Public Board meeting

Thu 01 June 2023, 09:30 - 13:10

Pinewood House

NHS Stockport NHS Foundation Trust

Agenda

09:30 - 09:30
0 min

1. Apologies for absence

09:30 - 09:30
0 min

2. Declaration of Interests

09:30 - 09:40
10 min

3. Patient Story

09:40 - 09:40
0 min

4. Minutes of Previous Meeting - held on 6 April 2023

Decision *Tony Warne*

04 - Public Board Minutes - 6 April 2023.pdf (10 pages)

09:40 - 09:40
0 min

5. Action Log

Information *Tony Warne*

05 - Public Board Action Log - June 2023.pdf (1 pages)

09:40 - 09:50
10 min

6. Chair's Report

Information *Tony Warne*

06 - Chairs Report - June 23.pdf (4 pages)

09:50 - 10:00
10 min

7. Chief Executive's Report

Information *Karen James*

07 - Chief Executive's Report - June 23.pdf (9 pages)

TRUST PLANNING

10:00 - 10:15
15 min

8. Trust Planning

8.1. Final Trust Plan 2023/24 including Operational & Financial Plan

Decision *Jackie McShane, Kay Wiss*

08.1a - Trust Plan Final 2023-24.pdf (2 pages)
08.1b - Trust Plan 2023-24 Submission.pdf (14 pages)

8.2. Opening Budgets

Decision *Kay Wiss*

08.2 - Opening Budgets 2023-24.pdf (8 pages)

10:15 - 10:25
10 min

9. Corporate Objectives

Decision *Karen James*

09 - Corporate Objectives 2023-24.pdf (4 pages)

PERFORMANCE

10:25 - 10:45
20 min

10. Integrated Performance Report

Discussion *Karen James / Executive Directors*

- Quality
- Operational Performance
- Workforce
- Finance

10a - Integrated Performance Report - June 2023.pdf (2 pages)
10b - Integrated Performance Report (April23 data).pdf (20 pages)

QUALITY

10:45 - 10:55
10 min

11. Safer Care Report

Discussion *Nicola Firth / Andrew Bailey*

11a - Safer Care Report Front Sheet - June 23.pdf (3 pages)
11b - Safer Care Report - June 23.pdf (17 pages)

10:55 - 11:05
10 min

12. Annual Quality Strategy Report

Discussion *Nicola Firth / Andrew Loughney*

- Review of Objectives 202/23
- Priorities for 2023/24

12 - Quality Strategy Report 2022-23.pdf (13 pages)

11:05 - 11:15
10 min

13. Annual Health & Safety Report 2022/23

Discussion *Nicola Firth*

13 - Annual Health & Safety Report 2022-23.pdf (14 pages)

11:15 - 11:25
10 min

COMFORT BREAK

PEOPLE

11:25 - 11:40
15 min

14. Workforce Equality, Diversity & Inclusion Strategy Report

Discussion *Amanda Bromley*

- 14a - Workforce Equality Diversity & Inclusion Strategy Report - June 23.pdf (5 pages)
- 14b - Appendix 1 - EDI Strategy Update.pdf (2 pages)
- 14c - Appendix 2 - WRES Report 2023.pdf (16 pages)
- 14d - Appendix 3 - WDES Report 2023.pdf (17 pages)
- 14e - Appendix 4 - Gender Pay Gap Report 2023.pdf (6 pages)
- 14f - Appendix 5 - EDI Strategy Action Plan Update.pdf (5 pages)

11:40 - 11:55
15 min

15. Freedom to Speak Up Report

Discussion *Caroline Parnell*

- 15 - Freedom to Speak Up Report - June 23.pdf (8 pages)

STRATEGY

11:55 - 12:05
10 min

16. Annual Transformation Report 2022/23

Discussion *Karen James / Angela Brierley*

- 16a - Annual Transformation Report 2022-23 - Front Sheet.pdf (2 pages)
- 16b - Transformation Annual Report 2022-23.pdf (38 pages)

12:05 - 12:15
10 min

17. Digital Strategy Report

Discussion *Peter Nuttall*

- 17a - Digital Strategy Report - Front Sheet - June 23.pdf (4 pages)
- 17b - Digital Strategy Report - June 23.pdf (12 pages)

12:15 - 12:25
10 min

18. Communications & Engagement Strategy Report

Discussion *Caroline Parnell*

- 18a - Communications & Engagement Strategy Report - Front Sheet.pdf (2 pages)
- 18b - Communications & Engagement Strategy Progress Report.pdf (4 pages)
- 18c - Communications & Engagement Strategy - Update.pdf (4 pages)

GOVERNANCE

12:25 - 12:35
10 min

19. Annual Board Self Certifications & Declarations 2022/23

Decision *Rebecca McCarthy*

19 - Annual Governance Declarations-Self Certifications 2022-23.pdf (16 pages)

12:35 - 12:40
5 min

20. Going Concern Report

Decision *Kay Wiss*

20 - Going Concern Assessment 2022-23.pdf (4 pages)

12:40 - 12:50
10 min

21. Amendments to Stockport NHS Foundation Trust Constitution

Decision *Rebecca McCarthy*

21 - Proposed Amendments to the Trust's Constitution.pdf (14 pages)

STANDING COMMITTEE REPORTS

12:50 - 13:10
20 min

22. Board Committees - Key Issues Reports

Information

22 - Board Committee Key Issues Reports - Front Sheet.pdf (3 pages)

22.1. Finance & Performance Committee

Anthony Bell

22a - Finance & Performance Committee Key Issues Report - April 2023.pdf (4 pages)
22b - Finance & Performance Committee Key Issues Report - May 2023.pdf (4 pages)

22.2. People Performance Committee

Beatrice Fraenkel

22c - People Performance Committee - Key Issues Report - May 23.pdf (5 pages)

22.3. Quality Committee

Moore Mary

22d - Quality Committee Key Issues Report - April & May 2023.pdf (5 pages)

22.4. Audit Committee

David Hopewell

22e - Audit Committee Key Issues Report - May 2023.pdf (5 pages)

CLOSING MATTERS

13:10 - 13:10
0 min

23. Any Other Business

DATE, TIME & VENUE OF NEXT MEETING

13:10 - 13:10
0 min

24. Thursday, 3 August 2023, 9.30am, Pinewood House Education Centre

13:10 - 13:10
0 min

25. 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".

Close

STOCKPORT NHS FOUNDATION TRUST

Minutes of the meeting of the Board of Directors held in public on Thursday, 6 April 2023 9.30am in Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Prof T Warne	Chair
Dr S Anane	Non-Executive Director
Mr A Bell	Non-Executive Director
Mrs A Bromley	Director of People & OD
Mrs B Fraenkel	Non-Executive Director
Mr D Hopewell	Non-Executive Director
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director / Deputy Chair
Dr A Loughney	Medical Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Mrs C Parnell	Director of Communications & Corporate Affairs*
Dr L Sell	Non-Executive Director / Senior Independent Director
Mr M Vadiya	Associate Non-Executive Director *

** indicates a non-voting member*

In attendance:

Mr A Bailey	Deputy Director of Strategy & Partnerships
Mr P Featherstone	Director of Estates & Facilities (Item 60/23)
Mrs H Howard	Deputy Chief Nurse
Ms J Lowe	Staff Nurse, Neonatal Intensive Care Unit (Item 53/23)
Mrs R McCarthy	Trust Secretary
Ms R Sisodiya	Energy & Sustainability Manager (Item 60/23)
Mrs K Wiss	Director of Finance

Observing:

Mrs S Alting	Lead Governor
Dr T Mahambrey	Deputy Medical Director

Ref	Item	Action
51/23	**Apologies for Absence** Apologies for absence were received from Mrs Nic Firth (Chief Nurse), Mr John Graham (Chief Finance Officer) and Mr Jonathan O'Brien (Director of Strategy & Partnerships). The Chair welcomed Board members, attendees and observers to the meeting.	
52/23	**Declaration of Interests** There were no declared interests.	
53/23	**Staff Story** The Board of Directors welcomed Ms Jade Lowe, Staff Nurse in the Neonatal Intensive Care Unit to the meeting, who shared her story and highlighted the importance of alternative and flexible routes into nursing. The Deputy Chief	

	Nurse briefed the Board on work taking place to secure additional placements for Nursing Associates and the top up programme. The Chair briefed the Board on plans to invite teams to future Board meetings to showcase services. **The Board of Directors received and noted the Staff Story** *Ms Lowe left the meeting.*	
54/23	**Minutes of the previous meeting** The minutes of the previous meeting of the Board of Directors held on 2 February 2023 were agreed as a true and accurate record of proceedings.	
55/23	**Action Log** The action log was reviewed and annotated accordingly.	
56/23	**Chair's Report** The Chair presented a report reflecting on recent activities within the Trust and the wider health and care system. The Chair provided update on system planning for 2023/24 and feedback received from NHS England (NHSE) regional colleagues, notably regarding the challenged financial position in Greater Manchester (GM) and the North West. The Medical Director highlighted the systemic challenge, with several NHS organisations facing significant financial challenge and structural deficits. The Board of Directors acknowledged their responsibility for safety, quality, timely access and finance and the importance of triangulation of information to support this responsibility. The Director of Operations noted that the Chief Nurse, Medical Director and the Director of People & Organisational Development (OD) had oversight of quality impact assessments in support of this. The Medical Director highlighted the importance of understanding risks to quality as individual providers and as a system, noting ongoing discussions with GM Medical Directors in this area. Furthermore, a Non-Executive Director highlighted the importance of a collaborative approach, rather than focus on individual providers in difficulty, thus supporting Trusts who may not be in a position to innovate or invest to save due to financial constraints. **The Board of Directors received and noted the Chair's Report**	
57/23	**Chief Executive's Report** The Chief Executive presented a report providing an update on local and national strategic and operational developments. She briefed the Board on the content of the report and highlighted the following areas: • Industrial action • Greater Manchester Integrated Care Board developments • Operational pressures • East Cheshire NHS Trust and Stockport NHS Foundation Trust - Sustainable Hospital Services programme developments • Enhanced endoscopy service • Safeguarding Award • Public Health Nurse of the Year Nomination In response to a question from a Non-Executive Director regarding emergent	

	themes from the GM Integrated Care System (ICS) financial diagnostic review, the Chief Executive reported initial themes related to improving productivity and efficiency and workforce metrics, reaffirming the importance of triangulating this information with impact on quality. The Non-Executive Director commented that the Finance & Performance Committee had received assurance that Cost Improvement Programmes (CIP) were quality assured. The Director of Finance briefed the Board on the breadth of the financial diagnostic, noting that the Trust had provided information regarding Board decisions taken since 2019/20 in relation to safe staffing, following the publication of the Care Quality Commission (CQC) Report. The Associate Non-Executive Director commented on the importance of remaining open to findings to support improvement. The Chief Executive fully acknowledged this comment, highlighting the continued focus on service improvement work and consideration of improvement trajectories. **The Board of Directors received and noted the Chief Executive's Report**	
58/23	**Integrated Performance Report** The Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of significant note. <u>QUALITY</u> The Medical Director and Deputy Chief Nurse presented the quality section of the IPR and highlighted challenges and mitigating actions regarding mortality and antibiotic stewardship. The Board noted positive performance around pressure ulcers, with an 8% reduction at year-end. <u>OPERATIONAL</u> The Director of Operations presented the operational performance section of the IPR and highlighted the significant operational pressures and resulting adverse impact on access standards including: A&E, diagnostics, cancer, Referral to Treatment (RTT), No Criteria to Reside (NCTR), elective activity including outpatients, and theatre efficiency metrics. Regarding the impact of the junior doctors industrial action, the Board of Director were informed heard that a debrief had been completed and confirmed that safety had not been compromised during this period, however there had been an adverse impact on elective activity. The Director of Operations commented that while the outpatient efficiency metrics did not meet the local targets, the Trust continued to benchmark positively within GM and national peers for Did Not Attend (DNA) rates and the use of patient initiated follow up. In response to a question from a Non-Executive Director regarding key messages from the industrial action debrief, the Director of Operations advised that the debrief had recognised the benefit of early planning and mutual aid. The Medical Director confirmed that the Trust had been able to run a safe service during the junior doctors' industrial action, albeit there had been a corresponding financial impact. He highlighted anticipated challenges relating to the timing of the forthcoming junior doctors' strike, to be held over the Easter period. The Deputy Medical Director noted that timely hospital discharges had increased during the strike, with no associated issues highlighted through the Serious Incident Review Group. The Director of Operations commented that multi-disciplinary team working and a blended workforce, including Physicians	

Associates and Medical Support Workers, had supported the Trust's operations during this period.

In response to a Non-Executive Director querying if the increased senior staffing in A&E had made a difference to patient flow, the Director of Operations noted that while the levels of demand had remained the same, the 24/7 consultant presence in the department had impacted positively on waiting times, noting that this would be taken into consideration for future rota planning.

A Non-Executive Director referred to the key issue discussed at the Finance & Performance Committee, regarding the ongoing and significant challenge with out of area discharges, specifically to Derbyshire, which had an adverse impact on the No Criteria to Reside (NCTR) position. He advised that the Committee had acknowledged that escalation of this matter was required to address the adverse impact on activity performance, finance, and patient experience. The Chief Executive advised that NCTR targets had been agreed as part of GM planning assumptions, thereby enabling greater control in addressing such challenges within GM. She confirmed that the significant challenges with out of area discharges had been escalated to GM and Derbyshire Integrated Care Boards (ICB), albeit impact of discussions between the respective bodies had not yet been seen for the benefit of patients. The Director of Operations advised further discussion would take place later in the month.

FINANCE

The Chief Finance Officer presented the finance section of the IPR and advised that, following additional allocations from the system, the Trust had a deficit of £2.8m at month 11, which was forecast to be £3.3m at month 12.

The Chief Finance Officer advised that the Trust was forecasting to deliver the Cost Improvement Programme (CIP), however the majority on a non-recurrent basis. He confirmed that the Trust had maintained sufficient cash to operate during February, and a working group was considering the cash position for next year.

PEOPLE

The Director of People & Organisational Development (OD) presented the people section of the IPR and highlighted performance and mitigating actions around sickness absence, turnover, statutory & mandatory training, appraisal rates and bank & agency costs due to under performance in month.

A Non-Executive Director queried if the Trust had a comprehensive understanding of support colleagues required to prevent sickness absence from anxiety and depression, noting this was the highest cause of staff absence. The Director of People & OD noted that the support needs varied greatly between colleagues and therefore the importance of providing a range of initiatives to support colleagues. In this light, she reaffirmed the challenge in evaluating the impact of a single health and wellbeing initiative, where a range of approaches was needed.

In response to a question from a Non-Executive Director who queried if sickness absence was triangulated with other surveys and presenteeism, the Deputy Chief Nurse highlighted ongoing work with senior nurses to recognise early warning signs to enable appropriate support to be put in place. The Deputy Medical Director highlighted associated coaching and mentoring programmes to support this.

	A Non-Executive Director also emphasised the importance of instilling the right behaviours and values, which would help to ensure the Trust as a great place to work. **The Board of Directors received and noted the Integrated Performance Report**	
59/23	**NHS Staff Survey** The Director of People & OD presented the results of the 2022 National Staff Survey. The Director of People & OD briefed the Board on the response rate and content of the report and advised that three questions had scored significantly better and nine questions significantly worse compared to the previous year's survey. She reported that the Trust had scored better than the sector benchmark for 24 questions, and significantly worse for nine questions. The Board of Directors were informed that an internal communications plan would be implemented, with a focus on celebrating the positive staff survey results and engaging the workforce in helping make the Trust a great place to learn, develop and work. In response to a question from a Non-Executive Director regarding analysis of the survey results, the Director of People & OD confirmed that divisions received detailed breakdown of the responses. Non-Executive Directors emphasised the importance of using the survey to identify key challenges and present the data in an understandable way to the workforce, thereby enabling focus on areas for improvement such as improving turnover and equality, diversity & inclusion (EDI) metrics. A Non-Executive Director commented on the importance of meaningful communications and queried if any learning had been taken from peer trusts. The Director of People & OD noted that St Helens & Knowsley Teaching Hospitals NHS Trust had received positive staff survey results, with excellent communications and engagement processes to support this. She highlighted the link to organisational culture and the Medical Director welcomed learning from other organisations to help improve our lowest scores. **The Board of Directors received and noted the Staff Survey Report.**	
60/23	**Green Plan Progress Report** *The Director of Estates & Facilities and the Energy & Sustainability Manager joined the meeting.* The Director of Estates & Facilities and the Energy & Sustainability Manager presented progress made against the Green Plan, approved by the Board of Directors in February 2022. They briefed the Board on progress made against the objectives of the Green Plan and actions being taken to reach net zero by 2040. The Board heard that a Green Group had been established, with representation from Executive Directors and senior leaders to oversee delivery of the objectives of the Green Plan. The Director of Estates & Facilities highlighted the benefit of working as a system, noting partnership working with Stockport Local Authority and Greater Manchester.	

	A Non-Executive Director referred to the Finance & Performance Committee's consideration of the Green Plan, including engagement with suppliers and assurance on green credentials, and the Energy & Sustainability Manager acknowledged the social value element of the procurement process. A Non-Executive Director commented that she had been party to the development and various stages of implementation of sustainability/green plans in a range of organisations and highlighted the importance of working with partners and the need to set achievable ambitions. In response to a question from the Non-Executive Director regarding Green Group membership, the Director of Estates & Facilities welcomed Non-Executive Director support in this area. In light of her extensive experience, the Chair proposed Mrs Beatrice Fraenkel, Non-Executive Director, may wish to provide support to this remit. In response to a question from the Medical Director, querying how the Trust would address and/or offset impact of the new building works e.g., the new Emergency & Urgent Care Campus, the Energy & Sustainability Manager highlighted the various environmental/sustainability requirements for new buildings, which were considered by the Capital Team, albeit this primarily related to the new building itself. The Medical Director suggested including information about the potential environmental impact of building works in future Green Plan update reports. The Chair highlighted the Board's commitment to the Green Plan and noted the need for partnership working to drive forward. **The Board of Directors received and noted the report, confirming progress against the Green Plan during the first year of implementation.** *The Director of Estates & Facilities and the Energy & Sustainability Manager left the meeting.*	
61/23	**Board Assurance Framework 2022/23** The Chief Executive presented the Board Assurance Framework (BAF) 2022/23 Q4, noting that all BAF risks were regularly reviewed by the relevant Board Committees. She briefed the Board on the content of the report and advised that revisions made from the previous review were highlighted throughout. It was noted that a heat map and gap analysis between current and target risk score was also included. A Non-Executive Director referred to the Finance & Performance Committee's consideration of the BAF risks, noting triangulation with operational risks. He welcomed the live, robust document that considered gaps in control and actions. The Associate Non-Executive Director queried if target scores were realistic and mitigations appropriate, noting several risks had not changed score during the year. The Chief Executive acknowledged this comment, noting that the appropriateness of the mitigation plans was kept under review via the respective committees. Albeit movement was expected, she highlighted the impact of the external environment, and impact on mitigation of these principal risks of the Board. The Chair advised that the Board would consider its risk appetite at a forthcoming Board development session. **The Board of Directors:**	

	• **Received and noted the report.** • **Reviewed and approved the Board Assurance Framework 2022/23 as of April 2023.** • **Reviewed and confirmed the Trust's current Significant Risk profile, including alignment between operational and principal risks.**	
62/23	**Board of Directors Standards of Business Conduct:** • **Declarations of Interests** • **Non-Executive Director Independence** • **Annual Fit & Proper Person Requirements** The Trust Secretary presented the Standards of Business Conduct report providing detail regarding the declared interests of all Board members; the independence of Non-Executive Directors in line with the NHS FT Code of Governance (Provision B.1.2); and the Board's compliance with the Fit & Proper Person Requirements following an annual assessment of compliance completed in March 2023. **The Board of Directors:** • **Reviewed and confirmed the interests declared by the Board of Directors.** • **Reviewed independence declarations and confirmed that it considered the Chair and all Non-Executive Directors to be independent.** • **Endorsed the Chair's annual assessment of compliance with the Fit & Proper Person requirements for the Board of Directors.**	
63/23	**Annual Review of Foundation Trust (FT) Code of Governance – 2022/23** The Trust Secretary confirmed an annual review of the Trust's compliance with the FT Code of Governance had been undertaken. She stated that the Trust complied with the Code's provisions, except for: - Provision B.6.2 *Evaluation of FT boards should be externally facilitated at least every three years.* The Trust Secretary advised that the Trust's Annual Report 2022/23 would confirm compliance with the provisions of the Code and an explanation of the reasons for departure from B.6.2 on the basis that: - An independent Board governance review was completed by Deloitte LLP during 2014/15. Subsequently a series of external reviews including CQC Well Led Inspection (October 2018 and February 2020) and NHS England/Improvement Governance Review (November 2019) have been undertaken. An independently facilitated Well Led mapping review was conducted by AQuA in 2021, providing an overview of the Trust's evidence against the 8 Key Lines of Enquiry (KLOEs) within the Well Led framework, and further developmental actions for the purpose of continuous improvement. Further to this, the Board agreed an approach to facilitate an external review during 2023/24, with completion of a self-assessment and agreed KLOE ratings supported by Board in March 2023 in preparation. The Trust Secretary confirmed a new Code had been published, effective from April 2023, and highlighted key changes/additions. She confirmed a management review had been undertaken to ensure the Trust was taking account of provisions of the new Code, and presented the current compliance position.	

	The Board of Directors reviewed and confirmed the outcome of the annual review of compliance with the FT Code of Governance.	
64/23	**Use of Common Seal 2022/23** The Trust Secretary presented a report on the use of the Common Seal during 2022/23. **The Board of Directors received and noted the report and confirmed the use of the Common Seal during 2022/23**	
65/23	**Board Committees Annual Review: Including Terms of Reference and Work Plans** The Trust Secretary presented the outcome of the annual reviews of Board Committees (Finance & Performance Committee, People Performance Committee and Quality Committee) including confirmation of the effective operation of the committees during the year, opportunities for improvement and review of the Terms of Reference and Work Plans, which were presented for approval. The Trust Secretary confirmed that the annual review of the Remuneration Committee and Audit Committee would be presented to the Board in June 2023 and August 2023 respectively, following year-end meetings of these Committees. A Non-Executive Director highlighted that one Finance & Performance Committee meetings had not been quorate during the year, with all relevant decisions from that meeting subsequently ratified and presented to the Board for approval. A Non-Executive Director reflected on the development of the Trust's governance arrangements, and the Chair welcomed the opportunity for continuous learning. A Non-Executive Director highlighted the importance of human behaviours and culture that underpinned governance arrangements. The Board of Directors supported these comments recognising the importance of open reporting and triangulation across the breadth of the governance framework. **The Board of Directors:** • **Reviewed and approved the outcome of the Board Committee Annual Reviews 2022/23 including approval of the Terms of Reference and Work Plans for the following:** - **Finance & Performance Committee** - **People Performance Committee** - **Quality Committee**	
66/23	**Board Committees – Key Issues & Assurance Reports** <u>FINANCE & PERFORMANCE COMMITTEE</u> The Chair of Finance & Performance Committee (Non-Executive Director) presented a key issues and assurance report from the Finance & Performance Committee meeting held on 16 February 2023. He briefed the Board on the content of the report and highlighted key operational issues considered, including no criteria to reside, particularly those from out of area, and long waits.	

	He also briefed the Board on financial issues considered, stating that the Trust had achieved the financial plan at year-end due to the receipt of additional system support. He highlighted the challenge of balancing the GM position, noting that it was important for the plans to be achievable in this area. **The Board of Directors reviewed and confirmed the Finance & Performance Committee Key Issues & Assurance Report, including actions taken.** <u>PEOPLE PERFORMANCE COMMITTEE</u> The Chair of People Performance Committee (Non-Executive Director) presented a key issues and assurance report from the People Performance Committee meeting held on 9 March 2023. She briefed the Board on the content of the report, which triangulated with the Integrated Performance Report. **The Board of Directors reviewed and confirmed the People Performance Committee Key Issues & Assurance Report, including actions taken.** <u>QUALITY COMMITTEE</u> The Chair of Quality Committee (Non-Executive Director) presented a key issues and assurance report from the Quality Committee meetings held on 28 February and 28 March 2023. She briefed the Board on the content of the report, noting triangulation with the Integrated Performance Report, and highlighted the Committee's consideration of the following subject matters: mental health plan, impact of patient flow issues, mortality, falls and pressure ulcers. The Chair of Quality Committee presented the Local Maternity and Neonatal Systems (LMNS) quarterly submission, which the Committee recommended to the Board for confirmation. The Chair noted that the submission evidenced the Trust's improvement journey and the Medical Director acknowledged the need for continuous learning, noting potential additional costs associated with increased safety. The Deputy Chief Nurse referred to the ward accreditation programme that had commenced for maternity. The Chair advised that he had joined Mrs Mary Moore, Non-Executive Director, and the Medical Director on a maternity champions walkabout and he reflected on the positive culture in the department, and the open and honest way in which colleagues working at East Cheshire and this Trust were supporting each other. The Non-Executive Director endorsed these comments, noting that colleagues were also cognisant of where further improvements could be made. **The Board of Directors:** • **Reviewed and confirmed the Quality Committee Key Issues & Assurance Report, including actions taken.** • **Reviewed and supported the Local Maternity and Neonatal Systems (LMNS) Submission as recommended by the Quality Committee.** <u>AUDIT COMMITTEE</u> The Chair of the Audit Committee (Non-Executive Director) presented a key issues and assurance report from the Audit Committee meeting held on 9 February 2023. He briefed the Board on the content of the report, and made	

	particular reference to the Committee's consideration of three limited assurance reviews relating to Information Management & Technology (IM&T) (x2) and Emergency Preparedness, Resilience and Response (EPRR). The Committee had acknowledged the reviews had been requested by the Trust to identify opportunities for improvement. The Chair of the Audit Committee advised that the Committee had reviewed the Policy for the Approval of Non-Audit and Additional Services by the Trust's External Auditors and were recommending it to the Board for approval. **The Board of Directors:** • **Reviewed and confirmed the Audit Committee Key Issues & Assurance Report, including actions taken.** • **Approved the Policy for the Approval of Non-Audit and Additional Services by the Trust's External Auditors.**	
67/23	**Any Other Business** There was no other business.	
68/23	**Date, time and venue of next meeting** The next meeting of the Board of Directors held in public would be held on Thursday, 1 June 2023, commencing at 9.30am in the Lecture Theatres, Pinewood House.	
69/23	**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
1 Dec 2022	199/22	Freedom to Speak Up Toolkit	The Board of Directors agreed that a workshop / group maybe established to further consider and progress the toolkit prior to bringing it back to the People Performance Committee and Board if required. **Update February 2023** – Date to be confirmed. **Update March 2023** – Freedom to Speak Up Report, including update regarding Action Plan to progress recommendations from toolkit to be presented at PPC in May 2023, and determine if requirement for further workshop. **Update June 2023 –** Discussed via PPC. Agreed to defer establishing a working group at this time. Board to confirm action closed and further action added as required.	Action Closed	Director of People & OD / Director of Communications & Corporate Affairs
1 Dec 2022	201/22	Wellbeing Guardian Report	It was agreed that further clarity and exploration of the wellbeing principles was required outside of the meeting, with the outcome reported through next Wellbeing Guardian Report to the Board. **Update February 2023** – Next Wellbeing Guardian Report to be presented – August 2023 (In line with PPC Work Plan & Board of Directors Work Plan)	August 2023	Wellbeing Guardian / Board members

On agenda
Not due
Overdue
Closed

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1st June 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chair's Report					
Lead Director	Chair, Professor Tony Warne		Author	Professor Tony Warne		

Recommendations made / Decisions requested-

The Board of Directors 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
x	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Drive service improvement, through high quality research, innovation and transformation
x	5	Develop a diverse, capable and motivated workforce to meet future service and user needs
	6	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital 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		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	x	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health

	x	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	x	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

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 Trust Board of the Chair's reflections on his recent activities.

