

BOARD OF DIRECTORS

PUBLIC MEETING

5 AUGUST 2021

Making a difference every day.



Stockport
NHS Foundation Trust

Board of Directors Meeting Thursday, 5 August 2021

Held at 9.30am in Lecture Theatre A, Pinewood House / via Webex
(This meeting is recorded on Webex)

AGENDA

Time		Enc	Presenting
0930	1. Apologies for absence		
	2. Declaration of Interests	<i>Verbal</i>	
0930	3. Patient Story		H Howard
	4. Minutes of Previous Meeting – 3 June 2021	✓	T Warne
	5. Action Log	✓	T Warne
	6. Chair's Report <ul style="list-style-type: none"> • Board Work Plan 	✓	T Warne
	7. Chief Executive's Report	✓	K James
	8. Performance		
	8.1 Integrated Performance Report	✓	
8.2 Executive Summary <ul style="list-style-type: none"> • Quality • Workforce • Operational • Finance 		K James H Howard E Stimpson J McShane J Graham	
8.3 Outcome of Winter Debrief		J McShane	
8.4 Safeguarding Annual Report	✓	H Howard	
8.5 Quality Strategy	<i>Verbal</i>	H Howard	
	<i>Comfort break</i>		
9. Engagement			
9.1 Nil items			
10. Improvement			
10.1 Corporate Objectives Review	✓	K James	
11. Governance			
11.1 Board Committee Assurance – Committee Chairs to report <ul style="list-style-type: none"> • Audit Committee Report 	✓		

- Finance & Performance Committee Report ✓
- Quality Committee Report ✓
- People Performance Committee Report ✓

12. CONSENT AGENDA

- 12.1 Nil items

13. DATE, TIME & VENUE OF NEXT MEETING

- 13.1 Thursday, 7 October 2021, 9.30am, in Lecture Theatre A, Pinewood House

- 13.2 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 public meeting of the Board of Directors held
on Thursday, 3 June 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
Mrs N Firth	Chief Nurse
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 M Moore	Non-Executive Director
Ms J Newton	Associate Non-Executive Director
Mrs C Parnell	Director of Communications & Corporate Affairs *
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
Ms N Featherstone	Associate Nurse Director IPC
Ms C Woodford	Deputy Chief Operating Officer

143/21 Apologies for Absence

Apologies for absence were received from Mr Bailey, Mr Lucas, Mrs McShane and Mr Moores. Professor Warne welcomed Board members and observers to the meeting.

144/21 Declaration of Interests

There were no declarations of interest.

145/21 Staff Story

Mrs Firth reminded the Board that the purpose of staff stories was to bring the staff voice to the meeting, providing real and personal examples of issues within the Trust's quality and safety agendas.

She introduced a short film that detailed a co-ordinated and integrated approach that the Trust's organisational development department had developed for international nurse recruits to enable a more joined up approach between bespoke clinical induction

and preparation for working and living in Stockport. The Board heard that the new approach had been very well received by the international nurse recruits.

Mrs Firth commented that the People Performance Committee had also seen the film and had welcomed the integrated approach. She added that the photos shown in the video had been taken pre-pandemic.

Prof Warne commended the programme and highlighted a link with the People Plan that would be considered later on the agenda.

The Board of Directors:

- Noted the content of the film.

146/21 Minutes of the previous meeting

The minutes of the previous meeting of the Board of Directors held on 6 May 2021 were agreed as a true and accurate record of proceedings, subject to an amendment to include Ms Newton as having been present rather than in attendance.

147/21 Action Log

The action log was reviewed and annotated accordingly.

Prof Warne commented that he had felt that the Integrated Performance Report (IPR) was disintegrated and that he would speak to colleagues outside of the meeting about the approach going forward.

148/21 Chair's Report

Prof Warne presented a report reflecting on recent and future activities in relation to looking ahead and Annual Members' Meeting.

He highlighted the plans to move to bi-monthly Public Board meetings, noting that NHSE/I colleagues had welcomed the proposed approach, particularly in the context of strategic development. He added that monthly Private Board meetings would still be scheduled as and when necessary alongside the monthly Board development sessions.

The Board of Directors:

- Received and noted the report.

149/21 Chief Executive's Report

Mrs James presented a report providing an update on local and national strategic and operational developments. She briefed the Board on the recovery programme, highlighting the associated challenges, including in the context of the sharp increase in A&E attendances, and mitigating actions locally and GM-wide. She thanked all of the teams for their drive and commitment to delivering the recovery programme and providing the best possible care.

Mrs James also provided an overview of the successful vaccination programme, Making a Difference Awards, Together Festival, and 'We Can Talk' training.

In response to questions from Ms Newton and Mrs Moore about whether there was any correlation between long waits and the increased A&E attendances, Mrs James advised that the Trust was in line with meeting its improvement trajectory regarding long waiters but would also seek mutual aid if necessary. She added that the whole system was under significant pressure and the reduced face to face primary care consultations was impacting on the numbers of people presenting in A&E.

Mrs Barber-Brown said that it would be good to understand the impact of the increased A&E volumes from a patient safety and experience perspective. Dr Logan-Ward noted that the Quality Committee considered ED safety reports and that there was overall assurance that the Trust was providing a safe service. She added that the patient satisfaction rates were high, which was particularly commendable given the high volumes of patients in the department, but noted that further work was ongoing regarding complaints, particularly around communications.

Mr Graham said that he had been the Executive on-call on the day when ED had seen over 400 attends, and highlighted the systems and processes that had enabled patient flow, including a clear throughput, triaging, additional consultant input, and the work of the in-reach and specialty teams. He stressed the importance of maintaining and embedding that approach. With regard to patient satisfaction, he noted that people recognised that they were being seen relatively quickly in a very busy department and it was not about being critical of the system as we were all under tremendous pressure.

Mrs Firth commented that the reduction in complaints, incidents and improved staff survey and Friends & Family feedback were all testament of the improvements made in ED, including an increased nursing establishment and improvements made regarding the estate.

Prof Warne commented that he was looking forward to meeting the volunteers with Mrs James the following day and he commended the significant contribution they continued to make within the Trust. He also made reference to his recent visit to A&E and welcomed the conversations he had had with the department's enthusiastic staff.

The Board of Directors:

- Received and noted the report.

150/21 Quality Committee Report

Dr Logan-Ward presented the key issues report and commented that overall there was a good and consistent level of assurance around quality metrics. She briefed the Board on assurance received with regard to a patient story, Integrated Therapies presentation, nosocomial Covid deaths report, transfusion compliance, NICE guidance implementation, CQC update, Health & Safety Chair's report, waiting list harms, and Board Assurance Framework (BAF).

Mr Bell advised that he had observed the Quality Committee meeting as part of his induction and highlighted a full discussion around the CQC update. He noted the high assurance provided by the MIAA report on the process but queried what the external view was on stepping down the action plan.

Mrs Firth advised that the Stockport Improvement Board received the same CQC update reports as the Quality Committee so they were sighted on the proposals. She noted that the previous CQC action plan had focused on the last CQC inspection and given that the CQC inspection regime was changing, it had been agreed with the NHSE/I Improvement Director that the action plan should evolve to incorporate the new process and standards.

Dr Loughney briefed the Board on the outcome of the investigation into the wrong site block never event. He highlighted the immediate mitigating actions, noting that blocks would now always be performed in theatre and that any other procedures happening in other areas were being reviewed to ensure they were appropriate.

In response to a question from Dr Logan-Ward, Dr Loughney confirmed that the learning from the never event would be included in the next IPR.

The Board of Directors:

- Received and noted the key issues report.

151/21 Integrated Performance Report – Quality Section

Dr Loughney reported a positive step change in compliance to the timely recognition of possible sepsis cases. He briefed the Board on additional actions in this area, including ensuring timely recognition of sepsis in paediatrics and neonates.

With regard to the mortality indicators, the Board heard that work was ongoing to ensure correct comorbidity coding. Dr Loughney advised that while the Trust performed within the expected limits regarding the mortality indicators, areas were being identified where performance could be further improved.

Mrs Firth drew the Board's attention to the nursing and midwifery staffing update slides appended to the report and highlighted developments with regard to nurse recruitment, a reduction in the use of temporary staffing, the Stockport Accreditation & Recognition System, and the adoption of a risk based approach to visiting. She concluded that there had been a positive start to this financial year in terms of nursing and midwifery staffing.

Mrs Barber-Brown referred to the nurse staffing pipeline and queried if the timetable would be adversely affected due to Covid restrictions and visa approvals. Mrs Firth acknowledged the adverse impact but noted that the recruitment days should help in this area.

In response to a question from Dr Sell regarding the Red Flag process, Mrs Firth advised that it was a national alert system and any member of staff could declare a Red Flag incident when staffing levels dropped below planned numbers. She said that she was happy to provide further information about the system and any arising themes to one of the Board Committees.

In response to a comment from Mr Bell about the number of nurses awaiting their PIN, Mrs Firth clarified that some of those related to students who would not get their PIN until they qualified, and confirmed that the delay did not relate to a lengthy process.

In response to a question from Mr Bell who queried how the Trust's nursing and midwifery turnover figure of 11% compared with peers, Mrs Firth advised that the national average was around 11%, but that the Trust's turnover figure had reduced from 14%. She added that the Trust's ambition was to improve the figure further to be better than the national average.

Prof Warne commented that it was pleasing to hear that the Trust was getting more interest in medical and nursing posts than previously, noting that it was an indication that we were moving in the right direction with people wishing to work here.

In response to a question from Dr Sell regarding staff health and wellbeing, Mrs Stimpson briefed the Board on support available to staff, including having a dedicated clinical psychologist and access to the GM resilience hub. She added that the Trust had been successful in an NHS Charities bid to increase our clinical psychologist input as the long term effects of Covid were still unknown.

The Board of Directors:

- Noted the content of the quality section of the IPR and the nursing and midwifery staffing update report.

Mrs Featherstone joined the meeting.

152/21 Infection, Prevention & Control (IPC) Annual Report

The Board welcomed Ms Featherstone, Associate Nursing Director IPC, to the meeting. Ms Featherstone presented the IPC Annual Report 2020/21 and an associated presentation that covered the following subject headings:

- Successes,
- Challenges,
- IP&C Strategy.

The Board noted the following key messages:

- The Associate Nursing Director IPC had received a top national nursing award,
- Investment provided to increase the IPC nursing team,
- A reduction in the number of Clostridium Difficile cases,
- The surgical site surveillance infection rate remained at 0%,
- No wards had been affected with influenza outbreaks across the Trust,
- HSDU & EDU were successful in passing their BSI accreditation,
- The overall uptake of the flu vaccine amongst frontline staff was 81.6% against the national figure of 76.8%.

Mrs Firth commended the IPC strategy on a page, noting that it would also be rolled out to other areas.

Prof Warne said that he was pleased that the annual report had focused on IPC in a more rounded way, rather than just on Covid. He recorded the Board's appreciation to the Trust's domestic team who had stepped up the deep cleans during the pandemic, even undertaking them in the middle of the night.

Dr Logan-Ward said that one of the biggest challenges had been about IPC being seen as everyone's responsibility, rather than just the IPC team's, and queried progress in this area. Ms Featherstone noted that there was still some way to go but the position was improving and she briefed the Board on the associated improvements.

Mrs Anderson commented that the IPC team was seen as being very much integrated through PLACE and she was pleased to see that the perception was also improving across the Trust.

Dr Sell asked whether Ms Featherstone was concerned that the improved IPC measures would not continue once the Covid position began to improve. Ms Featherstone said that she was concerned that people would become complacent and consequently some of the achievements might not be achieved this year. She stressed the importance of IPC being everyone's responsibility and that challenging the compliance had to continue to ensure it was sustainable.

Dr Sell noted that the Board needed to continue to support the IPC agenda by role-modelling, including providing appropriate challenge during walkabouts.

Mrs Firth said that there would be a system-wide approach to IPC next year, and that further clarity was awaited about regulations and restrictions. She also highlighted the issue of increased antibiotic usage and briefed the Board on mitigating actions in this area.

Mrs Barber-Brown queried if Ms Featherstone was confident that any concerns she raised reached the Board in a timely manner. Ms Featherstone confirmed that the process had improved since Mrs Firth had commenced in post and that she was now confident that the Board had a better oversight of IPC issues.

The Board of Directors:

- Received and noted the IPC Annual Report 2020/21 and the associated assurance,
- Thanked Ms Featherstone and her team for their work on the IPC agenda.

Ms Featherstone left the meeting.

153/21 Finance & Performance Committee Report – Operations related key issues

Mrs Anderson presented the key issues report and highlighted the continued challenges around endoscopy and the 18-week referral to treatment (RTT) standard and the ongoing GM-wide work regarding recovery.

She reported improvements with the rest of the diagnostic standards, cancer two week waits and ED performance and recruitment and also provided an overview on work around bed planning and capacity.

Mrs Anderson highlighted a future risk of increased GP referrals and advised that the Committee had recommended that the Board have a detailed conversation about the BAF to ensure an appropriate and effective triangulation of the risks. Prof Warne said that the plan was to have the BAF discussion at the August Board meeting.

The Board of Directors:

- Received and noted the key issues report.

154/21 Integrated Performance Report – Operations Section

Ms Woodford highlighted ED performance as a significant challenge due to the increased attendances and briefed the Board on actions in this area, including same day emergency care and work with the CCG on ambulance conveyancing.

The Board heard that the medically optimised awaiting transfer (MOAT) and no criteria to reside patient figures were decreasing but that work continued to improve out of area discharges.

With regard to diagnostics, Ms Woodford highlighted endoscopy as a key challenge, and advised that the Trust continued to use GM mutual aid, including the Fairfield facility. She said that all other diagnostic modalities were on track and briefed the Board on work on GM community diagnostic hubs.

Ms Woodford reported that the Trust maintained its compliance with the two week wait cancer standard and this was forecast to continue. She advised that the recovery of the referral to treatment (RTT) standard was a key focus, that outpatient improvement work was ongoing and the Board heard that the Trust had submitted an elective recovery bid. Ms Woodford also highlighted the importance of continued clinical review of the long waiters.

In response to a question from Prof Warne who queried when the outcome of the elective recovery fund bid was likely to be known, Mrs James advised that the timescales were still unknown, but that it was positive that the Trust had submitted its bids.

In response to a question from Ms Newton who queried if the Trust would be able to mobilise the activity quickly if it was to secure recovery funding, Mrs James said that this would be possible in some of the areas.

In response to a question from Mrs Barber-Brown regarding the risk relating to the fragility of the ENT service, Mrs James advised that from a longer term perspective consideration was being given to collaborative working with other organisations to address the issue. She added that from an immediate safety point of view the patients on the waiting list were being reviewed and mutual aid was being considered.

The Board of Directors:

- Received and noted the content of the operations section of the IPR.

155/21 People Performance Committee Report

Mrs Barber-Brown advised that the Committee had considered the BAF, risks and audit priorities and had come to the same conclusion as the other Committees that a more detailed Board level discussion was required in this area.

She briefed the Board on the content of the key issues report and highlighted the Committee's consideration of the people pulse survey, end of life presentation, People Plan, and health and wellbeing.

In response to a question from Prof Warne about the artist in residence, Mrs Stimpson clarified that the Trust was currently considering having an artist to work with staff to use art as a way of expressing themselves.

The Board of Directors:

- Received and noted the key issues report.

156/21 Integrated Performance Report – Workforce Section

Mrs Stimpson reported that the substantive staff in post position reflected the increases to ward based establishments for nurses and HCAs. She noted a marginal increase in sickness absence, but advised that Covid related sickness had reduced for a fourth consecutive month and highlighted support available to staff.

Mrs Stimpson reported an improved bank and agency expenditure position, which was now at pre-pandemic levels, and advised that the position continued to be closely monitored.

In response to a question from Dr Sell about Covid related staff absences, Mrs Stimpson confirmed that the figures included absences relating to both acute and long Covid.

In response to a comment from Mr Graham about the EU settlement scheme, Mrs Stimpson briefed the Board on ongoing work to support staff from EU on getting a settled status. In response to a question from Prof Warne about the numbers of EU staff, Mrs Stimpson advised that the Trust had been working with over 200 staff in this area.

The Board of Directors:

- Received and noted the content of the workforce section of the IPR.

157/21 Our People Plan

Mrs Stimpson presented a revised People Strategy – 'Our People Plan'. She advised that the refreshed People Plan had been shared with trade union colleagues, been through internal governance systems, and was endorsed by the People Performance Committee for Board approval.

She briefed the Board on the content of the report and advised that the covering report provided an overview of the NHS People Plan priorities and how these were

addressed in the Trust's People Plan and aligned to the strategic objectives. The Board heard that the updated strategy was underpinned by a detailed integrated delivery plan and that progress against delivery was monitored by the People Performance Committee.

Mrs Stimpson added that a number of enabling delivery plans that had previously been developed in 2020/21 were in the process of being updated and presented to the People Performance Committee for approval.

Mrs James advised that the National People Board, which she was a member of, was due to publish a number of new workforce indicators and she noted that the refreshed People Plan aligned well with those metrics.

In response to a comment from Mrs Barber-Brown, Mrs Stimpson advised that Attain had worked with divisions to help them gain a better understanding of their workforce gaps as well as transformational opportunities, and that the work had been pulled together into an overarching workforce plan. She said that this aligned with the strategic workforce and planning pillar in the People Plan and that the People Performance Committee had an oversight in this area.

Mr Bell made reference to the 'Our Improvement Journey' chart in the People Plan and queried if the targets were ambitious enough. Mrs Stimpson said that the People Performance Committee had considered the targets in detail to ensure they were ambitious but also realistic. She added that the Trust performed well against its peers in certain areas, whereas other areas still required further development, and provided further clarity on the target setting process.

In response to a question from Prof Warne regarding #TeamStockport, Mrs Parnell confirmed that the hashtag was widely used to refer to the Stockport family by this Trust and other Stockport partners.

In response to a question from Dr Sell about future workforce and links with local schools and colleges, Mrs Stimpson advised that these connections were being re-established as they had been impacted by the pandemic, and she briefed the Board on plans in this area, including the Trust's ambition to maximise the use of the apprenticeship levy.

The Board of Directors:

- Received and noted the report,
- Approved the revised People Strategy – 'Our People Plan'.

158/21 Finance & Performance Committee Report – Finance related key issues

Mrs Anderson advised that the Committee had received an update on M1 financial performance and obtained assurance on the delivery of the H1 plan. She added that while there was some certainty over the first half of the financial year, the Committee was concerned about the lack of clarity around H2, and the likely expectation of more recurrent efficiency savings.

Mrs Anderson advised that the Committee had received positive assurance on the development of cost improvement programme (CIP) plans for H1, had considered a treasury management report, and received an informative presentation on IT developments.

In response to a question from Dr Logan-Ward about capital, Mr Graham advised that the Capital Programme Management Group and the Executive Oversight Group had an oversight of all capital schemes and ensured the appropriate prioritisation process given the finite capital resource. He added that there were separate governance structures in place for the major strategic schemes, such as Healthier Together and the Emergency Care Campus, but that they also reported through the above groups.

In response to a request from Mrs Anderson, Mr Graham agreed to present the outcome of the recent capital prioritisation exercise to the Finance & Performance Committee.

Ms Newton said that she was pleased to see that the finance team was developing a medium term financial term plan, which was not easy given the uncertainty over H2 of the financial year.

The Board of Directors:

- Received and noted the key issues report,
- Agreed that Mr Graham would present the outcome of the capital prioritisation exercise to the Finance & Performance Committee.

159/21 Audit Committee Key Issues Report

Mr Hopewell presented a key issues report from the May Audit Committee meeting. He advised that the meeting had rounded off the Committee's work for the year, particularly regarding year-end requirement deadlines and to ensure everything was in place for this week's extraordinary Audit Committee meeting and Board meeting to sign off the Annual Report and Accounts.

Prof Warne highlighted the impressive amount of work the Committee had got through by year-end.

The Board of Directors:

- Received and noted the key issues report.

160/21 Integrated Performance Report – Finance Section

Mr Graham presented the finance section of the IPR and highlighted the challenge given the lack of clarity about H2 2021/22, which meant that the Trust did not yet have an approved income and expenditure plan for H2. The Board heard that H2 was likely to be on the same basis as H1, but with increased efficiency and productivity requirements.

Mr Graham briefed the Board on work with divisions on CIP delivery, noting that this was a significant focus for the Trust, and also provided an overview on capital planning.

Prof Warne queried if the Trust would continue with any of the cost saving initiatives that had been started during the pandemic, such as virtual outpatient clinics. Mr Graham confirmed that this would be the case and as well as virtual outpatient clinics, the Trust was also looking at agile working as much as possible.

Mr Bell highlighted the importance of having a longer term financial plan in place as soon as possible.

Mrs Barber-Brown noted that it was good to see the connection between workforce, quality and finance from the way in which the IPR had been structured in sections. She said that she was less clear at this stage about the alignment of performance but she welcomed the connection between the other areas.

Mr Graham said that as part of this year’s planning approach, there was a link between capacity, performance, activity and workforce and they all fed into the financial plan. He noted that all the plans were interlinked, which had been a positive development, and the monthly divisional performance review meetings enabled the understanding between the links.

The Board of Directors:

- Received and noted the content of the finance section of the IPR.

161/21 Consent Agenda

- **Annual Governance Declarations**

The Board of Directors approved the proposed declarations relating to the NHS Provider Licence General Condition 6, Continuity of Services Condition 7, Corporate Governance Statement FT4, and governor training as set out in the report.

162/21 Date, time and venue of next meeting

The next public meeting of the Board of Directors would be held on Thursday, 5 August 2021, commencing at 9.30am via Webex.

163/21 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	<p>Outcome of the winter debrief to be reported to the Board or appropriate assurance committee.</p> <p>Update 4 Feb 2021 – It was agreed to consider the outcome of the winter debrief at the May Board meeting.</p> <p>Update 3 Jun 2021 – The winter debrief to be reported to the August Board meeting.</p>	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
05/02/21	35/21	Ockenden Report	<p>Provide an update against the outstanding CNST action relating to clinical neonatal workforce planning at the next meeting.</p> <p>Update 5 Mar 2021 – currently there is no separate neonatal on-call rota. An action plan with mitigations was being prepared for presentation to the Board.</p> <p>Update for August – Report and action plan presented to the Board on 12 July 2021. Action complete.</p>	July 2021	A Loughney
01/04/21	87/21	IPR	Consider how to facilitate future service visits by Board members.	TBC	K James
01/04/21	87/21	IPR - quality	Mental health strategy for Stockport to be presented to the Board.	Sept 21	A Loughney

Meeting	Minute reference	Subject	Action	Bring Forward	RO
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 work plan was being realigned to reflect the move to bi-monthly Board meetings.	August	T Warne / C Parnell
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 BAF and the triangulation of the risks at the September Board meeting.	September 2021	N Firth
06/05/21	117/21	IPR – Quality	Dr Loughney agreed to provide a verbal update about the wrong site block never event investigation at the June Board meeting. Update for 3 June 2021 – Update provided as part of the IPR review. Action closed.	June 2021	A Loughney
On agenda					
Not due					
Overdue					
Closed					



Stockport NHS Foundation Trust

Meeting date	5 August 2021	x	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Chair's Report				
Lead Director	Trust Chair	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	
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

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

As outlined in the Chief Executive's, report the Government's White Paper, *Integration and Innovation: working together to improve health and social care for all*, is set to herald a number of changes for health and social care nationally, regionally and locally.

Many of these changes are in line with the strong partnership working that has developed between organisations in recent years, and which was strengthened during the pandemic as we worked on common challenges together.

I welcome the opportunities that will come from a greater focus on effective integration and development of a place and neighbourhood based approach to improving the health and wellbeing of the local people we serve, as well as address the many health inequalities we see across Greater Manchester (GM), Stockport and the surrounding areas.

