase	(5x3) 15
PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan (medium/long term), optimising opportunities for financial recovery through system working, leading to inability to secure financial sustainability	Finance & Performance	- Full participation in GMHSCP financial planning - DoFs Planning Group - Clear planning process for 2021/22 that triangulates activity, workforce and cost - Prioritisation of investments linked to planning priorities - Monitoring of expenditure plan through performance review meetings - Continued Executive Planning oversight	- Underlying financial deficit - Inability to deliver recurrent CIP	**Level 2 – Corporate** - Agreement of an Expenditure Plan for 2021/22 - Performance against Financial Plan reported to F&P Committee and Board (Monthly) - Sufficient cash to continue business operations without emergency borrowing - Positive non-reciprocal GM challenge on 2021/22 plans	- The Trust is part of GM as the ICS and part of the financial envelope for 2021/22 and beyond will need to be determined and agreed by the parties within this system. - The Trust cannot develop a multi-year plan without the certainty of a known level of income	- Develop a series of plans for the H2 process without the guidance in place, which can then be confirmed at a quicker pace. - Develop a CIP programme for 21/22 and 22/23 with targets allocated by division, ahead of confirmation of efficiency requirement - Continue to refresh the medium term financial strategy and understand the drivers of the deficit	(4x4) 16

Objective 7 - To develop our Estate and IM&T infrastructure to meet service and user needs

Principal Risk Number	Principal Risk What could prevent this objective being achieved? (Failure to achieve key outcomes)	Lead Board Committee	Key Controls What controls/ systems do we have in place to assist in securing delivery of our objective?	Gaps in Control Where are we failing to put controls/ systems in place? Where are we failing in making them effective? Where is the action plan held?	Key Assurances / Positive assurances Where can we gain evidence that our controls/systems on which we are placing reliance are effective? Have we evidence that shows we are reasonably managing our risks and objectives being delivered?	Gaps in Assurance Where are we failing to gain evidence that our controls/ systems on which we place reliance are effective?	Key Actions What more should we do, and by when to mitigate the risk?	Residual Risk Score Level of Risk Risk Score in last report to Board / Current Risk Score
Objective 7 - To develop our Estate and IM&T infrastructure to meet service and user needs								
PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards leading to inefficient utilisation of suboptimal estate that does not support high quality care and increased health and safety incidents	Finance & Performance	- Approved Capital Programme - Clinical Services strategy aligned to Estates Strategy. - Robust process in place for identification and stratification of Estates related risks - Robust delivery and review of 6-facet survey information - Premises Assurance Model (PAM) Action Plan in place	• Financial resources to enable optimum levels of estates investment • Inability to deliver required upgrades due to access limitations related to clinical activity pressures	**Level 1 – Management** - Capital Investment Group - Health & Safety Group **Level 2 – Corporate** - Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** - Estates Return Information Collection (ERIC) - Model Hospital Data Set		Full implementation of PAM Action Plan Full implementation of Capital Programme	(4x4) 16
PR7.2	There is a risk that we are unable to materially improve environmental sustainability and achieve Net Zero carbon leading to suboptimal support to locality objectives and the NHS commitment to carbon reduction	Finance & Performance	- Delivery of approved capital plan. - Robust identification and stratification of sustainability-related risks. - Robust delivery and review of 6-facet survey information. - Trust Sustainability Manager appointed	• Green Plan in progress • Inadequate financial resources to enable optimum levels of investment to deliver sustainability improvements	**Level 1 – Management** - Capital Investment Group **Level 2 – Corporate** - Sustainability Annual Report - Significant risk report to Risk Committee and Board (Monthly) **Level 3 – Independent Assurance** - Estates Return Information Collection (ERIC)	• Sustainability Strategy Group to be established.	Develop and deliver approved Green Plan.	(4x4) 16
P7.3	There is a risk that there is insufficient funding, or an identified funding mechanism, to support the strategic regeneration of the hospital campus leading to significant short, medium and long term compromises in the Trust's capability to deliver modern and effective care	Finance & Performance	- Strategic Regeneration Framework Prospectus completed - New Hospital Building Programme Expression of Interest developed	Funding mechanism not confirmed	**Level 2 – Corporate** - Strategic Regeneration Framework Prospectus and Expression of Interest – Board		Expression of Interest Submission, September 2021	(4x4) 16
PR7.4	There is a risk that the Trust does not develop, agree and implement a Digital Strategy that ensures a resilient and responsive digital infrastructure, leading to inability to support improvements in quality of care and compromise of data/information	Finance & Performance	- Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy - Fire wall controls - VPN access - Spam and malware email notifications and anti-virus updates - Network accounts checked after period of inactivity – disabled if not used - Major incident plan in place - Spam and malware email notifications circulated	Approved Digital Strategy not in place	**Level 1 – Management** - Data Protection and Security Toolkit submission to Board - Digital Report to Risk Committee **Level 2 – Corporate** - Cyber Security Report to Board **Level 3 – Independent Assurance:** - Business Continuity Confirm and Challenge NHSEI - ISO 270o1 Information Security Management Certification - Internal Audit Reports		Develop and deliver approved Digital Strategy.	(3x4) 12

Significant Risk Register – September 2021