2. EXTERNAL PARTNERSHIPS

Sadly, as I write this report the invasion and war in Ukraine continues. As I write this report, the war has been ongoing for over 456 days. It was good to see the solidarity of the G7 Nations support just recently demonstrated in Japan. The symbols of my solidarity with the folk of Ukraine, my blue and yellow clogs have had to be re-soled – I hope that might be the last time. Standing together, love not hate will eventually triumph. Until then we should keep all those caught up in the Ukraine/Russia war and in other conflicts around the world, in our thoughts and prayers.

It has been a strange period since I last reported to the Board. We celebrated Easter, witnessed the coronation of our King, and have enjoyed a multitude of long weekend Bank Holidays. I recognise not all colleagues could take advantage of all these breaks but hope everyone was able to spend some quality time with friends and family. Unusually for me, I also took a two-week holiday over this period, and enjoyed a mini trekking holiday in Peru, including doing the Inca trail up to Machu Picchu. Perhaps the strangest thing of all for me, was being elected a Councillor in the recent local elections. I was a so-called Paper Candidate and had not anticipated winning. Rest assured however, this appointment will in no way impact on my commitment and continued work aimed at ensuring Stockport NHS FT is truly recognised for being an outstanding organisation.

Due to the perfect storm described above, there has been a reduced amount of opportunity to engage in many external activities. One of the events I was able to attend was the Leadership and Governance Workshop, facilitated by Carnall Farrar and the Greater Manchester Integrated Care Board (ICB). This was an opportunity to explore the outcomes of an extensive consultation piece. Carnall Farrar used DAC methodology Direction, Alignment and Commitment to frame their analysis, and presentation. The analysis provided a challenging picture of an ICB not yet fully functional and effective. But, it was recognised that this was perhaps to be expected, the value coming from achieving a shared view of the next steps to be taken. It was also recognised that this was the first time the ICS (Integrated Care System) had met since its launch in July 2022.

I have attended just one NHSE North West Regional System Leaders meetings, where again the focus was on achieving a balanced financial position across the North West. There was, however, and opportunity to also explore the potential for harnessing digital technology in transforming access to health care, the provision of

health care services, and to more effectively support the work of health care providers and commissioners.

I attended the Greater Manchester Chairs meeting and separately have met with Chris Outram (Christie) and Sallie Bridgen (Tameside and Glossop). I also have been able to meet with Aislinn O'Dwyer, the recently appointed Chair for East Cheshire NHS Trust, and feel confident that we can take forward our joint plans for sustainable clinical services at pace now.

I have continued to make an active contribution to the work of the Good Governance Institute and have participated in two webinars since I last reported to the Board. Whilst this is an opportunity to showcase Stockport NHS FT, it is also an opportunity to learn from and with others, about the emergent system-based governance processes.

3. TRUST ACTIVITIES

I was really pleased that finally we have been able to introduce a digital solution to the organisation and administration of the Boards business. So, all meetings, papers, presentations and other information are now available on a system called AdminControl. This is a big step forward in achieving the NHS ambition of ensuring a 'digital first' approach is adopted wherever possible. That said, it may take some of us a little time to get use to the system and not work with piles of meetings papers.

I have chaired two Consultant appointment panels since my last report, and we were able to successfully appoint a Critical Care Consultant and a Consultant in Anaesthetics.

I was privileged to participate in a brief memorial service to remember the 22 people who died in the arena attack six years ago. Stockport NHS FT were one the many Greater Manchester hospitals that provided treatment and care on that devasting evening.

It is the time of year for annual appraisals and these have now all been completed and new objectives set for both Executive and Non Executive Directors. There has been a great deal more scrutiny this year from the NHSE Regional Offices, but as is appropriate, it is our Council of Governors who agree the process and outcomes of these appraisals.

4. STRENGTHENING BOARD OVERSIGHT

We have been able to hold one Board Development event since I last reported to the Board. This was a session that provided us with an opportunity to explore and re-confirm our Risk Appetite in what is a continuing turbulent operating environment.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Chief Executive's Report					
Lead Director	Chief Executive		Author	Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

The Board of Directors 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	Develop effective partnerships to address health and wellbeing inequalities
	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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital 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	x	PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	x	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
	x	PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic

		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	x	PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
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		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

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

- NHS England's delivery and continuous improvement review
- Hewitt review
- Urgent and emergency care performance
- Our 2023-24 plan
- Industrial action
- First pathology to go live
- £3m endoscopy redevelopment
- New cardiac pacing unit
- Public Sector Catering Awards
- Recruitment and retention

1. PURPOSE OF THE REPORT

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

2. NATIONAL NEWS

2.1 NHS England's (NHSE) Delivery and Continuous Improvement Review

In April 2022 NHSE commissioned a review led by Anne Eden, regional director of NHSE South East, to focus on how the NHS, working in partnership through integrated care systems (ICS), could deliver on its current priorities while continuously improvement for the longer term.

The review made ten recommendations that the Board of NHSE has consolidated into three key actions:

- NHS improvement approach – all NHS providers working in partnership with Integrated Care Boards (ICBs) will embed a quality improvement methodology to support increased productivity and enable improved health outcomes.
- Leadership for improvement programme – NHSE will commission a programme involving all providers and systems to support a whole system focus on improving health care outcomes for the NHS workforce, patients and communities.
- National Improvement Board – NHSE will establish a Board to agree a small number of national priorities on which NHS providers and systems will focus improvement-led delivery work co-ordinated nationally and led regionally.

The drivers and enablers for the NHS improvement approach include:

- co-production with people and communities,
- clinical leadership,
- workforce training and education,
- digital transformation
- addressing health inequalities

2.3 Hewitt Review

In November 2022 the Rt. Hon. Patricia Hewitt was commissioned by the Government to carry out a review of the role and powers of integrated care systems (ICS). The extensive review was recently published and it makes a large number of recommendations around four key themes:

- moving from focusing on illness to promoting health,
- delivering on the promise of the systems,
- resetting the approach to focusing on embedding change,
- unlocking the potential of primary and social care and their workforce.

Some of the main recommendations include:

- reducing the number of national targets,
- setting fewer national targets for high performing ICS',
- the need to join up health and social care,
- the importance of collaboration and co-design,
- clarity around the responsibilities and accountabilities for different parts of the system – locally, regionally and nationally.

The review recognised that to deliver on their potential ICS' will need investment, workforce and leadership development, recurrent and multi-year funding, a reduction in duplicate and unnecessary data requests, and effective local and central planning. The Department of Health and Social Care has said it would review all the recommendations in due course.

2.3 Urgent and emergency care performance

NHS England has placed all integrated care systems in to one of three 'tiers', based on their urgent and emergency care performance, specifically A&E waits and ambulance response times.

GM ICS, along with approximately seven other systems, has been placed in Tier 1, which means we have been assessed as having the most challenges given the system's current performance against key metrics and associated pressures on acute hospital capacity and workforce.

The tier 1 assessment means that we will be offered the highest level of support, advice, and guidance to help our system improve. Coupled with the changes and investment made in local urgent and emergency care services, this additional support should result in improvements to services for the population of Greater Manchester.

3. TRUST NEWS

3.1 Our 2023-24 plan

As part of the introduction of ICS' across England, the finance regime has changed so that funding is now allocated ICS'.

In preparing our financial plan for 2023-34 we have had to follow principles and assumptions that GM ICS has set for all trusts, and within those parameters we have now agreed a plan that should produce an end of year position of £31.5m deficit, including an efficiency programme of £26.2m.The wider Stockport Place and GM also have system efficiency targets to deliver.

Nationally the financial position for the NHS is extremely challenged, and in agreeing a plan the Board of Directors across each of the GM providers trusts have had to make some challenging decisions. However, patient safety will remain a priority and any efficiency plans will have a quality impact assessment signed off by the Medical Director and Chief Nurse before starting.

We have been discussing the financial position we face in 2023-24 with our colleagues as we need everyone across our Trust to be aware of what the plan means for our spending this year. We are also critically looking at all our expenditure to make sure that what we spend is essential for patient care or staff welfare, and that we get best value for the Stockport pound.

3.2 Industrial Action

During April several non-medical (agenda for change staff) unions consulted with their members on the Government's pay offer.

Unison, GMB, Chartered Society of Physiotherapists & the Royal College of Midwives voted to accept the offer, but the offer was rejected by Unite and the Royal College of Nurses (RCN). However the NHS Staff Council decided to accept the pay offer made by the government for Agenda for Change staff in England, and payments are being made to staff in line with that agreement.

At the time of writing this update we had not received the formal ballot notification from Unite, but it was expected that they would start this process before the end of May. The RCN has opened a ballot of its members on whether to take further industrial action and that is due to close on 30 June. If RCN members support the proposal for discontinuous industrial action further strike days could take place between 23 June and 22 December 2023.

During March and April junior doctors took industrial action, and the strike days ran smoothly thanks to the planning and support of staff across the Trust. De-briefing sessions were held following the days to ensure learning takes place for any future action. No further dates of action have been announced by the BMA, however, the BMA consultant ballot started on 15 May and will run until 30 June 2023. If consultants vote to take action it is likely to take place between 11 July and 26 December 2023.

Once the outcome of the ballots for Unite, the RCN and BMA are known we will once again start our industrial action planning approach, which aims to ensure actions and plans are put in place to minimise the risks on the days of action.

3.3 First pathology go live site

Stepping Hill Hospital was recently the first site in GM to go live with an innovative new digital imaging system, which is set to improve the timely diagnosis of cancers and other illnesses and transform how pathologists work across the region.

We host one of seven NHS laboratories in GM, and ours was the first in the region's pathology network to complete technical go-live of the digital pathology module of imaging system.

Currently pathology teams have to package up glass slides of patient tissues and transport them to different locations for different specialists to review. With the new system clinicians can see and access digital images from anywhere – speeding up diagnosis and cutting the time patients have to wait for the results of a range of diagnostic tests.

Our technical deployment of the system will be rapidly followed by other go-lives in the region and a period of extensive clinical testing. Eight trusts in GM have already completed go-live of the same imaging system for radiology, which now contains x-rays, CT scans, ultrasound, MRI scans and an extensive range of other diagnostic images for patients in the region. Combining this with pathology imaging will provide pathologists with a more complete understanding of a patient, helping them to improve diagnosis and treatment of a range of conditions.

3.4 £3m endoscopy redevelopment

We recently opened an expanded and improved endoscopy suite after a make-over costing more than £3m.

Our teams carry out thousands of endoscopy procedures each year, and demand is growing at the same time as we try to address the backlog of cases caused by the pandemic.

Our investment has increased the number of procedure rooms from three to four, provided separate recovery areas for men and women, and provided new equipment. The re-development has increased the capacity of the suite by 33%, meaning that now an estimated 18,000 procedures a year can be carried out, helping us to meet the national waiting time standards.

The opening happened shortly before our clinical support colleagues were given the good news that our GI endoscopy services have received accreditation from the Royal College of Physicians.

Following a recent annual review by the college's Joint Advisory Group (JAG) on GI endoscopy the service was awarded JAG accreditation for five years. The honour reflects that the service demonstrates best practice across a range of rigorous quality standards, and it is testament to the hard work of the team.

3.5 New cardiac pacing unit

Former England and Manchester City footballer Steve McManaman visited our hospital site recently to officially open our new cardiac pacing suite.

The expanded suite provides investigations as well as procedures for patients with a wide array of suspected heart conditions, and it now offers easier direct access to a recovery area, improved staff facilities, and new cardiac monitoring screens and surgical panels to control humidity and temperature in the cardiac lab. It also includes an extra consultation room for the team to hold face-to -face pre-operative and wound check clinics, and an additional diagnostic room for outpatient investigations.

Around 1600 patients will have diagnostic tests in the new suite each year, and around 600 patients will also undergoing procedures in the improved environment.

3.6 Public sector catering awards

Our award winning catering team has added more silverware to their trophy cabinet with their latest nominations for national honours.

Department head Duncan O'Neil, who is a key member of the Love British Hospital Food Group working to promote the use of British produce on hospital menus, won the Special Contribution Award in the Public Sector Catering Awards. The team was also short listed for Hospital Catering of the Year and Team of the Year.

The service, which provides catering for both inpatients and the hospital restaurant, has set continually high standards, being recognised as an exemplar site for other NHS trusts to follow since 2021.

3.7 Recruitment and retention

We are clearly an employer of choice for many people, as was demonstrated by our most recent two day recruitment event at the Alma Lodge Hotel in Stockport that resulted in us signing up eight new registered nurses, 25 student nurses, and three trainee nurse associates.

Last month the Pinewood Education Centre was the venue for the first of what we hope will be quarterly careers insight days encouraging local people to talk to us about the range of careers – both clinical and non-clinical – available in the Trust and the wider NHS. We staged the successful event in partnership with Pennine Care NHS Foundation Trust, Health Education England, North West Ambulance Service and The Prince's Trust.

4. RECOMMENDATION

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

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Meeting date	1st June 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Final Trust Plan 2023/24					
Lead Director	Jonathan O'Brien, Director of Strategy & Partnerships		Author	Andy Bailey, Deputy Director Strategy & Partnerships		

Recommendations made / Decisions requested

The Board of Directors are asked to note and approve the final position of our plan submission for 2023/24.

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	Develop effective partnerships to address health and wellbeing inequalities
	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	Use our resources in an efficient and effective manner
x	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
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		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
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			experience
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
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		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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 provides a summary of our updated operational plan submission for 2023-24.

A further update was made to GM at the end of April 2023 which shows a movement in the financial position previously reported to the Board on 6 April.

Following a challenging planning process, GM ICS has reached a position where the system can submit an overall balanced revenue plan in May.

Achievement of this plan is predicated on the delivery of £130m system savings with delivery of this level of savings needs to focus on cost reduction. In taking this position the GM plan has a significant degree of risk. A review of GM system governance is underway, including development of a system PMO and finance recovery plan.

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Operational Planning 2023/24

Stockport NHS Foundation Trust Board

1 June 2023

Introduction

- This report provides an overview of our final planning submission
- As the Board are aware nationally the financial position is extremely challenged and in agreeing a plan the Board of Directors across each of the providers within GM have needed to make some challenging decisions over how the plan is set for the coming year.
- A balanced financial plan for the Greater Manchester Integrated Care System (GM ICS) has been submitted for 2023/24. The Trust's financial plan, as part of this plan, is a **deficit plan of £31.5m** with a **Trust Efficiency Programme of £26.2m**.
- The wider Stockport place also has a system efficiency target to deliver and programmes are now in place to consider how this is delivered – and in addition to this, in order for the GM ICS plan to be delivered there are further system efficiencies required which are integral to the delivery of the overall plan.
- Patient safety remains paramount and any efficiency plans need to have a quality impact assessment which is signed off by the Medical Director and Chief Nurse before starting.

2023-2024 Priorities

NHS Stockport NHS Foundation Trust

Workforce

- Improved staff experience & retention
- Increased productivity
- Flexible working practices
- Regional education & training investment plans

Elective & Cancer Care

- Reduce OPFUs
- Increase productivity
- GIRFT & Model Hospital
- Choice agenda
- Priority cancer pathways
- Increase diagnostics via CDCs
- Lung Health checks

Urgent & Emergency Care

- Increase bed capacity
- Reduce MOATs
- Increase ambulance capacity
- Reduce handover delays

Community & Primary Care

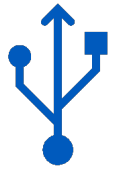
- Urgent Community response
- Expand direct access
- Increased community pharmacy participation

Mental Health, LD & Autism

- Increased expenditure
- Workforce plan
- Improve data related to po health
- GP LD register
- LD& A workforce plans
- Autism diagnostic assessments

Population Health & Inequalities

- Prevention
- Innovation & partnership working
- Women's health strategy
- QI approach to reflect Core20PLUS5
- High intensity use services



Digital

- Population health management
- Digital tools for patients
- What Good Looks Like plans

Effective Use of Resources

- Efficiency savings
- Increase productivity
- Oversight & governance
- Reduction in costs (incl. agency, corporate, procurement & supply chain)

System working

- ICP strategies
- Joint Forward Plans
- Provider collaboratives & place–based partnerships

Summary of Trust plan 2023/24

NHS Stockport NHS Foundation Trust

National Priority	Target	Baseline (Month 09)	Draft Plan	17 March submission	28 March submission	Final plan Apr 23
Urgent & Emergency Care	76% of patients seen within 4 hours by March 2024	60.7%	61%	76% by March	76% by March	76% by March
	Reduce Adult G&A bed occupancy to 92% or below	96.2%	96%	92% by March	92% by March	92% by March
	85% Paediatrics bed occupancy	82%	82%	82%	82%	82%
	85% Critical Care bed occupancy	68%	75%	75%	75%	75%
	Reduce NCTR to 48 by Mar 24	111	113	73	73	73
Community Health Services	70% of urgent community responses within 2-hour standard	97.1%	70%+	70%+	70%+	70%+
Elective Care	Eliminate 65 week waits by March 24	1737	3195	2824	0	0
	120% recovery of 19/20 Electives (103% cost-weighted activity)	89.25%	98.3%	105%	105%	105%
Cancer	Continue to reduce 62 day waits (to 85)	82	82	82	82	82
	FDS: 75% of urgent referrals diagnosed within 28 days	61.7%	76%	76%	76%	76%
Diagnostics	95% of patients to receive a diagnostic test within six weeks by March 2025 (GM target 87% by March 2024)	80.9%	90%	90%	90%	90%
	Diagnostic activity to address elective and cancer backlogs	108.5% of 19/20 activity	108.5%	108.5%	108.5%	108.5%
Maternity	Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury		Continue to improve	Continue to improve	Continue to improve	Continue to improve
	Increase fill rates against funded establishment for maternity staff	Fully staffed	Fully established	Fully established	Fully established	Fully established
Use of Resources	Deliver a balanced net system financial position for 2023/24	Underlying deficit £23m	£53.3m	£51.4m	£41.8m	£31.5m
Workforce	Improve staff retention rates	14.83% turnover	11%	11%	11%	11%
	Improve staff attendance rates	7.02% sickness	6%	6%	6%	6%
	Reduction in bank staff	445 WTE	337 WTE	260 WTE	260 WTE	260 WTE
	Reduction in agency staff	228 WTE	190 WTE	190 WTE	190 WTE	190 WTE
	Overall workforce growth (establishment)	5,870 WTE	6195 WTEs	6047 WTEs	6032 WTEs	6032 WTEs

GM System Context

- Following a challenging planning process, GM ICS has reached a position where the system can submit an overall balanced revenue plan in May.
- Achievement of this plan is predicated on the delivery of £130m of system savings
- Delivery of this level of savings needs to focus on cost reduction, including:
  - productivity and demand management opportunities at system and organisational level
  - review of enduring costs resultant from COVID, including additional G&A and Critical Care beds, as well as specific COVID services
  - wider efficiencies and productivity measures, above CIP plans, which could include reviewing more sustainable commissioning of services including decommissioning.

- Review of GM system governance planned, including development of a system PMO and finance recovery plan
  - cost reduction schemes that target specific organisations/ sectors
  - decisions about how income is allocated across the system.

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Activity Plans

Final plan submission

Delivery of many key metrics within our plan is subject to a number of assumptions

Elective restoration – total improved to 105% (97.3% for elective & day Case)

- Contingent on ability to maintain elective operating all year – not impacted by further NEL pressures
- Oral surgery – assumed restoration to 19/20 levels and ACPL levels. Reliant upon delivery of SLA with MFT
- Position will need to be re-examined for further improvements that can be achieved via access to GM surgical hub mutual aid and independent sector provider (ISP) capacity

ED performance – 76% achieved by March 2024

- Delivery of trajectory in Q4 to achieve 76% by March 2024 is dependent on reduction in NCTR and bed occupancy
- Q4 improvements based on consolidation of community bed base and success of Length of Stay improvement work

NCTR – 73 by March 2024

- Improved trajectory linked to consolidation of community bed base in the locality and increased capacity in REACH.
- Contingent on success of Locality work around safe and timely discharges
- Until this is realised the improvement in Q4 will not be achieved

Final plan submission

(continued)

Bed occupancy – 92% achieved by March 2024

- Improved trajectory to achieve 92% by Feb/Mar is dependant on reduction in NCTR as outlined on the previous slide

65 week waits – revised to reflect reduction to zero by March 2024

- Submission on 17 March had shown a 12% improvement from the first draft but still resulted in 2824 patients over 65ww (this version assumed no access to ISP or GM mutual aid hub capacity)
- Specialties driving this non-achievement are Oral Surgery (dependant on delivery of SLA with MFT) and Gastroenterology (demand driven – 300% increase)
- Also reliant on community bed and domiciliary care being in line with Q4 2022/23
- A recent revised plan has been agreed with GM which is contingent on our services having access to available ISP and mutual aid capacity. As such we have agreed to resubmit a trajectory which achieves a compliant position by March 24

NHS
Stockport
NHS Foundation Trust

Financial Plan

GM submission

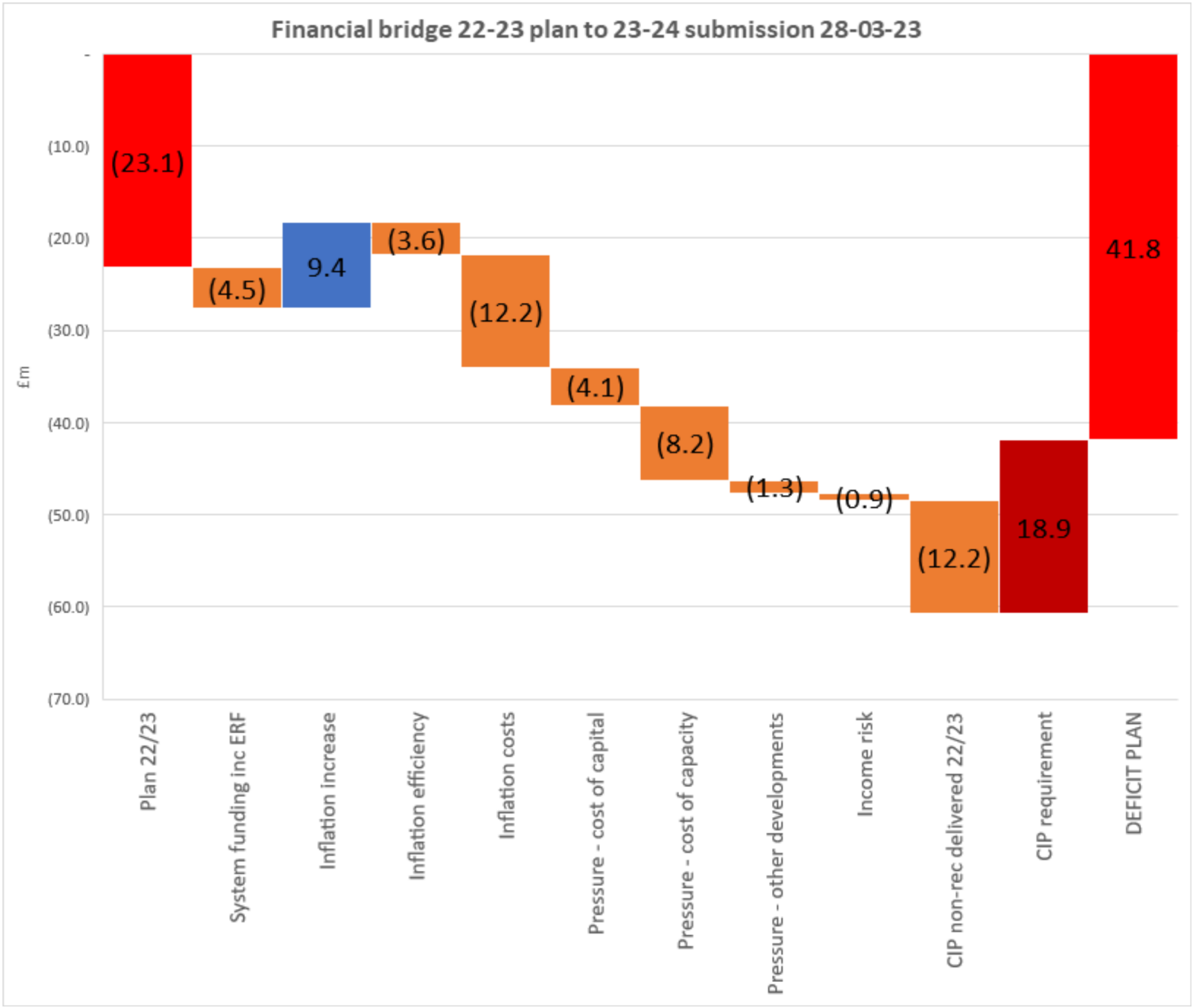
Stockport NHS Foundation Trust

- The first stage planning submission for finance to GM on the 15th February 2023 was a deficit of £74.3m. This was shared with the Finance & Performance Committee on the 16th February 2023. This was before any CIP plans at GM request so the "worse case" could be seen.