Collaboration will be key to maximising these opportunities, and since our last public Board meeting I have been involved in a lot of partnership working in my role as Chair. I was delighted to join colleagues from other organisations at an oversight workshop where we explored how we could support the development of the Integrated Care System (ICS) for GM.

I made two suggestions to support the effective working of the ICS, which were both endorsed by other attendees, and shortly we will see the first of regular update briefings from the GM Provider Federation Board on its top ten areas of focus for commissioning. I also look forward to what will come out of bringing together all the Boards from every health organisation in GM to share views on how the many bodies will work together as part of the ICS in the future.

Tackling health inequalities is a key priority for the ICS' being developed across the country, so I was pleased to attend the launch of a new framework aimed at reducing health inequalities and building back fairer from the Covid-19 pandemic for future generations.

The framework was published by the UCL Institute of Health Equity as part of a new Marmot review commissioned by the GM Health and Social Care Partnership. At the launch it was extremely powerful to hear from young people about the huge impact the pandemic has had on their lives, and this was set against the background of GM

having a 25% higher Covid death rate than England as a whole in the 13 months to March 2021, which contributed to a larger than average fall in life expectancy.

Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives sets out a series of recommendations to improve equity for future generations, including:

- Build back fairer for future generations – prioritise children and young people,
- Build back fairer resources – rebalance spending towards prevention,
- Build back fairer standards – for health living,
- Build back fairer institutions – extend anchor institutions to VCSE and businesses,
- Build back fairer monitoring and evaluation – develop equity targets,
- Build back fairer through greater local power and control – devolution.

It will be interesting to see how the changing health and social care system across GM adopts this framework and works together to tackle inequalities in the coming months and years.

In reflecting on the exciting opportunities that are coming out of the array of system changes, it is only right to acknowledge the huge amount of work that Bill McCarthy has led in his time as North West regional director for NHS England and NHS Improvement on which many of these change will be built.

He stepped down from the role at the end of July and during his time at NHSE/I he has really improved the organisation's liaison with NHS trusts. I have personally valued the time he took to regularly brief both Chairs and Chief Executives to keep us up-to-date with all that was happening nationally in the health and social care.

I am sure we all wish him well for the future and look forward to welcoming Amanda Doyle OBE as his replacement. A GP by background Amanda was the Chief Clinical Officer for Blackpool and Fylde and Wyre CCG, and the ICS lead for Lancashire and South Cumbria.

3. TRUST ACTIVITIES

One of the pleasures of my role as Chair is getting out and about across the Trust, meeting colleagues and learning more about their services and individual roles. There are a couple of activities in the Trust in recent weeks that have really stuck in my mind.

It was great to see such support from local bakeries, restaurants and cafes for our Big Tea bake sale in the hospital restaurant to mark the 73rd birthday of the NHS. Many staff also contributed beautiful home made goods to help raise funds for the

Trust's charity. The hospital, its services and staff are really held in high esteem by the communities we serve and I would like to thank everyone who took part in the bake sale.

I always enjoy interviewing for consultant roles, seeing the next generation of clinical talent wanting to work in Stockport, and that was very much the case at the recent interviews for a consultant to join our paediatric team. The successful candidate had made a deliberate choice to come to Stockport because of the reputation and range of paediatric services we offer, and I am sure they will make a great contribution to the health of our youngest patients.

We are not alone in seeing a big increase in the number of children and young people needing care, particularly for respiratory illnesses, via our emergency department and paediatric service. As one team member said to me "*it's like we're experiencing November in the middle of July.*" Our teams are doing a fabulous job in rising to the increased demand, and we will continue to do all we can to support them.

On a visit to the wards that Pennine Care NHS Foundation Trust operates at Stepping Hill Hospital I heard about the support their excellent liaison team provide to patients, not only in our emergency department but across the hospital. They are a real example of the saying "*There is no health without mental health*" and I heard about how their holistic approach also extended to providing emotional support to colleague in wards and departments across the hospital during Covid-19.

I was joined on the visit by Pennine's chair, Evelyn Asante-Mensah OBE and we both agreed that this holistic view really bodes well for the developing place and neighbourhood based approach we are all trying to develop across the local health and care system.

To further strengthen this approach I have been very pleased by the response to my attempt to resurrect regular meetings between the Chairs of key bodies across Stockport, including Pennine Care, Stockport CCG, Viaduct, Mastercall, and representatives of the local authority. I look forward to us meeting together regularly to strengthen and complement the work our chief officers are doing in developing new place and neighbourhood based ways of working together.

4. STRENGTHENING BOARD OVERSIGHT

As we recently changed the frequency of our public Board of Directors meeting it is even more important that we continue with our efforts to strengthen governance, assurance and Board oversight of our activities.

This month Board members will see a refreshed integrated performance report, and a new look Board Assurance Framework (BAF) is in train and will be the subject of a development session in September prior to presenting to the next public Board meeting.

Recently Non-Executive Directors took part in a workshop on how to effectively use the BAF in assurance committees, and it was very valuable to spend time as a Board last month reflecting on how we want to make the most effective use of our time together. We also heard from Mike Farrer, a highly experienced former NHS Chief Executive and former Chief Executive of the NHS Confederation, who shared his views on the developing regional and national picture linked to the Government's White Paper, and helped us to explore what that could mean for the Trust.

5. RECOMMENDATIONS

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

Board of Directors public work plan

	April	June	August	October	December	February
Patient story	X	X	X	X	X	X
Chair's report	X	X	X	X	X	X
CEO report	X	X	X	X	X	X
IPR (including safe staffing)	X	X	X	X	X	X
Committee key issue reports	X	X	X	X	X	X
BAF	X	<i>Need to agree whether bi-monthly or quarterly as originally agreed</i>				
FSUG		X			X	
NED independence declaration	X					
Use of Trust seal	X					
Declarations of interest	X					
Review of board effectiveness		X				
Annual report and accounts		X				
Annual governance statements	X					
Corporate objectives setting	X					
Corporate objectives review			X			X
Health & safety annual report					X	

	April	June	August	October	December	February
Annual plan						X <i>Adhoc meeting may be required in March to sign off plan</i>
Safeguarding annual report			X			
CNST annual declarations		X				
IPC annual report		X				
Flu self assessment					X	
Medical appraisal & revalidation						X
Mortality – learning from deaths					X	
NHS staff survey results	X					
Patient experience annual report & inpatient survey		X				
Guardian of safe working					X	
Safe staffing				X		
WRES				X		
Charity annual accounts					X <i>May require adhoc trustees meeting In January to sign off accounts</i>	
Single gender declaration	X					
Gender pay gap						X

Stockport NHS Foundation Trust

Meeting date	5 August 2021	x	Public	Confidential	Agenda item
Meeting	Board of Directors				
Title	Chief Executive's Report				
Lead Director	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. REGIONAL NEWS

2.1 Integration and innovation

In 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 sets out a number of changes to the way health and social care currently operates with the aim of reducing inequalities and supporting people to live longer, healthier independent levels. 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 with the Greater Manchester ICS, and each locality will also have arrangements in place to support improvements to the health and wellbeing of their local populations.

In Stockport partners, including the Trust, are currently working on the development of:

- a locality board,
- a provider partnership/alliance,
- integrated neighbourhoods.

Subject to the White Paper being approved by Parliament the locality board will be responsible for co-ordinating the local contribution to health, social and economic development. It will provide collective system oversight of a joint place based budget.

The provider partnership/alliance will be made up NHS and other organisations, including third sector bodies, working together to transform and deliver services to support the local health and wellbeing priorities for Stockport that are set by the locality board.

Neighbourhoods will be key to the delivery of priorities and they will continue to focus on integrating services to support local people.

3. TRUST NEWS

3.1 Covid safety

As rates of Covid-19 infection in the community remain high in Greater Manchester, we have joined other NHS organisations in retaining safety measures to protect patients, staff and the public despite the national easing of restrictions.

Following “*Hands, Face, Space*” guidance and taking other precautionary steps over the last year has helped to protect our staff and vulnerable patients who need to access our services.

As our teams work hard to restore services impacted by the pandemic, as well as continuing to treat patients with Covid-19, we are asking our staff, patients and visitors to carry on wearing a mask and comply with social distancing and hand hygiene guidance.

3.2 Long Covid clinic

We have recently launched a clinic to support people suffering from long term effects of Covid-19.

Based at Romiley Health Centre, the clinic is staffed by a range of clinicians who specialise in various aspects of long Covid, including heavy fatigue, shortness of breath, and loss of muscle tone.

The vast majority of people infected with Covid-19 will recover within 12 weeks but research is ongoing into why others will suffer more long term effects, and the clinic provides them with face-to-face and virtual assessments as well as individual advice and treatment.

3.3 Gold award

Our efforts in supporting members of the armed forces community have been rewarded with an Employer Recognition Scheme Gold Award, the highest honour given by the national scheme.

To receive the gold award organisations must provide ten extra paid days leave for reservists and have supportive HR policies in place for veterans, reserves, cadet force adult volunteers, as well as spouses and partners of those serving in the armed forces.

Having signed up to the Armed Forces Covenant in 2018, we have done so much more including forging a strong working relationship with 207 Manchester Field Hospital, developing an Armed Forces Network Group and an Armed Forces Champion role,

taking part in a military insight day, supporting Reserves Day and Armed Forces Week, promoting vacancies and placements for the armed forces community, and offering a pre-employment programme for veterans interested in joining the NHS.

3.4 Graduates scheme

To try to address a national shortage of young talent joining NHS estates and facilities team, we have joined forces with colleagues at Tameside and Glossop Integrated Care NHS Foundation Trust and GM universities to launch a graduate scheme.

Four graduates have recently been recruited to the scheme that will operate across both trusts giving the students valuable practical experience alongside their academic studies, as well as access to coaching and mentoring to hopefully support a future career in the NHS.

The graduates, who it is hoped will be the first of many to join the scheme, are studying a range of courses including mechanical engineering, quantity and building surveying, construction project management, and real estate and property management.

3.5 HSJ Patient Safety Awards

We are delighted to have two teams shortlisted for the prestigious HSJ Patient Safety Awards, which will be presented at the Patient Safety Congress in Manchester in September.

Our recently established acute frailty service is shortlisted 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.

A joint project between ourselves, Stockport Metropolitan Borough Council and Stockport Clinical Commissioning Group is shortlisted in the changing culture category. The Discharge 2 Assess Team is made up from staff from the three organisations and during the pandemic they have worked together to rapidly and safely discharge patients home from hospital with a package of care in place.

3.6 Nursing Times Award

We have also been shortlisted in the Public Health Nursing category of the Nursing Times Awards for the great work our Start Well team has done in implementing ICON.

This intervention, which aims to prevent abusive head trauma in babies and provide support for parents to cope with crying and soothing, was led by Laura Widdall, our infant feeding co-ordinator. It was delivered by the team's early years workers on our maternity wards from May 2020-March 2021, and is now being further developed as part of an integrated approach to care.

These prestigious awards will be presented at a ceremony in London in October.

3.7 NHS' 73rd Birthday

A video, messages of thanks to our staff from the executive team, and a fund raising bake sale were amongst the events in the Trust to mark the NHS' 73rd birthday last month.

The thank you video and messages were shared internally and via our social media feeds, while the bake sale was organised by our charity as part of the national Big Tea event. Cakes were donated by staff and local companies for sale in our staff restaurant, while similar events in local cafes, restaurants and offices also raised money for our charity.

Nationally a commemorative service was held at St. Paul's Cathedral in London and we were represented by Tracey Stockwell, our Head of Procurement. The aim of the event was to mark the efforts of all NHS staff during the pandemic and over the last year Tracey and her team has ensured that our staff have had access to millions of pieces of PPE and other vital equipment.

Tracey led her team through the pandemic despite undergoing chemotherapy treatment for cancer, and she recently talked about her experiences to Prince William, the Duke of Cambridge, during one of his many telephone calls to NHS staff. The Prince also attended the national ceremony that was held on the same day that the Queen awarded the George Cross to the NHS and all its staff for "*courage, compassion and dedication*" over the last 73 years.

3.8 Service visits

As the Chair mentioned in his report one of the pleasures of this role is spending time with our staff in different teams and departments, and one of our most recognisable teams are our porters.

Walking hundreds of miles a month they are crucial to the smooth running of many of our services, and they are often the first people many of our patients come into contact with in the hospital. So I was really pleased to spend a recent afternoon with three members of our portering team – Adrian Hiken, John Fovargue and Paul Williams.

Despite it being one of the hottest days of the year they were excellent adverts for their service – hard working, cheerful, and unfailing reassuring to worried patients. A great example of the dedicated staff we have working in every part of our hospital and community services.

I have also spent time with our team in the sterile services department and was truly impressed by the outstanding standards they deliver day after day. Equally impressive

was our Electro Bio-medical Engineering team, who do much to keep our services working effectively. I was delighted to meet three female engineering graduates who have recently joined the service and they were full of ideas of how the team can make more improvements to the work they do.

4. RECOMMENDATION

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

Integrated Performance Report

Reporting Period June 2021



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 the **A&E 4hr, 6 Week Diagnostic, Cancer and RTT metrics** due to under-achievement in month.

New Theatre and Outpatient efficiency metrics have been added to the dashboard this month. These metrics are currently performing below target levels; the **OP DNA rate** is 7.4% against the 5.5% peer benchmark, the **Clinic Utilisation rate** is 81.6% against the 90% standard and the **Theatre Utilisation rate** is 81.9% against the 90% standard. Restoration project work is underway to maximise efficient use of resources and positively impact patient care.

Restoration of **Elective Activity** achieved target levels in each month of Q1. From Q2, 95% restoration of activity is expected at a System level.

No Criteria to Reside numbers increased in month, contributed to by Infection issues within the Community bed base affecting the flow of patients out of the hospital.

Quality Highlights

Exception reports included this month relate to performance against **Hospital Onset COVID, Falls with Harm and Category 2 Pressure Ulcer** metrics due to under-achievement in month.

Following a fall in **Sepsis** performance in the previous month, a rapid recovery has been seen so that the two key metrics are now reaching, or are close to reaching, their 95% stretch targets. An autobleeping system for NEWS2 alerts is also now being tested and if successful, will be introduced in September 2021.

The **C.Difficile Count** is above trajectory with 11 cases reported in the first 2 months against a target of 8 for that time period. All 11 cases have been presented to the HCAI panel and deemed unavoidable.

Whilst **HSMR** is indicated as being above the national mean in month, the score is as expected and therefore not exception reported. Please note that CHKS-generated HSMR figures are presented here rather than the standard Dr Foster figures. The two are not identical and the Trust is working with CHKS to correct the discrepancy. Once this situation is resolved a better understanding will be possible of individual outlying areas deserving of future focus.

The **Medication Incident Rate** is 4.87 in month against the local benchmark of 4. All incidents are discussed at the weekly Incident Review Group and the monthly Medicine Safety Group.

The **Written Complaints Rate** has increased in month to 6.89 against a local benchmark of <5.2. The Patient and Customer Services continue to focus on resolving concerns informally, where appropriate.

The Trust has commenced reporting against **Maternity Continuity of Care** performance and finds itself in a relatively strong position compared to peers. Some additional focus is given to higher risk groups.

Workforce Highlights

Exception reports included this month relate to **Sickness Absence and Appraisal Rates** due to under-performance in month.

Bank & Agency Costs remain significantly above target levels, however the % cost in June is the lowest since January 2020.

Workforce Turnover is 12.2% against the 11% target. Improved rostering processes are positively supporting work-life balance across the clinical teams.

Financial Highlights

The Trust's **income and expenditure** were equal in June 2021, so the year-to-date financial position remains at break even.

After three months of H1 the board is given 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 an interim finance support in the next 13 weeks.

All divisions continue to deliver their **CIP** targets, though mainly through non-recurrent measures. The divisions are focusing on producing recurrent CIP plans for H2.

The Trust's GM peer challenge review at M03 will be undertaken by representatives from Greater Manchester Mental Health in late August/ early September. In this non-reciprocal arrangement, we will undertake Tameside's review.

Funding confirmation for H2 and national guidance is now likely to be issued in September. The Trust Executive Oversight Group continues to meet weekly and has agreed that we will start on H2 planning regardless of not having planning guidance.



Integrated Performance Report

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	Apr-21 97.5%	>= 95%	Blue
Sepsis: Timely recognition	Jun-21 94.4%	>= 85%	Blue
Sepsis: Antibiotic administration	Jun-21 95%	>= 85%	Blue
Medication Incidents: Rate	Jun-21 4.87	<= 4	Orange
Mortality: HSMR	Mar-21 1.03	<= 1	Orange
Mortality: SHMI	Jan-21 0.97	<= 1	Blue
Never Event: Incidence	Jun-21 0	<= 0	Blue
Serious Incidents: STEIS Reportable	Jun-21 6	<= 7	Blue
Stroke: Overall SSNAP Level	Mar-21 1	>= 3	Blue
Hospital Onset Covid (HOC) Rate	Jun-21 48%	<= 10.05%	Orange
C.Diff Infection Count	May-21 11	<= 8	Orange
MRSA Infection Count	May-21 0	<= 0	Blue
Falls: Causing Moderate Harm and Above	Jun-21 7	<= 5	Orange
Pressure Ulcers: Hospital, Category 2	May-21 17	<= 13	Orange
Pressure Ulcers: Hospital, Category 3 and 4	May-21 1	<= 2	Blue
Maternity: Continuity of Care, Booked	Jun-21 43.9%		
Maternity: Continuity of Care, Ethnic Minority	Jun-21 39.1%		
Maternity: Continuity of Care, Deprivation	Jun-21 78.7%		
Maternity: Continuity of Care, Receipt	Jun-21 13.3%		
Friends & Family Test: Response Rate	May-21 20.9%	>= 18.7%	Blue
Friends & Family Test: Positive Responses	May-21 92.6%	>= 91.6%	Blue
Written Complaints Rate	Jun-21 6.89	<= 5.2	Orange
Complaints: Timely response	Jun-21 96.4%	>= 95%	Blue

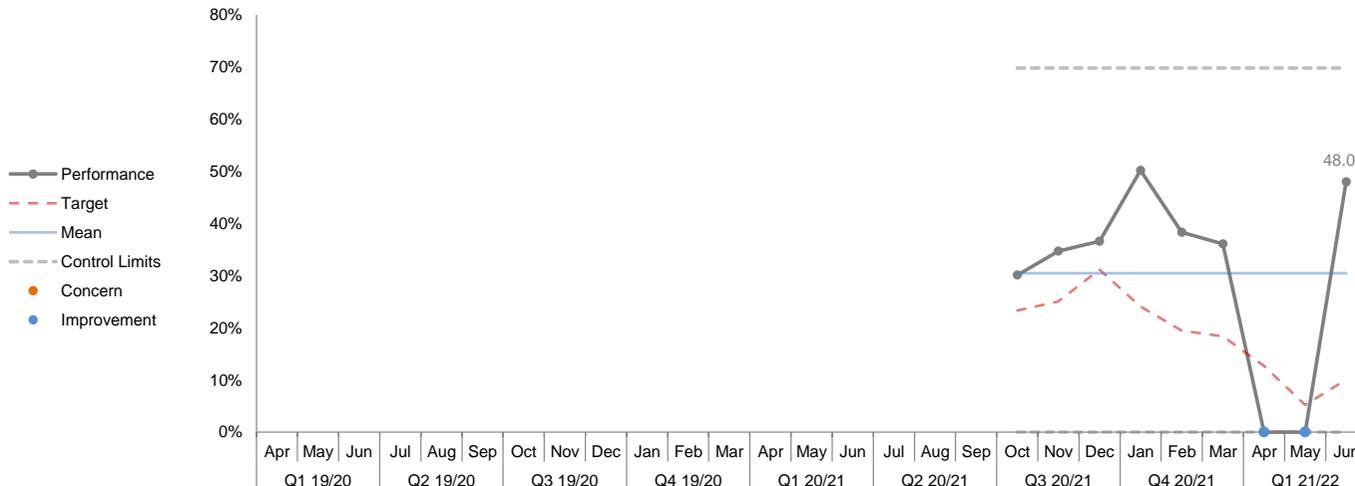
Operational Metrics	Latest Performance	Target	Forecast
A&E: 4hr Standard	Jun-21 70%	>= 95%	Orange
A&E: 12hr Trolley Wait	Jun-21 0	<= 0	Blue
Diagnostics: 6 Week Standard	Jun-21 44.1%	<= 1%	Orange
Cancer: 62 Day Standard	Jun-21 77.2%	>= 85%	Orange
Cancer: 104 Day Breaches	May-21 2	<= 0	Orange
Referral to Treatment: Incomplete Pathways	Jun-21 59.3%	>= 92%	Orange
Referral to Treatment: 52 Week Breaches	Jun-21 3819	<= 0	Orange
No Criteria To Reside (NCTR)	Jun-21 62	>= 92%	Grey
Outpatient DNA rate	Jun-21 7.4%	<= 5.5%	Orange
Theatres: Capped Utilisation	Jun-21 81.9%	>= 90%	Orange
Outpatient Clinic Utilisation	Jun-21 81.6%	>= 90%	Orange
Total Elective Activity vs. Plan (IP & DC)	Jun-21 -0.7%	>= 0%	Blue
Total Elective Activity Restoration (IP & DC)	Jun-21 87.8%	>= 80%	Orange

Workforce Metrics	Latest Performance	Target	Forecast
Substantive Staff-in-Post	Jun-21 93.7%	>= 90%	Blue
Sickness Absence: Monthly Rate	Jun-21 5.2%	<= 4.2%	Orange
Workforce Turnover	Jun-21 12.2%	<= 11%	Orange
Appraisal Rate: Overall	Jun-21 83.7%	>= 95%	Orange
Statutory & Mandatory Training	Jun-21 93.8%	>= 90%	Blue
Bank & Agency Costs	Jun-21 14%	<= 5%	Orange

Finance Metrics	Latest Performance	Target	Forecast
Financial Controls: I&E Position	Jun-21 0%	<= 0%	Blue
Cash Balance	Jun-21 30.2		
CIP Cumulative Achievement	Jun-21 -1.6%	>= 0%	Blue
Capital Expenditure	Jun-21 -19.4%	<= 10%	Blue



Integrated Performance Report

Measure	Hospital Onset Covid (HOC) Rate The number of patients diagnosed with probable and definite hospital onset covid-19, as a percentage of all patients diagnosed with covid-19. Patients diagnosed 8-14 days following admission are classed as probable HOC, and patients diagnosed 15+ days following admission are classed as definite HOC. The target for this indicator represents the regional average at the time of reporting.		Latest Performance 	Next Month Forecast 
Performance of this measure over time			Variance Latest Month Jun-21  Actual 48% Data shows common cause variation, suggesting no significant changes in performance Assurance  Target <= 10.05% Performance against the target has not been consistent in the last 6 month period	
What the chart tells us	This is a new metric which has been recorded since October 2020. The available data shows that the hospital on-set Covid-19 rate for our Trust has been consistently higher than the average for the region. We did see an improvement for April and May where a 0% hospital on-set Covid-19 rate was reported, but the latest data shows us at 48%.			
Narrative	Issues: After a positive nine weeks of reporting zero nosocomial infections, a total of 12 cases were reported in June. 8 of these cases related to an outbreak was declared within an off-site ward facility. The number of nosocomial infections has since reduced, with currently only 2 cases reported in July.	Actions & Mitigations: All 12 cases have been presented to the HCAI panel, 3 of which were deemed unavoidable. The root cause analysis undertaken for the remaining 9 cases highlighted a number of challenges which have been addressed within the divisions supported by the IPC team.		

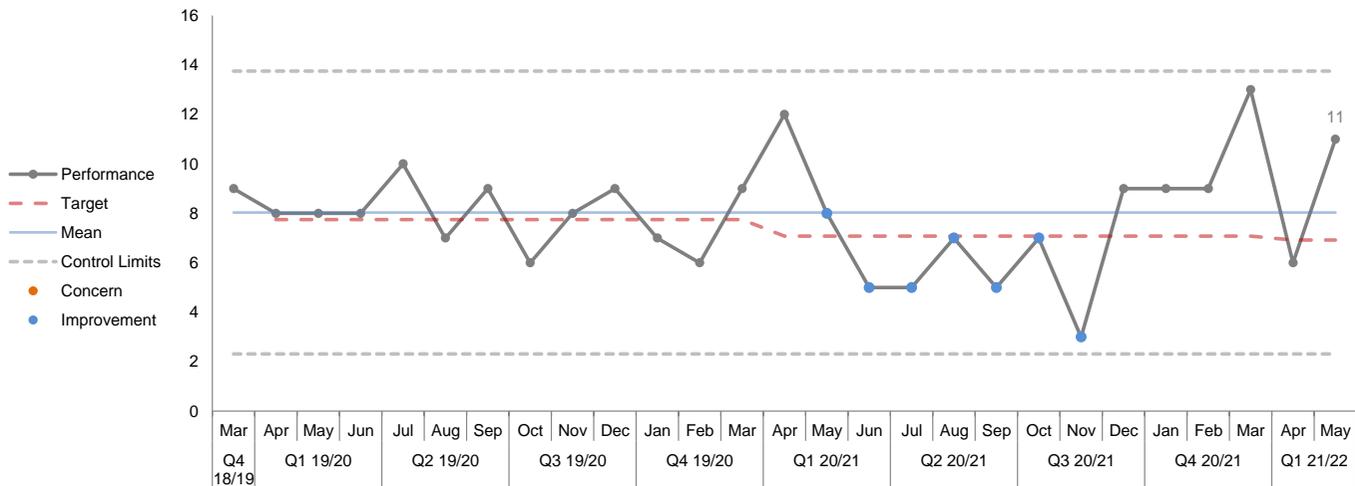


Integrated Performance Report

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: Jun-21 Actual: 7 Data shows common cause variation, suggesting no significant changes in performance Assurance Target: ≤ 5 (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 for May and June show that the cumulative total for the Trust is currently above expected levels.			
Narrative	Issues: Any changes in the number of falls for last year should be considered with change of function/speciality of wards across the BGs in response to caring for patients with Covid-19. The Trust Quality Improvement target for 2021/2022 is 10% reduction in both the overall number of falls and those causing moderate or above harm. The total number of falls in June 2021 was 93. 4 falls in June 2021 resulted in moderate or above harm within the inpatient wards. 5 falls reported by Emergency Department in June 2021, none categorised as moderate or above harm. Nursing and Therapy Teams are working collaboratively to support the work around falls prevention. Review of the falls policy has been undertaken and has been approved.	Actions & Mitigations: Nursing and Therapy teams are working collaboratively to support work around falls prevention. Falls Prevention Improvement work includes: * Expansion of Quality Team, including a Quality Matron as a lead for falls * Royal College of Physicians guidance of L+S BP as part of falls assessment, * Education - 86.38% Compliance to E-Learning Training * 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 * Re-establish 'Falls Sensors' programme – Meeting has been taken place with representative at Bluebell and the Pilot will be taking place very soon. Equipment is on order and staff will be provide full training before the pilot * Ward/areas have been asked to forward names of staff members who can become Fall Champions. * Discussion will be made in the falls steering group regarding badges for Falls Champions * Slipper socks pilot has been carried out with a plan is to have slipper socks in all areas * Fall Cross boards are being considered, which will highlight the number of fall free days * Staff knowledge and understanding around falls documentation is also monitored in the STARS Accreditation		



Integrated Performance Report

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 May-21  Actual 17 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 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 above average. 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 (May data) we have had 11 category 2 pressure ulcers reported; 2 of which have evolved from DTI which occurred in April. There has been a slight increase in pressure ulcers in May, this is due to increase in Medical device related pressure ulcers which accounts for 7 of the total category 2 pressure ulcers reported.	Actions & Mitigations: The Pressure Ulcer Prevention training programme continues with monthly sessions; so far this year 33 staff members have attended. The Medical Device Task & Finish group is due to re-convene in July to approve the now updated documents (Medical device care plan and check chart; inpatient handover from fracture clinic, cast prescription and medical device passport) and commence the next stage of launching and embedding in practice the strengthened processes.		

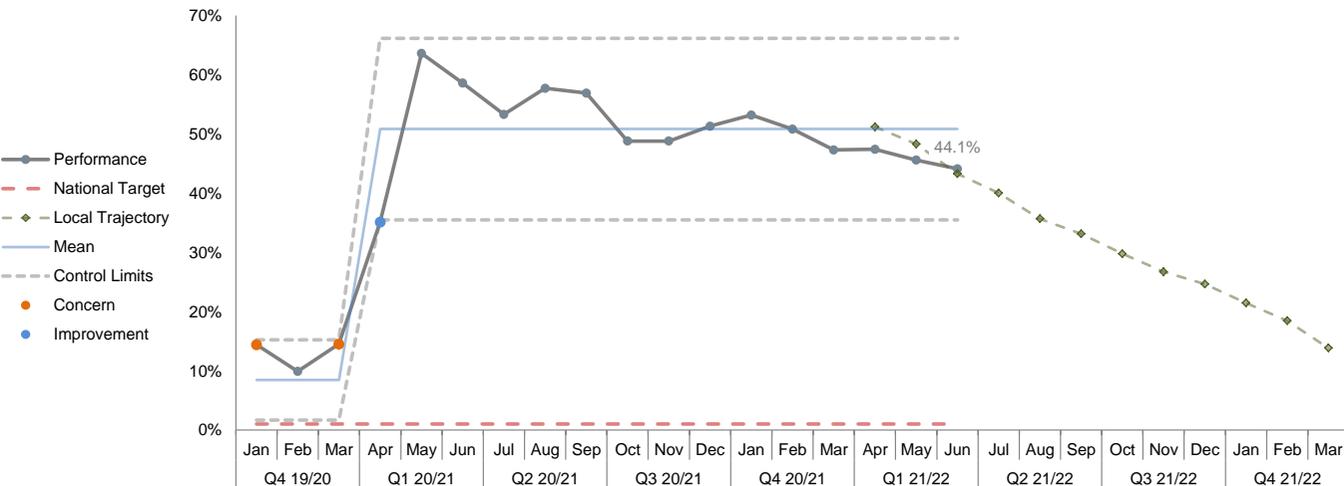


Integrated Performance Report

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	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr 19/20</td><td>74</td><td>80</td></tr> <tr><td>May 19/20</td><td>75</td><td>80</td></tr> <tr><td>Jun 19/20</td><td>74</td><td>80</td></tr> <tr><td>Jul 19/20</td><td>76</td><td>80</td></tr> <tr><td>Aug 19/20</td><td>68</td><td>80</td></tr> <tr><td>Sep 19/20</td><td>68</td><td>80</td></tr> <tr><td>Oct 19/20</td><td>67</td><td>80</td></tr> <tr><td>Nov 19/20</td><td>62</td><td>80</td></tr> <tr><td>Dec 19/20</td><td>60</td><td>80</td></tr> <tr><td>Jan 20/21</td><td>64</td><td>80</td></tr> <tr><td>Feb 20/21</td><td>66</td><td>80</td></tr> <tr><td>Mar 20/21</td><td>72</td><td>80</td></tr> <tr><td>Apr 20/21</td><td>88</td><td>80</td></tr> <tr><td>May 20/21</td><td>95</td><td>80</td></tr> <tr><td>Jun 20/21</td><td>89</td><td>80</td></tr> <tr><td>Jul 20/21</td><td>82</td><td>80</td></tr> <tr><td>Aug 20/21</td><td>71</td><td>80</td></tr> <tr><td>Sep 20/21</td><td>71</td><td>80</td></tr> <tr><td>Oct 20/21</td><td>66</td><td>80</td></tr> <tr><td>Nov 20/21</td><td>67</td><td>80</td></tr> <tr><td>Dec 20/21</td><td>69</td><td>80</td></tr> <tr><td>Jan 21/22</td><td>75</td><td>80</td></tr> <tr><td>Feb 21/22</td><td>78</td><td>80</td></tr> <tr><td>Mar 21/22</td><td>78</td><td>80</td></tr> <tr><td>Apr 21/22</td><td>78</td><td>80</td></tr> <tr><td>May 21/22</td><td>78</td><td>80</td></tr> <tr><td>Jun 21/22</td><td>70</td><td>80</td></tr> </tbody> </table>		Month	Performance (%)	Target (%)	Apr 19/20	74	80	May 19/20	75	80	Jun 19/20	74	80	Jul 19/20	76	80	Aug 19/20	68	80	Sep 19/20	68	80	Oct 19/20	67	80	Nov 19/20	62	80	Dec 19/20	60	80	Jan 20/21	64	80	Feb 20/21	66	80	Mar 20/21	72	80	Apr 20/21	88	80	May 20/21	95	80	Jun 20/21	89	80	Jul 20/21	82	80	Aug 20/21	71	80	Sep 20/21	71	80	Oct 20/21	66	80	Nov 20/21	67	80	Dec 20/21	69	80	Jan 21/22	75	80	Feb 21/22	78	80	Mar 21/22	78	80	Apr 21/22	78	80	May 21/22	78	80	Jun 21/22	70	80	Variance Latest Month: Jun-21 Actual: 70% Data shows common cause variation, suggesting no significant changes in performance
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What the chart tells us	The chart shows that performance is significantly higher between April and June 2020, but returns to expected levels of performance from Aug20 onwards. Performance between Oct20 and May21 does show an improving trend to a high of 78% in April and May, but latest performance for June shows a drop back down to 70%.																																																																																						
Narrative	Issues: Significant increase in attendances has occurred month on month with the current 7-day average increasing to 360 per day, compared to 260 in March-21 (our best performing month) Particular increases continues to be seen across all patients groups with significant surge in respiratory virus's (RSV) in children under 2 years old. Despite the continued pressures in demand, Stockport are currently ranked as the 3rd best performing Trust within Greater Manchester (financial year to date).	Actions & Mitigations: Additional GP cover has been agreed with the CCG for the remainder of the calendar year. This will provide enhanced cover from 3pm-10pm and support greater triage to the GP stream. Work has commenced with Tameside & Glossop and East Cheshire on a potential sector-wide response to surges in paediatric demand. Increased medical support will be provided overnight by changing the middle grade cover from August to allow increased cover overnight 7 days a week. Proposed redesign of the ED footprint has been undertaken which will facilitate the restoration of a CDU area. This will be signed off in July-21. A new Mental health triage trial is underway as a proof of concept. This will aim to reduce duplication of triage at the front door for mental health patients. The Community bed stock is being reviewed. A review of failed discharges is underway to understand reasons for failure and prevent similar issues going forward.																																																																																					



Integrated Performance Report

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 Jun-21 44.1% 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, although the latest diagnostic performance shows us higher than predicted.			
Narrative	Issues: Performance for June shows continued reduction in the percentage of patients waiting 6+ weeks, in-line with trajectory. The main driver of adverse performance continues to endoscopy, along with the challenges of high demand in DEXA scanning.	Actions & Mitigations: Continue to use the GM Endoscopy asset at the Fairfield site. Additional weekend working in Endoscopy supported by ERF monies. A focus on productivity opportunities in Endoscopy Additional DEXA sessions planned to expedite reduction of long waits.		

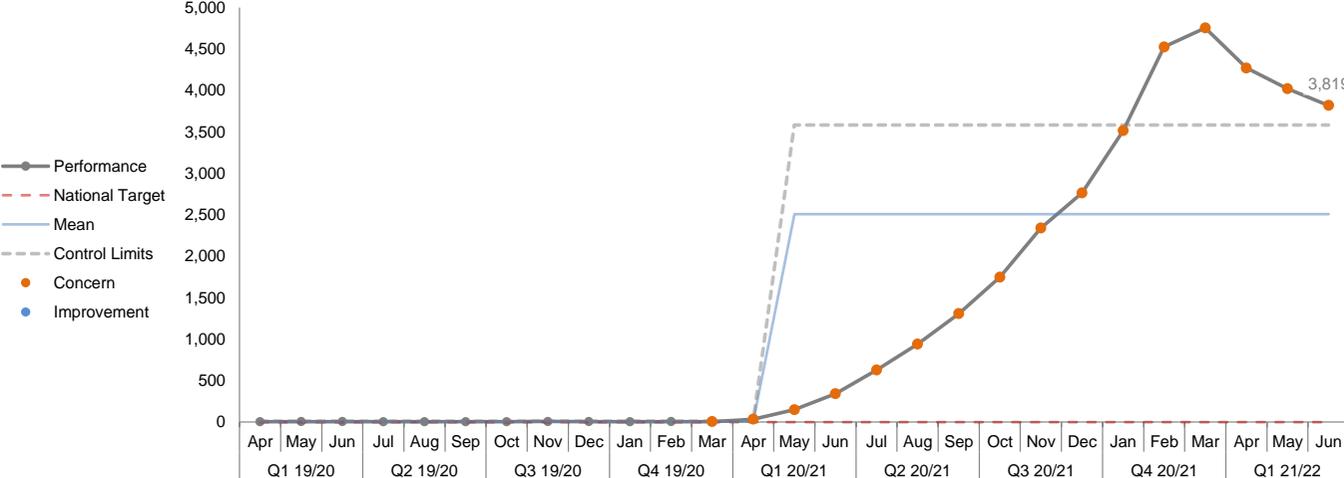


Integrated Performance Report

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 Jun-21 Actual 77.2% Data shows common cause variation, suggesting no significant changes in performance Assurance Target $\geq 85\%$ Performance against the target has not been consistent in the last 6 month period	
What the chart tells us	October 2019 sees performance becoming more variable and less stable, indicated by the new wider control limits in the chart. Although there is a lot of variation in performance month to month, performance has not changed significantly since then. Performance for Apr21 was just above the local trajectory of 80%, but in May and June we have not achieved the trajectory target.			
Narrative	Issues: The latest performance for June is 77.2% against the improvement trajectory of 80%. Reduced face:face outpatient capacity in some services is affecting overall pathway waits. Residual backlog of theatre cases due to limited operating earlier in the year. 2 patients waited beyond 104 days for their treatment to commence in May. Both patients had complex pathways starting in colorectal and transferring to lung.	Actions & Mitigations: Compliance with the National 2ww standard for first appointments continues. Long waiting patients on the Cancer PTL have reduced and numbers are being maintained A Task and Finish Group has been developed which will focus on Best Timed Pathway performance and support achieving the 28 day standard. The Cancer escalation policy has been reviewed to ensure effective progression of patients along their pathway.		



Integrated Performance Report

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 Jun-21 3819 The data shows special cause variation, indicated by the trend of values far outside the upper control limits.	
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 June.			
Narrative	Issues: Overall RTT performance remains significantly challenged in terms of elective operating for both diagnostic and treatment procedures. 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. Additionally, routine Endoscopy waiting times continue to impact General Surgery and, Gastroenterology pathways A significant number of patients have waited 52+ weeks, the majority of which fall within three service areas: General Surgery, Gastroenterology and ENT. 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.	Actions & Mitigations: Trust performance is in line with the recovery plans submitted and agreed with as part of the GM ICS plan. Allocation of theatre lists in accordance with longest waits once clinically urgent patients have been accommodated. Theatre restoration group convened to improve utilisation and maximise efficiency. Additional elective capacity opened at weekend supported by ERF monies Prioritisation within endoscopy for patients who have waited the longest for routine investigations. Additional weekend lists have been approved on site as part of the Elective Recovery Fund monies. Considering feasibility of a Walk-in – Walk-out model for paediatric Max-Fax lists over the summer period. Participation in the RTT National Data Quality programme to ensure accuracy within the dataset.		

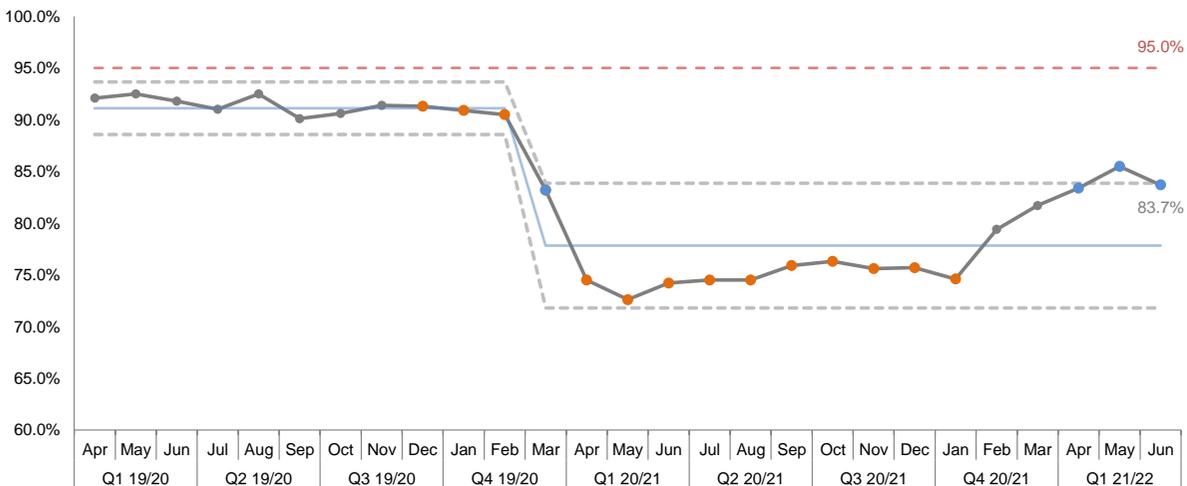


Integrated Performance Report

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	<table border="1"> <caption>Sickness Absence Monthly Rate Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>May 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Jun 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Jul 19/20</td><td>4.4</td><td>3.5</td></tr> <tr><td>Aug 19/20</td><td>4.2</td><td>3.5</td></tr> <tr><td>Sep 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Oct 19/20</td><td>4.7</td><td>3.5</td></tr> <tr><td>Nov 19/20</td><td>5.0</td><td>3.5</td></tr> <tr><td>Dec 19/20</td><td>5.2</td><td>3.5</td></tr> <tr><td>Jan 20/21</td><td>4.8</td><td>3.5</td></tr> <tr><td>Feb 20/21</td><td>4.5</td><td>3.5</td></tr> <tr><td>Mar 20/21</td><td>5.8</td><td>4.2</td></tr> <tr><td>Apr 20/21</td><td>8.0</td><td>4.2</td></tr> <tr><td>May 20/21</td><td>5.5</td><td>4.2</td></tr> <tr><td>Jun 20/21</td><td>5.0</td><td>4.2</td></tr> <tr><td>Jul 20/21</td><td>4.3</td><td>4.2</td></tr> <tr><td>Aug 20/21</td><td>4.0</td><td>4.2</td></tr> <tr><td>Sep 20/21</td><td>4.3</td><td>4.2</td></tr> <tr><td>Oct 20/21</td><td>5.2</td><td>4.2</td></tr> <tr><td>Nov 20/21</td><td>6.0</td><td>4.2</td></tr> <tr><td>Dec 20/21</td><td>5.5</td><td>4.2</td></tr> <tr><td>Jan 21/22</td><td>6.0</td><td>4.2</td></tr> <tr><td>Feb 21/22</td><td>5.0</td><td>4.2</td></tr> <tr><td>Mar 21/22</td><td>4.5</td><td>4.2</td></tr> <tr><td>Apr 21/22</td><td>4.8</td><td>4.2</td></tr> <tr><td>May 21/22</td><td>5.0</td><td>4.2</td></tr> <tr><td>Jun 21/22</td><td>5.2</td><td>4.2</td></tr> </tbody> </table>		Month	Performance (%)	Target (%)	Apr 19/20	4.8	3.5	May 19/20	4.6	3.5	Jun 19/20	4.5	3.5	Jul 19/20	4.4	3.5	Aug 19/20	4.2	3.5	Sep 19/20	4.5	3.5	Oct 19/20	4.7	3.5	Nov 19/20	5.0	3.5	Dec 19/20	5.2	3.5	Jan 20/21	4.8	3.5	Feb 20/21	4.5	3.5	Mar 20/21	5.8	4.2	Apr 20/21	8.0	4.2	May 20/21	5.5	4.2	Jun 20/21	5.0	4.2	Jul 20/21	4.3	4.2	Aug 20/21	4.0	4.2	Sep 20/21	4.3	4.2	Oct 20/21	5.2	4.2	Nov 20/21	6.0	4.2	Dec 20/21	5.5	4.2	Jan 21/22	6.0	4.2	Feb 21/22	5.0	4.2	Mar 21/22	4.5	4.2	Apr 21/22	4.8	4.2	May 21/22	5.0	4.2	Jun 21/22	5.2	4.2	Variance Latest Month Jun-21 Actual 5.2% Data shows common cause variation, suggesting no significant changes in performance
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What the chart tells us	Data shows that on average sickness levels have been maintained throughout the reporting period. A period of improvement can be seen through to Oct19, but this is not sustained beyond that. 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 from February onwards.																																																																																						
Narrative	Issues: COVID-related sickness has this month increased from 0.41% in May to 0.50% in June. The cost of sickness absence in Jun 2021 is £647K; a decrease of approximately 39K from the previous month. The number of Covid related absence episodes decreased upto May of 57 however there is an increase in June of 78.	Actions & Mitigations: Most Divisions have seen an increase in COVID related absences this month impacting on staffing levels. Staff off with long COVID related symptoms continue to be supported by Occupational Health and managers are being encouraged to maintain contact and explore opportunities to facilitate a return to work with adjustments where necessary. We continue to await guidance from NHS Employers in terms of management and pay associated with long COVID cases. Divisions are continuing to see high levels of sickness due to stress, anxiety and depression. The Health & Wellbeing agenda continues to be a high priority, ensuring the promotion of facilities available for staff. There is a targeted approach to ensure appropriate support for staff off on long term sick and to ensure that short term sickness is being managed in accordance with the Attendance Management Policy.																																																																																					



Integrated Performance Report

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 Jun-21 83.7% The data shows special cause variation, indicated by the 3 values near and beyond the upper control limits.	
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 May and June as a significant improvement.			
Narrative	Issues: Despite significant improvements in performance for the non-medical appraisal rate, all Divisions remain under the Trust target of 95% with the current overall compliance rate standing at 83%. The medical appraisal rate has increased from 89.9% in May to 94.61% in June. Whilst this reflects the pause in revalidation during the pandemic, returning to previous levels of performance is taking time.	Actions & Mitigations: The OD Team are continuing to offer targeted support to Divisions and work closely with HRBMs to identify appraisals due and form a trajectory. Within the Stockport Leadership Programme we are offering Performance Appraisal and Preparing for Your Performance Appraisal training.		



Stockport NHS Foundation Trust

Meeting date	Thursday 15 th July 2021	Public	X	Confidential	Agenda item
Title	Winter Planning				
Lead Director	Jackie McShane (Director of Operations)				
Author	Jackie McShane (Director of Operations)				

Recommendations made/Decisions requested

The board are asked to note the contents of the paper, themes from the winter debrief and plans for winter planning for 2021/22.

This paper relates to the following Strategic 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
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
X	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
	Caring	X	Responsive
	Well-Led		Use of Resources

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	Section 2
Sustainability (including environmental impacts)	N/A

Executive Summary

The following report provides the Board of Directors with an update on the following:

- the approach taken to prepare for winter 2020/21 internally and through alignment with system wide winter planning schemes.
- feedback and review on the impact of schemes
- The approach to planning for the winter 2021/22

The Board of Directors are asked to note the contents of the paper, noting actions being taken to plan for the forth coming winter.