- The Committee were appraised that changes were likely before the submission of the formal Provider Finance Return on the 23rd February 2023.

- The draft plan for the next submission was a deficit of £51.4m. This included an increase of the CIP plan to £10.3m and an assumption that the income risk on external SLAs will improve by £0.9m, a further submission improved the deficit to £41.8m as presented to the Board in April.

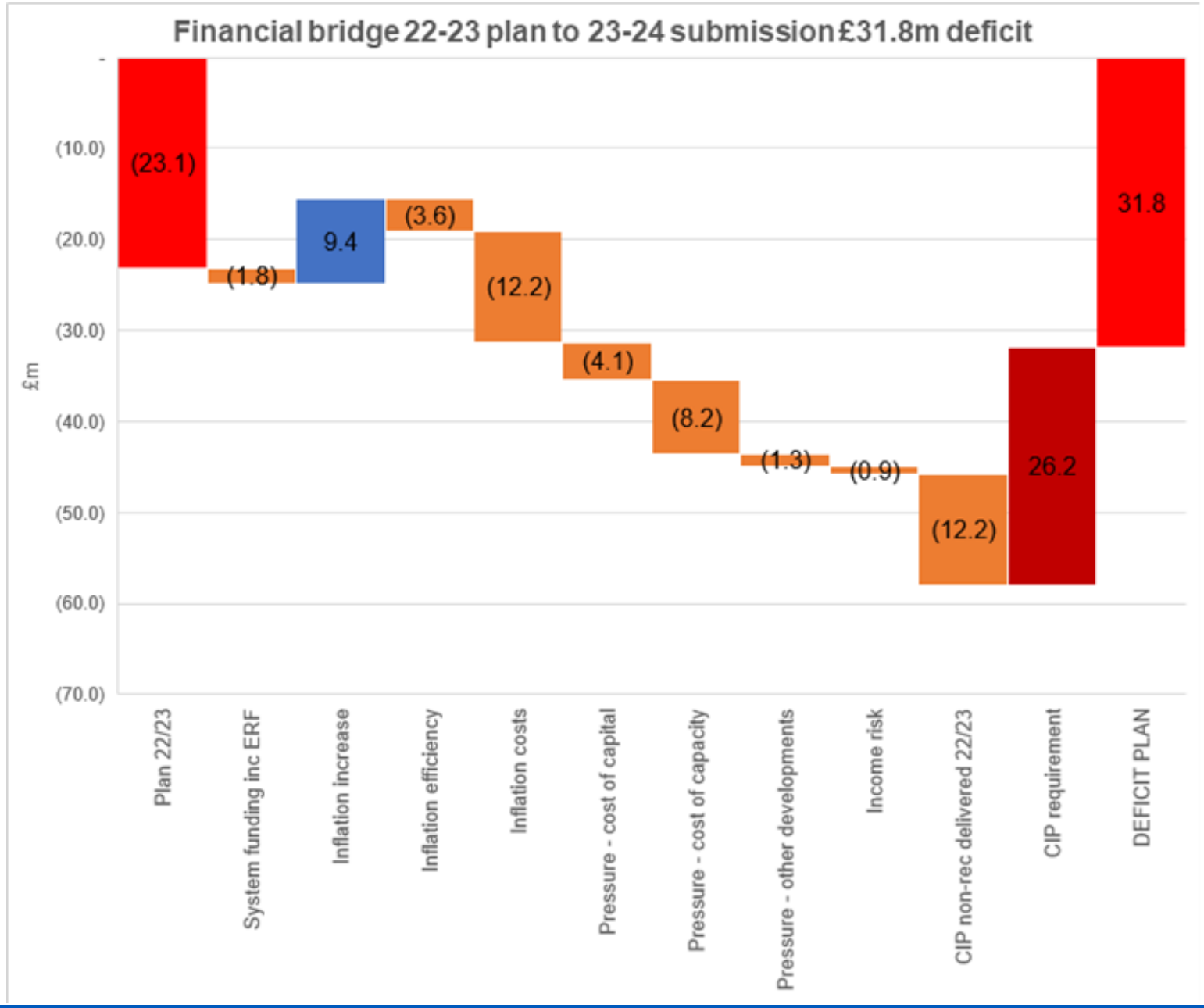
- Since the Board were appraised on the above plan, the GM system has needed to make significant improvements to the financial deficit position - we have made further progress to a **deficit position of £31.5m.**



Stockport NHS Foundation Trust

Previous version presented to Board on 6 April 2023

Excludes risk on ERF



Stockport NHS Foundation Trust

Updated Planned deficit 2023/24 – final submission

Excludes risk on ERF

NHS
Stockport
NHS Foundation Trust

Workforce Plan

Workforce Planning – key assumptions

Stockport NHS Foundation Trust

Establishment Information

- 2023-24 plan (based on Month 09 – Dec-22)
  - Additional posts previously included (ED / Escalation) now removed with the exception of Virtual Ward (10 WTE)
  - No other growth has been added
  - Reduction of bank and agency usage (12% to 9% of substantive WTE) in line with increasing staffing to establishment

- 2024-28 plan - 3% growth previously included (in line with guidance document) now removed as part of agreement across GM to remove workforce growth from plans (considered to be driving significant financial deficit)

Workforce KPIs

- Both sickness and turnover targets have been modelled based on last 3 year trend

- **Turnover**
  - GM assumption is that it remains around 14% - Trust reduction is forecast at 13%

- **Sickness**
  - GM assumption is that outturn absence rate will be 7.5% with plan to reduce to 6% by end of year. This is a 20% reduction - Trust plan is based on a 15% reduction from 2022-23

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023		Public	X	Confidential	Agenda item
Meeting	Board of Directors					
Title	Opening Budgets 2023-24					
Lead Director	Chief Finance Officer	Author	Director of Finance			

Recommendations made / Decisions requested

The Board of Directors is asked to approve the opening budgets for 2023/24.

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	Develop effective partnerships to address health and wellbeing inequalities
	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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic

		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
	x	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/ not agreed	Whole paper
Regulatory and legal compliance	SFIs board approval of opening budgets
Sustainability (including environmental impacts)	n/a

Executive Summary

The Trust has set an income and expenditure financial plan with a deficit of £31.5m for 2023/24 aligned with the activity and workforce plans.

In accordance with the Standing Financial Instructions and Scheme of Delegation the Board of Directors are asked to approve the opening budgets for 2023/24 and this paper will set out:

- The assumptions made in the plan
- The key areas for investment to deliver the plan
- Risks to delivery of the plan

The Trust has a draft capital plan of £61.6m for 2023/24.

1. Purpose

1.1 The annual planning process was notified to Trusts on the 23rd December 2022 and the Trust has been working on its financial plan in accordance with the guidance and as part of the Greater Manchester Integrated Care System.

1.2 The final financial template submission was submitted on 4th May 2023 and this paper is prepared in accordance with the Standing Financial Instructions (SFIs) as set out in section 3.1 to propose for approval a budget for 2023/24.

2. Background and Links to Assurance Committees

2.1 The Finance & Performance Committee have been appraised on a monthly basis of progress of the annual planning process for 2023/24 and the principles that have been applied.

2.2 These Budgets and then underlying principles were presented and discussed at the Finance & Performance Committee on the 18th May 2023.

3. Budget plan for 2023/24

3.1 The financial plan for a deficit of £31.5m was submitted on the 4th May 2023 and was agreed in accordance with Greater Manchester Integrated Care System (GMICS). This can be summarised in Table 1 and the full Income and Expenditure table is shown in Appendix 1.

Table 1

Income & Expenditure position Plan 2023/24	£m
Total Income	405.5
Substantive	(257.9)
Bank	(27.5)
Agency	(20.8)
Pay Costs	(306.2)
Drugs	(25.7)
Clinical supplies & services	(25.9)
Other non-pay	(52.8)
Below the line	(26.7)
Total Expenditure	(437.2)
GRAND TOTAL	(31.8)
Add back donated asset	0.3

TOTAL PLAN 2023/24	(31.5)

3.2 The plan has been aligned to the activity and workforce plan and a summary of the key assumptions within the plan are covered in the following points:

3.3 **Income –** National Tariff Payment System is replaced by the NHS Payment Scheme from 1st April 2023. This means that the income structure has changed in fundamental ways with Aligned Payment and Incentive (API) continuing a blended payment mechanism. Contracts include a fixed element agreed locally for acute, community and maternity services (referred to as the block). The GM approach has been to align all the providers within the ICS through values in block contracts and this is the main basis of the income plan. The Trust has also set income targets for system funding notified from GM, however this has been reduced in year specifically relating to a decrease in national covid income.

3.4 Similar to Payment by Results [PbR] the Trust is also paid variable income linked to activity for inpatient elective, day case and out-patient first attends. However individual Trusts cannot deliver additional activity and assume payment, as target and performance thresholds are linked at GM level. There is a potential risk in the plan if the Trust does not deliver activity targets; however this still subject to final confirmation and all Trusts within GM have planned for receipt of full income and the risk will be managed at an ICS level.

3.5 **CQUIN –** The Trust has also been asked to plan for full achievement of CQUINs with the expectation that any reductions will be managed at an ICS level.

3.6 **Pay –** The Trust continues to use bank and agency staffing to provide a safe level of cover. In order to plan for this level of costs a provision at Trust level has been made to recognise that there will be bank and agency costs; without amending the structure of the Divisional budgets. This will assist with monitoring the plan at GM and NHSIE level.

3.7 **Pay award –** Provision has been made for a 2.1% pay award in accordance with planning principles for 2023/24, though actual costs could be in excess of this. The annual cost of consultant Clinical Excellence Awards (CEAs) has also been provided for. No increase in costs has been assumed for the impact of a further pay award backdated to 1st April 2022, as advised by NHSIE this will be dealt with during 2023/24 when agreed. Similarly no increase in costs have been assumed for the Real Living Wage increases to £10.90 per hour, which is also expected to be included in the final pay award.

3.8 **Drugs –** The Trust has assessed the activity and cost profile for drugs for the coming year including estimates for the cost and related income for high-cost

drugs and devices, which are now excluded from the block and are chargeable on an actuals basis with reconciling payments from specialist commissioners.

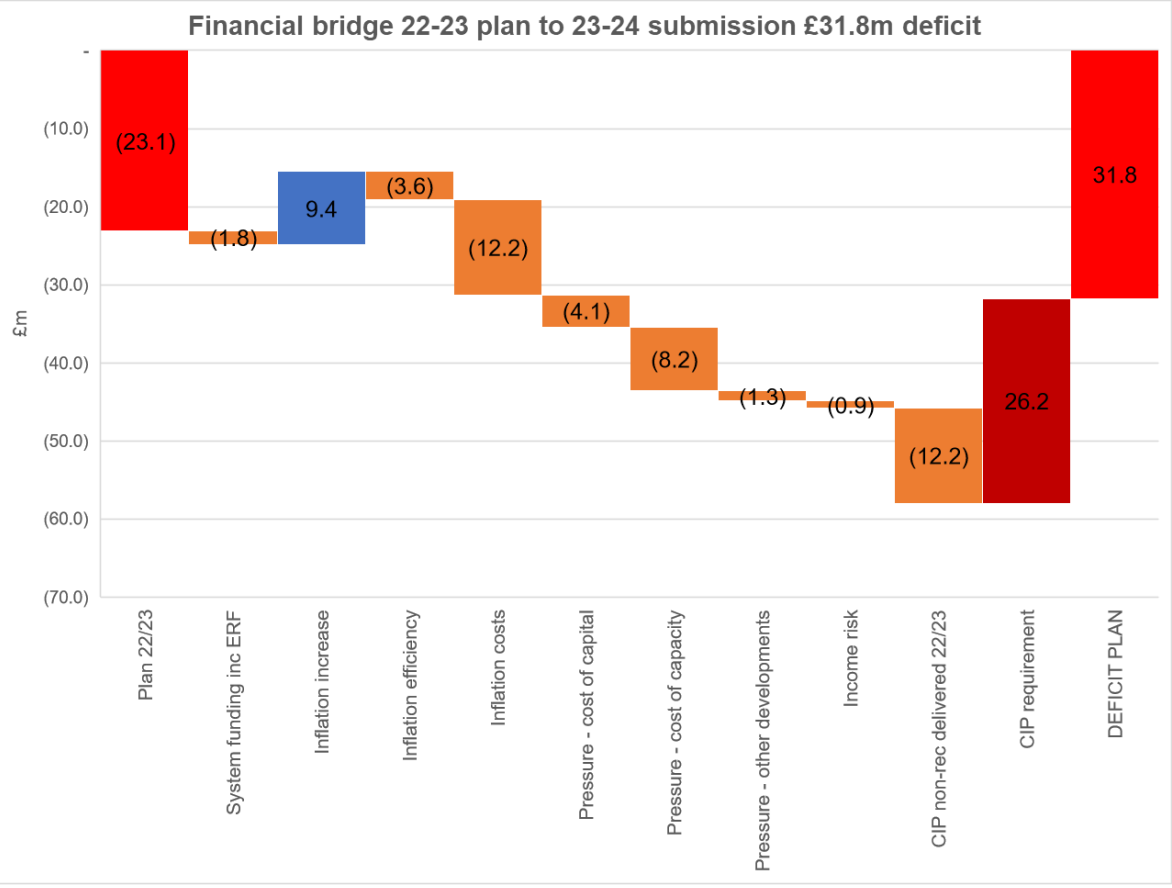
3.9 **Clinical Supplies and Services –** An assessment of the clinical cost of delivering elective activity has been made and set within budgets.

3.10 **Other non-pay** – This includes the increasing costs of inflation for energy, supplies and external contracts. This also covers increased maintenance costs for the capital purchases made in 2021/22 and 2022/23 according to the warranty schedules. Inflation funding will be a key area of focus and will only be released into divisional budgets once actual costs are known and price increases from suppliers have been appropriately challenged.

3.11 **Below the line** – Technical changes have been made in accordance with the changes for IFRS16 and for increased depreciation associated with the capital programme in 2022/23.

3.12 The bridge from the 2022/23 £23.3m deficit plan is shown in Chart 1 below.

Chart 1



3.13 A **CIP plan** of £26.2m has been set and is for £10.3m recurrent (2.2%) and £15.9m non-recurrent (3.5%).

3.14 **Capital plan** – the capital plan has currently been set for £61.6m, including:

- £16.5m Emergency and Urgent Care Campus
- £11.6m IFRS16 impact of leased assets
- £8.1m Electronic Patient Record (EPR) and Laboratory Information Management System (LIMS)
- £5.0m Aseptic GM transformation

4. Areas of Risk

4.1 The position across the GM remains of concern as the system plans submitted by GM ICS include system wide efficiencies of £130m which need to be delivered across the whole GM system in order to achieve a balanced plan. Whilst review meetings were held with NHSE as part of the final plan agreement, further reviews are already scheduled to take place at the end of Q1 and Q2 to demonstrate progress against the financial plan and show productivity gains.

4.2 Inflation and the cost-of-living crisis is an on-going risk for all Trusts. System inflation funding was limited to 1.8% (2.9% inflation less 1.1% assumed efficiency), but the Trust's expected impact was at least £6.8m in excess of this. Further cost increases, both direct to the Trust and those passed on through our supply chains, are a risk to the delivery of the Trust's financial position.

4.3 The effect of inflation and the associated hardship on staff may also present a further risk to staffing and associated costs. This includes the challenges of further industrial action across several staff groups, creating financial pressure in paying increased premium rates to Trust staff working additional hours to allow their colleagues to strike and maintain safety and quality of services. Whilst 2.1% has been planned for the pay award, there are likely to be other national pressures imposed which cannot be afforded within this planning assumption.

4.4 The activity pressures to deliver national priorities will be challenging for the Trust, particularly:

- 76% of emergency department (ED) patients seen within 4 hours by March 2024 – currently 59.8%
- Reduce bed occupancy to 92% or below – currently 96%
- Eliminate 65 week waits by March 2024
- Reduction of bank and agency staff

Together with additional ED staffing to support growth in attendances, reliance on premium rate staffing to support on-going escalation beds and lack of

community capacity, this presents a significant risk to the cost base of the organisation.

4.5 The national expectation is to recover elective activity to 120% of 2019/20 levels, however the Trust has only planned for 105% recovery. The national Elective Recovery Fund (ERF) directly links elective activity to income, and there is a risk in the plan if the Trust does not deliver activity targets of c.£10-15m. however this still subject to final confirmation and all Trusts within GM have planned for receipt of full income and the risk will be managed at an ICS level.

4.6 The cash flow forecast shows that the Trust will potentially need to secure borrowing of c.£20m from Q3 2023/24. The Trust has a long-standing Cash Management Group and we will continue to monitor cash on an ongoing basis. There is also currently a working group across GM looking at how cash will be managed across the ICS.

5. Recommendations

5.1 The Board of Directors are asked to approve the opening budget plan for 2023/24.

APPENDIX 1

Category £000s	Annual Budget
Block Contract / System Envelope	364,986
Other Non-NHS Clinical Income	6,416
Clinical Income from Patient Care Activities	**371,402**
Research & Development	1,007
Education & Training	9,274
Pharmacy Trading Units Income	6,609
Other Income	17,193
Other Income	**34,083**
TOTAL INCOME	**405,485**
Pay Costs	(306,205)
Substantive Staff	*(257,914)*
Bank Staff	*(27,524)*
Agency Staff	*(20,767)*
Drugs	(25,657)
Clinical Supplies & Services	(25,875)
Other Non-Pay Costs	(52,825)
TOTAL COSTS	**(410,562)**
EBITDA	**(5,078)**
Depreciation	(20,100)
Interest Receivable	447
Interest Payable	(575)
Unwinding of Discount	(30)
PDC Dividend	(6,419)
Total Below the Line	**(26,677)**
TRUST SURPLUS / (DEFICIT) INCOME & EXPENDITURE BUDGET	**(31,755)**
Add back donated assets	**294**
TRUST DEFICIT AS PER SUBMITTED PLAN	**(31,461)**

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Corporate Objectives 2023/24					
Lead Director	Karen James, Chief Executive		Author	Jonathan O'Brien, Director of Strategy and Partnerships		

Recommendations made / Decisions requested:

The Board of Directors is asked to review and approve the Trust Corporate Objectives 2023/24.

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	Develop effective partnerships to address health and wellbeing inequalities
✓	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	Use our resources in an efficient and effective manner
✓	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains:

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

The paper relates to the following Corporate Risks:

✓	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
✓	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
✓	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
✓	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
✓	**PR2.2**	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
✓	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
✓	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both

		Trusts
✓	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
✓	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
✓	**PR5.2**	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
✓	**PR6.1**	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
✓	**PR6.2**	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
✓	**PR7.1**	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
✓	**PR7.2**	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
✓	**PR7.3**	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
✓	**PR7.4**	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper:

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

Executive Summary:

The proposed Corporate Objectives for 2023/24 are proposed as follows:

1. Deliver Personalised, Safe and Caring Services
2. Support the health and wellbeing needs of our community and colleagues
3. Develop effective partnerships to address health and wellbeing inequalities
4. Develop a diverse, talented and motivated workforce to meet future service and user needs
5. Drive service improvement through high quality research, innovation and transformation
6. Use our resources efficiently and effectively.
7. Develop our Estate and Digital Infrastructure to meet service and user needs.

Key messages: -

- Draft graphics have been developed by the communications team.
- Approved Corporate Objectives will form the basis of the annual objective setting process for individuals, starting with the Chief Executive and Executive Team and

cascading through the organisation.

- During 2023/24 the NHS nationally and locally will experience significant change, including the continuing development of ICS and locality structures and focus on recovery from the COVID-19 pandemic. The proposed objectives and underpinning key outcomes will reflect this changing environment within which the Trust operates.

- The 2023/24 planning round has been completed and the setting of Corporate Objectives and key outcomes reflects the commitments made by the Trust.

- The objectives for 2023/24 have been aligned across Tameside and Glossop Integrated Care NHS Foundation Trust and Stockport NHS Foundation Trust and agreed by the respective Executive Teams. They were approved by Tameside & Glossop ICFT Board on 25th May 2023.

- As is the case annually, the Trust's Board Assurance Framework will reflect the Corporate Objectives.

Key outcome measures have been drafted from national and local requirements and will be finalised during May and June 2023 pending the outcome of the planning round and portfolio review. They will then be brought to the Trust Board.

Our Objectives for 2023/24

Stockport NHS Foundation Trust

1. Deliver personalised, safe and caring services.
2. Support the health and wellbeing needs of our community and colleagues.
3. Develop effective partnerships to address health and wellbeing inequalities.
4. Develop a diverse, talented and motivated workforce to meet future service and user needs.
5. Drive service improvement through high quality research, innovation and transformation.
6. Use our resources efficiently and effectively.
7. Develop our Estate and Digital infrastructure to meet service and user needs.

Our Vision

To work with partners to improve health and wellbeing outcomes for the communities we serve

Our Values & Our Mission

We Care
About each other; our patients and their families; the communities we serve; and the environment.

We Respect
Each other; our patients and their families; and our partners.

We Listen
To each other; our patients and their families; and our partners.

Our Mission
Making a difference every day.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1st June 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Integrated Performance Report					
Lead Director	Chief Executive		Author	Director of Informatics		

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm performance against the reported metrics and actions described to mitigate and improve performance in the exception reports.

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	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital 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	**x**	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
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	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
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			following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
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Where issues are addressed in the paper-

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

Executive Summary

Performance against the associated metrics for the last available month (April 2023 for the majority of indicators) is reported.

Exception reports have been provided for areas of most significant note, including description of issues that are affecting performance and actions to mitigate and improve performance.

Integrated Performance Report

Reporting Period April 2023

Integrated Performance Report - Introduction

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 scorecard details the in-month and year- to- date performance for each metric along with an indicative forecast for next month.

Quality Highlights
Exception reports included this month relate to Mortality, Sepsis, Infection Rates, and Complaints due to under-achievement in month.

Although HSMR rates are still reporting as high, they are show an improving position when viewing the trend over the last several months.

Positive performance in measures related to incidents, falls and pressure ulcers, all of which are achieving the target thresholds set.

Infection rates for C.diff, E.coli, MRSA and MSSA are all above the thresholds for improvement set by UKHSA, with E.coli infections showing a strong deterioration in performance.

Complaints response rates continue to be affected by the availability of clinical staff to undertake administrative work. Communication and clinical treatment are the top themes for formal complaints this month.

Operational Highlights
Exception reports, included this month, relate to ED, Patient Flow, Diagnostics, Cancer, RTT, Activity vs. Plan, Outpatient Efficiencies, and Theatre Utilisation due to under-achievement in month.

Current performance against the 4-hour standard remains a challenge to good patient flow, although we continue to benchmark well across GM. Bed occupancy continually exceeds 92%, which is beyond the recognised safe limits for effective flow.

Diagnostics performance is still above the target, but showing a much improved position due to outsourcing to support the clearance of the endoscopy diagnostic backlog.

Cancer 28-day standard (FDS) shows signs of improving performance.

Positive performance in DNA rates has seen it fall to 7.5%, the lowest it has been for over 12 months.

Workforce Highlights
Exception reports included this month relate to turnover, band and agency costs, and learning and education due to under-achievement in month.

The Appraisal Rate was 89.5% against the target of 95% and mandatory training, whilst on an increasing compliance trajectory at 92.6%, remains below the target of 95%.

Workforce turnover remains high at 15.02% for April, against the new target of 12.5% for 23/24.

Temporary staffing spend in April was £4.87m, representing 18.1% of the total pay bill and above our 5% target.

Financial Highlights
The Trust submitted a plan with an expected deficit of £31.5m for the financial year 23-24. This excludes the GM system efficiency requirement.

At month 1, the Trust position was a deficit of £3.3m, which is adverse to plan £0.8m. The adverse variance is driven by the costs of additional cover during the industrial action in April 2023 and continued high costs of temporary staffing to support additional demand.

The Trust efficiency plan for 2023-24 is £26.2m (£10.3m recurrent). The plan for month 1 was £2m; £0.9m has been delivered in April (£1.1m behind plan).

The Trust has maintained sufficient cash to operate during April 2023.

The Capital plan for 2023-24 is £62.7m but this is subject to confirmation as the GM position remains oversubscribed. At month 1, £1.5m has been delivered.