Winter Planning Debrief

Board of Directors Meeting – Thursday 5th August 2021

Report of:



Jackie McShane
Director of Operations

Making a difference every day

1	Executive Summary
2	Approach to Winter 2020/21
3	Winter Debrief
4	Locality Approach to 2021/22
5	Internal Winter Planning
6	Using Predictive Modelling
7	Next Steps
8	Questions

1. Executive Summary

The following report provides the Board of Directors with an update on the following:

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2. Approach to Planning – 2020/21

Internal Planning



- Aug 2020** Winter Planning commenced
- Sep 2020** Check and Challenge carried out by Executive Team.
- Oct 2020** Board sign off to proceed at financial risk with 25 internal key schemes.
Schemes aimed at supporting patient flow and increase bed capacity
All schemes have been costed, measures of success in place and are RAG rated dependant on progress

System Planning



- Jul 2020** Commencement of workshops / task & finish groups
- Aug 2020** Development of Urgent and Emergency Care Delivery Board plan on a page for 2020/21. This has a range of projects within five work streams.



- Nov 2020** System plan signed at Urgent Care Delivery Board



3a. Winter Debrief

- System wide winter debrief workshop held on 11th May 2021.
- The workshop was well attended with over 35 participants from 7 organisations.
- The format of the session included a presentation of the system performance and an interactive workshop.
- The workshop gave partners from across the system the opportunity to share views on the lessons learnt and any gaps identified.

3b. Winter Debrief

- COVID gave us an opportunity to work in a more integrated way which was really successful. We need to take this forward into the future.
- Tech reliance; removal of face to face meetings improved productivity in the main and reduced cost.
- Winter Plan for 2021/22 to be based on end to end pathway planning, Mental Health, Frailty, Children, COVID etc.
- Patient facing communications along the lines of the "choose well" campaigns from previous years.
- Community beds worked well until infection issues occurred.
- Good system approach to COVID 19 third wave.
- Early decision making required on schemes which will be impactful as workforce will be a key challenge.

3c. Winter Debrief – Take Forward Points

- Cannot have all discharge to assess beds based in one setting.
- Need to enable Acute Teams and Primary Care to be aware of the Community offer and vice versa.
- Consider utilising the DOS more effectively.
- We need an agile escalation system
- Technical connectivity and direct booking is key; should not be expedited in pandemic; should be BAU to make this happen
- Advanced planning (care planning / ACP) can reduce demand
- Focused Mental Health schemes and initiatives to support the 2021/22 plan rather than just BAU so can fully realise the impact and benefits
- Lack of access to step up beds in the community
- Caring well for older people is essential whether they live at home or in a care home - the demographic of the inpatients shows that there are frequently high numbers of much older people in hospital (compared to other areas) – opportunity with system wide frailty pathway?
- Clarity on the teams to support around Pathway 2 beds – therapy

4. Locality Approach to 2021/22

An initial Winter Planning workshop took place on 25th May 2021, with providers to consider the current and potential winter pathways for provision of support across four areas:

- Mental Health
- Children
- Respiratory including COVID
- Frailty

The format of the session included facilitated break out rooms for the four pathways and mapped what services/supports were currently in place and identified gaps and opportunities across the following areas:

- Keeping Well at Home/Admission Avoidance
- In Hospital
- Discharge
- Communication

5. Internal Winter Plan 2021/22

Launch Event

Friday 23rd July 2021

Follow Ups

Friday 20th August 2021

Friday 10th September 2021

Friday 24th September 2021

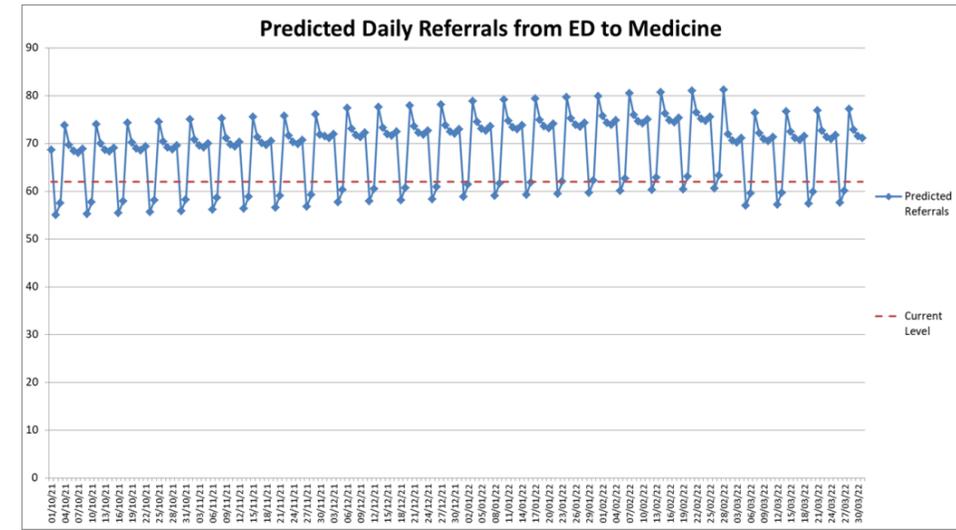
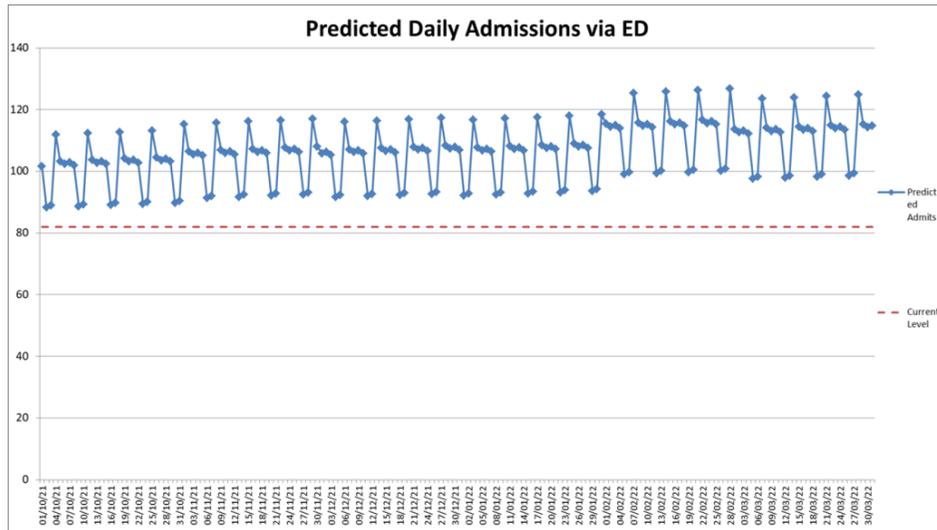
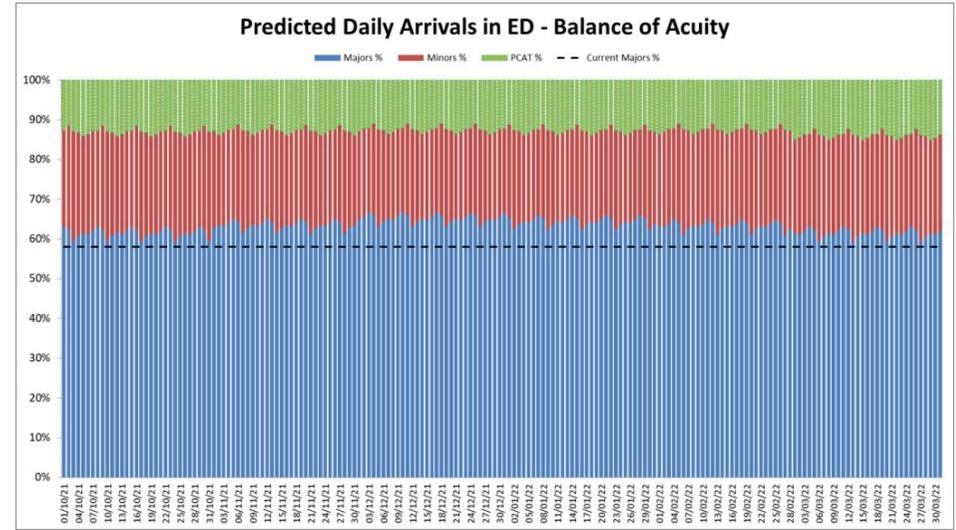
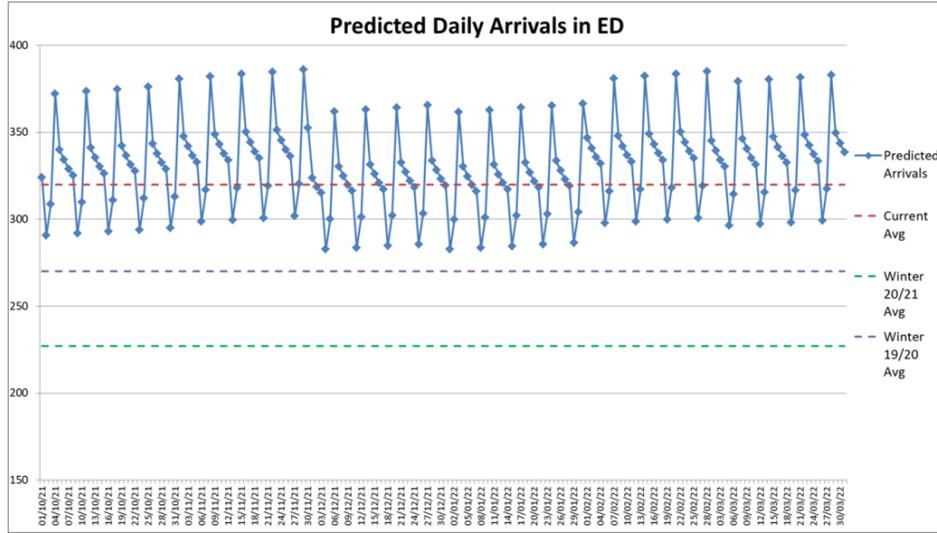
Friday 22nd October 2021

Sessions chaired jointly by Medical Director, Chief Nurse & Director of Ops

Attendance to include:

CCG Colleagues
Divisional Triumvirates
Corporate Teams
System Partner's
Executive Team

6. Using Predictive Data & Modelling



7. Next Steps

- Divisional teams to present winter schemes proposal to the August meeting.
- Escalation actions to be refreshed internally and for the locality.
- Kpi's to be assigned to each scheme as to the area of impact.
- Check & challenge to take place early September with a decision to proceed.
- Internal monitoring to take place thereafter with robust divert or disinvest decision being made where schemes fail to support the delivery of the winter plan.
- What does success look like?

Questions

DRAFT

8.4

Stockport NHS Foundation Trust Safeguarding Children and Adults at Risk



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Annual Report 2020 / 2021

FOREWORD

Safeguarding families who use our services is fundamental to ensuring Stockport NHS Foundation Trust provides safe and effective care, to the communities we service. I am delighted to present the Safeguarding Annual Report for the period of April 2020 - March 2021.

The report outlines the work which has been undertaken to support this agenda and work with our partners both from within Stockport and across the wider Greater Manchester footprint. The report outlines the progress and challenges experienced over the year across a multifaceted agenda.

The team have also continued to meet these challenges during the COVID19 pandemic, ensuring we were continuing to meet our statutory duty to keep our patients and their families safe. There are also further challenges we will need to respond to in the coming year both as the legislation changes and which will need to be reflected in practice, but also as we change the way we work with our patients and families in response to COVID19.

I would like to take this opportunity to thank all those who have contributed to the work completed over the last year. We look forward to addressing those challenges and developments for the forthcoming year.

Nicola Firth
Chief Nurse/DIPC

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Introduction

As the Trust moves forward in the delivery of its Safeguarding strategy with particular emphasis placed on the protection of vulnerable people in our care. It is necessary for us to reflect and identify learning from the period of 2020 - 2021. This annual report provides not only an update on activity in the protection of both children and adults, but also offers the level of assurance and compliance with both local and national standards.

The Trust continues to work in partnership with statutory and voluntary partners across Stockport and bordering localities to discharge its responsibilities in relation to safeguarding the unborn baby, new born, children and adults. Over the last twelve months the Trust has continued to deliver services reflecting the complexity of intervention, the breadth of responsibilities in the protection of the vulnerable person and ensuring a safe place to care.

Achievements

Following the establishment of the safeguarding strategy for the Trust, a number of achievements have been identified:

Children's, Midwifery and Looked After Children (LAC)

- The Trust has successfully recruited to the post of Named Midwife for Safeguarding and Vulnerable Families.
- The Safeguarding Team continue to respond to the updated 'National Rapid Review' process. To support this function a safeguarding children case review meeting has been established in order to effectively monitor the action plans from Serious Case Reviews (SCR) and learning review to provide assurance that the learning has been embedded into practice.
- The Safeguarding Children's Team have contributed to a Child Safeguarding Practice Review in relation to non-accidental injuries in children under one and the inclusivity of fathers as part of the assessment process.
- The Safeguarding Children's Team have successfully delivered a robust training programme throughout the pandemic which saw an overall increase in the Trust compliance to over 85% at the end of Q4.
- The Safeguarding Children's Team have worked collaboratively with the learning and development team to devise an effective training compliance reporting programme.
- The Safeguarding Children's Team have continued to deliver a safeguarding service during the covid-19 pandemic to monitor children's attendances and the nature of their presentations.
- The Named Midwife has implemented daily walk rounds of the maternity unit. All current inpatients are reviewed and those with identified safeguarding concerns are reviewed to ensure care and discharge plans are in place. The walk rounds improve the visibility of the Safeguarding Team and through face to face support with inpatient care and have increased staff confidence with managing safeguarding concerns.
- The Safeguarding Children's Team continue to provide an effective overview of all emergency attendance records for all children and young people up to the age of 17yrs that present to the Emergency Department (ED).
- The Safeguarding Children's Team have provided additional support and guidance to ensure staff had a point of escalation during weekend admissions so concerns could be discussed and advice provided regarding management during the Covid-19 pandemic.

- There has been considerable development in embedding the 'Think Family' approach throughout the organisation, placing emphasis upon patients who may have caring responsibilities and acknowledging the 'child behind the adult presentation'.
- The Safeguarding Children's Team have fully supported case holding practitioners and specialist teams within the acute and community settings to complete risk assessments of children in need with additional medical and safeguarding vulnerabilities to ensure families had access to health care support during the pandemic.
- The Women's Children's and Diagnostics Division have fully implemented the newly revised safeguarding supervision model developed and enhanced by the Safeguarding Children's Team. The model has been adapted to meet the challenges faced during the pandemic to ensure supervision is prioritised with additional focus on case management oversight for case holding practitioners both within the acute and community nursing services.
- The Safeguarding Team successfully secured the provision of a safeguarding supervision training programme offer for key staff within the organisation to support their practice.
- The Named Midwife in collaboration with the Midwifery Community Matron and an allocated social worker, facilitate group supervision with the enhanced midwifery continuity team. Women and families identified as requiring an early help offer are case loaded by the enhanced team; this also includes the caseload carried by the two young parent's midwives. This close partnership between early help and safeguarding ensures our vulnerable families are being supported at the right level of need and if required, supports and enables escalation into statutory services.
- The Safeguarding Team have developed effective electronic communication pathways to ensure the key departments and community services are notified of a safeguarding concern.
- The Named Doctor for Safeguarding children has developed and implemented an electronic Section 47 summary form to be shared with children's social care, the GP and the allocated case holding practitioners following the completion of a child protection medical.
- An internal domestic abuse steering group has been established to lead on the integration of the Domestic Abuse standards and requirements across the Trust to understand and address the needs of both vulnerable adults and children.
- The safeguarding service has contributed to the successful extension of contract for a maternity/ hospital based Independent Domestic Violence Advocate (IDVA).
- The Safeguarding Children's Team have successfully developed a business case and recruited to the post of a Multi-Agency Risk Assessment Conference (MARAC) administrator role to support the specialist nurses in the collation of information and data to present at the multiagency conference.
- The Women's, Children's and Diagnostics Division has successfully recruited a Children and Young People's Mental Health Education Practitioner who sits within the Safeguarding Children's Team to support the mental health agenda for children and young people who present at the Trust.
- The Safeguarding Children's Team and the Children and Young People's Mental Health Education Practitioner have successfully developed a series of training sessions regarding children and young people's mental health which include the requirements for Level 3 safeguarding training.
- In conjunction with the Children and Young People's Mental Health Education Practitioner, the Safeguarding Children's Team have contributed to the development of the child and young people's mental health risk assessments to ensure there is key consideration to the safeguarding responsibilities when assessing children and young people aligned to the CQC requirements.

- Key developments have been made within the working arrangements between the mental health provision and the Women Children's & Diagnostics Division.
- The Children and Young People's Mental Health Education Practitioner has developed in conjunction with a lead Paediatrician and Healthy Young Minds (HYMS) the Paediatric Mental Health Liaison Meeting to enhance communication and identify learning from children and young people who present to the Trust.
- The Children and Young People's Mental Health Education Practitioner has developed in conjunction with a lead Paediatrician and the Community Eating Disorder Service (CEDS) a monthly communication meeting to review cases in the community and pre plan for urgent admissions.
- The Safeguarding Children's Team have developed and enhanced their data collection processes and are able to detail trends and themes within the reporting process.
- The Named Midwife has developed a data collection process. The analysis of this data will capture safeguarding activity within maternity services, assist in the identification of trends, themes and/or gaps in provision and afford ongoing assurance that processes are effective and robust.
- On the 1st January 2021, a new electronic clinical data system (Advantis CDS Maternity Safeguarding) was launched. This electronic patient record is accessible to all maternity staff and facilitates the sharing of safeguarding information in a more efficient and robust manner than the previous paper-based documentation process. Targeted referrals for vulnerable women and their families are electronically shared with GP's and Health Visiting services when identified at any point in the pregnancy continuum. Safeguarding Supervision documentation and inpatient management planning are key features to AdvantisCDS Maternity safeguarding system. This ensures there is clinical and safeguarding oversight on complex cases and facilitates and supports safe and effective care during the intrapartum and postnatal period.
- The Safeguarding Children's Team have developed in conjunction with key partner agencies an electronic referral form for the Mosaic drug and alcohol service for children and young people.
- The team continue to develop excellent partnership workings with all key partners as part of the Stockport Safeguarding Children Partnership arrangements.
- The organisation has successfully secured the Graded Care Profile 2 training for a number of health practitioners as part of the trainer the trainer programme to support robust assessments with social care colleagues.
- The Looked After Children's (LAC) team have continually adapted processes and pathways in response to changing requirements resulting from COVID.
- During the first lockdown, a virtual pathway for Initial Health Assessments (IHA) was developed to support meeting the statutory requirement for children new into care. A risk assessment process was embedded within the virtual pathway meaning that children with a medical need were still seen for a face to face assessment. The Trust resumed face to face activity on 20/08/20.
- Temporary funding has enabled the Trust to continue to provide additional IHA clinics to meet demand. In the absence of permanent commissioning arrangements there will need to be consideration as to how this is delivered in the future.
- IHA templates have been developed to improve both quality and consistency. There is now admin support which has improved the timeliness of reports.
- The Looked After Children's team went 'live' with the Electronic Patient Record (EPR) during lock down. Templates have been developed to capture all areas of activity.
- The Looked After Children's team have seen an increase in both admin and nursing activity. The Named Nurse for Looked After Children is working with the data team to provide further breakdown to activity reporting.

- Profiling data questions have been embedded within the LAC assessment templates. The data team are supporting with extracting this data to provide a comprehensive overview of health needs for Looked After Children living in Stockport.
- The LAC KPI's are monitored through a data dashboard. There has been an improvement in performance across all areas.
- Training and supervision requirements for Looked After Children are integrated within the safeguarding children policies.
- The Principal Lead for Health (Stockport Family) has reviewed the Early Help activity across the community provision and supported health visiting teams in disadvantage areas and maternity services in the development of increasing the competency of case holding practitioners within the completion of early help assessments to support children and families.
- The Principal Lead for Health (Stockport Family) and the Named Midwife has supported the implementation of the ICON message being delivered at the discharge from acute services touchpoint. Staff training has been incorporated into the Public Health Study day in order for all staff to be able to undertake the discussions around coping with a crying baby. The Named Midwife is working closely with Stockport Childrens Partnership and Stockport Family in the roll out of ICON across the locality areas.
- The Principal Lead for Health (Stockport Family) has strategically led on developing the skills and knowledge of practitioners in relation to safer sleep.
- The Aspire Complex Safeguarding Nurse has successfully updated and launched the organisations revised Child Exploitation guidance.
- The School Nursing Team has continued to meet directly with young people to assess any risk of child exploitation as well as running School Nurse Health Clinics in all high schools.

Adults Safeguarding

- In collaboration with multi-agencies partners the Trust is seen as exemplary at both local and national Learning from Death Reviews (LeDeR).
- The Adult Safeguarding Team has produced guidance for best interest decision making and supporting individuals to take part in best interest meetings. There is further advice for the adoption of all professional meetings for all those patients who are deemed to have capacity.
- Our partnership with Pennine NHS foundation Trust (PCFT) continues to improve the patient experience for those people who are admitted into our care with Mental Health care needs. The establishment of a Mental Health Partnerships Board is now leading on key areas of developments and required improvements for the service to offer robust pathways.
- The outcomes of Domestic Homicide Reviews (DHR), Serious Adult Reviews (SAR) and learning reviews has enabled the Trust to establish an audit cycle targeting those areas that have been identified as requiring improvement. This evidence is submitted as part of the assurance framework to the CCG and the Safeguarding Partnership Board.
- The Adult Safeguarding Team now has a Deprivation of Liberty Safeguards (DoLS) administrator who has improved the process for receiving, processing and recording all applications for DoLS. This also provides evidence of Mental Capacity assessments being carried out across the Divisions.
- The DoLS administrator is responsible for the collation of National Guidance around the implementation of Liberty Protection Safeguards (LPS). Pre pandemic there was a local steering group comprising of health, CCG and adult social care this was put on hold. There is a need for this to be reconvened with partners.
- The Adult Safeguarding Team has implemented a monthly Safeguarding Supervision session with all Divisions. This comprises of virtual team meetings allowing members to bring any

concerns of queries to the group for discussion. Feedback has been positive and has enabled practitioners to improve their practice. The Adult Safeguarding Team has issued Supervision Guidelines in order to provide governance to the service offered.

Team Structure

The Trust Board have approved the integrated model for Safeguarding across both adult and children. This structure is currently in the implementation stage underpinning the Think Family Strategy. This ensures that Safeguarding is identified within all professional groups with leadership identified through the Named Professional roles in all areas of the service.

Training Provision

All health staff must be competent to recognise abuse and to take effective action as appropriate for their role. They must clearly understand their responsibilities and should be fully supported by the organisation to fulfil their duties. They have a vital role in ensuring effective recording, communication and sharing of information to help improve identification and ensure appropriate support for children, young people and adults in need or at risk of harm.

Level 1 safeguarding training is required for all staff, clinical and non-clinical. For clinical staff this is a once only requirement.

- Safeguarding **level 1** training is delivered to all staff as part of the corporate induction and e-learning.
- Safeguarding **level 1** training for non-clinical staff is undertaken via e-learning or group facilitation inclusive of volunteers, estates and facilities staff.

Level 2 Safeguarding training is for all clinical staff across the Trust – those within dedicated areas that have regular access to case holding responsibilities are required to progress to Level 3. There are various requirements for this. For all other clinical staff this is a once only requirement as part of a progression to level 3 and helps to provide the underpinning knowledge ready for level 3.

Level 3 Safeguarding training has been developed internally for staff requiring competency at this level due to the limitations of accessing external training resources. The training offer has been enhanced to ensure there is a creative means of securing the compliance hours required which has been a positive development to support the changes in practice in light of the covid-19 pandemic.

Level 4 training is for Safeguarding Leads to undertake via the Safeguarding Partnership or other external resources such as conferences in addition to their level 3 training.

Looked After Children (LAC) Training Competencies - Level 3 training is available for all staff working with Looked After Children, to meet the requirements expected in the intercollegiate competency framework. Alongside a formal training programme LAC updates are provided as requested. This has been provided at team meetings, service specific newsletters and on a one to one basis. Messages from research and learning from serious case reviews are integrated into all training opportunities and feature within development days and service updates. This year the Trust will be recording the LAC competencies as part of the team leader oversight. All School Nurses and Health Visitors working with LAC will record both training and supervision which will provide further evidence and ensure all staff are trained and supported appropriately.

Stockport Safeguarding Partnerships provide a range of multi-agency courses. Courses are particularly promoted for staff working in Children’s services. A pathway has been developed in conjunction with the Partnership to identify relevant training for staff roles. (It is important to note that the Safeguarding Children’s Team and Named Midwife for Safeguarding are part of the training pool and also support the training for multi-agency partners).

Training Compliance

The training compliance figures for Level 1 & 2 training remain high and have continued to be monitored across the organisation. Safeguarding Level 3 training is offered to all clinical staff working with vulnerable adults and children who contribute to assessing, planning, intervening and evaluating the needs of vulnerable adults, child/young person and their carers.

Compliance with Level 3 Safeguarding Children Training

Particular focus has been placed to ensure level 3 practitioners have access to the required level of high quality training through a blended approach alongside the Stockport Safeguarding Children’s Partnership multiagency programme. Training of this type has evaluated extremely well; attendees report that they felt more confident about their involvement in safeguarding children and the importance of having up to date knowledge around the more recent learning from SCR’s.

The Safeguarding Children’s Team have reviewed the training offer to accommodate the covid restrictions and have developed a number of WebEx sessions as well as a comprehensive resource list for practitioners to be able to complete training and acquire the knowledge and skills required for their level 3 training compliance requirements.

The compliance reporting for safeguarding children level 3 training has been reviewed with the learning and development team and the data has now been uploaded onto the Trust ESR system. This will assist with an accurate and consistent reporting and will support managers in accessing this information readily as part of their staff performance and monitoring processes. The Safeguarding Children’s Team have continued to provide a monthly report to each division to note staff that are non-compliant to ensure practitioners receive the support required to enable them to attend and complete the training required. Further work is continuing within the new financial year to secure a robust training programme for safeguarding adults at Level 3 and ensure the reporting system reflects the improvements made to the safeguarding children’s work stream.

A summary of the current compliance can be found in the table below.

Safeguarding Children’s Training	2020 - 2021			
	Q1	Q2	Q3	Q4
Level 1 (85%)	92.66%	94.47%	94.12	93.83%
Level 2 (85%)	88.85%	91.86%	92.51	90.93%
Level 3 (85%)	82.07%	85.29%	87.06	85.48%

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Compliance with level 3 safeguarding adult training

The Trust has identified an action plan to gain compliance of all eligible and clinical staff requiring level 3 training. The Adult Safeguarding Team have developed with the Training and Development Team a menu of specialist training modules at level 3 and also gained approval for all staff to access multi-agency training in the safeguarding of vulnerable adults.

Whilst the Covid 19 pandemic has hindered the training strategy at this level, work is underway to have full compliance by the end of 2021. Whilst the table below reflects the compliance for the four quarters from 2020-2021 the current activity shows that 18% of all practitioners are now compliant with evidence of clinical staff having completed 4 out of the 8 hours requirement.

Safeguarding Adult's Training	2020 - 2021			
	Q1	Q2	Q3	Q4
Level 1 (85%)	92.61%	94.31%	93.12%	96.97%
Level 2 (85%)	91.91%	93.64%	94.37%	93.82%
Level 3 (85%)	TBC	TBC	1.79%	3.06%

Safeguarding Children's Supervision

There has been a review and implementation of a revised model of safeguarding children's supervision completed to promote teams to spend longer on those cases that are presenting the most difficult for practitioners. This enables quality reflection, learning and development which are transferable skills to other caseloads. The supervision offer has been enhanced further in light of the pandemic to ensure practitioners have access to guidance and support to enable quality reflection, learning and development. The necessity for quality safeguarding supervision was a theme to emerge from local and national SCR's and this has been effectively embedded within practice.

All staff working with Looked After Children access supervision in line with the organisations safeguarding children's supervision policy. The Looked After Children's health team have formalised a group supervision offer for the school nursing teams in addition to the safeguarding supervision provided by the Vulnerable Childrens Team. This not only helps to influence and develop safeguarding practice, but also increases the use of ideas, options and innovations to improve outcomes.

The Named Midwife has reviewed and updated the maternity safeguarding supervision model in line with the Safeguarding Children's Supervision Guideline. Case loading midwives are encouraged to access either one to one supervision with the Named Midwife or group supervision session that has been implemented in the community. Group supervision sessions are facilitated by senior community midwives and/or team leaders that have received the appropriate training.

The implementation of monthly group supervision sessions ensures that staff have improved access to safeguarding supervision by increasing the available provision. The group supervision model has also been utilised to support the antenatal clinic midwives, who are often managing cross boundary and obstetrically complex cases. Antenatal clinic staff now have monthly group supervision with the Named Midwife. With the enhanced midwifery continuity team, the young

parent’s midwives and the perinatal mental health midwives, group supervision has been enhanced which a tripartite approach. Safeguarding and managerial oversight is achieved by working collaboratively with the Community Midwifery Matron and in the event of families open at an early help level of need, an affiliated Social worker.

Adult Safeguarding Supervision

The Adult Safeguarding Team has implemented a monthly safeguarding supervision session with all Divisions. This comprises of virtual team meetings allowing members to bring any concerns of queries to the group for discussion. Feedback has been positive and has enabled practitioners to improve their practice. The Adult Safeguarding Team has issued supervision guidelines in order to provide governance to the service offered

Safeguarding Adult Activity Reports

Learning Disabilities

Patients who are known to have a learning disability, have an alert set on the Trust electronic patient record system (Advantis). Patient data provided by Stockport GP’s, LD registers or CHC funded care registers has enabled the Trust to add the alert against patients automatically, for patients outside of Stockport this alert can be added manually. This alert generates automatic IT server notifications of all learning disability admissions and emergency department attendances. This also generates a visual symbol on ward plasma screens and the ED plasma screen of a ‘Blue Butterfly’ – to denote to staff that the person has a learning disability.

There is a Key Performance Indicator (KPI) in place for compliance with use of reasonable adjustment care plans. The results are shown in the table below:

Operational Standards	Qtr1	Qtr2	Qtr3	Qtr4
Percentage of patients with learning disabilities who have a reasonable adjustment care plan in place	75%	75%	75%	75%
	58%	73%	89%	60%

Whilst the Key Performance Indicator is 75%, the Trust has made the decision to strive for 100% compliance. The average compliance for the year is 60%.

This indicates that there is work to be done within the Divisions to achieve compliance with this target and ensure that each patient has in place a personalised reasonable adjustment care plan.

The table below shows the number of attendances to the ED and admissions of people with learning disabilities to the Trust.

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Learning Disability Dashboard																
Report Month	Total ED Attendances	Emergency Department (ED) Attendances People with Learning Disabilities (PwLD)	Percentage	Total ED Admissions	ED Admissions of PwLD	Percentage	Total Direct Admissions	Direct Admissions of PwLD	Percentage	Total Admissions	Total Number of Admissions of PwLD	Percentage	Total Deaths	Deaths of PwLD	Percentage	Percentage deaths PwLD
30/04/2020	4137	27	0.65%	1673	12	0.72%	1133	2	0.18%	2806	14	0.50%	205	1	7.31%	7.14%
31/05/2020	5540	41	0.74%	2054	24	1.17%	1296	5	0.39%	3350	29	0.87%	134	1	4.00%	3.45%
30/06/2020	6070	43	0.71%	2041	15	0.73%	1765	3	0.17%	3806	18	0.47%	88	1	2.31%	5.56%
31/07/2020	6390	33	0.52%	2061	14	0.68%	2354	5	0.21%	4415	19	0.43%	80	1	1.81%	5.26%
31/08/2020	6663	43	0.65%	1816	14	0.77%	2371	4	0.17%	4187	18	0.43%	71	2	1.70%	11.11%
30/09/2020	6351	46	0.72%	1860	15	0.81%	2896	3	0.10%	4756	18	0.38%	86	1	1.81%	5.56%
31/10/2020	6135	65	1.06%	1842	18	0.98%	3073	6	0.20%	4915	24	0.49%	95	1	1.93%	4.17%
30/11/2020	5692	45	0.79%	1794	17	0.95%	2787	3	0.11%	4581	20	0.44%	116	3	2.53%	15.00%
31/12/2020	6029	48	0.80%	1962	17	0.87%	2704	2	0.07%	4666	19	0.41%	129	0	2.76%	0.00%
31/01/2021	5566	41	0.74%	1966	15	0.76%	2535	3	0.12%	4501	18	0.40%	195	2	4.33%	11.11%
28/02/2021	5475	38	0.69%	1984	12	0.60%	2819	6	0.21%	4803	18	0.37%	130	2	2.71%	11.11%
31/03/2021	6240	43	0.69%	2462	24	0.97%	3449	9	0.26%	5911	33	0.56%	98	0	1.66%	0.00%
Year to Date	41286	298	0.72%	13347	112	0.84%	14888	31	0.21%	28235	160	0.57%	875	11	3.10%	7.69%

LeDeR (Learning from Deaths Review)

As is shown in the table above there have been 11 deaths in the hospital of people with learning disabilities in 2020 / 21.

These have all been reported into the National Learning Disability Mortality Review Programme (LeDeR programme) which established to drive improvement in the quality of health and social care service delivery for people with learning disabilities, by looking at why people with learning disabilities typically die much earlier than average.

The priorities from the 2019 / 2020 annual LeDeR report and identified themes and learning from the reviews completed over the previous 12 months. Since that data collection and analysis of themes

the LeDeR Programme Stockport Annual Report 2020 / 2021 has been published. This reflects the same themes as can be seen below. The Stockport LeDeR governance group, chaired by the CCG have established an action plan addressing these themes with a quarterly reporting against actions completed.

The key themes emerging from the reviews completed in 2020 / 2021 are:

- Nutritional needs and oral care
- Managing constipation
- Learning disability support and expertise in the acute hospital
- Implementation of health passports
- Reviews of medication, most notably psychiatric medicines
- Learning disability annual health checks
- Health screening for people with a learning disability
- End of Life Care
- Cross agency communication, especially when transferring between services
- Application of Mental Capacity Act
- Learning for care and nursing homes
- Carers assessments

Adult Safeguarding Concerns

The Trust has a reporting system to enable all staff to escalate any safeguarding concerns to the Adult Safeguarding Team. The cause for concern form can be accessed electronically through the Adult Safeguarding microsite.

All concerns are reviewed and where indicated patient records are reviewed to add additional information to support and inform the concern, to escalate immediate concerns and to ensure that the right practitioners are in receipt of the right guidance and support. All actions relating to safeguarding concerns are recorded on a database in order to support data analysis and reporting.

The Adult Safeguarding Team utilise the Trust microsite system to support staff and provide one point of contact to access the relevant information to safeguard adults at risk presenting in the Trust.

In addition to this function is the need to provide an element of quality assurance oversight to ensure all appropriate tasks have been completed and any outstanding actions are escalated accordingly within the relevant business group or governance structure.

Concerns raised by Trust Staff

Month	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020/2021	45	79	94	71	55	57	62	73	80	74	16	82	833
2019/2020	32	58	64	44	59	61	68	71	71	74	51	44	697

These figures represent an increase of approximately 20% in the number of concerns raised from 2019/2020 – 2020/2021.

Referrals to Adult Social Care

Month	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020/2021	38	68	73	59	51	44	52	58	71	59	59	74	706
2019/2020	27	48	55	32	44	45	52	53	61	60	47	37	561

Mental Capacity Assessments (Mental Capacity Act 2005)

There continues to be evidence of good practice and adherence to national guidance.

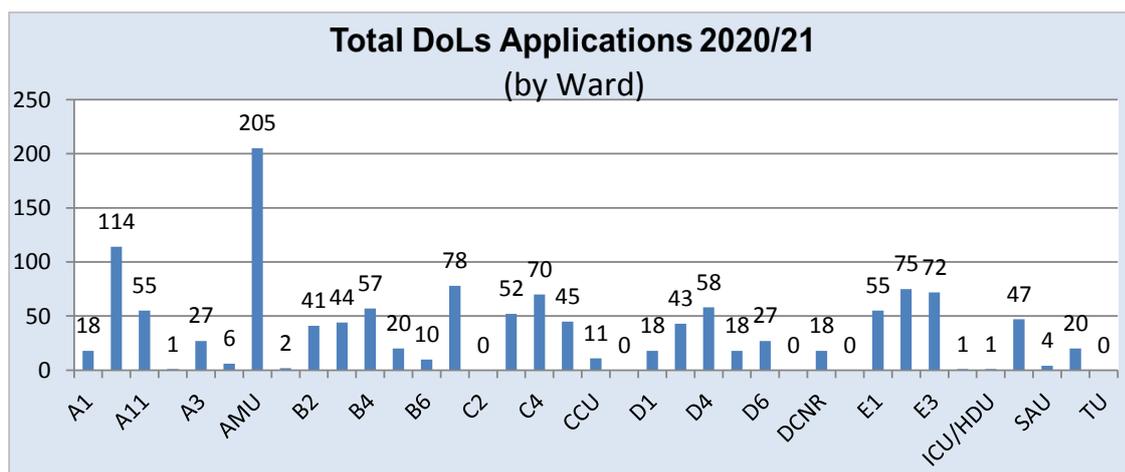
The adult safeguarding team continue to work with the Divisions in improving the standard of applications to the relevant Local Authorities in relation to Deprivation of Liberty Safeguards (DoLS). The adult safeguarding team are undertaking focused learning sets with responsible clinicians and other registered practitioners in the application of the act. The team have identified that audit is a key priority to test the quality of applications in the clinical area. This is undertaken as part of the Trust audit cycle.

Deprivation of Liberty Applications April 2020 – March 2021

The Trust continues to provide care for patients under best interest arrangements due to the supervisory body having a back log of applications requiring a Best Interest Assessment this reflects the national position. The Trust has followed national guidelines as a result of the Covid-19 pandemic, this means that those patients who are critically ill due to the virus and are receiving life-

saving treatment in hospital do not need a formal deprivation of liberty safeguarding application. The Trust will continue to follow these guidelines until formal advice is provided that this is not to be the case. The Trust is aware that the introduction of Liberty Protection Safeguards has been delayed until April 2022. This is to give the Local Authority care providers, and NHS organisations time to prepare for the new Law coming in to force, however to date the accompanying regulations and Code of Practice are not yet available, these are required in order to assist the Trust in preparation for the implementation date .

The figures in the tables below illustrate the activity over the year and show significant trends of applications related to 'spikes' in admissions of vulnerable people related to the time of year being the winter months and high summer.



8.4

The above table demonstrates the number of DoLS applications by ward for the year. During this period a number of wards have relocated a number of times therefore the reporting against each ward is not entirely accurate.

However there are some wards that have remained in place, including AMU. It is significant and reflective of the increased understanding of staff of the requirement for DoLS for patients that the number of applications made by staff on AMU has increased.

The tables below illustrate the number of applications on a month by month basis; overall there is a 24% increase in the number of applications made by Trust staff.

Quarter 4 2020-2021	January	February	March	TOTAL
Urgent Applications	95	98	109	302
Quarter 4 2019-2020	January	February	March	TOTAL
Urgent Applications	121	96	106	323

Quarter 3 2020-2021	October	November	December	TOTAL
Urgent Applications	133	108	131	372
Quarter 3 2019-2020	October	November	December	TOTAL
Urgent Applications	68	81	88	237

Quarter 2 2020-2021	July	August	September	TOTAL
Urgent Applications	80	105	123	308
Quarter 2 2019-2020	July	August	September	TOTAL
Urgent Applications	72	67	64	203

Quarter 1 2020-2021	April	May	June	TOTAL
Urgent Applications	54	92	103	249
Quarter 1 2019-2020	April	May	June	TOTAL
Urgent Applications	76	73	83	232

Quarter 1-4 2019-2020	995
Quarter 1-4 2020-2021	1,231
Increase of	236

People in our care with mental ill health

The Trust has improved the shared care arrangements and effective partnership working with local mental health providers over the last two years. This arrangement provides compliance with the national Core 24 standards and the required shared cared requirements identified in the national enquiry into the care of people with mental ill health in a general hospital setting. In conjunction with our partners Pennine Care NHS Foundation Trust, a Mental Health Partnership Board has been established and is underpinned by two working groups across the care pathway ensuring the effectiveness of care delivery and promotion and awareness education to all staff in the needs of people with a mental health problem in accordance with the national strategy - Parity of Esteem (2015).

Safeguarding and Security management

As a consequence of learning reviews and security incident management, the Trust has established a robust action plan of improvements, developments and leadership across all Divisions. The actions are underpinned by key meetings established to review incidents, complex cases and the effective management of disturbed behaviour. As the Trust has moved forward with approved techniques in safe holding, evidence has shown significant improvement in the 'Making Safeguarding Personal' approach. This ensures personalised care and the protection of vulnerable adults.

Safeguarding Adult Review (SAR) and Learning Reviews

Action plans demonstrate achievement of outcomes and are subject to review by the Trust Safeguarding Group. The Trust is represented at each SAR meeting where cases are presented and reviewed and the learning brought back to each partner organisation. Key learning is shared through operational and clinical lines of communication by the Trust Safeguarding Adults Operational Group. Significant safeguarding changes to practice or policy are incorporated into training programmes that are delivered by the Trust.

Children's Activity Reports

The organisation is required to demonstrate robust processes and coordinated care and treatment of those patients admitted into the organisation when there is reasonable cause to suspect that a

child or young person is at risk of significant harm, neglect or abuse. This may be part of the child or young person’s presentation but also that of our adult patients who have caring responsibilities. As part of our on-going developments in demonstrating our response to the protection of these vulnerable groups, key systems and processes have been implemented to enhance the safe practice essential to patients in our care.

There is a robust reporting structure in the Trust to enable all staff to escalate any safeguarding concern to the Safeguarding Children’s Team or directly through to Children’s Social Care. Local pathways have been developed to support staff in making contact with the right team. This is supported by the Trust policies and guidelines which reflect local and national guidance and essential resources being available on the safeguarding children’s microsite.

Children, Young People and Family Safeguarding Referrals

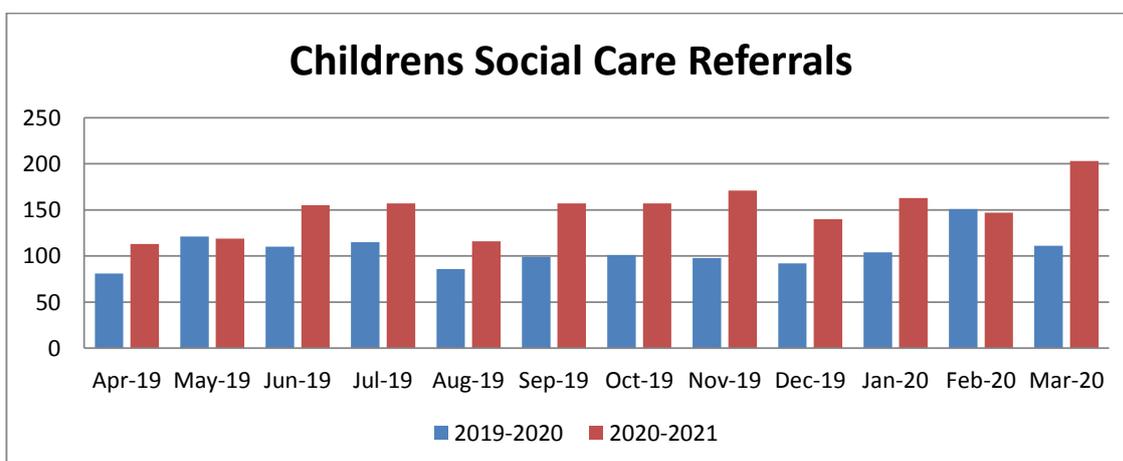
To ensure there is a clear review of the referral activity within the organisation the Safeguarding Children’s Team review all child safeguarding referrals that are completed within the acute Trust. The safeguarding team triage, review and complete a variety of follow up actions on each case to ensure the right professionals involved with the child and family have the right information to inform their risk assessments and safeguard the unborn child, children and young people that present to our organisation and access our services. This is an essential safety net within the organisation to ensure the right actions are completed as soon as possible to safeguard children and young people but also to ensure that the family are in receipt of the right support package.

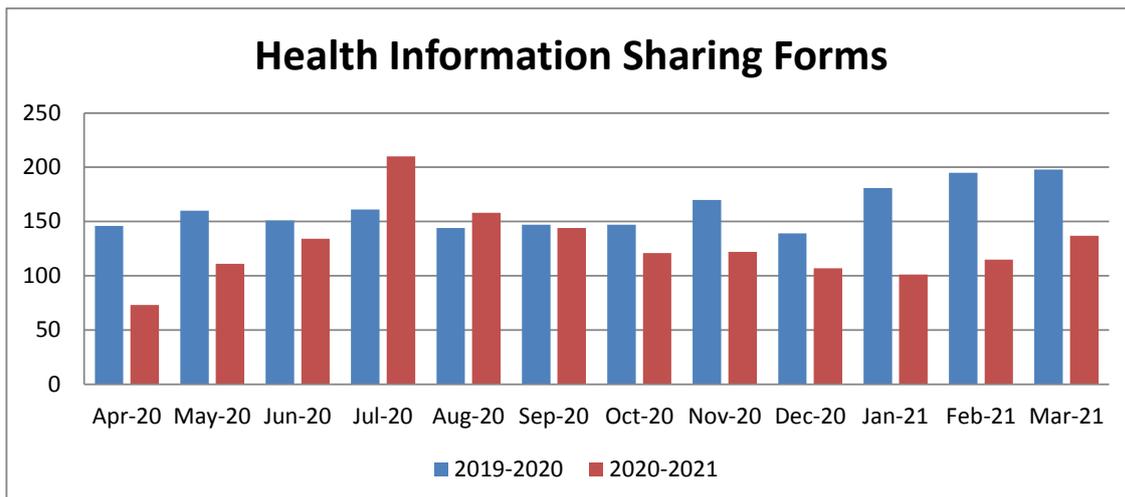
In addition to this function is the need to provide an element of quality assurance oversight to ensure all appropriate tasks have been completed and any outstanding actions are escalated accordingly within the relevant Division or governance structure.

The tables below provides a breakdown of the total number of direct referrals through to Children’s Social Care and the total number of Health Information Sharing Forms completed to request additional support and assessment by our community health colleagues and early help services.

The data demonstrates the organisations high recognition and response to safeguarding and support concerns which is supported by the Safeguarding Children’s Team quality assuring process to ensure all presentations are considered in line with a supportive response.

8.4

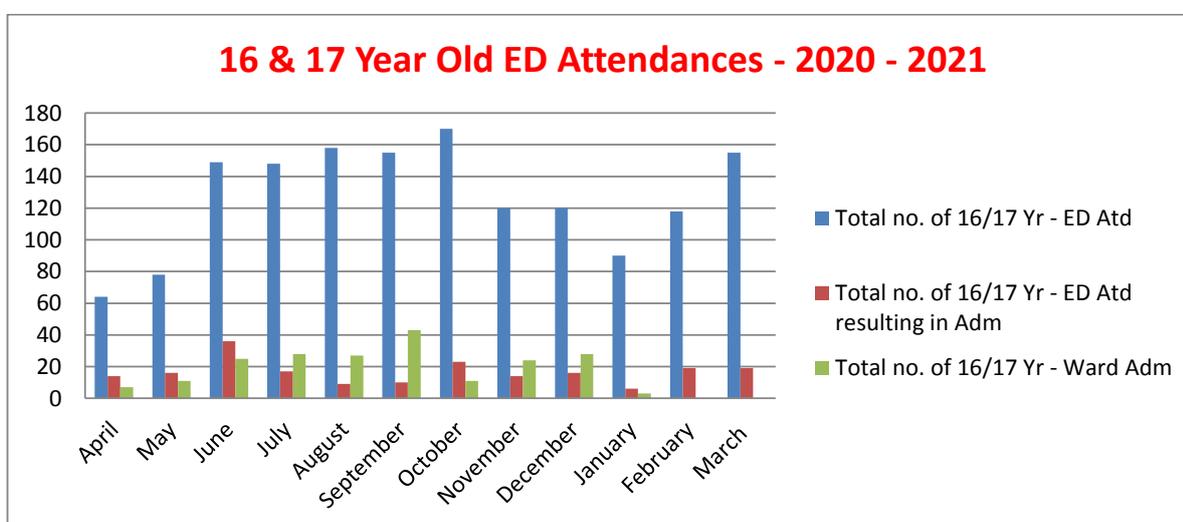




From review of the data the direct referral rate through to Children’s Social Care has increased over 40% in the last financial year however it is noted that there has been a slight decrease in use of the Health Information Sharing form to universal and early help services to provide a local support offer and package to the child and family.