Integrated Performance Report - Scorecard

	Reporting Period	Target 23/24	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: HSMR	Mar-22 to Feb-23	≤ 100		↑	108	▲	▲
Mortality: SHMI	Feb-22 to Jan-23	≤ 100		→	100	●	●
Sepsis: Timely recognition	May-22 to Apr-23	≥ 95%		↘	95.4%	●	●
Sepsis: Antibiotic administration	May-22 to Apr-23	≥ 95%		↓	76.5%	▲	▲
Hospital Onset Covid (HOC) Rate	Apr-23	≤ 42.2%		↘	54.5%	▲	▲
C.diff infection rate	May-22 to Apr-23	≤ 17.63		↗	54.46	▲	▲
E. coli infection rate	May-22 to Apr-23	≤ 20.27		↓	121.23	▲	▲
MRSA infection rate	May-22 to Apr-23	≤ 0		↗	2.64	▲	▲
MSSA infection rate	May-22 to Apr-23	≤ 10.58		↘	26.79	▲	▲
Medication Incidents: Rate	Apr-23	≤ 3.76	3.5	↘	3.5	●	●
Never Event: Incidence	Apr-23	≤ 0	0	→	0	●	●
Serious Incidents: STEIS Reportable	Apr-23	≤ 5	4	↗	4	●	●
Stroke: Overall SSNAP Level	Dec-22	≥ C		→	A	●	●
Falls: Causing Moderate+ Harm	Apr-23	≤ 22	1	→	1	●	●
Falls: Due to lapses in care	Apr-23	≤ 425	30	→	30	●	●
Falls: Rate Overall	Apr-23	≤ 3.51	3.03	↗	3.03	●	●
Pressure Ulcers: Hospital, Cat 2	Apr-23	≤ 79	3	→	3	●	●
Pressure Ulcers: Hospital, Cat 3 and 4	Apr-23	≤ 8	1	→	1	▲	▲
Complaints: Timely response	Apr-23	≥ 95%	82.8%	↘	82.8%	▲	▲
Written Complaints Rate	Apr-23	≤ 5.93	8.25	→	8.25	▲	▲

	Reporting Period	Target 23/24	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
ED: 4hr Standard	Apr-23	≥ 95%	66.1%	→	66.1%	▲	▲
ED: 12hr Trolley Wait	Apr-23	≤ 0	67	↗	67	▲	▲
No Criteria To Reside (NCTR)	Apr-23	≤ 73	102	↗	102	▲	▲
Diagnostics: 6 Week Standard	Apr-23	≤ 1%	13.6%	↑	13.6%	▲	▲
14-day standard (2WW)	Apr-23	≥ 93%	96.8%	→	96.8%	●	●
28-day standard (FDS)	Apr-23	≥ 75%	66.1%	↗	66.1%	▲	▲
62-day standard	Apr-23	≥ 85%	45.6%	→	45.6%	▲	▲
RTT: 52 Week Breaches	Apr-23	≤ 0	3858	↗	3858	▲	▲
RTT: Incomplete Pathways	Apr-23	≥ 92%	47.7%	→	47.7%	▲	▲
Activity vs. Plan: ED Attendances	Apr-23	≤ 0%	-6.8%	→	-6.8%	●	●
Activity vs. Plan: Elective	Apr-23	≥ 0%	10.8%	↗	10.8%	●	●
Activity vs. Plan: Outpatient	Apr-23	≥ 0%	-2.2%	→	-2.2%	▲	▲
Outpatient Clinic Utilisation	Apr-23	≥ 90%	85.6%	↗	85.6%	▲	●
Outpatient DNA rate	Apr-23	≤ 5.8%	7.5%	↗	7.5%	▲	▲
Patient Initiated Follow Up (PIFU)	Apr-23	≥ 3.58%	2.8%	→	2.8%	▲	●
Theatres: Capped Utilisation	Apr-23	≥ 90%	81.9%	↗	81.9%	▲	▲
Workforce Scorecard							
Bank & Agency Costs	Apr-23	≤ 5%	18.1%	→	18.1%	▲	▲
Sickness Absence: Monthly Rate	Apr-23	≤ 6%	5.9%	→	5.9%	●	●
Substantive Staff-in-Post	Apr-23	≥ 90%	91.5%	↗	91.5%	●	●
Workforce Turnover	Apr-23	≤ 12.5%	15%	→	15.02%	▲	▲
Appraisal Rate: Overall	Apr-23	≥ 95%	89.5%	↑	89.5%	▲	▲
Mandatory Training	Apr-23	≥ 95%	92.6%	↗	92.6%	▲	▲
Finance Scorecard							
Capital Expenditure	Apr-23	≤ 10%		↗	-54.3%	●	●
Cash Balance	Apr-23			↗	34.9	○	○
CIP Cumulative Achievement	Apr-23	≥ 0%		↓	-55.7%	▲	▲
Financial Controls: I&E Position	Apr-23	≤ 0%		↓	34.5%	▲	▲

Legend

1-month Forecast

The 1-month Forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence, or historical trends.

Current Period

- ● target achieved
- ▲ target not achieved

6-month Trend

- ↑ strong improvement
- ↗ improvement
- → no significant change
- ↘ deterioration
- ↓ strong deterioration

Integrated Performance Report - Exception

Quality: Mortality		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Mortality: HSMR	The Hospital Standardised Mortality Ratio (HSMR) shows the ratio of actual in-hospital deaths to the expected number of in-hospital deaths.	<= 100	108			
Mortality: SHMI	The Summary Hospital-level Mortality Indicator (SHMI) shows the ratio of actual deaths to the expected number of deaths up to 30 days after discharge from hospital.	<= 100	100			

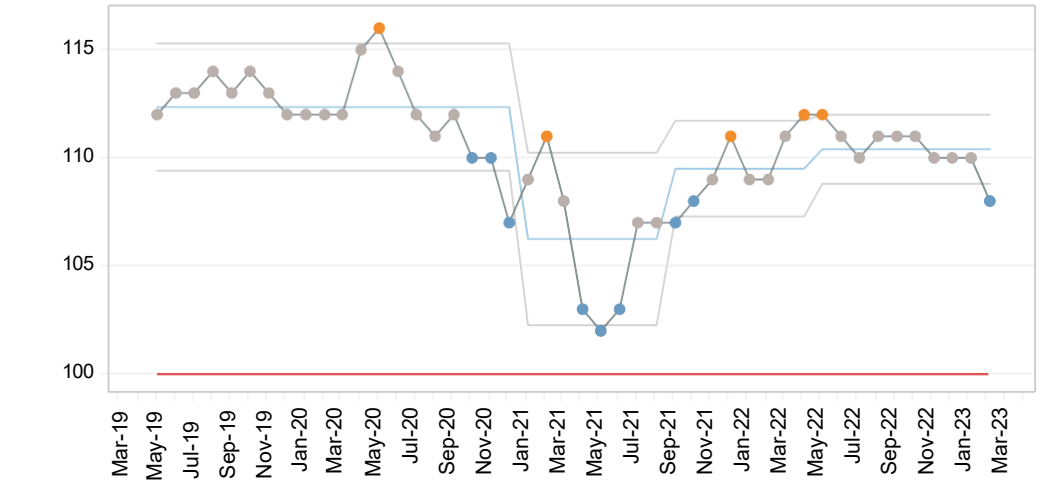
HSMR is 108.46 for the period March 2022 to February 2023. This is currently 11 points above the GM peer median average, and 8 points above the national median. This is a shift decrease of 1.28 from the previous month and is the second highest mortality rate in GM. It should be noted that the HSMR is categorised as 'high' (i.e. 109.79 is at the edge of the statistical control limits).

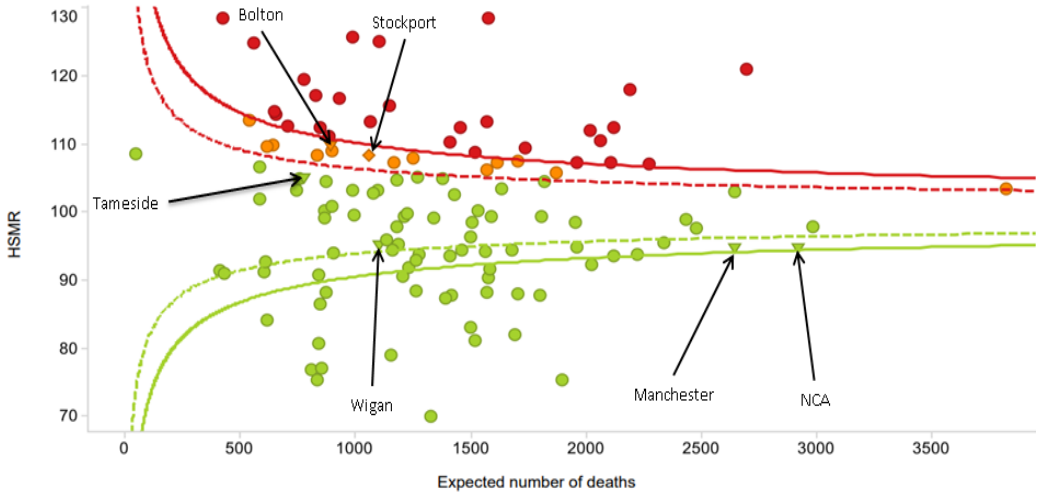
The SHMI index is currently 101.3 for the period February 2022 to January 2023. This is currently 10 points better than the GM peer median average of 109.97, and 3.5 points better than the national median of 103.43. This is a shift decease of 1.44 from the previous month and is the lowest mortality rate in GM. The closest Trust is Manchester, with 107.07.

Audits are underway for a number of diagnoses groups: Urinary Tract Infections; Fractured Neck- of- Femur; and Perinatal Deaths.

Signed off by	Peter Nuttall
Executive Lead	Andrew Loughney

Performance for Mortality: HSMR





Integrated Performance Report - Exception

Quality: Sepsis		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Sepsis: Timely recognition	The number of patients who are screened for sepsis, as a percentage of those eligible patients audited.	>= 95%	95.4%			
Sepsis: Antibiotic administration	The number of patients who received IV antibiotics within agreed timescales for sepsis patients, as a percentage of eligible patients audited and found to have sepsis.	>= 95%	76.5%			

Performance is based on an audit sample of patients, and is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

This month there were 3 timely recognition fails (2 within Surgery division and 1 within Medicine division). 2 of these fails occurred out of hours and all were for red flag triggers. 2 of the fails occurred following delayed nurse escalation. Datix for staffing/ acuity had been raised already by the ward involved. In the other incident, the correct escalation pathway wasn't followed leading to delayed clinician review. There has also been poor utilisation of the 2222 number throughout April 2023.

Toolbox sessions are being held in May to focus on red flag sepsis escalation. There has also been communication out to all ward managers with regard to the process for escalation of red flag sepsis. Red and amber flag sepsis is also on the agenda for the June Sepsis Steering Group.

There were 2 red-flag and 1 amber-flag fails for antibiotic administration. All fails occurred within Surgery Division. Unavailable antibiotics were a factor in one incident and, in the other two breaches, antibiotics prescribed as scheduled doses contributed to a delay in delivery. Staffing levels/skills were also noted as contributing factors in 2 incidents.

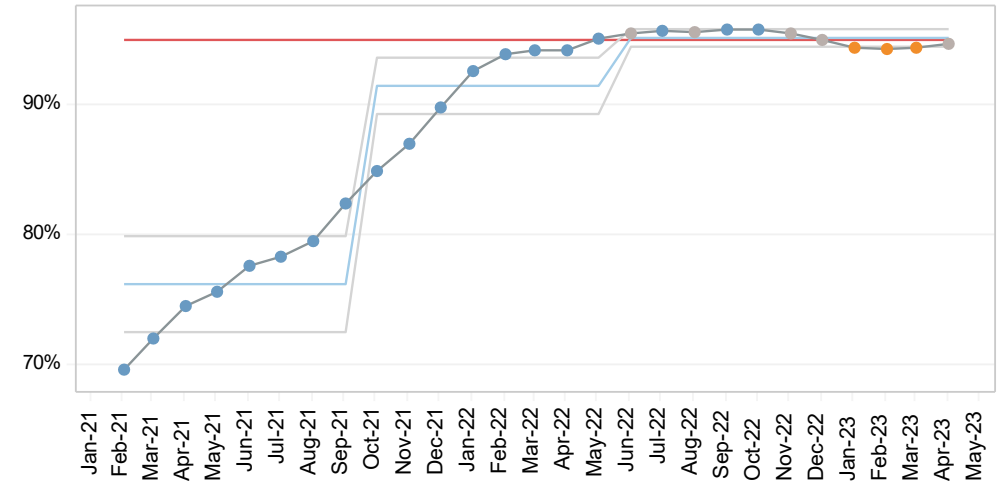
The average delay was increased this month at 87 minutes. 1 incident is awaiting SI investigation.

Additional toolbox sessions are planned for May within Surgery and to support struggling areas. A review of the Datix process will also take place to ensure clinicians and wards receive feedback to incidents.

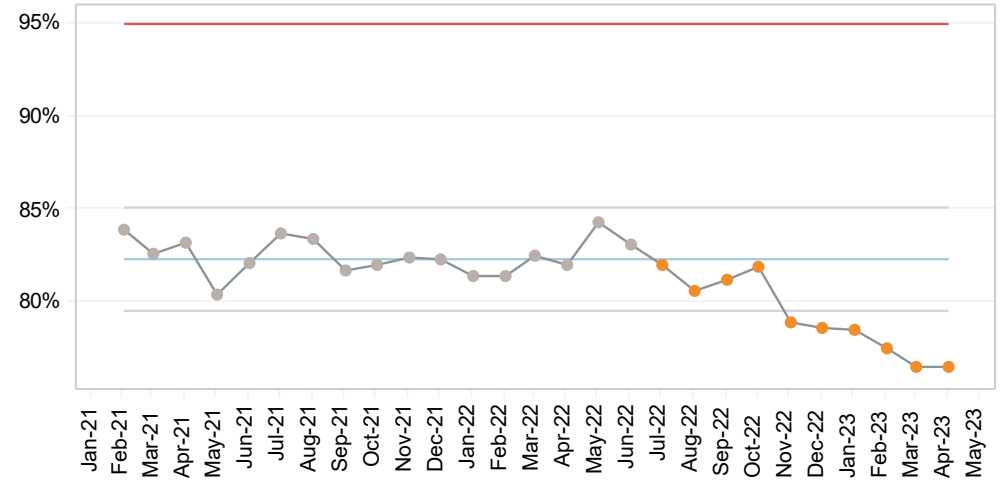
We are awaiting NICE guidance June 2023, but have commenced planning SOP Sepsis.

Signed off by	Emily Abdy
Executive Lead	Nicola Firth

Performance for Sepsis: Timely recognition



Performance for Sepsis: Antibiotic administration



Integrated Performance Report - Exception

Quality: Infection Rates		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
C.diff infection rate	The number of hospital-onset Clostridioides Difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older.	<= 17.63	54.46			
E. coli infection rate	The number of Escherichia Coli (E. coli) bacteraemia infections per 100,000 bed days.	<= 20.27	121.23			
MRSA infection rate	The number of hospital-onset Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections per 100,000 bed days.	<= 0	2.64			
MSSA infection rate	The number of hospital-onset Meticillin-Susceptible Staphylococcus Aureus (MSSA) bacteraemia infections per 100,000 bed days.	<= 10.58	26.79			

Performance is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

C. Diff

There were 4 HOHA and 1 COHA C. diff cases in /April totalling 5. The Trust is on target with the projected threshold of 5.7 for the end of April. All cases are scheduled to be presented to the HCAI Panel in May.

The divisions continue to review whether their escalation processes are being followed. As there continues to be delays in prompt insolation on the commencement of loose stools. The implementation of the “My Cleaning App” by facilities now provides real- time data for cleaning requests and will help ensure that appropriate fogging is carried out.

E. Coli

There were 4 HOHA and 2 COHA E. coli cases, totalling 6 in April. The Trust is under the projected threshold of 7.4 for the end of April.

Following a benchmarking exercise against other Trusts, a draft RCA tool has been developed and going through the Trust’s internal governance process for approval It has been shared at the IP Operational group in April and will be presented at the IP&C Group in May 2023 for final approval and an implementation date of 1/6/23.

MRSA

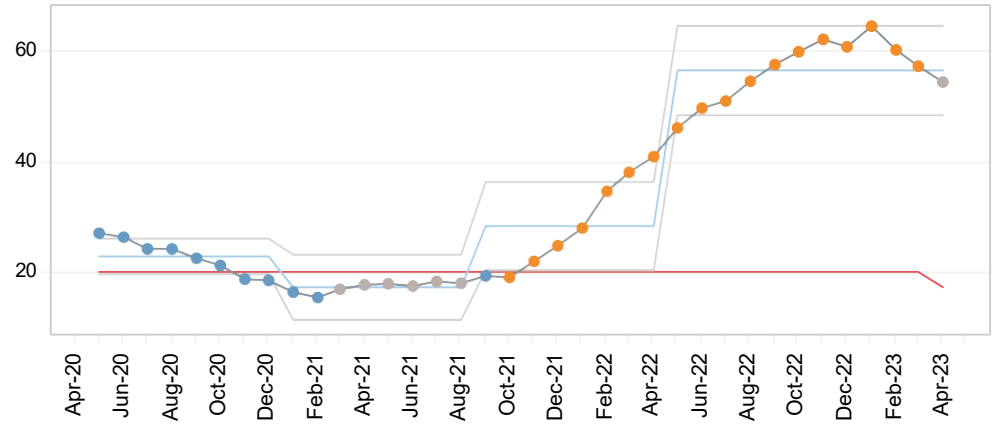
The divisions continue to improve compliance with MRSA screening and the prompt commencement of eradication treatment.

MSSA

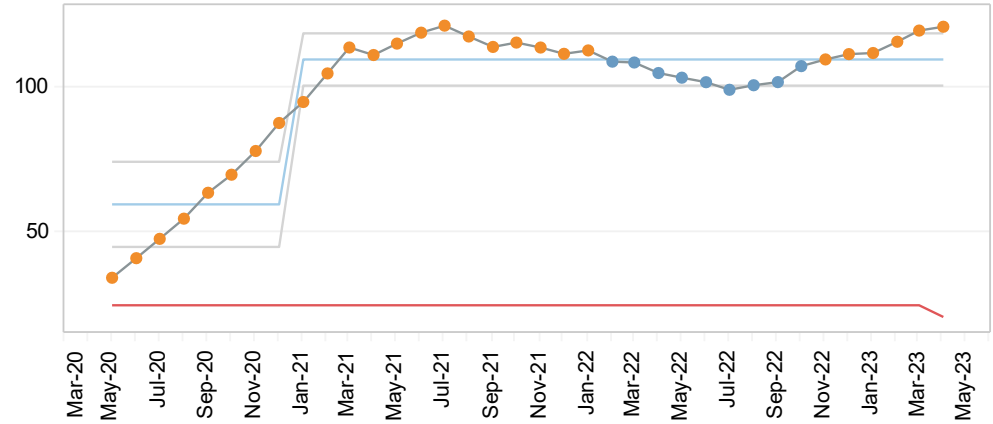
There was 3 HOHA and 1 COHA cases in April totalling 4, which is over the projected threshold of 2 for the end of April.

Signed off by	Christine Glynn
Executive Lead	Nicola Firth

Performance for C.diff infection rate



Performance for E. coli infection rate



Integrated Performance Report - Exception

Quality: Complaints

		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Complaints: Timely response	The total number of formal complaints responded to within agreed timescales, as a percentage of all formal complaints responded to.	>= 95%	82.8%	↘	▲ ▲ ▲ ▲ ▲ ▲	▲
Written Complaints Rate	Number of formal written complaints received, divided by the whole time equivalent staff per 1000.	<= 5.93	8.25	→	▲ ▲ ▲ ▲ ▲ ▲	▲

44 formal complaints were received in April 2023; these are broken down as follows: Integrated Care = 6, Medicine = 11 Surgery = 13, Women & Children = 7 Corporate = 0, Estates & Facilities = 0, Emergency Department and Clinical Decision Unit = 6 and Clinical Support Services = 1

The top five themes for formal complaints in April 2023 were as follows:
1. Communication, 2. Clinical treatment, 3. Patient care
4. Staff values & behaviours, 5. Medication issues

The top five themes for informal concerns in April 2023 were as follows:
1. Appointments, 2. Communication, 3. Admission & discharges,
4. Access to treatment or drugs, 5. Patient care

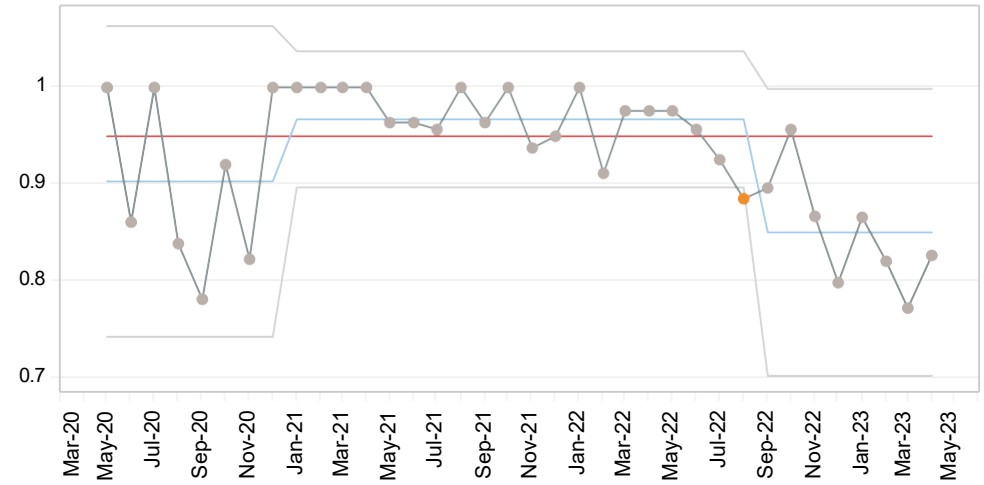
We continue to see a high number of formal and informal complaints being received. The PALS & Complaints Team aims to resolve complaints received via the informal route if possible; however, we are seeing a rise in the number of complex complaints being received that involve serious allegations or involve multiple agencies which require a formal complaint investigation.

There were 29 responses sent in April 2023; 24 of these were sent within the agreed timeframe resulting in an 82.8% response rate. The complaint response rate across the Divisions is varied in part due to varying levels of complaint responses to be investigated. The Division of Medicine, Emergency Department, and Clinical Support Services all had a 100% response rate. Response rates for Integrated Care = 80%, Surgery 66.6%, Women's and Children's Services = 85.7%.

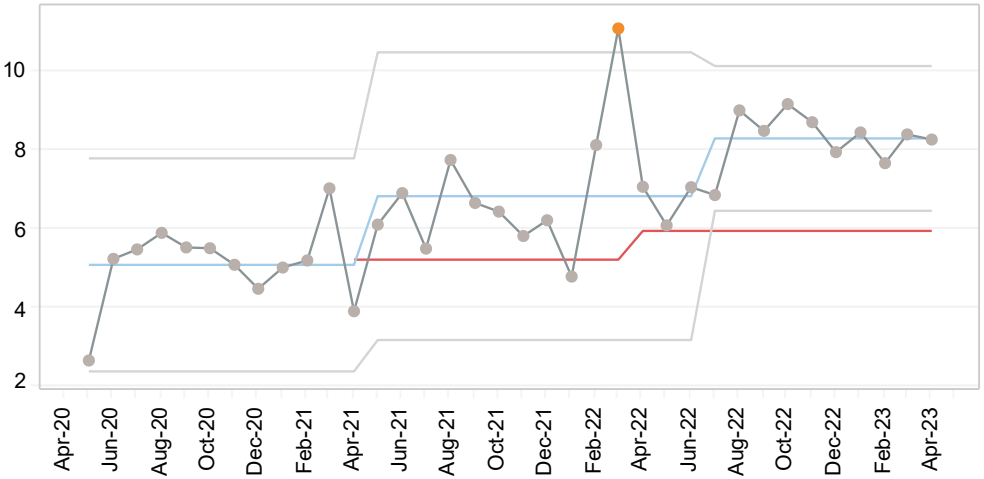
The Trust continues to seek improvements in complaint responses to meet and exceed the target of 95%. The reasons for the current performance are multifactorial but include unprecedented demand on our staff and services, impacted by staff absences and staff strike action. The Trust has seen particular pressure in relation to the number of complaints to be managed – particularly for example within the Division of Surgery. The complexity of complaint responses has also added additional pressure to teams investigating complaint responses. Where this impacts upon our ability to provide the complainant with a response to their concerns within the timescale we have provided, the complainants are contacted and are kept informed. Where appropriate, new timescales will be agreed with the complainant. The Trust continues to seek to provide quality complaint responses to timescale for every complainant.

Signed off by	Natalie Davies
Executive Lead	Nicola Firth

Performance for Complaints: Timely response



Performance for Written Complaints Rate



Integrated Performance Report - Exception

Operations: ED		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
ED: 4hr Standard	The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.	>= 95%	66.1%	→	▲ ▲ ▲ ▲ ▲ ▲	▲
ED: 12hr Trolley Wait	Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.	<= 0	67	↗	▲ ▲ ▲ ▲ ▲ ▲	▲

Latest performance against the ED 4hr standard is 66.1% - overall an improved month of performance despite significant challenges with the BMA junior doctors strike and higher attendance levels overall. Average attendances continue to trend 10% higher than the 2019/20 baseline year and April saw an average of 28 patients a day more than the pre-pandemic baseline.