Emergency Department Attendances – 16 -17year olds

From April 2019 the safeguarding children’s team expanded their emergency department paediatric liaison role to encompass the 16-17year old attendance cohort. Each case is triaged daily by the team and safeguarding actions considered. This has been a significant development within the team and is an essential safety precaution within the organisation to ensure the right actions are completed, at the right time, to ensure the family are in receipt of the right support package. The table below demonstrates the detail regarding the number of young people who have presented to the ED, the ED attendances which have resulted in an admission and the total number of 16-17year olds who have been admitted per month. This is inclusive of both planned and urgent care admissions.

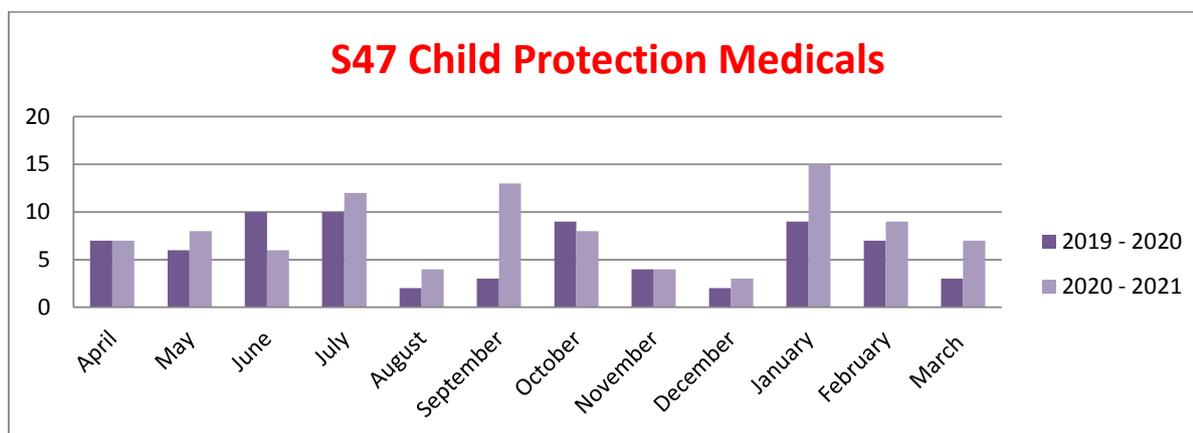


The Safeguarding Children’s Team have increased their visibility within adult areas to raise awareness regarding this vulnerable cohort of patients, as well as provide support, advice and guidance to the effective safeguarding management. The team developed bespoke resource

packages which have been delivered to each ward in the adult areas to consider the vulnerabilities of this cohort of patients.

Child Protection Medical Reports (Section 47)

The Local Authority has a duty under Section 47 of the Children Act 1989 to investigate if there is reasonable cause to suspect that a child who lives, or is found, in the area is suffering, or is likely to suffer, significant harm. As part of this duty the Local Authority makes enquiries when they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare. In cases of suspected physical abuse / neglect the Local Authority request for a child protection medical to be completed by a Paediatrician which is supported by the Safeguarding Children’s Team. This service is provided by Stockport NHS Foundation Trust and the clinic is situated within the ‘Tree house’ children’s unit. Presented below is the data for 2019/2020 and 2020/2021.



This year has seen an increase of Section 47 Child Protection Medicals compared to the previous year. Over the year it is noted that on average the department receives around 6 requests per month, however this can be extremely varied dependent upon the social care request for children and additional sibling groups. Further audit opportunities regarding the quality of child protection medical reports and the outcomes for the child / young person will continue into 2021 / 2022. The Named Doctor for Safeguarding Children plans to review the outcomes and formulate developments work streams accordingly.

Early Help

Over the last financial year the early help activity and provision has been under review. The analysis of health visitor caseloads indicates that for Stockport as a whole 68% of children receive the universal level of provision, 32% of children receive a more intensive offer due to needs identified as above universal level. However, the health visiting teams located within disadvantaged areas work with 51% of children and families who are above the universal level of need. The locality needs are taken into consideration in the weighting of teams and the skill mix within Start Well teams.

To provide an additional layer of review of the early help activity the Health Team Leader in the Multi Agency Safeguarding hub (MASSH) provides a robust level of oversight of the Early Help Pathway; supporting triage processes and communication between community practitioners, GPs, midwives and the MASSH.

To monitor the developments and progression of this work stream an action plan has been developed to support and increase the use of the Early Help assessment's (EHA) which involves a supportive role being played by Start Well Coordinators and strong team leader oversight. This has resulted in a steady increase in EHAs being completed and is partly related to closer working between midwives and health visitors through the enhanced midwifery team model.

In addition the school nursing teams have supported triage via the Early Help and Emotional Wellbeing pathway. This role has developed during the covid pandemic and has enhanced decision making and communication to ensure the children, young people and families are in receipt of the right care and support package.

Further developmental work has been taking place to align assessed levels of need in health visiting and school nursing services with the IThrive model which is integral to the next stage of developments via the Single Point of Access (SPOA) for emotional health and wellbeing, SEND and early help.

The Family Nurse Partnership team continued to visit young parents and babies during the pandemic and were supported with safeguarding risk assessment by the Named Nurse Safeguarding Children in order to assist with prioritisation.

ICON

From May 2020, the ICON programme was rolled out to support parents to learn how to safely soothe and comfort crying babies and cope with the stress of crying. ICON is a programme designed to prevent abusive head trauma in young babies. The innovation was to redeploy a team of Start Well early workers from their health visiting teams, trained and supported by the Infant Feeding Coordinator to deliver the intervention with parents on the postnatal ward. This touchpoint was also an opportunity to have a conversation with parents about the access to health visiting support during the pandemic. The programme has now been extended to midwifery and GPs.

Safer Sleep

There has been a focus on developing the skills and knowledge of practitioners in relation to having supportive and motivational conversations with parents and carers. A seven minute briefing has been shared and linked to learning events. There has been particular focus on safe sleep action plans and responding to the risks of vulnerable infants who are at increased risk of sudden unexplained death in infancy (SUDI). A programme of audit has commenced to review the implementation of guidance in practice.

Child Exploitation

The safeguarding arrangements regarding the monitoring of child exploitation is embedded within the multiagency staying safe process which is led by the Children's Social Care who coordinate the care planning for young people at risk or victims of exploitation. The process provides a forum for multi-agency partners to effectively share information and alert those agencies that may be involved with the child / young person to develop an appropriate support package. The Staying Safe Panel now meets weekly with identified leads representing each agency. The identified health lead for Stockport NHS Foundation Trust is the Complex Safeguarding Nurse (CSN) with support from the LAC team when they are unable to attend.

The Aspire Complex Safeguarding Service is based within Stockport's Multi-Agency Safeguarding and Support Hub and co-located with the Stockport Phoenix and Challenger Police teams and other services. The service works in partnership to respond to children and families where there is a high risk of domestic abuse, forced marriage and so-called honour-based abuse, child sexual and child criminal exploitation (CSE and CCE), serious organised crime, female genital mutilation (FGM), trafficking and modern slavery, radicalisation and extremism and more recently supporting Unaccompanied Asylum Seeking Children (UASC). The CSN is the health practitioner within the Aspire Team and has supported staff throughout the organisation with training and raising awareness and is the organisational lead for Child Exploitation.

The CSN role remains within the School Nursing Service so ensuring the response to exploitation is robust and appropriate from the School Nurses. Learning from SCR's have highlighted the impact of childhood trauma which can increase the vulnerability to exploitation and the mental health impact into adulthood and parenting impacting on adverse childhood experiences.

It is recognised that UASC are at higher risk of being trafficked for exploitation. These children are at a high risk also of going missing. All of these safeguarding issues are considered at the Initial Health Assessment or at any other health contact and will be highly pertinent to the services. Since July 2020, UASC are now allocated to the Aspire Team, recognising the high level of support these young people will need.

Procedures are in place to support front line staff in relation to exploitation. There has been a recent review of the Trust guideline to support practitioners in the identification and response when dealing with victims, or those at risk of exploitation. This has been reviewed to reflect national changes in the approach to exploitation, encompassing Child Sexual Exploitation and Child Criminal Exploitation recognising that exploitation is a complex subject requiring a complex response. In addition a number of training sessions have been offered throughout the organisation for staff. This training has also been delivered to Mastercall staff ensuring that there is a robust offer in Stockport in terms of the assessment of risk of exploitation used with young people who present asking for sexual health advice.

Within the organisation school nurses have continued to meet directly with young people to assess the risk of child exploitation, despite the challenges of the COVID 19 pandemic. School Nurses continue to offer School Nurse Health Clinics in all high schools in Stockport, PSHE lessons are offered to Year 9 students, the lessons would include discussions about consent, sex and the law, and exploitation. Feedback from school staff highlights the benefit and so the impact of the lessons.

'Pupils gained a lot of factual knowledge that is not covered in our RSE unit'

'The sessions aim was very clear and met really well. The aims were kept nice and simple.'

'The students showed more respect for outside visitors.'

Further work will continue into the next financial year in relation to the offer to young people in Stockport is the launch of ChatHealth by the School Nursing Service. ChatHealth is a universal service for any young person aged 11-19yrs who lives in Stockport or attends a Stockport school and wants to speak to a School Nurse. Young people will get confidential advice and support from Stockport NHS Foundation Trust School Nurses. Information about ChatHealth has been shared with Paediatric ED, Treehouse and Paediatric Outpatients.

The contribution to the safeguarding children's training programme will continue into the next year to ensure there is a robust offer of training for organisational staff regarding child exploitation. This will include areas such as adultification and intersectionality in relation to exploitation.

Children Safeguarding Practice reviews

Throughout 2019/2020 there was a notable increase in the number of commissioned Serious Case Reviews which the safeguarding team contributed to. Within the last financial year the safeguarding team have contributed to a total of 7 Serious Case / Learning Reviews which have received health service support from midwifery, health visiting, school nursing and the acute services inclusive of the neonatal unit.

The Safeguarding Children's Team have contributed to a total of 2 external reviews within neighbouring local authority areas covering Tameside and East Cheshire. One case was in relation to a baby who suffered a traumatic brain injury. The family had secured maternity care at the Trust. The other review is in relation to a Looked After Child from a neighbouring Local Authority area who was placed within the Stockport Borough. This case is still in progress and the Named Nurse for Looked After Children has continued to support the review.

The reviews within the last 12 months have seen 2 babies who have suffered traumatic brain injuries which highlighted the themes identified from national reviews highlighting the vulnerabilities of children under the age of one. The remaining cases involved school age children and young people, one of which was a young person of 17yrs who was a looked after child placed out of area at the time of the incident. The safeguarding team continue to support the case reviews which are currently still in progress from previous years within the partnership arrangements as well as supporting external reviews in local surrounding areas.

The reviews have been conducted by independent authors supported by a panel of senior representatives from each organisation. Practitioners involved in each case have been given the opportunity to take part; being offered to attend the Serious Case Review practitioner events so they can share their perspective and be part of the development journey.

Work over the 2020 - 2021 saw the continued development of the Children's Case Review Meeting to closely monitor the actions and recommendations following the large amount of reviews in progress. This is now formally embedded and well attended by service leads across the Trust. This has ensured that a clear focus has been maintained on ensuring actions within the plans are implemented & active dissemination of learning through a variety of means within the Trust and in multi-agency settings with Stockport Family colleagues. This forum in addition to the Safeguarding Children's Operational Group has shown to be the ideal platform to share key themes and findings from reviews being held across Greater Manchester and where appropriate applying changes to practice as points of development.

National Child Safeguarding Practice Review

In 2020 the National Child Safeguarding Practice Review Panel commissioned a national thematic review to consider a number of cases of non-accidental injury (NAI) in infants under the age of 1 to gain an understanding of how well the safeguarding system understands the role of the father/male carer. There was specific emphasis on the how the safeguarding system can be more effective at engaging, assessing and planning with men in the protection of children.

As part of the scoping exercise a child within Stockport was identified as part of the review. The Principal Lead for Health (Stockport Family) and the Named Nurse for Safeguarding Children contributed to the partnership review and supported practitioners from across the organisation that had been in contact with the child and family to attend a virtual discussion regarding the case.

The National Panel is currently compiling the findings from the panel and plan to publish a report inclusive of the findings and guidance for best practice in the up and coming months.

Looked After Children Activity Report

The Trust is commissioned to provide a dedicated resource for Looked After Children which sit alongside universal services. Together these fulfil the aim of reducing inequalities and ensuring Looked After Children's health needs are met, in accordance with statutory guidance.

The vision across Stockport is that Looked After Children will access universal health services in the same way as other children and young people. Additional needs will be met through targeted interventions and specialist services. Furthermore, children and young people who are cared for by any Local Authority, but living in Stockport, will receive the same opportunities to access health services within the Borough irrespective of their originating CCG. It should however be acknowledged that this can cause difficulties due to commissioning arrangements for these children within some services.

Stockport is able to provide care to Looked After Children from outside the Local Authority due in part to the high number of private residential provisions. Placements here from other Local Authorities have a significant impact on the whole health economy. It should be noted that the health assessment is only one part of the service provided. With the focus for reporting being purely based on this statutory element the complexity in working with these young people is often missed. There are large numbers of children and young people for which our services support who never have a health assessment in part due to placement moves and changes in legal status.

Placements

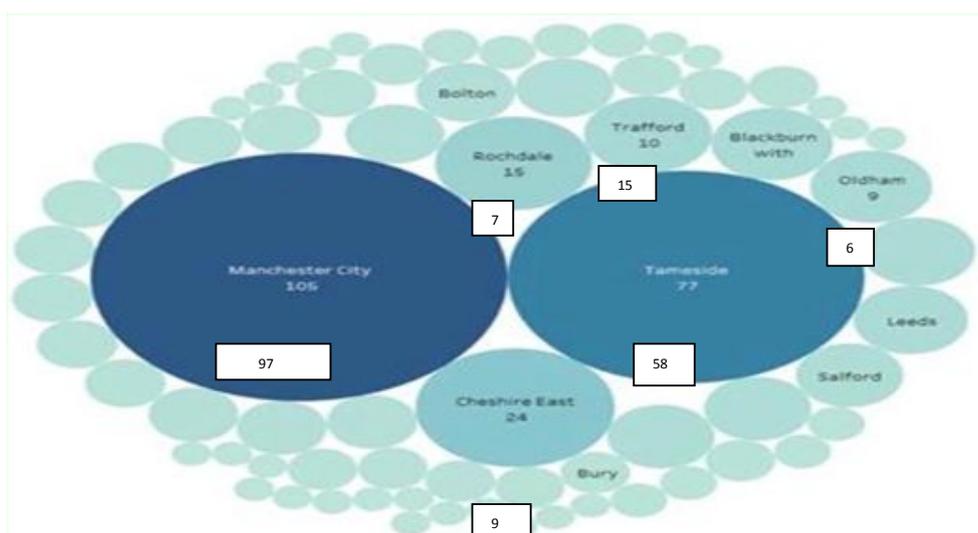
In addition to Stockport's 164 mainstream foster carers there are 61 family and friend carers for Stockport children living in Stockport, in addition to this there are a large number of IFA (Independent Fostering Agency) carer's registered in Stockport. Stockport also has a large number of children who are LAC but are placed at home with parents. This number has increased during the Covid pandemic and currently there are 35 children who have additional vulnerabilities and complexities.

The large number of children placed here by other areas are accommodated in a variety of settings, including private agency foster carers, residential homes, and therapeutic placements and specialists provisions. Currently Stockport has 45 homes providing approximately 211 places. This is made up of:

- 23 homes providing 108 beds in non-specialist OFSTED provision
- 6 units providing 17 beds in therapeutic OFSTED provision
- 5 provisions providing 41 beds in complex disability and health needs OFSTED provision
- 11 units providing 45 beds in unregulated 16+ provisions including flats with floating support.

Some of these placements provide accommodation for some of the most complex and vulnerable young people in Stockport, who access a variety of provision across the health economy. The Specialist Looked After Children’s health team ensure that information is shared timely and appropriately to support access to services while here in Stockport.

Looked After Children placed here from outside the Greater Manchester (GM) area face further challenges as they are not provided with any on-going therapy they may require. The current commissioning arrangements would mean that following assessment it would be up to the placing CCG to find and commission something privately. There are currently 291 children from other local authorities placed in Stockport with 178 moving into the area during the year. For Stockport Local Authority there were 406 LAC at the end of Q4 with an additional 133 starting their journey in care over the year. Children are placed in Stockport from across the country with currently 58 local authorities placing children here. The diagram below illustrates the significant number of other local authorities placing children in Stockport.



8.4

Information including safeguarding information, placement moves and requests for health assessments for all 1,008 comes through the specialist Looked After Children’s team, with the numbers highlighting that the 473 review health assessments completed is only part of the picture in terms of capacity and need.

Specialist LAC team activity

The LAC team provides a dedicated health resource to address the health needs of children and young people who are looked after by Stockport Local Authority, and young people who are living in Stockport who are looked after by other LAs. The delivery model for LAC is that services will primarily be delivered through existing primary and community services (such as health visitors, school nurses), with additional targeted support provided by the LAC nursing team for those children and young people who either do not fall within the remit of, or find it difficult to access, local services. The team coordinate health assessment requests and provide support and guidance to professionals completing assessments. They also provide quality assurance for health assessments completed both in and out of area.

Most Stockport children that are placed out of area remain within the Greater Manchester area (101) with 52 children placed in 19 areas in other local authorities. Many children living on the borders of Stockport remain on Stockport caseloads. The Specialist LAC team is currently working with a caseload of 136 young people, in addition to this the team coordinates the health requests for those children placed out of area and provides clinical oversight for those children with additional complexities and risk.

Emotional Health and Wellbeing

There is a significant challenge for Looked After Children to access appropriate mental health provision. With the reduction of tier 2 services, LAC young people are required to meet the threshold for tier 3 to receive support. The health and wellbeing team commissioned by the council are providing consultation to Social Workers and supporting carers and schools with interventions. There is hope in the future that they will be able to offer 1:1 work with young people. All children between the ages of 4-16years have an SDQ (strengths and difficulties questionnaire) completed to inform the health assessment. Health professionals completing the RHA also complete an age appropriate assessment of emotional well-being; this provides a basis for discussion, support and on-going referral.

Children placed here from local authorities outside of GM experience further challenge with emotional health support as currently Stockport HYM's do not provide therapeutic support for these children.

8.4

Mental health presentations via ED		
	Total number under 18's	Number of LAC
Jan 2021	59	15(25%)
Feb 2021	59	19(32%)
March 2021	80	25(31%)

Considering LAC make up a small proportion of the child population (nationally 67 per 10,000) they are significantly over represented in mental health presentations. Whilst there is recognition that during COVID there has been an increase in demand in the general population, LAC represent nearly a third of presentations. There needs to be consideration as to how services are experienced by young people and whether the provision is available and proportionate to need.

Key Performance Indicators (KPI)

Initial Health Assessments (IHA)

Stockport NHS Foundation Trust is currently commissioned to deliver 36 clinics annually. The CCG has provided a temporary resource which has commissioned additional clinics to meet demand. The temporary consultant post now provides the additional clinic capacity to meet current requirements. There will be significant challenges on how additional clinics will be provided if this is not commissioned permanently. Due to COVID there has not been the opportunity to scope the Named Doctor Looked After Children role but this will need considering within Paediatric Consultant job planning alongside permanent commissioning arrangements.

This year the Trust has provided 52 clinics. Following the implementation of the additional consultant hours there has been a significant improvement in performance with the majority of breaches being outside the organisations influence. Following initial challenges in receiving requests for health assessments from the local authority in a timely way, weekly meetings with service leaders is now showing a positive an impact on performance.

Review Health Assessments (RHA)

Review Health Assessments are completed by the caseload holder. In Stockport the Health Visitor completes the under 5’s and the School Nurse would complete any 5-16’s in mainstream education. Any 16-18 year olds or young people in specialist educational provision would be completed by the Specialist Looked After Children’s team.

The challenges in meeting these KPI’s are now monitored within a LAC dashboard. This is providing greater oversight from managers and will feed in to any service review. There has been an improvement in performance across all areas.

	HV 18/19	HV 19/20	HV 20/21	SN 18/19	SN 19/20	SN 20/21	LAC Team 18/19	LAC Team 19/20	LAC Team 20/21
RHA completed	96	96	113	209	222	276	68	105	84

8.4

Increase in activity

	Total18/19	Total19/20	Total 20/21
IHA	180	181	185
RHA	373	423	473

Over the 2 year period there has been a 21% increase in RHA’s completed by the Trust. This increase in demand and complexity needs to be considered in any future service specification and commissioning discussions.

Missing from Home

Looked After Children make up a significant proportion of all children that go missing in Stockport. Ensuring that they have a multiagency plan for support is key when considering their safeguarding needs. For Stockport children there is a weekly staying safe panel for which there is health input too. This is attended by the Aspire Nurse or a member of the Specialist LAC Team will attend when this isn’t possible. A process is in place to ensure that the health professional is informed and future support can be planned appropriately.

For out of area children living in Stockport a process has been developed, following learning from a Serious Case Review, to ensure that the health professional is also notified. This has now been extended to include all Stockport looked after children as well. The Team ensure that the relevant professional receives the notification so they can review and support appropriately. This has had a significant impact on the work of both the Specialist LAC Team alongside the wider health economy with 496 missing notifications processed over the year.

Domestic Abuse/ MARAC (Multi Agency Risk Assessment Conference) Referrals

MARAC is a Multi-Agency Risk Assessment Conference. Only high risk domestic violence victims can be referred to MARAC, high risk of homicide or serious harm, a risk that is life threatening and or traumatic and from which recovery whether physical or psychological can be expected to be difficult or impossible (Home Office, 2002; OASYS, 2006).

MARAC is victim led and places a partnership approach which is led by Stockport Constabulary, but it is a shared responsibility of all partner agencies, and each is equally responsible for the success. Independent Domestic Violence Advocates (IDVA) and other agency staff work hard to engage with victims and work with them over time to reduce the risk to themselves and their families.

The core objective is to share information, to share accurate, proportionate information to best assess the risk so that appropriate support can be provided. No single agency can meet a victim's needs, the continued success of MARAC has been the fact all agencies proactively volunteer the actions that would best suit the individual needs of a given victim.

An independent domestic abuse advisor (IDVA) has been employed by Stockport Without Abuse (SWA) and is based within the Trust. The role is primarily based in maternity services and is to support staff and case hold high risk victims of domestic abuse who are pregnant and/ or have children. The hospital based IDVA role has been successfully secured for a further 12 months. Due to the success of the role, the CCG agreed to fund the position when the previous backing finished. The role which is primarily based in maternity services continues to support staff and case hold high risk victims of domestic abuse who are pregnant and/ or have children. There is a training element to this role which is available to all staff in the Trust.

Frequency of Multi Agency Risk Assessment Conference (MARAC).

Stockport Borough holds a MARAC meeting every two weeks attended by a Safeguarding Children Specialist Nurse and an Independent Domestic Violence Advisor (IDVA).

Number of Families

The number of families discussed at Stockport MARAC between 01 April 2020 and 31 March 2021 was a total of 687 cases. This is a 32% increase from the previous financial year. Of the 687 cases heard at panel, 504 cases were identified to have children within the family which again noted an increase of 38% from the previous year. To analyse this data further the Vulnerable Children's team have monitored the number of children connected to each case discussion. This identified that a total of 1115 children were linked to the case discussion which required an individual piece of work being completed for each child. This saw a significant increase of 103% in activity in comparison to the previous year.

Female Genital Mutilation (FGM)

The safeguarding team continues to support the Trusts mandatory recording and reporting of FGM data on a quarterly basis. The FGM enhanced dataset requires organisations to record collect and return detailed information about FGM within the patient population, as treated by the NHS in England.

The data collected is used to produce information that helps to:

- Improve how the NHS supports women and girls who have had or who are at risk of FGM
- Plan the local NHS services needed both now and in the future
- Help other organisations e.g. local authorities to develop plans to stop FGM happening in local communities.

SFT FGM – Number of Reportable Cases 2020 / 2021	
April 2020	1
May 2020	1
June 2020	0
July 2020	1
August 2020	0
September 2020	0
October 2020	2
November 2020	0
December 2020	1
January 2021	3
February 2021	1
March 2021	1

As part of the Level 3 training offer, the Named Midwife delivers FGM training for the Trust.

Workforce

We continue to ensure our workforce is competent and that staff understand safeguarding pathways, policies and procedures and their role in implementing them into practice, to develop our workforce by ensuring the delivery and attendance of both internal and multi-agency wide training and development programmes and from the findings and actions of local and National Serious Case Reviews, Homicide Reviews, Learning Reviews and internal Serious Untoward Incidents in order to improve practice and achieve best outcomes for adults children and their families. We have due diligence in accordance with the Lampard Review (2015) in recruiting safe staff who work with children and adults at risk and effective. The capacity of the workforce continues to be monitored and analysis of risk/impact in line with issues of resources is undertaken to ensure safe and effective practice.

The work for managing patients with disturbed behaviour has been led by the Trust Safeguarding Team and over the year has moved the organisation toward having a non-violent and safe handling culture applying best practice standards and proactively addressing the needs of vulnerable people likely to be disturbed.

Leadership.

The safeguarding leadership teams across the organisation have:

- Continued to be visible and available to support and advise staff in delivering better safeguarding outcomes for families by attending team meetings, multidisciplinary team meetings, supervision and training.
- Ensured that effective working arrangements between the safeguarding partnerships, the Trust and key partners as identified within the safeguarding work plans by ensuring these systems and structures are in place.
- Ensured a clear and effective governance structure and quality assurance framework that confirms evidence of leadership of safeguarding via the Safeguarding Operational Groups and the Trust Safeguarding Group.
- Developed and embedded a clear system for communicating with practitioners at all levels within the Trust and with partners that is open, honest and reliable. The teams aim is to empower staff and ensure a 'just culture'.
- Developed with teams an effective framework to ensure the voices and views of the adult, child, young people and their families are listened to and acted on. Similarly, leaders are required to listen to and value the workforce.
- Engaged with any transformational projects to ensure that safeguarding is a fundamental part of delivery and planning of services.
- Discharged responsibilities within Section 11 of the Children Act, the Safeguarding Accountability and Assurance Framework (SAAF), and the CQC. This ensures effective scrutiny and respectful challenge of safeguarding practice within the organisation.
- Interpret and ensure operationalisation of Local and National Policy Guidance and Legislation.
- Ensured and provided evidence of their own professional development in order to be compliant with the 'Roles & Competences for Healthcare Staff, Intercollegiate Document, 2018' whilst identifying and developing talent in order to identify future Safeguarding professionals and leaders.

8.4

Performance Management and Quality Assurance

Over the year, the safeguarding team have ensured consistent interpretation and implementation of lessons learnt, recommendations, guidance, policies and procedures across the Trust, to improve the quality of safeguarding practice for all staff. Audits provide evidence of improvement in clinical practice; a comprehensive yearly audit plan is in place. The learning and recommendations from audits will inform the training needs analysis and deliver of the Trust training programme. To improve the quality of practice the Trust has also captured patient feedback and involvement in order to capture and embed the voice of adult, children, young people and their families and carers. The evidence is captured and will be used and embedded into services in line with the Patient Experience Strategy.

Performance management relates to the reporting systems and data by which the Trust can ensure the quality and effectiveness of safeguarding within the organisation. Quality assurance has been consistently provided throughout the year to the Trust Board of Directors, the Safeguarding Partnership, Commissioners and regulatory bodies to ensure that our services are delivered to the highest possible standards for adults, children, young people and their families. Data is collated and evidence provided to assure all parties of the quality of our services. Assurance has been provided through the Safeguarding Operational Groups within the Trust. This reflects the evidence of the delivery of the various action plans from Serious Adult Reviews, Serious Case Reviews,

Learning Reviews and DHR's. Analysis of the themes and issues arising from the advice system and safeguarding referrals serve to inform training, policy, guidance and professional development. Decision making processes, thresholds and the need for escalation of cases has been monitored via the above channels to ensure that the organisation is part of the multi-agency quality framework and feeds into the Safeguarding Partnership quality assurance processes, providing assurance that performance indicator in relation to safeguarding have been met.

Greater Manchester Safeguarding Assurance Assessment Framework (SAAF).

The Trust provided an informative overview of how it endeavours to balance the implementation of safeguarding against other competing demands.

The safeguarding leads have completed and submitted a comprehensive Safeguarding Accountability and Assurance Framework (SAAF) which includes a wealth of supporting evidence, including the gaps in provision for Looked After Children and emerging issues related to both mental health care in the general hospital setting and the Prevent agenda.

The operational referral procedure has been noted including how this ensures that safeguarding activity is cited. This enables the senior leadership to gain a greater oversight of the more complex cases. The referral process loop is closed by giving staff feedback on referrals when outcomes are forthcoming from the local authorities.

The adult safeguarding reports describe how the Trust's work plan will provide structure to the demands of adult safeguarding work, incorporating the use of audit. This therefore provides on-going assurance to the Trust Safeguarding Group that the organisation is meeting its statutory obligations to prevent abuse and neglect and to report where there are found to be concerns.

The Safeguarding Adults policy, submitted as part of this process, was noted to reflect statutory requirements detailed within Section 8 of the Care Act 2015 including the 'Making Safeguarding Personal' mandates. All other relevant policies were also noted to be updated in accordance with local and national drivers.

Whilst a number of the core competencies are part of the mandatory training programme the Trust has adopted the use of focused learning in support of the Divisions. The hard work of the organisation was acknowledged, particularly with PREVENT and at LeDeR.

Objectives 2021 / 2022

- Following the submission of the proposed integrated model for the Trust Safeguarding Structure in January 2019, as part of a phased approach this will require a review to determine whether this identified model fits the activity and demand for 2021 / 2022.
- Safeguarding priorities during 2021/2022 will continue to ensure where there are safeguarding concerns adults, children and carers are recognised as partners in the outcomes they wish to happen. This will apply a focus to Making Safeguarding Personal and the ensuring the voice of the adult / child is heard.
- There are challenges in establishing the role and function of the Named Doctor for Adult Safeguarding across all services. The Head of Safeguarding is currently working with the Medical Director to secure this important role.
- The Trust is required to review the establishment of the Named Doctor function within Looked After Children services in line with intercollegiate guidelines.

- The Safeguarding Teams will continue to work collaboratively to integrate safeguarding level 3 training across children's and adults, using innovative ways in delivery as part of our learning from Covid-19.
- The safeguarding teams will work collaboratively with the Learning and Development team to implement a robust reporting framework.
- The Safeguarding Teams plans to review and embed the Domestic Abuse requirements across the organisation. This will include a further bid for funding to support the recruitment of an IDVA in adult care.
- The Trust will continue to strengthen its approach in supporting staff that are affected by domestic abuse to enhance confidence in staff and managers seeking support for their health and wellbeing.
- To complete a review of the safeguarding supervision offer within maternity services to replicate the functions currently held within the Safeguarding Children's Team.
- Access to AdvantisCDS Maternity Safeguarding electronic system to be extended to include the neonatal unit staff and to Health Visiting team leaders.
- A Maternity activity report to be developed and tabled at Trust Safeguarding meetings in order to demonstrate that level of activity being undertaken within the department around safeguarding families.
- Named Midwife to develop a local surrogacy policy in collaboration with Health Visiting services that reflects the Department of Health and Social Care guidance - Care in Surrogacy Guidance and The Surrogacy Pathway (2019).
- To deliver a training programme for practitioners who work within children and family led services regarding the development of reports for court and child protection conferences, allowing staff the opportunity to discuss the analysis of information and risk and to formulate effective plans.
- The Trusts school nursing team plan to launch the universal service – ChatHealth. The service is for any young person aged 11-19yrs who lives in Stockport or attends a Stockport school and wishes to speak to a school nurse.
- Moving forward work around child exploitation will continue in 2021 -2022 with a key focus on county lines and criminal exploitation.
- To continue to deliver a robust training offer to organisational staff regarding Child Exploitation to include adultification and intersectionality in relation to exploitation.
- To continue to support areas to further develop the mental health provision within the Trust taking into account local and national agendas.
- The safeguarding teams plan to further analyse mental health presentations to the Trust and continue with joint working with colleagues within mental health services to secure a proactive model of care.
- With regards to LAC health assessments, Stockport NHS FT currently operates a Payment by Results (PBR) system; there is a risk that these assessments will no longer provide any income for the Trust and this should be considered in any block contract or service specification review.
- The Looked After Children's team will work with the training department to enable the reporting of LAC L3 training requirements.
- Following recognition that investment is required, the CCG and the Trust will work in partnership to commission a LAC service that meets the needs of Stockport's LAC cohort. There needs to be a service review to consider both medical and nursing requirements which will support permanent commissioning arrangements.
- The data team will support the Looked After Children team in providing accurate activity data for the service.

- The data team will assist in extracting profiling data which will provide the organisation with information about the needs of LAC cohort living in Stockport.
- The Trust needs to consider succession planning for the Medical Advisor role within the organisation.
- The midwifery services have identified a risk associated to women with complex needs and as such there requires targeted work in addressing the needs of this vulnerable group. The newly appointed Named Midwife will lead on this piece of work
- The Safeguarding Teams plan to support the Trust with the implementation of electronic records, ensuring that safeguarding is firmly embedded as part of individual care plans.
- The Safeguarding Team will develop an effective electronic reporting system to support the development of an interactive safeguarding dashboard.
- The Trust to develop and adopt a modern slavery statement as required under section 54 of the Modern Slavery Act 2015, which sets out the steps taken to identify and address the risks.
- Develop and implement the organisational legislative responsibilities to Liberty Protection Safeguards (LPS).
- Continue to embed organisational learning through mandatory training, serious incidents and adult/child reviews.
- Moving forward in 2021/2022 the safeguarding team will continue to carry out a programme of audit and oversee the implementation of learning throughout the Trust.
- Focus during 2021/2022 on how organisationally Stockport NHS Foundation Trust supports the health and wellbeing of its workforce particularly in relation to domestic abuse and mental health.

BOARD OF DIRECTORS

Meeting date	27 July 2021	x	Public	Confidential	Agenda item
Title	Service Objectives				
Lead Director	Chief Executive				
Author	Chief Executive				

Recommendations made/ Decisions requested

<p>The Board is invited to note progress against the agreed corporate objectives for 2021/2022.</p>

This paper relates to the following Strategic 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-

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

This paper is related to these BAF risks-	All BAF risks are expected to relate back to agreed strategic objectives.
	N/A

10.1

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Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

A mid year review of the outcomes agreed for each corporate objective has been undertaken. The review demonstrated that the mid year process is as expected and supports the end of year delivery of those outcomes agreed with the following exceptions:-

A&E Performance improvement trajectories

There has been significant increase in A&E attendances in ED since the start of the calendar year. Despite good progress in year, performance has come under increased pressure due to this demand. Despite this the Trust is the 3rd best performing Trust within GM.

Restoration of Elective Services

There is a continued risk of delivering the Trust restoration plan due to the impact of emergency demands and staff absence due to isolation requirements. Mutual aid across GM Trusts could potentially reduce the risks of under performance in this area.

SERVICE OBJECTIVES 2021/2022

Service Objective	How do we know that we have achieved our objectives Key Outcomes	Progress July 2021
<p>To deliver safe, accessible and personalised services for those we care for.</p>	<p>All CQC identified areas for improvement are delivered and embedded including plans to achieve a CQC Good rating.</p>	<p>On target: CQC report going to Quality Committee quarterly with additional TMA requirements explained. StARS system supports assurance re quality standards. Maternity delivering on Improvement plan, Ockenden and CNST. Ockenden investment for 13 midwives to support women/families.</p>
	<p>Participation in 100% of all required and eligible national clinical audits in order to learn lessons and improve care services based on results.</p>	<p>On target: The system for managing clinical audits, including national clinical audits, has been improved so that there is now complete visibility of progress. At the time of writing we appear to be participating in all required national clinical audits, but continued vigilance is required. The process of learning lessons is currently being well embedded and is a focus for the clinical effectiveness group.</p>
	<p>A system to review all deaths and lessons learnt is in place. The Medical Examiners role on the process is clear.</p>	<p>On target: The Medical Examiner team is now established and they are reviewing most deaths and providing advice to the coroner where necessary. The Medical Examiner also highlights cases for learning from deaths (LFD) reviews where there is a potential for lessons being learned. This is superimposed upon the pre-existing LFD process, which is well established.</p>

	<p>A patient safety programme reflecting the national patient safety plan is embedded. Reducing harm against the Trust 2020/21 baseline within:-</p> <ul style="list-style-type: none"> Falls by 10% <p>Infection Prevention:-</p> <ul style="list-style-type: none"> CDT by 20% MRSA hospital acquired zero cases MSSA by 15% E Coli by 5% Klebsiella by 15% Pseudomonas by 30% Pressure Ulcers by 20% VTE (95% compliance) Sepsis (95% compliance) Zero Never Events 	<p>FALLS: Off track – April/May here on track with reduction in falls of moderate harm and above but 4 in June all undergoing RCA.</p> <p>CDT: On track – Apr May saw increased seasonal increase, June back down. All cases unavoidable.</p> <p>MRSA: on track 0 cases.</p> <p>MSSA: over by 3 cases, actions being developed through the IP group.</p> <p>ECOLI: Under trajectory – performing well.</p> <p>Klebsiella: performing well.</p> <p>Pseudomonas: Zero cases in the first quarter.</p> <p>Pressure Ulcers: On trajectory. First quarter has seen a reduction on last year</p> <p>Never Events: 0 never events in first quarter</p>
	<p>A Ward Accreditation Standard Programme is rolled out across the Trust and baseline performance levels against these standards agreed is captured.</p>	<p>On target: StARS implemented April 2021 as planned. 11 wards assessed in first quarter – on trajectory. All areas have action plans in place for improvement. Presented to NHSE/I July.</p>
	<p>The E Roster system is rolled out and embedded across the Trust to support the safe staffing agenda.</p>	<p>Improvements in compliance in the first ¼ and has delivered approx. £750k efficiency savings</p>
	<p>The Trust A&E Patient Flow plans are implemented resulting in:-</p> <ul style="list-style-type: none"> A reduction in delayed discharges against the 2020/21 baseline by 30% Improvement in length of stay against the 2020/21 baseline. 25% for non elective bed days An improving trend in A&E performance of above 70% against the 4 hour standard Zero 12 hour breaches 	<p>Significant increase in attendances in ED since the start of the calendar year. Average daily attends have now peaked at 365. Despite good progress in the year, performance has come under increased pressure due to demand. However, only 1 12hr breach has occurred which was a mental health patient waiting transfer to an inpatient facility. Despite this the Trust is the 3rd best performing in Greater Manchester for the current financial year. Winter planning has commenced but demand as a result of COVID, flu and restoration of services will be particularly challenging.</p>
	<p>An inclusive restoration plan is agreed to treat patients on the PTL following the pandemic pause in planned care in accordance with national planning guidance and clinical validation.</p>	<p>The Trust has achieved its high level activity plan for OP and Elective in each month of Q1 and has</p>

		achieved £2m in ERF as a result. Internally elective recovery funding has been approved to will support delivery of additional activity at the weekend.
	The Trust agreed Governance and risk management arrangements are embedded and understood by Divisional / Directorate teams.	Work is continuing with new line management arrangements in place 1 st September 2021. NHSI Funded project also to commence in September.
	Community Services will provide a 2 hour home response appointments to ambulance and other services according to agreed criteria.	Whilst activity is less than pre-covid all community response metric are being met and in line with expectations.
Support the health and wellbeing of our communities and staff.	Evidence of the implementation of year 2 of the National People Plan.	On target: Review update of Our People Plan is complete which is aligned to the National People plan and actions managed by the integrated delivery plan, reflective of the national plan requirements and actions. The integrated plan and progress is reported to People Engagement and Leadership Group (PELG) and People Performance Committee (PPC) on a monthly basis.
	The staff survey, sickness/absence levels demonstrate the effectiveness of the Trust Health and Wellbeing Services target 5%.	On target: Sickness absence is 4.7% June. Health & Wellbeing services in place and being added to regularly in response to staff and manager feedback, including pilot of comedy sessions and exploration of project wingman. Approval and adoption of our approach to wellbeing, implementation of national wellbeing framework and appointment of wellbeing guardian. HWB dashboard in development to support the triangulate of data and will be made available to divisions and directorates in the summer of 2021.
	Community Services offer support to neighbourhood working and the needs of neighbourhood population requirements.	Community services are wrapped around the seven neighbourhoods. Specialist community services i.e. small specialist teams work across all neighbourhoods. Further work required to focus on neighbourhood population health and neighbourhood segmentation.
	Evidence of a system wide frailty pathway.	On target: An acute frailty pathway has been agreed and implemented. Evaluation metrics agreed to renew the benefits of the change.

		Further work required over the next six months to integrate and design the pathways across the system.
	Improving the organisations 'climate' and increasing the overall staff engagement as measured by the Annual Staff Survey and the Staff Friends and Family test.	On target: Launch of Values into Action programme to improve engagement with staff, including staff group specific focus groups and facilitation at team meetings, divisional staff survey action plans and reporting of progress to PELG/PPC. People Pulse survey conducted monthly, with staff engagement captured 1/4ly basis. OD interventions across a wide range of areas and teams, supporting team working, away days/ team development and communications, including resolution and difficult conversations. Leadership development programme in place and work underway to develop and implement multi-disciplinary clinical leadership programme to complement our existing approach. Mediation scheme in place. Exploration of civility building better relationships scheme in partnership with project wingman.
	Roll out health and wellbeing conversations across the Trust in line with the NHS People Plan.	Complete: Health and Wellbeing conversations embedded in induction and appraisals, training for line managers to be rolled out this summer. Use of Charitable Funds – Staff Restaurant events
	Evidence of focussed health and wellbeing support to staff post Covid to include psychological support where needed.	On target: Clinical psychologist and mental health practitioner for staff being recruited to following successful NHS Charity bid, anticipated start date October 2021. Access to resilience hub for staff regularly shared and sign posted, bi-weekly communications to all staff of health and wellbeing support available , staff sanctuary remains in place with information and support available , sign post to psychological support services, staff check-ins.

	We will remain responsive to the wider context of the global pandemic and emerging consequence and national guidance.	All emerging national guidance is adhered to. The Trust continue to work with partner Trusts to provide mutual aid.
To work with partners to co-design and provide integrated service models within the locality and across acute providers.	To agree with system partners a governance / locality construct to support partnership working and commissioning atPlace.	Locality Partners have agreed a locality construct currently engaging with stakeholders on the proposed construct, governance and financial arrangements.
	Evidence of locality partnership objectives, system priorities and delivery models which support improvements in population health and operational recovery following the Covid pandemic.	Locality partnership objectives have been agreed. It is expected that model will support improvements in population health will start to be co-produced during the latter part of the financial year.
	Evidence of an agreed clinical strategy in partnership with East Cheshire which adds resilience to services across the footprint of both Trusts.	The first stage of the development of a joint clinical strategy with East Cheshire has been completed. Both Trust Boards will agree the next phase which will be progressed during the remaining six months of the financial year.
	Evidence that we work with partners across GM in the development of the ICS Framework for resource allocation,prioritisation and utilisation.	The senior executives have been working within the GM architecture to influence the future of the GM ICS arrangements. This had been achieved through the GM Provider Executive Groups, the Director of Finance Collaborative and Provider Federation Board.
	Evidence of an agreed quality/performance metrics to support improvement programs and board assurance.	All Divisions and corporate have identified current schemes for Service Improvement. Each Division has at least two schemes in development with schematic examples for each.
	Evidence of the reconfiguration of the Trust Service Improvement Teams to provide support to system wideimprovement programmes and the delivery of agreed improvement outcomes in the following areas:- <ul style="list-style-type: none"> • Results Governance • Outpatients • Hospital Flow to include:- <ul style="list-style-type: none"> ○ Creation of front door to back door patient flow team 	Revised arrangements implemented in Q4 of 2020/21. The approach being underpinned by 4 key themes. Prioritisation, Leadership & Engagement, Governance & Assurance and Sustainability.