Overall performance benchmarks well across GM. Current performance against the 4-hour standard remains a challenge to good patient flow . Bed occupancy continually exceeds 92%, which is beyond the recognised safe limits for effective flow. We continue to need 3 winter escalation wards and surgical ward outliers to support the demand for non elective medical patients.

April 2023 has seen a reduction in our 12hr trolley waits in ED to 67 compared to 177 in March. We continue to focus on ensuring that we avoid these long waits and are working with our Pennine colleagues as a large percentage of these longer waits are patients waiting for specialist mental health beds.

Bed occupancy continues to be high with the resultant pressure on flow from the Emergency Department - continued high numbers of NCtR numbers across our wards is a factor in length- of- stay.

Timely access to domicile care and community beds is significantly challenging. Overall levels of patients with no criteria to reside are significantly more than optimised position of 40-50 per day and double the position in the same period last year. The number of out-of-area patients with no criteria to reside remains high for North Derbyshire residents - a programme of work along with our ICB colleagues is focusing on improving pathways and flow for these patients.

Locality approach to reducing the NCtR numbers - the position for Stockport residents has improved but those from Derbyshire continue to experience long waits for Pathway 1 and 2 provision - Targeted meetings with Derbyshire are now in place to work together in reducing very long waits for community beds or provision.

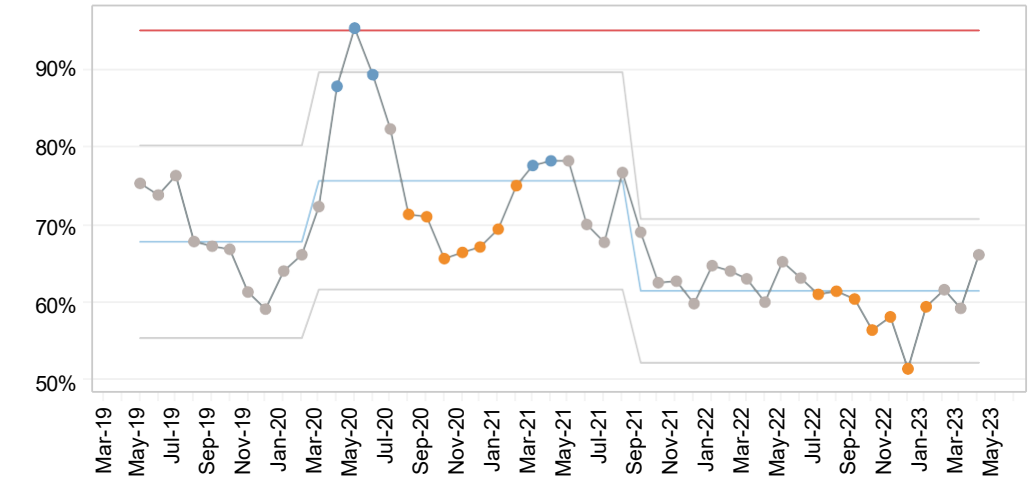
Close collaboration with the system partners alleviate pressures i.e. TELS/IV Service, AGE UK, Hospital at Home service.

Virtual ward began November 2022 and are rolling out to more specialities and areas this spring.

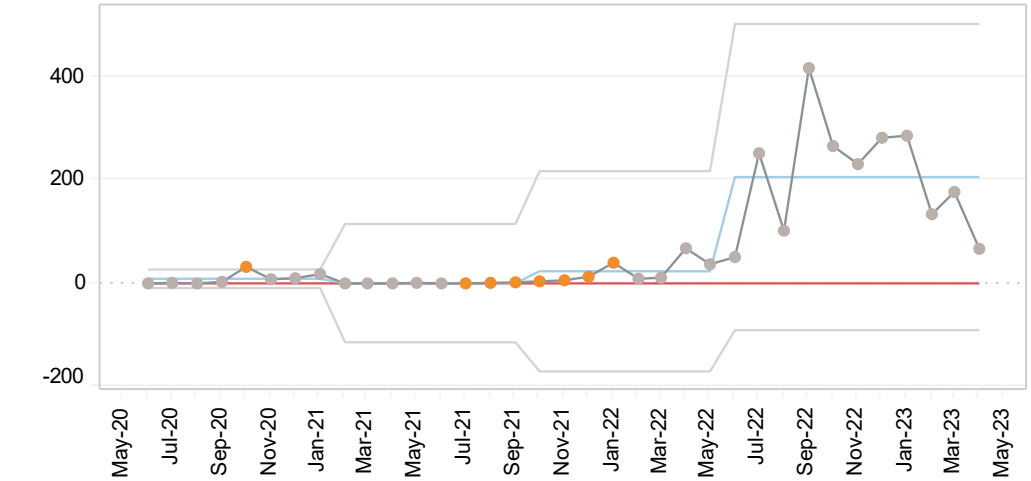
“Programme of Flow” continues - annual review demonstrated that the long length- of- stay reviews led by the Deputy Director of Operations and Deputy Medical Director have been effective in reducing the numbers of patients who are in our hospital over 14 days; therefore, we have enrolled a further 8 wards in these weekly face- to- face ward reviews.

Signed off by	Claire Woodford
Executive Lead	Jackie McShane

Performance for ED: 4hr Standard



Performance for ED: 12hr Trolley Wait



Integrated Performance Report - Exception

Operations: Patient Flow		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
No Criteria To Reside (NCTR)	Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.	<= 73	102			

The number of patients with no criteria to reside in month remains higher than the target level but we are showing an overall reducing trend in average numbers, especially for Stockport residents.

April position saw an average of 102 patients in hospital beds with NCtR with the new Transfer of Care Hub embedding new processes to streamline referrals on Pathways 1 - 3 and ensure an integrated approach to capacity and discharges.

We continue to have issues with capacity in care homes but April was an improved position with less respiratory infections affecting bed capacity.

The challenges of accessing timely care home beds and community packages of home care is adversely impacting on patient flow both through the hospital and also on flow through the community D2A beds and the community D2A Hub.

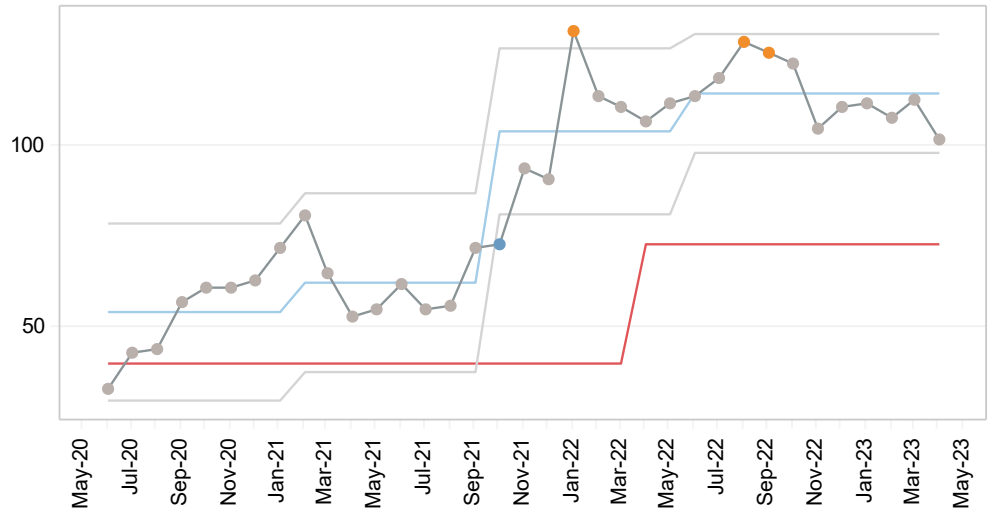
The number of out-of-area patients is high with other localities struggling to access community capacity within their areas which is impacting on the ability to discharge / transfer patients to their local area. North Derbyshire and East Cheshire continue to have the highest number of out-of-area no criteria to reside patients - average at least a quarter of the NCtR numbers per day.

The Transfer of Care Hub is establishing a system partnership approach to supporting discharge of Stockport patients on pathways 1 & 2. System tactical meetings held 3 x a week continue with increases to daily if required. The Programme of Flow supports review of all LLOS patients including those who have NCtR.

Other actions include:

- Review of all patients on the NCtR list daily to ensure patients are on the correct pathway.
- Monitoring use of the community beds - new provider came online in April.
- Monitoring of additional hours for packages of care, commissioned from Routes Healthcare, to support flow via Pathway 1. (Operational management for the contract now with SFT.)
- Internal Patient Flow project. A number of projects in place to support flow, which includes LLOS reviews taking place twice weekly across the trust to provide support ward teams.
- Working with LA Health Protection team re individual patient risk- based assessments for admissions to care homes with IP controls in place.
- Work with OOA partners with emphasis on improving the position with North Derbyshire in particular along with ICB colleagues.

Performance for No Criteria To Reside (NCTR)



Signed off by	Claire Woodford
Executive Lead	Jackie McShane

Integrated Performance Report - Exception

Operations: Diagnostics		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Diagnostics: 6 Week Standard	The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	<= 1%	13.6%			

All radiology modalities remain compliant.

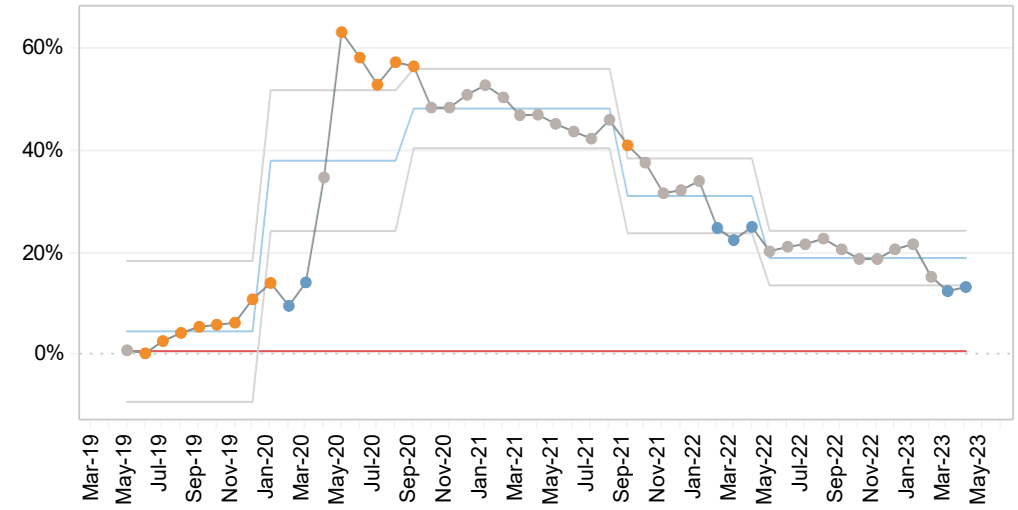
Pressure on endoscopy remains, as a result of increased colorectal suspected cancer referrals and demand for both in patient and out patient urgent cases. The endoscopy expansion was handed over in early February and the team secured JAG accreditation in April. Further insourcing option has been secured and will utilise the additional capacity to focus on recovery.

Biggest area of challenge, and highest backlog is echocardiology. Estates work and recruitment is ongoing to provide increased capacity with a 6th room provision.

Endoscopy has secured additional insourcing to support further reduction in the backlog at year end.

Echocardiology requires as start date for the capital scheme in 2023/24 so that capacity can meet demand recurrently.

Performance for Diagnostics: 6 Week Standard



Signed off by	Claire Woodford
Executive Lead	Jackie McShane

Integrated Performance Report - Exception

Operations: Cancer		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
14-day standard (2WW)	The percentage of patients on a cancer pathway that have attended their first outpatient appointment within 14 days of their GP referral.	>= 93%	96.8%	→	● ● ● ● ● ●	●
28-day standard (FDS)	The percentage of patients that are notified whether or not they have cancer within 28 days from the date of referral.	>= 75%	66.1%	↗	▲ ▲ ▲ ▲ ▲ ▲	▲
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.	>= 85%	45.6%	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Cancer performance is currently extremely challenged due to the compounded impact of industrial action in March and April, significantly affecting elective capacity. Opportunity for recovery during May will be limited due to the bank holidays.

The latest 62- day performance for April is 48%, with 28 day FDS performance at 66%.

Histopathology turnaround times remain challenged with the team working to reduce the time to report.

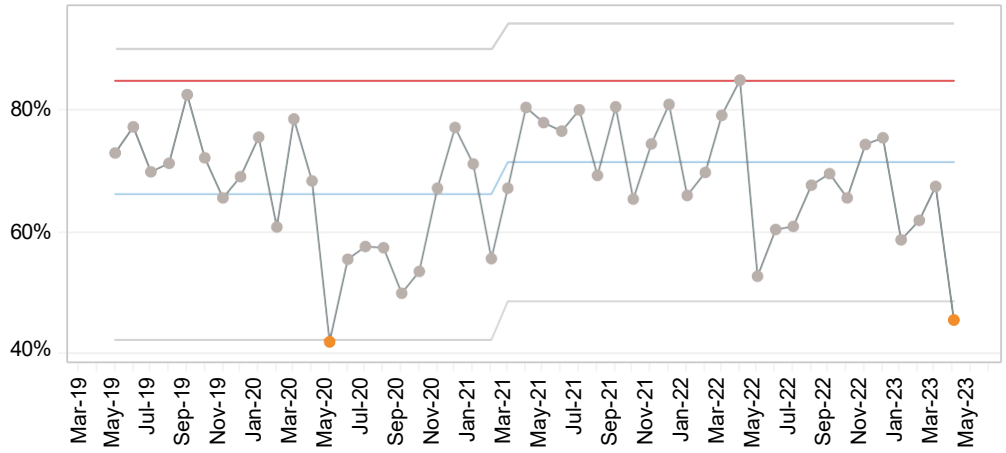
The Trust continues to perform strongly against the 2ww 1st seen standard, achieving 96.8% against the 93% standard.

Plans to outsource the non-urgent histopathology work are being progressed.

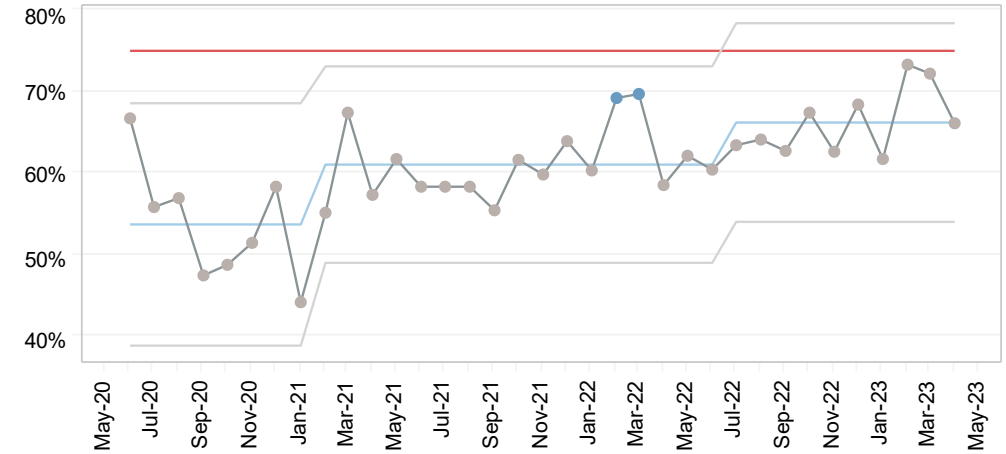
The wider cancer transformation programme continues with project groups aligned to the Best Timed Pathways. This work will now also consider the efficiency of the MDTs.

Signed off by	Jo Pemrick
Executive Lead	Jackie McShane

Performance for 62-day standard



Performance for 28-day standard (FDS)



Integrated Performance Report - Exception

Operations: Referral to Treatment (RTT)		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
RTT: 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.	<= 0	3858			
RTT: Incomplete Pathways	The percentage of patients on an open pathway, whose clock period is less than 18 weeks.	>= 92%	47.7%			

The number of patients waiting 52+ weeks to commence treatment increased slightly from 3773 to 3880 month. The Trust now has very small numbers of patients waiting 104 + weeks - only those where patient choice or clinical complexity are factors remain on the waiting list but there are only 7 of these.

The 78-week wait position improved significantly by end March but the two BMA Junior Doctor strikes in March and April negatively impacted on our recovery and led to end of March breaches in the target. Teams have worked hard to provide additional capacity, prioritise long waiters and validate the waiting lists against the access policy. Work has now started on the challenge of reducing to zero patients waiting over 65 weeks by end March 2024 with speciality specific trajectories being agreed and work with the independent sector providers ongoing.

The levels of urgent and suspected cancer referrals remain high, resulting in extended waits for routine referrals in some services.

Validation of the admitted waiting list is currently being consulted upon with clinical colleagues and is due to roll out in May 2023.

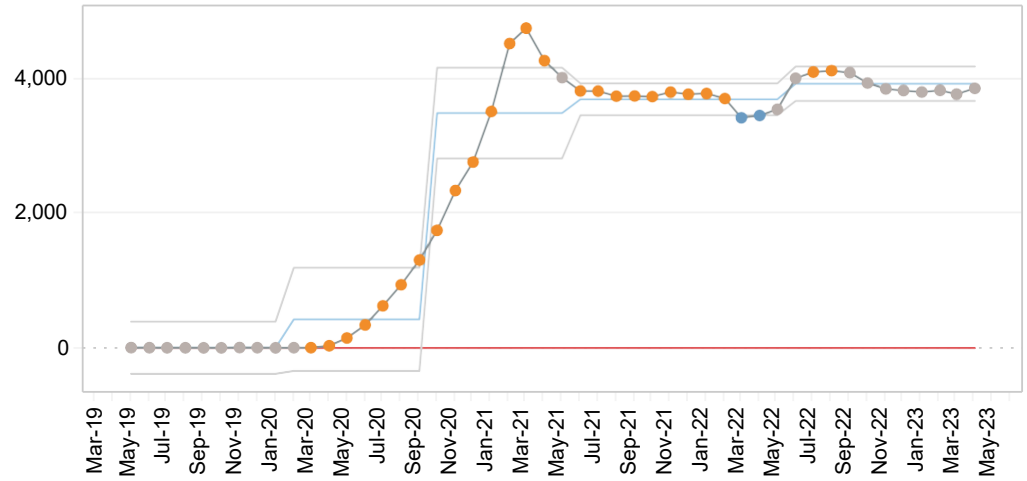
Mutual aid for cancer capacity due to anaesthetic staffing issues continues for colorectal and urology and we continue to demonstrate the best utilisation the Christie lists in GM.

We continue to transfer/treat patients under the GM independent sector contract, taking up increased capacity for Gynaecology, Urology, ENT and General Surgery in April - this will continue in Q1 of 2023/24 with GM discussions ongoing about plans from Q2 onwards.

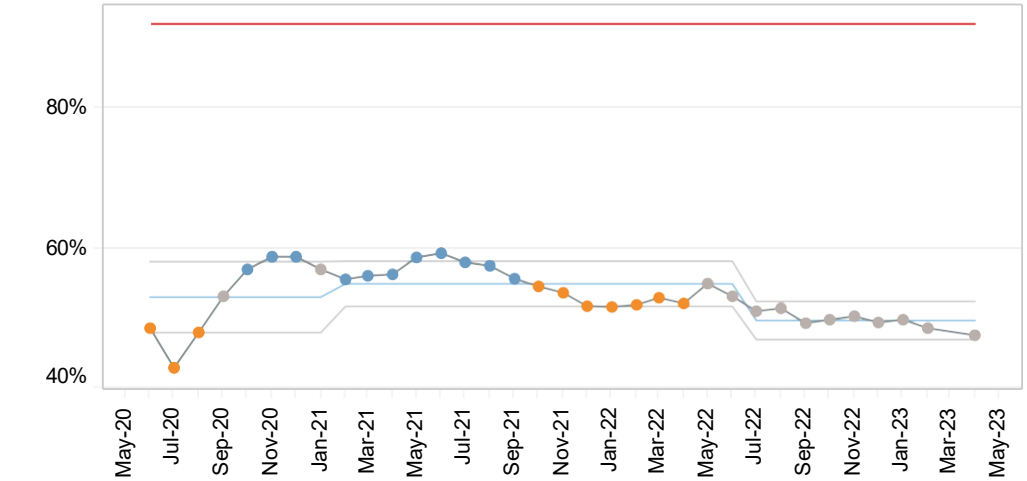
Trust elective performance meetings continue to focus on progressing patient pathways and eliminating long waits. The focus is on eliminating all patients who are waiting over 78 weeks at each month end and those waiting over 65 weeks by end March 2024.

Signed off by	Claire Woodford
Executive Lead	Jackie McShane

Performance for RTT: 52 Week Breaches



Performance for RTT: Incomplete Pathways



Integrated Performance Report - Exception

Operations: Activity vs. Plan		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Activity vs. Plan: ED Attendances	The percentage variance between actual activity and the operational plan submission. A value above 0% indicates that activity is above planned levels.	<= 0%	-6.8%	→	▲ ▲ ▲ ▲ ▲ ●	●
Activity vs. Plan: Elective	The percentage variance between actual activity and the operational plan submission. A value above 0% indicates that activity is above planned levels.	>= 0%	10.8%	↗	▲ ▲ ▲ ▲ ▲ ●	●
Activity vs. Plan: Outpatient	The percentage variance between actual activity and the operational plan submission. A value above 0% indicates that activity is above planned levels.	>= 0%	-2.2%	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Activity has been impacted in April by a further junior doctor strike that followed on from the long Easter weekend. Whilst we were able to retain urgent and cancer lists during this time, most elective inpatient and day- case work was cancelled.

104+ week waits are down to single numbers with all these patients either choosing to wait longer for their appointment or being clinically complex. All of these patients will have been treated or dated by the end of May.

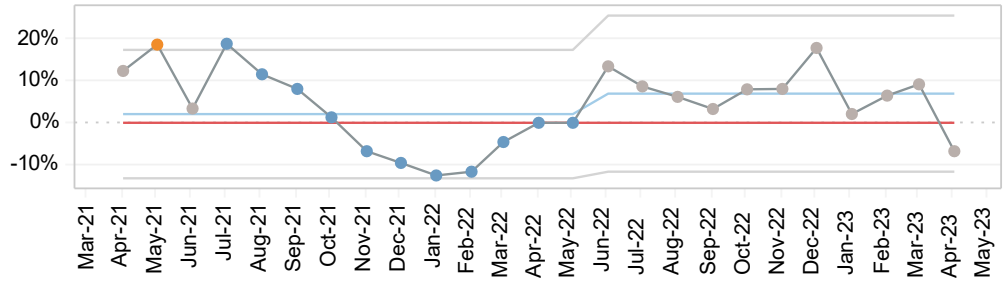
78+ week waits - numbers were adversely affected by the strike action with residual numbers of patients remaining beyond the end of March because of lack of capacity. Weekly detailed review of these patients with the Directorate teams continue with the aspiration to eradicate all of those where capacity is the cause of the delay by the end of June.

65+ week waits - our focus is moving to ensuring we have no patients waiting longer than 65 weeks for treatment by end March 2024.

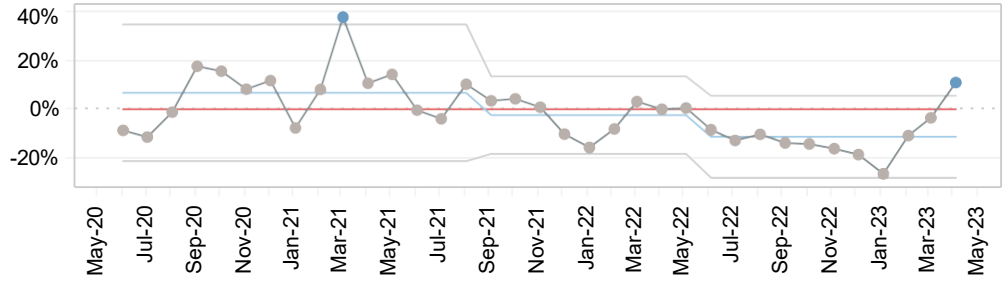
We continue to access additional capacity through GM Mutual Aid and Independent Sector providers and have been very successful in securing this for our patients and have established a good working relationship with key providers. Discussions are ongoing at a GM level about provision beyond Q1 of this financial year.

Signed off by	Claire Woodford
Executive Lead	Jackie McShane

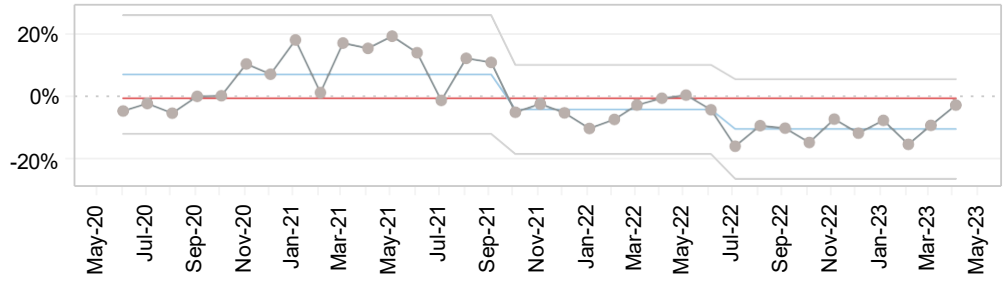
Performance for Activity vs. Plan: ED Attendances



Performance for Activity vs. Plan: Elective



Performance for Activity vs. Plan: Outpatient



Integrated Performance Report - Exception

Operations: Outpatient Efficiencies		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Outpatient Clinic Utilisation	The number of appointment slots booked, as a percentage of all appointment slots planned. Excludes cancelled clinic templates.	>= 90%	85.6%			
Outpatient DNA rate	The number of appointments where the patient did not attend, as a percentage of all booked appointments.	<= 5.8%	7.5%			
Patient Initiated Follow Up (PIFU)	The number of patients moved to a PIFU pathway as a result of an outpatient attendance, as a percentage of all outpatient attendances.	>= 3.58%	2.8%			

Clinic Utilisation is improving (with exclusions removed, 89% for April)
Booking Team – 94%, Booking Team (Under Instruction) - 89%, Teams Centralised to Booking Team - 89%, Other Booking Teams - 85%

By Site: SHH - 89% (all booking teams), Buxton - 84%, MDGH - 91%

An action plan is in place and being reviewed
- To review (with BI team) utilisation exclusions
- Monthly monitoring and sharing of utilisation report by booking responsibility, site, specialty (including clinic and doctor code) with teams including CDs
- Booking Team review of areas lower than agreed target with actions and feedback via Patient Access & OP Meetings structures
- Group established in Medicine Division to do a detailed review of local processes to see if further improvements can be made.