	<ul style="list-style-type: none"> ○ A&E Assessment Service ○ Discharge Process ○ Medical Model <p>Reducing Days Away from Home / excess bed days</p>	
	<p>The delivery of maternity and neonatal national transformation priorities with respect to saving babies lives, personalised care, equity strategy and the Ockenden report.</p>	<p>On target:– Ockenden response submitted and 13 midwives allocated to SFT, CNST submitted – compliant with all 10 recommendations, working with national improvement team.</p>
<p>Develop a diverse, capable and motivated workforce to meet future service and user needs.</p>	<p>The delivery of National People Strategy objectives for 2021/2022.</p>	<p>See above National EDI priorities agreed and returned to NHSE/I</p>
	<p>Evidence of agreed and embedded workforce metrics that support workforce decisions.</p>	<p>On target: Review of KPIs completed for sickness and turnover, role essential review underway. Roll out of people analytics, including EDI dashboard, complete.</p>
	<p>Evidence of a recruitment and retention plan to address workforce challenges ensuring diversity is an embedded feature of the workforce.</p>	<p>On target:Recruitment and retention plan being worked up; shared with divisional directors who have reviewed and inputted to the content, objectives aligned to our EDI approach and national priorities included. Ro be presented for approval during Q2.</p>
	<p>Evidence of a recognition system that acknowledges where individuals / teams have gone above and beyond.</p>	<p>Launch of MADE awards complete. Long service award review and re-launch complete. Review and update of retirement policy taking place with launch planned for September 2011.</p>
	<p>Evidence of shaping the size and skill mix of the clinical workforce to meet operational/ service needs through workforce planning.</p>	<p>Workforce Plan in place and approved, with divisional and directorate plans underpinning overarching approach; alignment to training needs analysis underway. ACP x12 approved recruitment underway September commencement, Physician Associates 5x substantively placed, exploration of medical support workers underway. Business case template being updated to ensure workforce planning and new roles for different way of working is embedded in service development/redesign. Career development workshops/ case studies for our staff in</p>

		development.
	Expanding the Trust's reach into its communities by extending its work experience, work training and apprenticeship schemes.	Cadet programme commenced, work experience paused by C19 to come back on line for Autumn 2021, apprentice schemes continue to be promoted, with agreement for 1 st cohort of nurse associate to registered nurse, all roles considered for apprentice route, career development with local schools and colleges in place.
	The Trust's Volunteering Strategy is revised which clearly outlines the delivery objectives / outcomes for the next 3 to 5 years.	To be completed in Quarter 2
	To continue to improve the experience for staff with protected characteristics in line with the Trust EDI Strategy objectives for 2021/2022.	WRES/WDES and gender pay gap reporting all complete. Our approach to EDI updated and approved, BAME specific leadership development available, Respect Campaign completed with implementation of red/yellow card policy in support of all staff. EDI manager appointed to and due to commence in post in August.
To utilise our resources in an efficient and effective manner.	A programme is in place to ensure all divisions understand the outputs from the model hospital and available benchmarking data to support their improvements in productivity and efficiency plans.	On target: Presentation to F& P committee in July on Model Hospital – the Presentation concentrated on 1. Context: Trust Position 2. Model Hospital Opportunities by Divisions 3. Acute PLICS Portal - Granularity 4. HVLA Pathways (High Volume low complexity pathways) 5. Focus: temporary/agency staff analysis 6. Focus: Community 7. Focus: Estates and Facilities Divisions are being supported in using Model Hospital and Specialty benchmarking to identify and deliver efficiencies.
	Deliver the 2021/22 CIP; revenue; capital and cash annual plans following the receipt of national planning guidance.	On target: High Assurance given on delivery of H1 financial plan. Capital on Plan with regards to Plan A – slight undershoot against the Plan B (Plan B is the over committed Plan) . Awaiting guidance on H2 Financial regime and

		confirmation of Financial envelopes.
	The development of a multi-year financial recovery plan to support the implementation of the long term plan and recovery optimising opportunities for financial recovery through system working.	On target: Work underway but awaiting guidance on H2 – Update given to July F&P Committee.
<p>Develop our Estate & IM&T infrastructure that is fit for purpose and meets service and user needs.</p>	The implementation of a Trust data warehouse.	On target: Phase 1 of the data-warehouse project is on target to be completed by the first week in August (planned for last week in July).
	The establishment of a centralised performance and validation team.	On target: partially centralised team in place and plans for completion in autumn 2021.
	Available weekly performance metrics and reporting to facilitate an overview of the Trust performance against national /local standards.	On target: Weekly performance report developed and circulated each week. Further development to take place in 2021-22.
	Evidence of an assessment of the Trust IT and digital infrastructure and road map to deliver a paperlite organization which also embraces the wider strategic view of the health economy.	On target: Digital strategy to be ready for consideration by October 2021.
	The implementation of GM PACS and LIMS System.	On target: GM PACS successfully rolled out; LIMS outline business case written and taken to an Executive Team Meeting.
	The development of sustainable Plan (SDMP) to reduce the organisations carbon footprint.	On target: We are in early stages of development of a Green Plan working with an Energy Consultant. The Trust is currently recruiting a Energy and Sustainability Manager to support this. First draft of Green Plan is expected to be presented October 2021.
	The availability of a monthly EFM Balanced Scorecard to facilitate the scrutiny of EFM performance.	On target: Significant data analysis and design of scorecard completed. EFM Balanced Scorecard to be fully implemented from September 2021.
	Evidence of an Estate Strategy / development of a strategic regeneration framework.	On target: Estates Strategy - The Trust currently has an existing Estates Strategy. Revised Estates Strategy to new format to be delivered September 2021. Strategic Regeneration Framework – Prospectus produced to plan. Update scheduled for August Board. Meetings with MPs early September. Bid to be submitted to New Hospital Programme September 9 th 2021.
Development of FBC for the Trust Urgent Care proposals.	On target: The OBC for the emergency care campus was submitted to NHSEI at the start of this year with the Trust subsequently answering	

		<p>a number of queries. The OBC was due to go to the Joint Investment Committee in August, however this has been delayed due to further queries. We now anticipate the OBC going to JIC for approval in September.</p> <p>The FBC will be developed following approval of the OBC and is anticipated to take six months to complete. This is very much dependent on the development of the design process as we will need to include the Guaranteed Maximum Price (GMP) in the FBC.</p>
	<p>Implementation of the NHS Premises Assurance Model (PAM) to provide greater assurance and a better understanding of the Estates and Facilities Service.</p>	<p>On target: Required 3 x statutory PAM fields uploaded by 23/07/2021 in accordance with NHSEI requirements. PAM briefing to be delivered to H&S Committee September 2021 along with confirmation of proposed updates thereafter.</p>
	<p>A reduction in backlog maintenance is achieved including the delivery of clear risk assessments of critical infrastructure.</p>	<p>On target: Data from 6 facet survey fully utilised to inform capital investment priorities. CIR reduced in respect of current identified priorities. Re-survey of estate scheduled. Agreed capital programme being delivered to plan.</p>

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
22nd July 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: <ul style="list-style-type: none"> • Progress against Plan • Internal audits since last meeting • Issues arising • Follow up Tracker • Internal Audit Plan 2021/22 Summary • Anti-Fraud Progress Report 	The Committee received substantial assurance on Key Financial Systems Review. The Committee received assurance from the Assurance Framework Review that it meets NHS requirements. The Committee received assurance from the Data Security & Protection Toolkit Review that the Trust had a framework in place for completion of its full toolkit assessment.	Noting that the Assurance Framework Review worked to the mandatory audit requirements that meets minimum targets it was agreed to develop enhanced objectives with MIAA for the next audit review in 2021/22.	Q4 2021/2022
		The Internal Audit work plan was discussed and approved. The Committee considered a proposed audit on Lessons Learned on the introduction of the Gold Command during the pandemic.	MIAA to benchmark similar audits in other trusts to inform the criteria of the Lessons Learned audit. Timing of audit to be agreed between MIAA/Director of Finance/Chief Nurse	Q3 or Q4 2021/22
		The MIAA counter fraud report was received and progress against work plan noted and approved.		

External Audit update report.	The Committee received: <ul style="list-style-type: none"> External Audit Report Review of status of outstanding implementation of recommendations: 	The Committee received confirmation of the successful submission on the 1 st June 2021 of the Annual Report and Accounts. The Committee received an update that the Value for Money Commentary work was due to complete in July 2021 and received assurance that it would meet the 20 th September deadline.	Mazars to complete the Value for Money Commentary following which the full External Audit opinion will be issued and the Trust will submit the full Annual Report and Accounts to Parliament.	September 2021
Patient Clinical Letters Review	The Committee received a Trust review of a MIAA Assignment Report.	The Chief Operating Officer reported her conclusion that assurance cannot be given that the three recommendations in the MIAA report had resulted in sustained improved performance and that a more comprehensive long term solution was required.	The Committee noted the next steps on finding a longer term solution and agreed that ongoing monitoring of the current position be referred to the Quality Committee to oversee.	2021/2022
			MIAA will timetable a further audit in the 2022/2023 Internal Audit Plan.	2022/2023
Staffing Hub Review	The Committee received a Trust follow up report to a previous MIAA audit on the Staffing hub and Family Health Liaison Team and considered the response to the three recommendations from the audit.	The Committee received assurance from the report that all recommendations from the MIAA Report had been actively followed up.	1) The Chief Nurse outlined an ongoing review with HR/Workforce/NHSP on e-rostering. 2) Deputy Chief Nurse is also leading an action plan on an NHSI review on staffing that will report to the People Committee. 3) MIAA E-Roster Audit scope will include progress on the recommendations from the report.	Ongoing Ongoing Q3 2021/22

Process of appointing contractors and payment mechanisms upon completion	The Committee received a verbal update.	The Committee received assurance that the updated SFIs, Scheme of Delegation and Procure 22 framework directly addressed the processes for contract awards and payment mechanisms.		
Policy on the use of electronic signatures	The Committee received a verbal update.	The Committee received assurance that the updated SFIs and Scheme of Delegation included a new section that addressed the use of electronic signatures.		
Updated Standing Financial Instructions	The Committee received the revised version of the SFIs for approval.	The Committee received assurance that the Trust has appropriate governance in place to meet its financial responsibilities by approving the updated SFIs as the final version for immediate implementation.	<p>1) References to Audit and Risk Committee to be amended to Audit Committee before publication.</p> <p>2) Director of Finance to speak to Chair to nominate a Non-Executive lead to be responsible to the Board for NHS Security Management.</p> <p>3) Finance and Procurement Department to commence training programme for non-finance staff on financial governance.</p>	<p>July 2021</p> <p>July 2021</p> <p>Q3 2021/22</p>

Review reports and action plans from other external agencies (CQC, Royal Colleges, Quality inspections, etc)	The Committee considered the appropriateness of the Audit Committee to receive this report.	The Committee received a verbal update on plans to update the Board on reports and plans from external agencies.	1) The Chief Nurse will be the lead director with responsibility for this report and will report to the Effectiveness Committee. 2) The Chair of the Effectiveness Committee and Chief Nurse to decide what will be reported to the Audit Committee from this report.	Q3 2021/2022
Audit Committee Annual Report	The Committee received the Annual Report of the Audit Committee that assessed its obligations to provide assurance that the Trust is well managed.	The Committee approved the report to provide assurance to the Board that it had met its statutory obligations.		
Risk Register	The Committee received a report on the work of the Risk Committee and a list of significant risks at the 7 th July 2021.	The Committee noted the report of the work of the Risk Committee and received assurance that it can be used for information and intelligence on future strategic and operational risks.		

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

KEY ISSUES AND ASSURANCE REPORT Finance & Performance Committee Thursday 15th July 2021				
The Finance & Performance Committee draws the following matters to the Board of Director's attention-				
Issue	Committee Update	Assurance received	Action	Timescale
Committee work plan	The committee received an updated work plan for the year.	The plan which recognised the change in the finance regime was accepted as a representation of the workload for the year. The Committee agreed to continue to meeting monthly.	Final work plan to be issued	August 2021
Performance	The Committee received the performance report for Month 3.	The Committee noted the current trajectories on performance and recovery and were positively assured that the overall position was being managed appropriately.		
		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.	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.	Continue to update Committee each month	On going
		The Committee noted the plan for how winter plans would be developed over the coming weeks and how this was intrinsically linked to the growth in ED attendance.	Continue to update Committee each month	On going
Transformation on early supported discharge	The Committee received an update on the programme.	The Committee had positive assurance on the programme and noted how the discharge to assess process had improved with this project in the last 6 months. The Committee also noted that the project was nominated for a HSJ award.	To ask PPC to look further at the recruitment and retention of staff related to the programme	Q3 21/22
Finance	The Committee received the Finance report for Month 3 21/22 and a	The Committee received significant assurance on delivery of the H1 financial position.		

	presentation on the update from the national Director of Finance on the 8 th July 2021.	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 Elective Recovery Fund (ERF) allocation from GM for April and May, and the backdated change to eligibility criteria from 01/07/21.	Continue to update Committee each month	On going
Model hospital	The Committee received an update on the latest benchmarking information.	The Committee noted the areas of opportunity identified by the data, and that this will link to the CIP planning process.		
Post implementation appraisal	No post implementation appraisals due at this time. The Committee received an update on the business case process for the Trust.	The Committee received positive assurance on the business case process.		
Urology robot	The Committee received a retrospective purchase appraisal for the urology robot replacement.	The Committee received assurance on the financial purchase appraisal linked to availability of funds via PDC at financial year end.	Supported the approval to progress to Board	August 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.	Risks, scores and mitigations to be picked up as part of workshop session referenced under BAF agenda item.	August 2021
Consent on overseas visitors	The Committee received the overseas visitor management and charging policy, and accompanying SOP under the consent agenda.		Supported the approval to progress the policy and SOP.	August 2021

KEY ISSUES AND ASSURANCE REPORT
Quality Committee
27th July 2021

The Quality Committee draws the following matters to the Board of Directors' attention-

Issue	Committee Update	Assurance received	Action	Timescale
<i>Patient Story</i>	<i>The Committee received a patient story on Colorectal Cancer Patient Experience.</i>	<i>There was positive assurance on the experiences of patients accessing colorectal cancer care. The Committee received a presentation from one of the Colorectal Clinical Nurse Specialists gave assurance in relation to the quality of care, communication, and navigation.</i>	-	-
<i>Draft Quality Strategy</i>	<i>The Committee received the 2nd draft of the Trust Quality Strategy.</i> <i>The Committee agreed that further work is required. Areas for strengthening include metrics, delivery plans and links to other Trust strategies.</i>	<i>The Committee received assurance that the 2021/2 Quality improvement programme remains on plan. Deferment of the Quality Strategy document doesn't pose an immediate risk to achievement of quality improvement deliverables.</i>	<i>Board to be updated.</i>	<i>Aug 2021</i>
<i>Quality Account</i>	<i>The Committee approved the 2020/21 Quality Account.</i> <i>It was suggested that the Patient Experience priorities could be improved by being more specific. The Committee also highlighted that the Quality Strategy and the Quality Account needed to be aligned on the stated Improvement Priorities for 2021/22.</i>	<i>Not applicable</i>	<i>Recommendation is for the Board to approve the Quality Account 2020/21.</i>	<i>Aug 2021</i>
<i>Patient Safety Group Key Issues</i>				
<i>National Transfusion Strategy 2024</i>	<i>The Committee received an update on the gap analysis and action plan to meet national requirements in 2024.</i>	<i>Limited assurance received. Areas of concern included data handling, aged systems, and no electronic system for blood tracking.</i>	-	-

Issue	Committee Update	Assurance received	Action	Timescale
<i>NHSR Litigation Development Session</i>	<i>The Committee received an update on the CNST scorecard for the Trust 2010-2020.</i>	<i>Positive assurance was received in respect to the handling and defending of claims.</i>	-	-
<i>Notification of Serious Incidents including Prevention of Future Deaths.</i>	<p><i>It was reported that there was 6 Serious Incident (SI) in June 2021. There was 1 SI outstanding action plan and 1 Prevention of Future Death was received in relation to staff shortages in the dietetic team.</i></p> <p><i>There was a total of 89 Covid-nosocomial deaths have been reviewed of which 10 relating to lapses in care.</i></p>	<p><i>Positive assurance was received in relation to the robustness of process, investigation, and learnings. Further assurance was requested on the organisational approach to the embeddedness of learnings.</i></p> <p><i>Limited assurance was received about the dietetic service. The Chief Nurse is addressing through innovation and risk mitigation.</i></p>	-	-
<i>Medical Examiners</i>	<i>The Committee received and update on the Medical Examiner quarterly report.</i>	<i>There was positive assurance on the process of the role, its effectiveness and positive impact on bereaved families.</i>	-	-
<i>Medicines Optimisation Group Quarterly Report</i>	<i>The Committee a paper on key issues and assurance.</i>	<p><i>There was positive assurance on controlled drugs, NICE Technology Assessments.</i></p> <p><i>The Committee received limited assurance on raised temperatures in treatment rooms.</i></p> <p><i>Further assurance has been requested by the Committee in relation to treatment room temperatures and an update on previous concerns raised regarding fridge temperature monitoring.</i></p>	-	-

Issue	Committee Update	Assurance received	Action	Timescale
<i>Sepsis Management & Compliance</i>	The Committee received an update on sepsis KPI compliance for June. 94.4% recognition/95% antibiotic administration. 100% compliance on both targets within ED.	<i>The Committee received positive assurance on sepsis compliance.</i>	-	-
<i>Falls</i>	<i>The Committee received an update on falls overall and those causing moderate or above harm. The number of incidents remain above trajectory.</i>	<i>The Committee received assurance that falls prevention remains a key area of focus of the executive team. The overall reduction of falls over time and those occurring at night provided positive assurance.</i>	-	-
<i>Cancer Quality and Service Improvement</i>	<i>The Committee received an update on performance against cancer standards.</i>	<i>The was positive assurance in relation to improvement against 2WW and 104+ days and progress towards 63+ days.</i> <i>Limited assurance was received in other areas such as 28-day Faster Diagnosis standard.</i>	-	-
<i>Health and Safety</i>	<i>The Committee received the H&SJCG Key Issues report.</i> <i>HSE inspection scheduled for 2021. Quality Committee to receive presentation at September Committee.</i>	<i>The Committee were satisfied with the progress being made by the H&S Group and received positive assurance on the new processes in place to oversee Health and Safety across the group.</i> <i>The Committee received assurance that a more detailed ligature risk assessment tool (Manchester Assessment Tool) will be implemented across the Trust.</i>	-	-

Issue	Committee Update	Assurance received	Action	Timescale
Infection Prevention and Control (IPC)	The Committee received the June update report on IPC and the IPC Board Assurance Framework.	<p>There was positive assurance received in relation to overall control of C.difficile, MRSA bacteraemia, E.Coli, MSSA and Klebsiella.</p> <p>The outcomes of the HCAI reviews of the outbreak on Blueblue Ward (8 nosocomial cases) gave positive assurance on internal control of HOC.</p> <p>There was limited assurance on compliance to PHE swabbing guidance which is performing ~70% compliance.</p> <p>The Committee received assurance that there is increased activity regarding antimicrobial stewardship but has requested further assurance through clear metrics of improvement and outcomes.</p>	-	-

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

KEY ISSUES AND ASSURANCE REPORT

People Performance Committee

8 July 2021

The People Performance Committee draws the following matters to the Board's attention-

Issue	Committee Update	Assurance received	Actions for Committee	Timescale
Describe the topic	What did the group consider	What assurance was received	What action (if any) is being taken	By when
Initiatives around SAS (Specialty Doctors and Associate Specialists) and locally employed doctors	As part of its 'Spotlight' series PPC received a report from the SAS Tutor, Madapura Shashidhara, about his work to develop the SAS and LED workforce with a particular focus on the International Fellowship Scheme	<p>The Committee received substantial assurance on the quality of induction and training received by this group of doctors and examples were provided of the positive effect this was having on the recruitment, motivation and retention of these doctors. The SAS Charter monitoring tool has been completed with many areas very good or commendable. Further action is still required regarding the SAS contract and Framework and this is being taken forward by a task and finish group.</p> <p>There was positive assurance received on the positive impact these groups of doctors were having on the Trust particularly as a pipeline for Consultant roles. This was evidenced through the examples in Emergency Medicine, Anaesthesia & Intensive Care and Paediatrics where the International Fellowship Scheme had resulted in retention and appointments as consultants or speciality doctors.</p>	Review progress on the expansion of the scheme	6 months

Issue	Committee Update	Assurance received	Actions for Committee	Timescale
Guardian of Safe Working quarterly report	The report of the Guardian of Safe working	The Committee received positive assurance that the process was being used by junior doctors and there was good engagement, this was allowing themes to be identified and addressed. The time taken to close reports had reduced significantly to 5/7 days.	To review further data in relation to junior doctor reporting and identify any hotspots or areas for concern	When ready
		There was negative assurance received in relation to the continuing lack of understanding of supervisors regarding their role and the over-reliance of the GOSW signing off reports, although some green shoots of improvement were noted.		
		It wasn't clear if the level of reporting was consistent across the hospital and whether doctors were using Datix rather than exception reporting. Further work is being undertaken to triangulate data and also break this down into directorates.		
Report of the Freedom to Speak Up Guardian(FTSUG)	The Committee received a verbal report from the newly appointed FTSUG on his first month in post.	The Committee were assured that the FTSUG was working hard to meet as many teams as possible and raise his profile within the Trust and had received 4/5 referrals in the past month.	The matter of recognition to be referred to the Executive Team for them to provide an options paper back to the Committee on how this matter should be addressed.	August 2021
		The Committee was concerned to hear that there was a consistent message being given to the FTSUG regarding staff not feeling their work during COVID-19 had been recognised or valued and used examples of other organisations that had given an extra day's holiday to illustrate their concern.		

Issue	Committee Update	Assurance received	Actions for Committee	Timescale
Workforce Risk Register	The Committee reviewed the Risks on the Workforce and OD Risk Register	Positive assurance was obtained by the Committee that risks were being appropriately assessed and monitored. There was a request that the age profile of our workforce should be assessed in relation to risk.	To review the Attain data to identify if the demographics of our workforce should be identified as a risk.	September 2021
Workforce and OD Integrated Plan	The Committee received a report on the progress of the plan to deliver the strategic people plan pillars.	The Committee received positive assurance that the plan was on track with only 1 of the 45 work priorities being behind planned delivery	Continue to monitor	
Workforce performance report	The Committee received the monthly performance report on the Workforce and OD key performance indicators.	The Committee received positive assurance that the metric relating to agency spend was reducing as per the Nurse Staffing business plan and that COVID related sick absence was continuing to reduce.	Further information was requested in relation to the declining metrics in ED. Ongoing monitoring of other negative metrics is taking place.	August 2021
		There was negative assurance in relation to a number of metrics in the ED department that were in decline. The Committee requested further information regarding the reasons for this and what actions were being taken.		
		Staff sickness related to stress continues to be the main reason for sickness absence.		
		Resus training is also still reporting a challenging position. There is a new trainer in place and there are some small signs of improvement but this remains a challenging position.		
Facility Time Report 2020-21	The Committee received the statutory annual report in relation to trade union facility time.	Negative assurance was received as there had been a significant reduction in activity due to COVID-19.		

Issue	Committee Update	Assurance received	Actions for Committee	Timescale
		Positive assurance was received that the implementation of a Just Culture model was having an impact in reducing formal processes.		
Performance Appraisal Annual Report	The Committee received a report which updated them on the achieved appraisal rate, progress made, proposed changes to paperwork, policy and process.	Although the appraisal rate is below the Trust target of 95% there has been a steady increase over the past year reaching 82.8% in June. Medical appraisals are temporarily reported through PReP as it is a more accurate tool to record the medical appraisal pause. Changes to the national NHS People Plan has mandated a change to appraisal conversations that details a more health and wellbeing conversation. Compliance remains a risk and OD are working hard to support directorates in identifying priority appraisals to raise compliance.	On going monitoring.	
		The other risk identified in the report was to pay progression changes that came into force on 1 April 2021 that might delay staff achieving pay progression. We have extended the deadline to September 2021 because of this.		
Staff Friends and Family Survey	The Committee received a presentation explaining the suspension of the Staff FFT and replacement with quarterly staff surveys. The Trust has decided to use People Pulse to collect this data.	There was positive assurance on the focus of hearing as many voices as possible with a focus on the wellbeing and safeguarding of staff. This focus underpins all conversations with staff. The values into action listening sessions were proving to be very valuable.	Quarterly monitoring of survey results.	

Issue	Committee Update	Assurance received	Actions for Committee	Timescale
		<p>Negative assurance was received regarding the continuing lack of staff's awareness of the health and wellbeing support available and other initiatives. It had been decided to move information from the intranet to the internet as as lack of time at work to look at the intranet was cited by staff as the reason they weren't aware of these resources.</p> <p>It is proposed that the Trust develop a staff app so information can be pushed out to staff and doesn't rely on the intranet. Timescales will need to be developed for this proposal</p>		
Rostering Update	The Committee received a report on the progress of embedding Health Roster into the Trust and the impact this is having.	<p>Positive assurance was received that the implementation and use of Health Roster was becoming embedded. Bank was now being run through this system and AMDs are also beginning to engage with its use. CHPPD data is also being drawn from this data so there is one version of the truth.</p> <p>Challenge and a competition culture has improved engagement as well as a substantial increase in resource materials such as 50 how to guides.</p> <p>The Committee requested that we receive regular reports of the cost savings or cost avoidance that the use of Health Roster was delivering. Also we needed to triangulate this with quality and finance metrics and it was requested that the PMO could support the development of this.</p>	Regular update on the range of benefits being realised from Health Roster.	Suggest quarterly

Issue	Committee Update	Assurance received	Actions for Committee	Timescale
Nurse Staffing Report	The Committee received a paper on the assurances and risks associated with safe nursing and midwifery staffing and actions to mitigate these.	There was positive assurance on the benefits that Health Roster was delivering in managing permanent and temporary staffing deployment and the reduction in Bank and Agency costs. There was also assurance received that the nurse staffing position has improved across the trust.	To increase the understanding and appropriate use of red flag incidents in relation to nurse staffing levels. To be monitored through the Nurse Staffing Report.	Ongoing
		There was negative assurance received regarding the low level of red flag incidents reported. It was requested that more work needs to be done on communication to encourage the use of this tool.		

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