The DNA rate has improved to 7.37% in April and this is the lowest it has been for over 12 months.

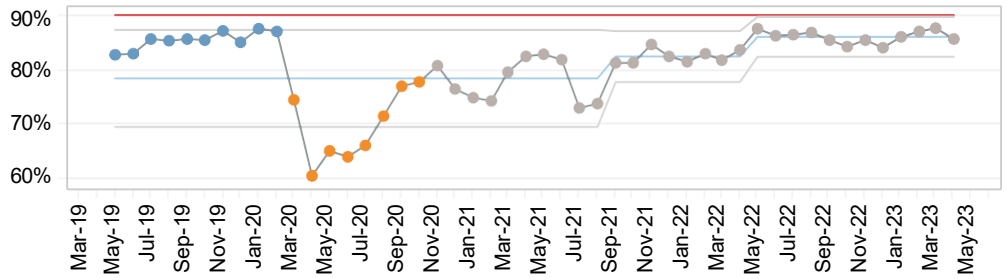
A DNA action plan is in place and work is ongoing:
- With the reminder supplier to review patterns and review text/IVR templates
- Work to understand high rates in our lowest IMD group has also began
- Expansion of the nudge text to Paediatrics in April with Ophthalmology to be considered from May. A review of the overall impact of this will be looked in Q2 with recommendation on future use/ roll out
- Patient letter review has commenced with patient input with timeline to manage this process.

PIFU target is lower than previous months. April activity was affected by 2x bank holidays and industrial action.

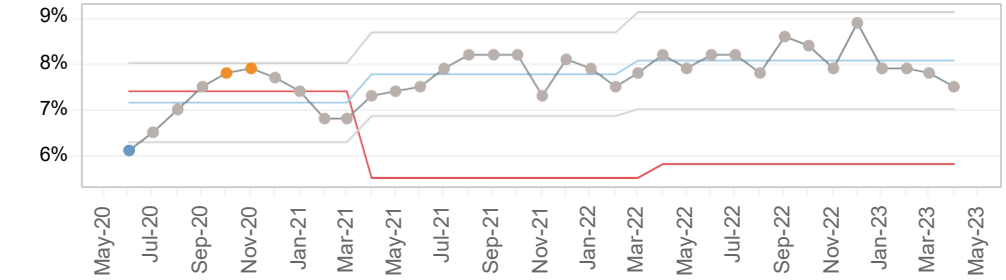
Action plan in place:
- GIRFT resource packs that include pathways recommended for PIFU developed and shared with specialties to review
- Specialty- level report shared with managements teams and CDs with notes
- Presentation reviewing potential opportunities is ready to be shared for Trust Performance and Elective Care Group.

Signed off by	Toni Coyle
Executive Lead	Jackie McShane

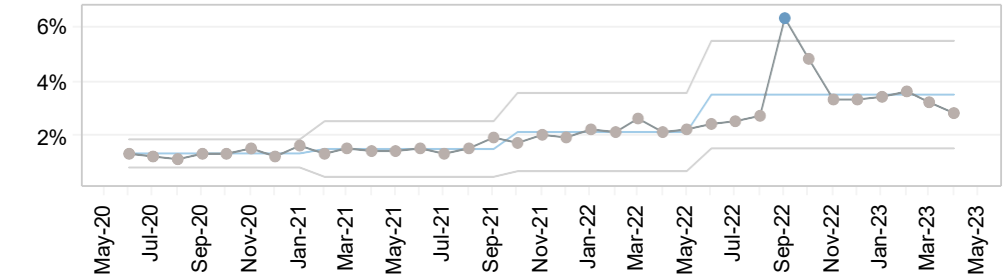
Performance for Outpatient Clinic Utilisation



Performance for Outpatient DNA rate



Performance for Patient Initiated Follow Up (PIFU)



Integrated Performance Report - Exception

Operations: Theatre Utilisation

		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Theatres: Capped Utilisation	Total theatre session time, as a percentage of planned theatre session time. Session overrun time is excluded from the calculation of this measure.	>= 90%	81.9%			

Month one elective activity was adversely affected in all specialties by a week of junior doctor strike action as well as the Easter long weekend.

Surgical wards continue to be impacted by non-elective medical outliers in the bed base - the elective pre-admission area on ward D7 is being used as a non-elective escalation area and this does affect the flow of day case patients through theatres.

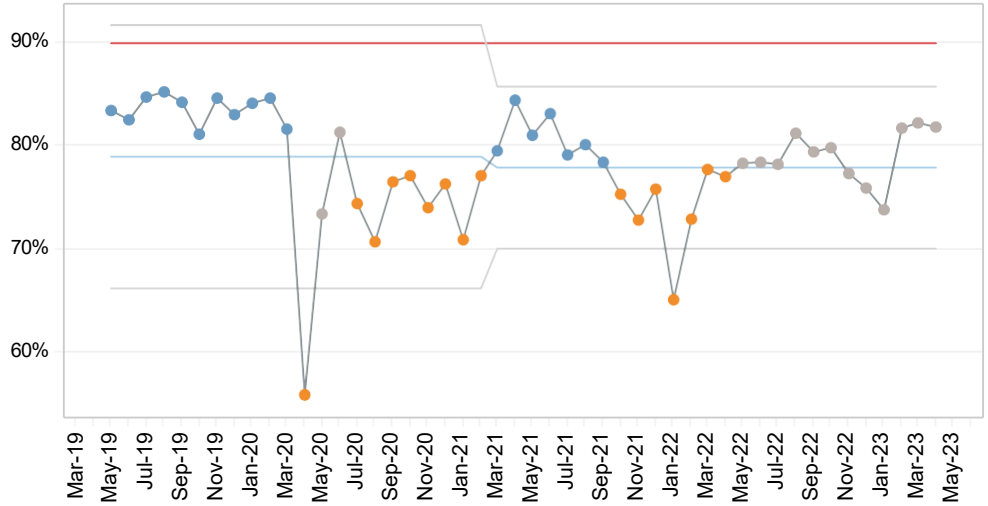
A new 642 and theatre utilisation meeting structure and process implemented from May with increased scrutiny on list planning and utilisation.

The central elective booking team is now in place from start of financial year to support standardisation of processes.

Overarching theatre improvement programme ongoing through SIG, with focus on pre-operative assessment and theatre/ward elective flow.

Consideration being given to Trust bed base configuration to ensure that we have a suitable Elective/Non Elective allocation.

Performance for Theatres: Capped Utilisation



Signed off by	Andrew Tunnicliffe
Executive Lead	Jackie McShane

Integrated Performance Report - Exception

Workforce: Bank & Agency Costs

		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Bank & Agency Costs	The total bank & agency cost as percentage of the total pay costs	<= 5%	18.1%			

The system level agency ceiling that was agreed in the plan was £10.45m for 2023-24. In terms of month 1 2023/24, we have actually spent £1.8m, if this expenditure level continues the forecast for the full year spend is £11.4m.

In April 2023, 6.9% of the total pay bill related to agency usage, this is above the target of 3.7% (in line with NHS national planning assumptions). The average percentage over the 2022/23 financial year was 7%; the chart opposite, shows there has been a reduction in month.

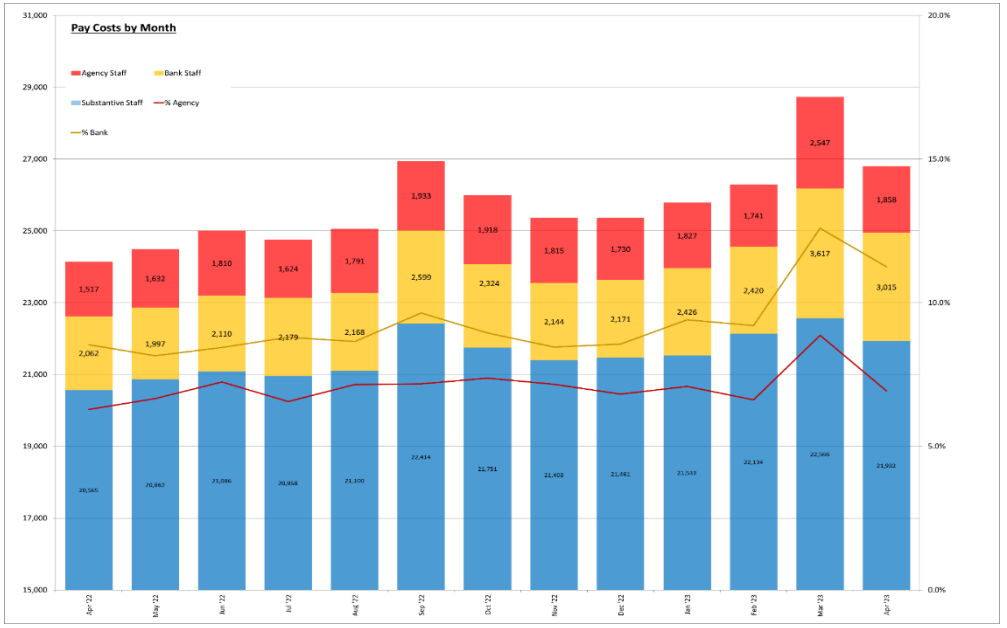
We continue to experience significant, operational challenges particularly in elective and non-elective care, as the number of patients attending our services has increased; flow through the hospital remains difficult, and consequently additional, escalation beds remain open. In April 2023, further bank and agency spend pressure was experienced due to industrial action.

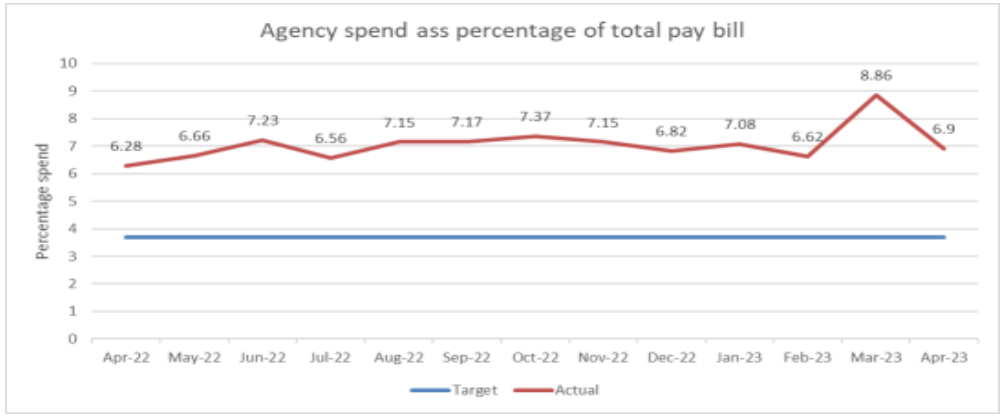
The following work is underway to reduce agency and bank spend:

- Domestic & international recruitment continues and recruiting to turnover is in place.
- Review of premium rate spend is being undertaken as part of the Working Intelligently Group, this took place in May.
- We will be placing more flexible working adverts with the aim of attracting staff who may want to work non- traditional hours with the plan of reducing agency and bank expenditure.
- Ongoing initiatives to recruit to the bank (NHSP) continues to avoid unnecessary use of agency workers.
- All agency requests, including long-term agency usage, are considered on a weekly basis as part of the Staffing Approval Group (SAG) which is chaired by the Director of Operations.
- A monthly report is produced for the Executive Team, detailing agency compliance against the NHS agency rules and the outputs of SAG.

Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Performance for Agency Costs





Integrated Performance Report - Exception

Workforce: Turnover

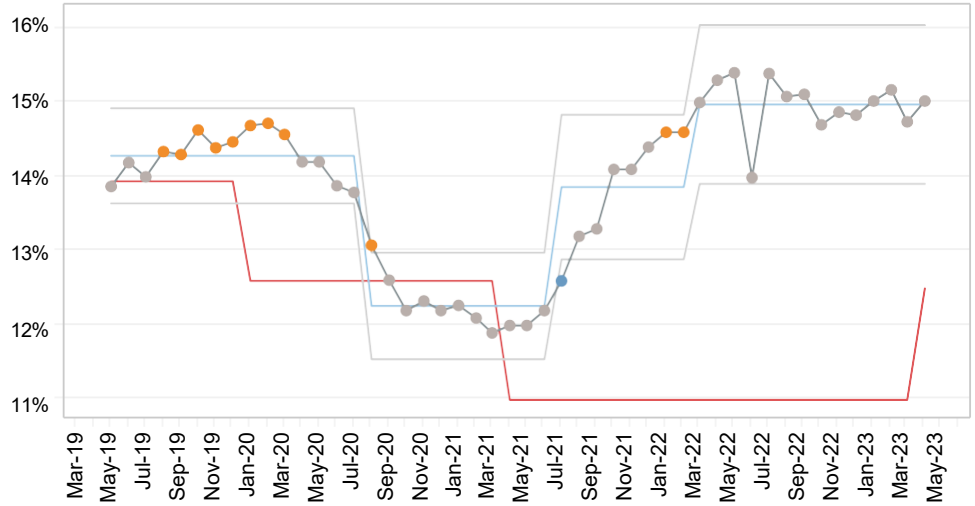
		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Workforce Turnover	The percentage of employees leaving the Trust and being replaced by new employees.	<= 12.5%	15.02%			

Our turnover rate remains above our 12.5% target, increasing in April to 15.02%. Turnover is highest for the Additional Clinical Services (17.6%), Allied Health Professional (17%) and Medical & Dental (16.6%) staff groups. The high- level of turnover within Medical and Dental relates to fixed- term training contracts for locally employed foundation doctors; our turnover for consultants and SAS doctors remains stable at 7.2%.

We have increased the numbers of Healthcare Support Worker colleagues and new starters are provided with a bespoke clinical induction and Care Certificate programme. Our Clinical Education team works alongside colleagues providing pastoral and clinical support within the first three months of employment. We are working towards implementing level 2 and 3 Healthcare Support Worker Apprenticeships to support career progression.

We have introduced Degree Apprenticeship roles for our Allied Health Professional staff, underpinned by an ethos to 'grow your own'; we are supporting 11 AHP Degree Apprenticeship programmes for occupational therapists, physiotherapy, dietetics, podiatry, speech & language therapy, and radiography with programmes completing over the next 2-3 years.

Performance for Workforce Turnover



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

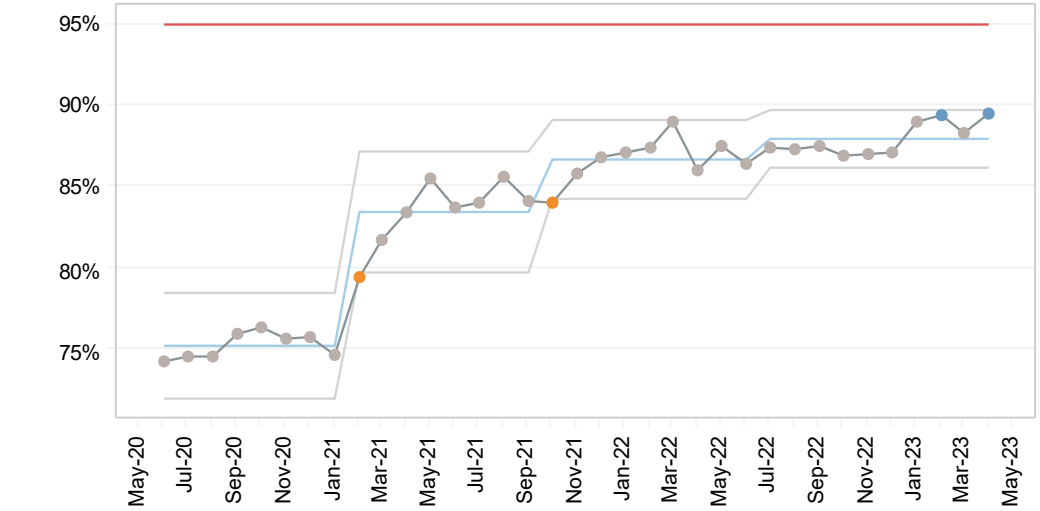
Integrated Performance Report - Exception

Workforce: Appraisals		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
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.	>= 95%	89.5%			

Our appraisal compliance currently stands at 89.07%- an increase from March's position, but below our target of 95%. Clinical Support Services and Women and Children are reporting above the Trust target of 95%. Integrated Care is reporting a compliance rate over 90% and all other divisions below 90%.

The Learning & Education Team continues to work with divisions and HRBMs to improve compliance. The OD Team continues their monthly, online training session to support appraisers in developing their skills. Task groups have been established, focussing on implementing a range of actions to improve appraisal completion rates and the quality of appraisal conversations. Progress made by the task groups is being monitored by the new Organisational Development Working Group as part of the delivery of our Organisational Development Plan 2023-25.

Performance for Appraisal Rate: Overall



Signed off by	Joanne Martin
Executive Lead	Amanda Bromley

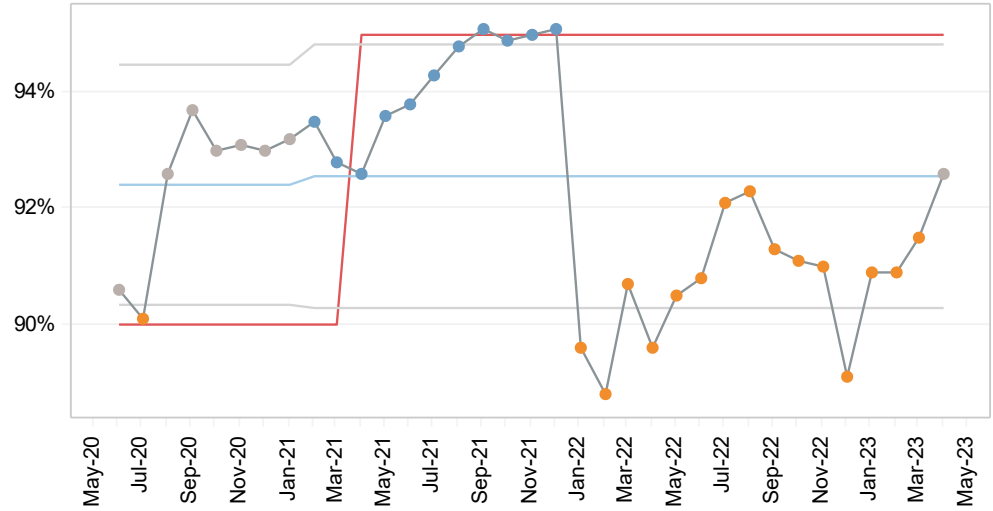
Integrated Performance Report - Exception

Workforce: Mandatory Training		Target	Actual	6-month Trend	Previous Performance	1-month Forecast
Mandatory Training	The percentage of statutory & mandatory training modules showing as compliant.	>= 95%	92.6%			

Our mandatory training compliance is at 92.6%, which although below the target of 95%, is on an upward trajectory to achieving the target of 95%. We are reporting compliance of over 95% for 8 topics, over 90% in 6 topics and below 90% for the remaining 7 topics.

To support the improvement in these areas the Learning & Education Team, working in partnership with HR Business Managers and Divisional Leads, is interrogating the divisional data to create improvement trajectories for these topics. In response to colleague feedback, the Learning & Education Team is piloting a mandatory training day; providing colleagues the opportunity to complete both face-to-face & e-learning training elements within one day.

Performance for Mandatory Training



Signed off by	Joanne Martin
Executive Lead	Amanda Bromley

Integrated Performance Report - Exception

Finance		Target	Actual	6-month Trend	Previous Performance					1-month Forecast
Capital Expenditure	The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount.	<= 10%	-54.3%	↗	●	●	●	●	●	●
Cash Balance	The amount of cash balance in Trust accounts. Figures displayed are millions per month.		34.9	↗	□	□	□	□	□	□
CIP Cumulative Achievement	The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement.	>= 0%	-55.7%	↓	●	●	●	●	▲	▲
Financial Controls: I&E Position	The actual financial position, displayed as a percentage variance from the planned financial position.	<= 0%	34.5%	↓	▲	▲	●	●	▲	▲

The Trust submitted a plan with an expected deficit of £31.5m for the financial year 23-24. This excludes the GM system efficiency requirement.

At month 1, the Trust position was a deficit of £3.3m, which is adverse to plan £0.8m. The adverse variance is driven by the costs of additional cover during the industrial action in April 2023 and continued high costs of temporary staffing to support additional demand.

The Trust efficiency plan for 2023-24 is £26.2m (£10.3m recurrent). The plan for month 1 was £2m, £0.9m has been delivered in April (£1.1m behind plan).

The Trust has maintained sufficient cash to operate during April 2023. The Capital plan for 2023-24 is £62.7m, but this is subject to confirmation as the GM position remains oversubscribed. At month 1, £1.5m has been delivered.

Risks

Planning assumptions for 2023-24 included an assumption of a pay award for all staff of 2.1% in line with national planning guidance. There has been assurance nationally that the increase to 5% for agenda for change staff and potential similar increase for all other staff and doctors will be funded; however, there is a risk that this will be a reduced level compared to cost as seen in 2022-23.

The cost of industrial action was not included in the planning process. The month 1 costs have already caused a pressure. There is likely to be further industrial action as consultants and nurses are currently being balloted. This is also likely to impact on elective activity targets due to cancelled activity.

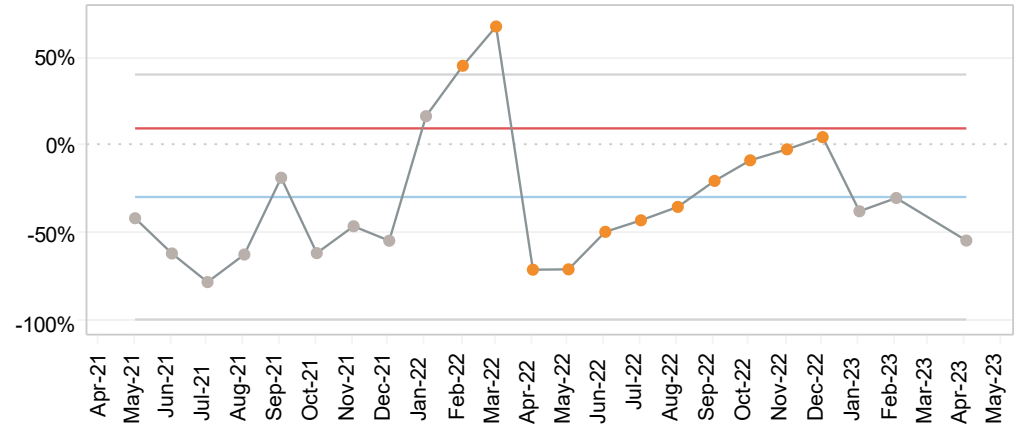
Delivery of the efficiency plan will be a challenge in 2023-24, with the recurrent target of £10.3m and a non-recurrent target of £15.9m.

Cost of inflation remains a high risk for the Trust in 2023-24. Additional escalation capacity remains open to support the continued high level of 'no criteria to reside' patients.

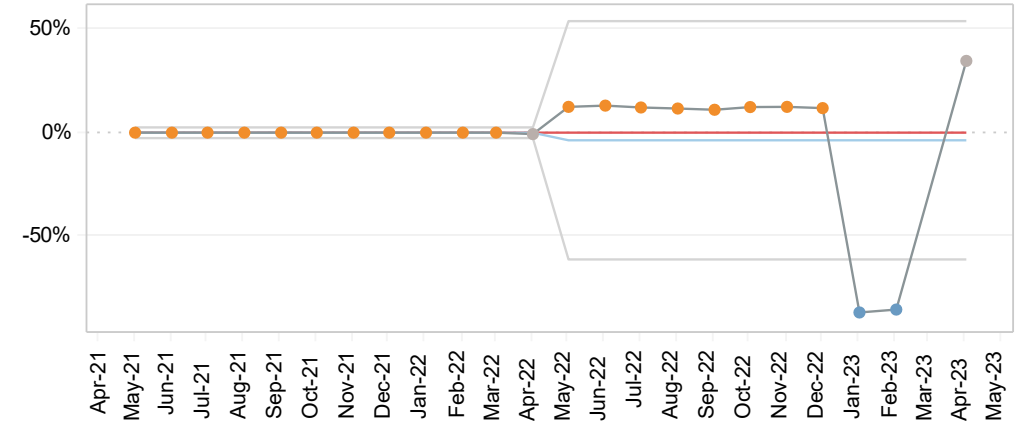
Based on the latest plan submission, cash balances will continue to fall which will lead to the Trust potentially requiring cash support later in the year. The Trust overall risk score has been increased to a score of 15 and put back onto the significant risk register.

Signed off by	Kay Wiss
Executive Lead	John Graham

Performance for Capital Expenditure



Performance for Financial Controls: I&E Position



NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Safer Care Report					
Lead Director	Chief Nurse Medical Director		Author	Deputy Chief Nurse		

Recommendations made / Decisions requested

The Board of Directors is requested to review and note the assurances of this 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	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
x	7	Develop our Estate and Digital 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 the following BAF risks	**x**	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health

		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
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		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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	All objectives
Sustainability (including environmental impacts)	

Executive Summary

This paper provides the assurances and risks associated with safe nurse and midwifery staffing, medical staffing and other staffing groups and the actions in progress to mitigate the risks associated with patient safety and quality, based on patients' needs, acuity, dependency and risks, and trusts should monitor it from ward to board.

The Trust is assessed on the compliance with the 'triangulated approach' to deciding staffing requirements described in National Quality Boards' guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time.

We continue to experience high levels of operational demand within the acute and community services which we are aware is having an impact on patient experience and staff experience. The demands within the Emergency Department remain significant, impacted on by large numbers of patients who do not require a hospital bed any longer. This demand is operationally managed by our senior teams and on call colleagues with a continual dynamic risk assessments being carried out.

1. Introduction

Stockport NHS Foundation Trust

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

- The latest position in relation to key care staffing assurances
- Current challenges regarding maintaining safe staffing levels & the actions being taken to mitigate risks identified
- The measures being implemented to ensure employees health and well-being is protected to enable them to remain safely in work is supported by the Staff Psychology And Wellbeing Service (SPAWs) and the Professional Nurse Advocate (PNA) role
- Inline with the NHS workforce strategy which aims to support our people to deliver the Trust strategic objectives by being ready and able to flourish in the face of future changes and challenges.

The Board of Directors are asked to note the contents of the paper, current performance and actions being taken to drive improvement.

2. Vacancies (March 2023 data)

NHS Stockport NHS Foundation Trust

Nursing Staff	FTE Actual	Variance FTE	Post Recruited to in TRAC FTE
Clinical Support Services	66.16	3.25	5
Corporate Services	76.96	2.20	49
Emergency Department	105.80	-32.85	15
Integrated Care	391.09	-33.54	52
Medicine & Urgent Care	374.02	-25.04	25
Surgery & GI	453.81	-23.43	33
Women & Children's	415.45	-20.99	39
Grand Total	**1883.29**	**-130.40**	**218**

Healthcare Support Workers	FTE Actual	Variance FTE	Post Recruited to in TRAC FTE
Clinical Support Services	30.10666	-5.77	**5**
Corporate Services	6.27	-0.16	7
Emergency Department	39.20	-3.98	1
Integrated Care	192.07	-3.21	5
Medicine & Urgent Care	196.59	-59.03	9
Surgery & GI	200.85	-28.62	7
Women & Children's	35.11	4.77	11
Grand Total	**700.20**	**-96.00**	**45**

Issues:

- In April 2023, RN WTE vacancies are at 10%, the largest vacancies now sit within the community nursing team.
- In January 2023, HCA WTE vacancies at 4.44%

Key Actions:

- Safecare Live is now used as an embedded practice to ensure safer nursing and midwifery staffing levels across the Trust.
- 25 students, 8 RNs and 3 TNAs were appointed at the recruitment events held on 24th & 25th March 2023 at The Alma Lodge Hotel, Hazel Grove
- The next events for nursing students, NAs and RNs scheduled for the 19th & 20th May at The Alma Lodge Hotel, Hazel Grove will focus on the recruitment of community nurses
- Theatres, Surgery & Critical Care Division to manage & facilitate bespoke recruitment events.
- Midwifery Retention & Recruitment Lead, Emma Griffin, engaging with Just-R to co-ordinate a photo day for images to be used as part of the bespoke social media campaign for the recruitment of midwives

* *Data provided by Workforce*

3. Retention, Health & Well-being

NHS Stockport NHS Foundation Trust

We have developed a communications plan to promote health and wellbeing through the challenging times. We work with our local health and wellbeing champions, local staff networks, trades unions and leaders across the organisation to regularly communicate local health and wellbeing priorities and the availability of support.

Key Actions :

- Staff well-being is on the Professional Nurse Advocate (PNA) agenda & supported throughout the PNA training programme
- The Attract, Development & Retain (ADR) Group promoted flexible working. As it supports staff to have a greater choice in where, when & how they work & helps achieves a healthier work life balance (NHS People Promise)
- The Trust has supported the clinical psychology teams to provide support to the PNAs
- Executive Walkabout Wednesday & Senior Nurse Walk Round Friday continues to have a positive impact on staff ensures the senior team are visible & approachable
- Trust are collaborating with colleagues from the mental health trust to promote support for all staff. Stockport are utilising
- PNA Lead monthly meetings scheduled & dates forwarded to leads & trainees (currently on the PNA programme)
- Significant interest in the PNA Programme with high number of staff applying
- The GROW (Grow and Retain Our Workforce) SOP has been financialised by HR & forwarded to the senior leaders for approval
- There is good retention for Internationally Educated Nurses with a turnover of 2.7% over the last 2 years.

Issues :

National funding for the PNA course has not yet been agreed by NHSEI. We currently have 20 members of staff awaiting the decision. So they can be allocated a university.

4. Student Recruitment

NHS Stockport NHS Foundation Trust

Key Actions :

- From September 2023 to January 2024 we anticipate a high number of newly qualified nurses starting at the Trust. Eighteen recruited at the March recruitment event
- Regular 'Keeping in Touch' emails sent to students who have registered interest in working at the Trust by scanning the QR code
- Recruitment events advertised on university websites & career portals
- All students contacted & invited to trust recruitment events
- Student information poster designed & distributed to wards, ward managers and PEFs. The wards have been updating their student information boards throughout the month.
- 25 students recruited at events held on the 24th & 25th March 2023 at The Alma Lodge Hotel, Hazel Grove
- Recruitment event scheduled for the 19th & 20th May at The Alma Lodge Hotel, Hazel Grove & advertised on Eventbrite
- Workforce Matron visiting the University of Salford to talk to nursing students about opportunities at the Trust

5. International Recruitment

Stockport NHS Foundation Trust

Issues :

- Interviews to continue as Trust not recruited to establishment
- Pastoral support now provided by OSCE Team in the Learning & Education Department, Pinewood House
- Shortage of onsite accommodation continues to be a problem

Key Actions :

Task and Finish Group met to discuss the financial impact and cost implications of recruiting IENs, from an external company. From the meeting sub groups were categorised to complete the following tasks :

- HR to develop SOP for IEN pathway
- Learning & Development to review the training pathway incorporating leadership models of practice
- Workforce Matron to review operational pressures on IENs and how to support a smooth transition to the UK and NHS
- First internationally educated midwife (IEM) has passed OSCE and started working as a RM
- There is good retention for Internationally Educated Nurses with a turnover of 2.7% over the last 2 years.

6. Maternity Update

NHS Stockport NHS Foundation Trust

	WTE Actual	Number of WTE Vacancies	Post WTE Recruited to TRAC
Registered Midwives	161.48	Vacancy 8.72 Maternity Leave 4.6 Secondment 2.6 Turnover 3.0	18.72 (Established vacancy/Maternity leave/turnover)
Unregistered	30.71	0	1.5

Recruitment :

- B7 – 1 WTE Perinatal Mental Health Midwife – Pending
- B7 Inpatient Ward Manager – Pending
- B5/6 Midwives – 18.72 WTE to commence September/October

New starters :

- B6 Smoking in Pregnancy Midwife commenced March 2023
- B8a 1 WTE In-patient Matron – May 2023
- B7 1 WTE Digital Midwife – April 2023
- B7 0.8 WTE Diabetes Specialist Midwife – May 2023

Assurance :

- All shift co-ordinators have supernumerary status
- 100% of 171 eligible women received 1:1 care in labour in February (March data not yet available)
- Full birth rate plus midwifery staffing review commenced in August 2022, final report received March
- Funding extended until 23/24 for Recruitment and Retention Midwife
- Engaged with the International Educated Midwifery (IEM) recruitment programme, two IEM's recruited in 1st wave. 1 commenced in post, 2nd awaiting OSCE.
- The Trust has applied for further funding and requested 3 IEMs are appointed to Stockport NHS Foundation Trust

** Data provided by the Women & Children's Division*

6. Maternity Update – Maternity Red Flags

Stockport NHS Foundation Trust

Maternity red flag events are events that are immediate signs that something may require action to stop the situation getting worse. Action includes escalation to the senior midwife in charge of the service, and the response may include allocating additional staff to the ward or unit.

Maternity red flags are monitored by the Maternity Manager of the day and Shift Co-ordinators out of hours. Red flags are triggered by insufficient staffing levels resulting in the following:

- Delayed or cancelled time-critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- Delay of more than 30 minutes in providing pain relief
- Delay of 30 minutes or more between presentation and triage
- Full clinical examination not carried out when presenting in labour
- Delay of 2 hours or more between admission for induction and beginning of process
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour

Maternity red flags are reported via Datix and reviewed by the governance Midwife, with a view to validation. Twice monthly meetings to be established with the Deputy Head of Midwifery to consolidate validation and enable production of quarterly reports.

** Data provided by the Women & Children's Division*

6. Maternity Update – Maternity Red Flags (cont)

Stockport NHS Foundation Trust

During January to March 2023 there were 9 maternity red flags reported via datix.

- 3 x missed or delayed care (suturing) in view of ***acuity***
- 2 x delay of 30 minutes or more between presentation and triage review - 1 as a result of ***staffing***, 1 as a result of ***acuity***
- 1 x delay of 2 hours or more between admission for induction of labour and beginning of the process as a result of ***staffing***
- 1 x missed medication during an admission in view of ***acuity***
- 2 x any occasion when one midwife is not able to provide continuous one to one care and support to a woman during established labour in view of ***staffing***
- Overall ***five*** red flag incidents were as a result of ***acuity*** which included the unavailability of an obstetrician or an incident occurring due times of increased activity
- ***Four*** were as a result of reduced ***staffing*** levels below the safe staffing recommendations

** Data provided by the Women & Children's Division*

7. Medical Staffing (March 2023)

Stockport NHS Foundation Trust

The Tiers below describe the directly employed medical workforce within the Trust:

Tier 3: Expert clinical decision makers. These are clinicians who have overall responsibility for patient care. In the medical workforce these are our consultants.

Tier 2: Senior clinical decision makers. These are clinicians who are capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment. For the medical grades this is largely specialty doctors and senior clinical fellows.

Tier 1: Competent clinical decision makers. These are clinicians who are capable of making an initial assessment of a patient. For the medical grades this is largely foundation doctors and junior clinical fellows.

N.B. The Trust is also a host employer on behalf of the Lead Employer, St Helens and Knowsley NHS Trust, for specialty, core and general practice trainees and we host a further 165 trainee doctors working at the Trust across our specialties.

8. Medical Staffing (continued)

NHS Stockport NHS Foundation Trust

The table below gives an overview of the directly employed medical workforce position within the Trust:

Medical Staff -	FTE Budgeted	FTE Actual	Variance FTE
Tier 3	245.03	224.56	-20.47
Tier 2	76.66	63.46365	-13.19635
Tier 1	112.619	136.05	23.431
Total	**434.31**	**424.07**	**-10.24**

✓ **Consultant Recruitment** –

a) Medical Staffing continue to work with divisions to target recruitment campaigns in advance of when doctors in training are set to become eligible to work as consultants.

b) Medical Staffing are reviewing consultant job description templates to update them and ensure fit for purpose to increase attracting potential consultants to the organisation.

c) Medical Staffing will be undertaking a review of those Doctors pursuing the CESR route in their applications to become consultants and will present this to the Medical Workforce Group in June to have a clear overview of expected dates, and action plan as required.

✓ **International Medical Recruitment** – The Trust is currently exploring whether we are able to become a GMC Sponsoring Organisation which would assist the Trust in being able to readily recruit with the recruitment in this area.

✓ **Safe care functionality** - The teams are currently developing a medical version of this which will clearly demonstrate the minimum medical staffing requirement per area, alongside the actual staff available each day. This will better aid the movement of doctors between areas to ensure that safe staffing is maintained. A phased role out has commenced in December 2022.

*Information provided by Workforce

9. Allied Health Professionals

NHS Stockport NHS Foundation Trust

Radiographers

Clinical Support Services	Establishment WTE	Staff in post WTE	Vacancy WTE
Radiographers	81.84	62.81	19.03

- Due to difficulty in recruiting radiographers in the UK the Trust is now recruiting from overseas
- 6 international radiographers joined the Trust in March 2023
- Vacancies advertised on social media & Trac
- Recruitment events to be scheduled

Physiotherapists

Division	Establishment WTE	Staff In Post WTE	Variance
Corporate	0.50	0.50	0.00
Integrated Care	132.07	129.06	3.01
Reserves	0.00	0.00	0.00
Surgery	6.48	6.49	-0.01
Women & Children	6.55	7.21	-0.66
Grand Total	**145.60**	**143.26**	**2.34**

Occupational Therapists

Division	Establishment WTE	Staff In Post WTE	Variance
Integrated Care	70.25	71.09	-0.84
Reserves	0.00	0.00	0.00
Surgery	0.85	0.85	0.00
Women & Children	8.18	9.10	-0.92
Grand Total	**79.28**	**81.04**	**-1.76**

SALT

Division	Establishment WTE	Staff In Post WTE	Variance
Integrated Care	18.50	16.69	1.81
Reserves	0.00	0.00	0.00
Women & Children	44.53	44.21	0.32
Grand Total	**63.03**	**60.90**	**2.13**

Dieticians

Division	Establishment WTE	Staff In Post WTE	Variance
Integrated Care	25.33	24.61	0.72
Reserves	0.00	0.00	0.00
Women & Children	2.59	1.90	0.69
Grand Total	**27.92**	**26.51**	**1.41**

*Information provided by Clinical Support Services & Integrated Care

10. Healthroster

NHS Stockport NHS Foundation Trust

Roster period - 27 March - 23 April 2023								TOTAL	Roster period 2 7 February-26 March 2023	
Business Division	Annual Leave %	Roster Approval (Full) Lead Time Days	Total Unavailability %	% Changed Since Approval	Unused Hours (4 week period)	Over contracted Hours (4 week period)	Total Hours balance		Additional Duties in hours (Total Hours)	Safecare % compliance across 3 Census periods (average)
ED	6.3%	57.5	12.5%	22.6%	647.8	355.3	292.5		223	0
Integrated Care	14.2%	43.06	19.8%	22.9%	1,546.1	641.1	905.0		3461.75	59.76%
Medicine	15.5%	51.38	27.5%	37.7%	1,508.3	1523.2	74.9		4158.96	63.64%
Surgery, GI & CC	15.5%	50.84	26.9%	30.1%	1,470.6	1075.2	395.4		3758.75	49.31%
W&Cs	19.5%	49.14	45.0%	27.6%	1,790.0	557.7	1,232.4		918	53.00%
CSS	18.0%	24%	23.1%	10.8%	9	18.64	9.64		5	0
									12525.46	56.43%

Issues:

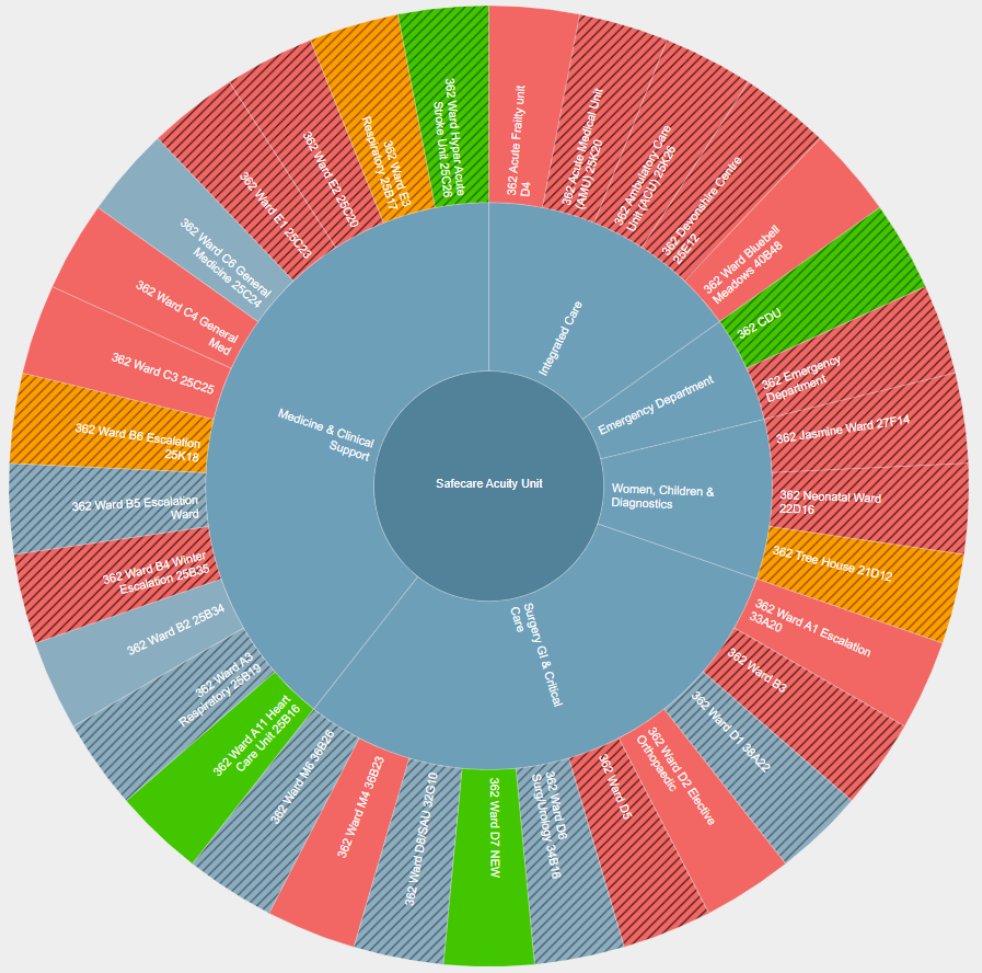
- Monthly roster challenge meetings in place to ensure rosters are approved 10 weeks in advance now show significant improvements
- There has been an increase in the number of additional duties in comparison to previous month
- There appears to be an excessive number of unused hours however this is challenged at the monthly Healthroster meetings & is related to staff hours being carried forward. Due to different shift patterns. This is closely monitored by the Workforce Matron who liaises regularly with the Rostering manager and ward managers
- The Rostering policy requires updating

Key Actions:

- Healthroster policy to be updated
- Rostering indicators developed & in use highlight teams where practice falls short of expected standards
- Deputy Chief Nurse, DNDs & Workforce Matron meet weekly to review safe staffing
- Twice daily overview of the staffing position using the SafeCare live system at the staffing meeting
- In collaboration the Healthroster Team and Workforce Matron have close oversight of the roster building, requests for annual leave, sickness recording and actions required

*Data provided by Healthroster Team

11. Safecare Live



Issues :

- Trust remains in escalation ie wards opened with increased number of beds or unfunded wards opened for capacity

Key Actions :

- Attending daily staffing meetings
- Divisional matron overview of particular areas of concern to ensure accuracy in recording staffing numbers and acuity of patients
- Further training provided to the senior nurses, working on the Professional onsite cover rota.
- Workforce Matron reviews census completion at the twice daily staffing meetings

Safecare Live has been specifically designed to enable daily reviews of shift-by-shift staffing issues across units, wards and the organisation. It also highlights wards/units that are over established versus patient needs.

12. Risk & Assurance (March 2023 data)

Stockport NHS Foundation Trust

Issues

- 180 staffing incidents registered in March 2023
- High percentage of new nurses starting at the Trust within the next 6 months are newly qualified

Key Actions

- All staffing incidences reviewed with the DNDs at weekly incident review meeting
- Continue to raise awareness of the staffing escalation processes Continued focus on the scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed
- Promoting transparency by incident reporting across the site

*Data provided by Datix

13. Next Steps

Stockport NHS Foundation Trust

- Contract with Just R, the company providing social media support for trust recruitment campaigns, ends 1st June 2023. Trust currently reviewing ? how to ensure the Trust receives maximum exposure via social media to ensure employer of choice concept

Issue

Currently Just-R;

- Take photographs
- Interview & film staff – provide films
- Social media, promotion of events
- Contact all those who have registered an interest in attending the events
- Manage #supportteamstockport facebook page & @stockportnursing twitter account
- To design careers website
- As of 1st June there is no professional advertisements for ongoing event

Key Actions

- Trust Communications Team to promote the events

13. Next Steps

Stockport NHS Foundation Trust

- Recruitment events scheduled for student nurses, Nursing Associates and Registered Nurses on the 19th and 20th May 2023 at The Alma Lodge Hotel, Hazel Grove focusing on community recruitment
- Promotion of GROW programme

14. Conclusion

Stockport NHS Foundation Trust

- Maintaining safe staffing levels to meet the current demands of services remains a challenge
- Significant recruitment of nursing staff, AHPs, midwives and medical workforce
- There is a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate and provide support where needed
- Safecare Live giving oversight for all areas of acuity and safe staffing levels
- There is ongoing work, in partnership with NHS Professionals, to oversee temporary staffing pay rates, develop initiatives to increase fill rates and review processes to cascade unfilled shifts to agencies with a significant reduction in agency staff

Stockport NHS Foundation Trust

Meeting date	1 June 2023		Public	x	Confidential	Agenda item
Meeting	Board of Directors					
Title	Quality Strategy – 2022-2023 Year 2 Update					
Lead Director	Nic Firth Chief Nurse	Author	Wendy Oakes, Quality Matron			

Recommendations made / Decisions requested

The Board of Directors is asked to review the content of the report and the progress made to date against the Quality Strategy.

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
x	2	Support the health and wellbeing needs of our communities and staff
x	3	To work with partners to co-design and provide integrated service models within the locality and across 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
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets 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	x	PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health

related to these BAF risks		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
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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 provides the group with 2022-2023 Year 2 update against the Trust Quality Strategy (2021-2024).

The strategy outlines how the Trust will be driving change on our improvement journey to deliver on our ambition to:

• Start well – Improve the first 1,000 days of life

• Live well – Reduce avoidable harm

• Age well – Reduce avoidable harm

• Die well with dignity – Improve the last 1,000 days of life

1. Purpose

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

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

2. Background and Links to Previous Papers

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

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

3. Driving change on our improvement journey

3.1 To deliver on our ambition to:

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

3.2 Quality Metrics For Achievement Year 2 Update (2022 – 2023)

<table>
<tr><th>Metric</th><th>Measure</th><th>Year 2 2022/2023 Update</th></tr>
<tr><td>Start well – improve the first 1,000 days of life</td><td></td><td></td></tr>
<tr><td>Reduction of perinatal mortality in line with the national ambition to halve the rates of still births, neonatal and maternal deaths and intrapartum brain injuries by 2025.</td><td>Full compliance of all 5 elements of Saving Babies Lives Care Bundle version 2 (SBLCBv2).</td><td>End of Year 2 Achievement 2022/2023

Awaiting the launch of SBLCBv3 to benchmark against, no date yet for launch

<table>
<tr><th></th><th></th><th>PI</th><th>Rag Rating</th></tr>
<tr><td>Element 1</td><td>Reducing Smoking in pregnancy</td><td>2</td><td></td></tr>
<tr><td>Element 2</td><td>Risk assessment and surveillance for fetal growth restriction</td><td>1</td><td></td></tr>
<tr><td>Element 3</td><td>Raising awareness of reduced fetal movement</td><td>2</td><td></td></tr>
<tr><td>Element 4</td><td>Effective fetal monitoring during labour</td><td>1</td><td></td></tr>
<tr><td>Element 5</td><td>Reducing preterm births</td><td>4</td><td></td></tr>
</table>

• The SBLCB care package standards will continue to be monitored annually through CNST standards/quarterly through GMEC care bundle survey.
• Annual training of SBLCB V2 mandated through the GMEC Maternity Core competency training framework. Reported to the Local Maternity and Neonatal System (LMNS) Submitted February 2023.
• Audit programme awaiting finalisation to encompass all required audits.
• Awaiting funding from LMNS to support specialist roles required to full fill the ask
• Awaiting the launch of SBLCB v3 will incorporate a sixth element in relation to</td></tr>
</table>

Metric	Measure	Year 2 2022/2023 Update
		diabetes in pregnancy
Reduction in the number of women smoking at the time of delivery (SATOD).	To achieve the national target of 6% for SATOD.	**End of Year 2 Achievement 2022/2023** SATOD rate has remained consistent 7.9% over the last 2 quarters Stockport are in the process of recruiting to B7 1wte midwifery lead and 2 wte B4 Maternity tobacco dependency advisors.
NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST.	Full compliance with all 10 safety actions of CNST.	**End of Year 2 Achievement 2022/2023** Declaration submitted by 2nd February 2023 Trust submission will be subject to external validation i.e. EMBACE, NHSE/I Maternity data set, HSIB etc. **Actions to support declaration** Action 4 – Neonatal Medical Workforce Action 6 – Element 1 – Smoking at time of booking Element 5 – Full course of steroids within 7 days of birth <34 weeks
Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the women, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision Is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth.	75% of the services BAME/ vulnerable women to be booked onto COC pathway.	**End of Year 2 Achievement 2022/2023** There is no longer a target date for services to deliver Midwifery Continuity of Carer (MCoC), local services will instead be supported to develop local plans that work for them. The top priority for maternity and neonatal services is to continue to be ensure the right workforce is in place to serve women and babies across England • Focus on retention and growth of the workforce • Develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths **Providing Continuity of Carer at Stockport by default means:** Offering MCoC to all vulnerable women as early as possible and within an enhanced team Offering MCoC to all women as early as possible in pregnancy Stockport remains committed to the establishment of MCoC teams. The plans will build on the existing progress & identify the building blocks to delivering MCoC at full scale in the future.

Metric	Measure	Year 2 2022/2023 Update
		Development of all risk MCoC teams in this way, requires senior coordinated leadership, to support whole system change.
The Ockenden report was published in 2020 and highlighted immediate and essential actions for maternity services to put in place.	To be compliant against all immediate and essential actions.	**End of Year 2 Achievement 2022/2023** Out of the 7 Immediate and Essential actions (IEA's)with several asks under each, the trust is compliant with all of the action; **IAE 3) Staff training and working together** Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. *Fully compliant – April 2023* **Regional Insights assurance visit** The trust was visited by the Regional maternity team in May 2022 to review compliance against the Ockenden IEA's. Positive feedback received for the progress against the IEA's Recommendations and points for consideration were provided in the feedback report, which the trust have made good progress against. The first Safety Progress and Performance Special Interest Group established by the LMNS convened on the 7th March 2023 – The aim of this group is to share progress against Ockenden and Kirkup recommendations/IEA's
Avoiding term admissions into the neonatal unit	To have < 4% of all term births being admitted to the neonatal unit.	**End of Year 2 Achievement 2022/2023** Remains a key focus as part of the Maternity and neonatal SIP work stream Monthly ATTAIN meetings in place Quarterly reports presented through the divisional governance process and Maternity and Perinatal Safety Champions, Deep dives undertaken into themes and trends identified through the quarterly audit process
Implementation of the neonatal critical care review.	Expert neonatal workforce Enhancing the experience of families.	**End of Year 2 Achievement 2022/2023** Awaiting Neonatal Critical care review. Transitional care fully operational within reach to maternity wards.

Metric	Measure	Year 2 2022/2023 Update
To reduce unnecessary hospital admissions for children and young people particularly those who have long term conditions such as Asthma, Diabetes and Epilepsy.	Supporting CYP and their families to maintain wellness and manage their health needs within the community setting.	**End of Year 2 Achievement 2022/2023** Joint working for the diabetes transition pathway Psychologist, youth worker and project manager employed Bee counted care team attended treehouse and accredited as a Green standard relating to child friendly environment and accessibility and family friendly status.
To ensure that transition of care for young people to adult services meets their needs and ensures continuity of high care.	Seamless transition to adult services.	**End of Year 2 Achievement 2022/2023** Joint working for teams in place Working with partners in education and social care to support children of all ages in transitioning to their required needs
For neonatal unit to become a Baby Friendly accredited unit.	Aim to achieve stage 1 of the accreditation process.	**End of Year 2 Achievement 2022/2023** BFI assessment taking place in December 2023. Work ongoing to ensure standards are being met. Working with maternity and public health. Meeting with BFI team this quarter. Family Integrated care assessment team are revisiting in September 2023.
Metric	**Measure**	**Year 2 2022/2023 Update**
Live well / Age well – Reduce avoidable harm		
Pressure ulcers	10% reduction	**End of Year 2 Achievement 2022/2023** At the end of the year, there were 92 pressure ulcers acquired in the acute setting. We achieved an **8% reduction** against the target set to reduce by 10%.
Falls	10% reduction	**End of Year 2 Achievement 2022/2023** 2022/23 target (10% reduction) = 4.66 / 1000 Bed days 2022/23 End of Year Rate = 3.78 / 1000 Bed Days 2022/23 total falls number = 882 Which is a **reduction of 27%** compared to 2021/22
Falls with moderate harm	10% reduction	**End of Year 2 Achievement 2022/2023** 2022/23 target (10% reduction) = 0.12 / 1000 Bed days 2022/23 End of Year Rate = 0.10 / 1000 Bed Days

Metric	Measure	Year 2 2022/2023 Update
		2022/23 total falls mod harm or above number = 22 Which is a **reduction of 23%** compared to 2021/22

Metric	Measure		Year 2 2022/2023 Update
Sepsis	Improvement in timely recognition of sepsis		**End of Year 2 Achievement 2022/2023** Rolling 12 month position (04/22-03/23) Timely recognition of sepsis = 95.1% compared to 94.1% achieved previously
	Improvement in timely antibiotic treatment for sepsis		**Year 2022/2023 Achievement** Rolling 12 month position (04/22-03/23) Achieved 76.5% compared to 83.1% - No improvement The implementation of full electronic recording of interventions in Patientrack for Sepsis Six went live as planned. As yet the scope to support the burden of manual auditing of records has not yet been fully realised due to limited BI resources. This continues to impact on the number of audits undertaken and a representative sample size.
Metric	Measure	Year End	**Year 2 2022/2023 Achievement**
CDI	41	75	**Year 2 2022/2023 Achievement** All HCAI trajectories were not achieved which compared/reflected other hospitals/peers across Greater Manchester. All Divisions have reviewed their IPC action plans to assist the Trust in achieving the 2023/2024 National trajectories.
MRSA	0	5	
MSSA	18	28	
E Coli	49	94	

Metric	Measure		Year 2 2022/2023 Update
Pseudomonas	3	7	
Klebsiella	23	26	
Mortality: Hospital Standardised Mortality Ratio (HSMR)	< = 1 (Jan 2021-Dec 2021)		**Year 2 2022/2023 Achievement** **109.8.** This is higher than expected compared to other trusts in GM. However it is coming down again in March 2023 as shown in the graph below. Detailed analysis of the drivers behind HSMR continue to be provided by colleagues in BI. This could be due to number of factors such as coding, number of patients remaining as in-patients in the trust at the end of life rather than discharged home or other facility amongst others. Audits are underway for a number of diagnosis groups to identify the root cause- urinary tract infections (completed- no issues identified), cancer, fractured neck of femur (completed- deficiency identified as lack of Ortho-geriatric cover- plan to create a faculty of frailty), Peri-natal deaths etc.
Mortality: Summary Hospital-level Mortality indicator (SHMI)	< = 1 (Jan 2021-Dec 2021)		**Year 2 2022/2023 Achievement** **101.3**.Achieved Over the last 12 months we have had 48,580 provider spells. Of them we have had 1605 observed death (from 1584 expected deaths), giving us a summary hospital-level mortality indicator (SHMI) 101.3. Of the 142 different diagnosis groups, SNHSFT appears not be an outlier with the SHMI as expected.

<table>
<tr><th>Metric</th><th>Measure</th><th>Year 2 2022/2023 Update</th></tr>
<tr><td>Number of Incidents reported relating to moderate or severe harm</td><td>Reduction in incidents reported</td><td>End of Year 2 Achievement 2022/2023
There were 73 Moderate or Above Harm Patient incidents in the full financial year 2022/23. We have successfully reduced the number of Incidents reported relating to moderate or above harm by 25.51%, this is in comparison to the 98 reported in the previous full financial year (2021/22). This reduction is on a back drop of increased incident reporting overall.

<table>
<tr><th>Patient Incidents Reported</th><th>FY 2021 /22</th><th>FY 2022 /23</th><th># Change</th><th>% Change</th></tr>
<tr><td>Moderate (short term harm caused)</td><td>73</td><td>60</td><td>-13</td><td>-17.81%</td></tr>
<tr><td>Severe (permanent or long term harm caused)</td><td>18</td><td>10</td><td>-8</td><td>-44.44%</td></tr>
<tr><td>Death (caused by the Incident)</td><td>7</td><td>3</td><td>-4</td><td>-57.14%</td></tr>
<tr><td>Total</td><td>98</td><td>73</td><td>-25</td><td>-25.51%</td></tr>
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</td></tr>
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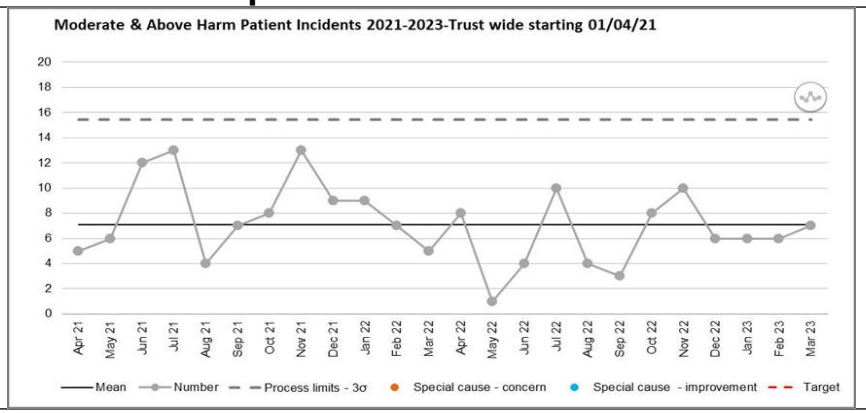
Metric	Measure	Year 2 2022/2023 Update
		
Die well – Improve the last 1,000 days of life		
Reduce admissions to hospital in the last 90 days of life through use of advance care plans and enhanced clinical management plans shared with primary care	Establish baseline and determine uptake	**End of Year 2 2022-2023** Dashboards continue to be developed in Stockport that will be rolled out in GM to facilitate further benchmarking across ICB to include Population Level Provider Activity – last 90 days. Potential of auditing of patients presenting to ED within last 90 days of life discussed to capture key themes and future actions
Implement use of GM electronic palliative care coordination system (EPaCCs) in community and secondary care	Determine and agree implementation date	**End of Year 2 2022-2023** No further updates at this time
Improve quality of palliative care monitoring in District Nurse teams through use of IPOS palliative outcome scale	Establish baseline and determine 5 reduction	**End of Year 2 2022-2023** No further updates at this time
All Learning from Death reviews completed from a palliative care perspective	Implement learning from learning from death reviews	**End of Year 2 2022-2023** 12 Learning From Deaths (LFDs) datix reviews completed per quarter. Outcomes reported to LFD review group and via LFD newsletter. Common themes are late recognition of dying and

		absence of advance care planning leading to possible avoidable hospital admissions.
End of life care role specific training %	All teams > 85%	**End of Year 2 2022-2023** Compliance for role specific EOLC Level 1 = 71.4% and EOLC Level 2 = 75.2%. DNA rate 50-75%. Compliance monitored by each division.
Review complaints associated with end of life care	Implement learning from review of complaints	**End of Year 2 2022-2023** Following local and national audit outcomes and feedback from bereavement surveys, a robust outcome driven process of ward accreditation and recognition has been implemented collaboratively between the Specialist Palliative Care Service and the Trust Quality Team to align national and local standards in inpatient settings.

3.3 Targets 2023 -2024

Pressure Ulcers Targets

Acute

Target 1: 5% reduction on 22/23 figures – no more than 87 PU incidents

Target 2: No more than 5% of all PU's as a result of a lapse in care

Target 3: No category 3-4 PU's due to a lapse in care

Community

Target 1: 10% reduction on 22/23 figures – no more than 137 PU incidents (approx).

Target 2: No more than 5% of all PU's as a result of a lapse in care

Target 3: No category 3-4 PU's due to a lapse in care

Falls

5% Reduction in moderate harm or above

10% Reduction in lapses in care (no or low harm)

BI Team developing new dashboard to reflect target

Infection Prevention

Clostridium Difficile =68

MRSA Bacteraemia = Zero (0) total

Stars ward accreditation

Maintain 50% Green and no more than 25% Red

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Annual Health & Safety Report 2022 - 2023					
Lead Director	Chief Nurse		Author	Health, Safety & Risk Manager		

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm the Annual Health & Safety Report 2022/23 including progress against key performance indicators.

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	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
x	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks	**x**	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in

			delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
	x	**PR7.2**	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

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	All objectives
Sustainability (including environmental impacts)	

Executive Summary

This report provides the Board of Director with a summary of principal activity and outcomes relating to the Key Performance Indicators (KPI) for health and safety within Stockport NHS Foundation Trust during 2022/2023. It has been reviewed by the Quality Committee at its meeting on 23rd May 2023, drawing together reporting from the Health & Safety Joint Consultative Group (H&SJCG) to Quality Committee throughout the year.

1. PURPOSE

1.1 The purpose of this report is to; provide the Board of Directors with a summary of principal activity and outcomes relating to the Key Performance Indicators (KPI) for health and safety within Stockport NHS Foundation Trust during 2022/2023.

1.2 The Executive Chair of the H&SJCG, and director with delegated responsibility for Health & Safety within the Trust, continues with the Chief Nurse.

1.3 In addition to the progress made within the reported period, the H&SJCG has recommended a series of objectives for the 2023/2024 period that seek to further enhance the level of corporate responsibility the Trust attaches to its Health and Safety function.

1.4 Continuing objectives for 2023-2024 remain to;

- Develop and implement a robust Health and Safety Management System that delivers continuous improvement.
- Ensure a healthy and safe working environment for staff, patients and visitors.
- Develop and maintain a culture of safety that promotes; openness, continuous improvement, research, innovation and positively acts upon learning.

2. INTRODUCTION

2.1 This report provides analysis of the delivery of KPI's for health and safety management throughout the Trust for the financial year 1st April 2022 to 31st March 2023. The Health and Safety at Work etc. Act 1974 provides a legislative framework to promote, stimulate and encourage excellent health and safety at work standards with delegated responsibility through the Chief Executive to implement systems that ensure Trust staff and contractors, work in a safe and compliant manner to protect themselves, patients and visitors from significant or avoidable harm.

2.2 In progressing the health and safety strategy throughout the Trust, the ISO 45001:2018 standard continues to be observed as a framework for our organisation to document and improve our operational practices in order to prevent work-related injury and ill-health.

2.3 Compliance with ISO 45001:2018 will help the Trust to achieve its objectives and demonstrate that its health and safety management system is effective. The Trust's management system will help to translate its corporate objectives to prevent incidents into a systematic and ongoing set of processes that are

supported by the use of appropriate methods and tools that can reinforce commitment to proactively improving performance.

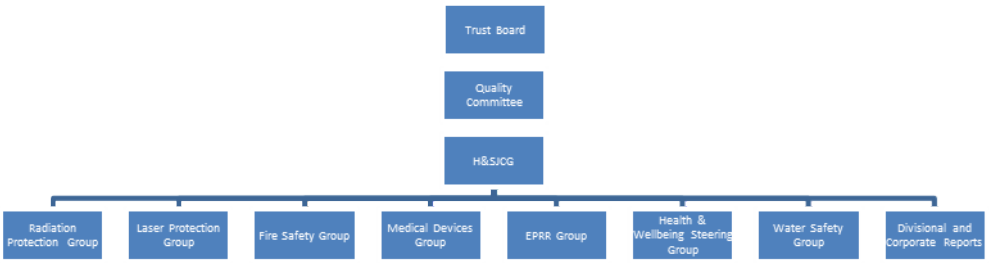
2.4 The Figure below illustrates ISO 45001 for the development of the health and safety management system, which uses the plan, do, check and act cycle to implement the process approach that delivers management system objectives, stakeholder requirements and staff safety;

2.5 Health and Safety Joint Consultative Group (H&SJCG) and supporting Groups

2.5.1 The H&SJCG has been established to plan, manage and monitor organisational compliance with statutory health and safety requirements and specific NHS duties. In this way compliance with external organisational requirements such as the HSE are managed.

2.5.2 The H&SJCG receives reports from its sub-committees and ratifies policies approved at sub-committee level.

2.5.3 The H&S supporting committees are structures as follows:



3. DELIVERY OF THE KPI'S WITHIN THE HEALTH AND SAFETY STRATEGY

3.1 Audit and Inspection

An annual programme has been developed to identify what audit activity is required for the forthcoming year, and to ensure any areas of concern are addressed as soon as possible and that all regulatory requirements are met. The following methods of audit and inspection will be carried out:

3.1.1 Safety Management System (HSMS)

3.1.2 An annual audit of the HSMS will be carried out by the Health and Safety and Risk Manager in July/August 2023. This audit is a methodical and documented assessment of the Trust's systems and processes relating to Health and Safety Management. It will be measured against the ISO 45001 criteria. It will assess the following factors;

- The strengths and weaknesses of the current system
- How the system performs within the aims of the trust
- If the trust is fulfilling its legal obligations
- If a proper performance review system is in place

3.1.3 A report on the annual audit will be presented at the September 2023 meeting of the H&JCG.

3.1.4 100% of Divisions have an updated local H&S management plan in place by end Q1 2023/24.

3.1.5 Monthly Inspections

3.1.6 Monthly inspections commenced from Q1 2021/22. These are completed by each ward/department and captured using the AMaT system currently being used for clinical audit, fire safety etc.

3.1.7 The KPI for all Divisions and Corporate function was to achieve 100% proactive monitoring in accordance with agreed plan. Commencing Q1 2021/22.

3.1.8 The compliance rates for financial year 2022-2023 for each Division and Corporate function were as follows;

	Audits Completed	% Completion	% Completion 21/22
Trust Level	1135/1776	63.90%	51.07%
Corporate Services	118/180	65.55%	70%
Emergency Department	2/84	2.30%	10%
Estates & Facilities	165/204	81%	81%
Integrated Care	179/408	43.90%	43.30%
Medicine & Clinical Support	243/288	84.37	46.30%
Surgery GI & Critical Care	184/240	76.66%	49.70%
Women, Children & Diagnostics	124/180	68.88%	50.10%

3.1.9 The overall Trust compliance of completion of the audits was 51.07%

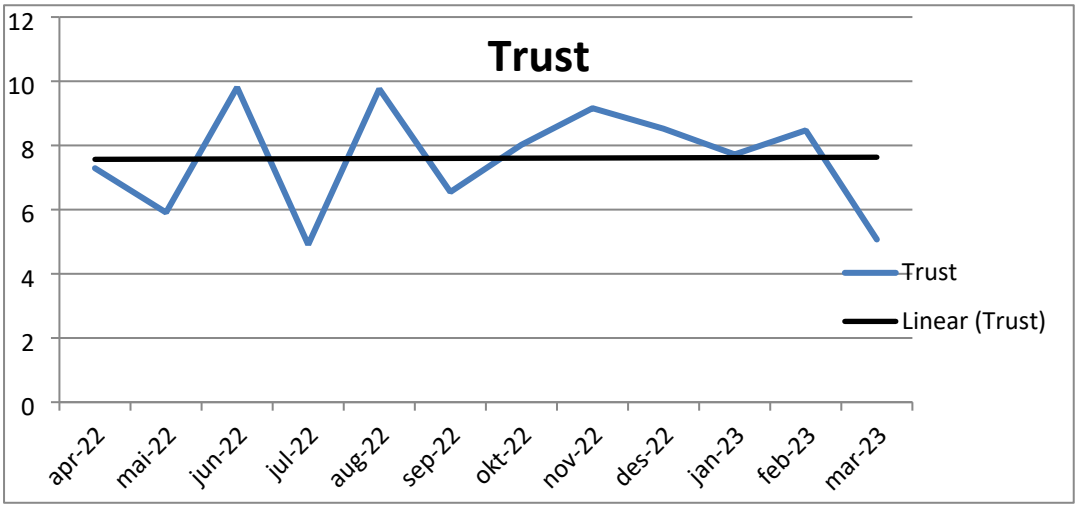
3.1.10 Audit completions will remain as a KPI within the 2023-2024 Health and Safety Strategy.

3.2 Safety Metrics

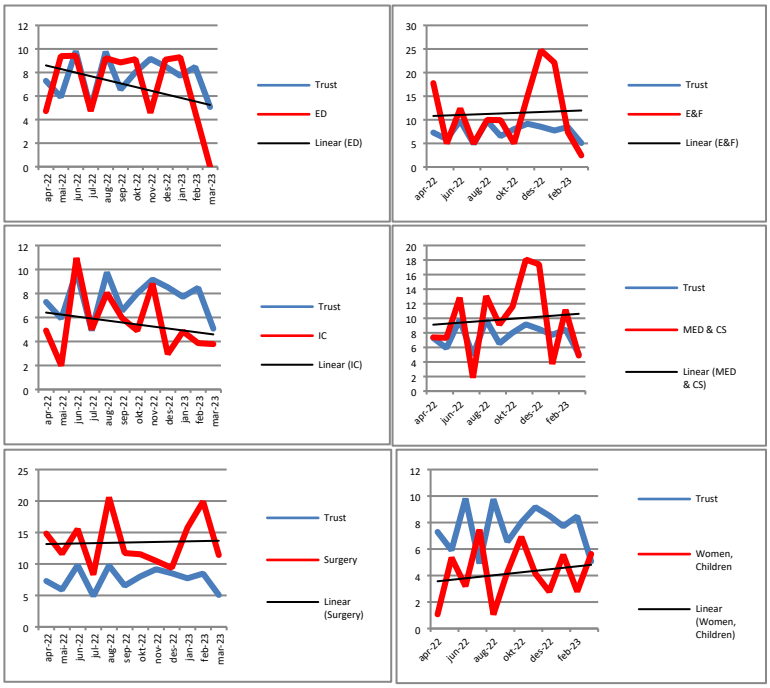
3.2.1 By the end of Quarter 4 2022/23 a target of a 30% reduction of incidents of 'harm' to staff was required for all Divisions and Corporate functions in relation to slips, trips and fall, needlestick/sharps, physical assaults, moving and handling and collision/contact with objects. The following table outlines the % increase or decrease for 2022/23.

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	
Corporate	2	2	0	0	1	1	3	2	75%
Clinical Support Services	0	0	0	0	2	2	8	8	N/A
Integrated Care	8	4	8	10	15	16	14	7	73%
Emergency Department and Clinical Decision Unit	1	1	3	3	3	6	1	3	62%
Medicine	10	13	14	10	18	15	27	13	55%
Surgery	26	30	19	23	23	17	15	28	15%
Women and Children	12	9	15	7	6	6	7	7	39%
Estates and Facilities	9	6	8	6	9	8	16	7	38%
Trust	68	65	67	59	77	71	91	75	21%

3.2.2 By the end of Quarter 4 a target to *'achieve a month by month reduction in Lost time Injury Incidence Rate'*. As the graph below shows there was no definite trend in the reduction, or indeed increase, of injury incidence rate during 2022-2023. There were periods in the year where all Divisions and corporate functions had an increase or decrease in the same month; however this does not provide any clear indicators why this was and did not happen consistently to draw any conclusions.



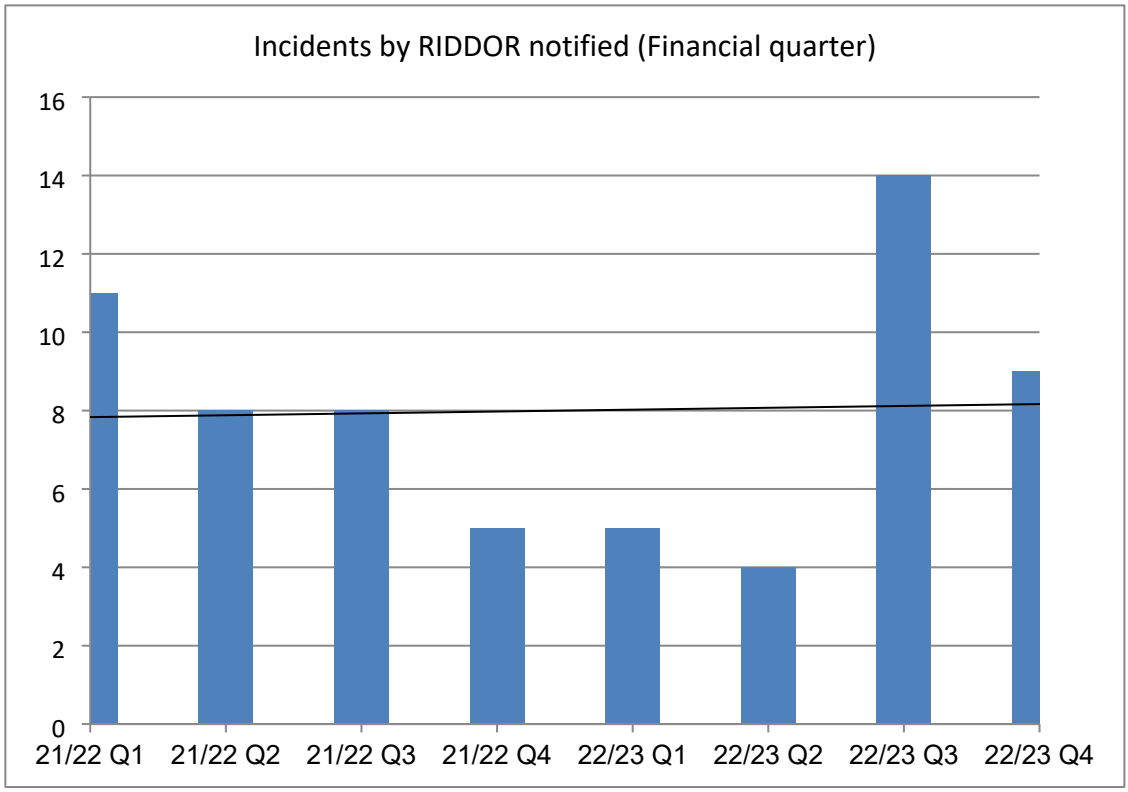
3.2.3 Comparison by Division. Emergency department and Integrated Care had a decrease in injury incidence rate (IIR) with Estates and Facilities, Medicine, Surgery and Women and Children showing an increase in IIR.



3.3 RIDDOR Reporting

3.3.1 In 2022-2023 there were 32 incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). This compares to 32 for 2021-2022. However, as the graph below shows the trend

of submissions had been downwards throughout the year, however due to a spike of submissions during Q3 and Q4 the overall trend is increasing slightly.



3.3.2 By the end of Quarter 4 a target to ensure '*All serious incidents (RIDDOR and potential claims) are investigated within agreed timescales and lessons learned are communicated'* At the time of writing this report there were 5 RIDDOR investigations overdue. All RIDDOR reportable incidents had been investigated at Level 1 and lessons learned communicated within their respective Divisions and at the H&SJCG via Divisional and Corporate function reports.

3.4 Claims

3.4.1 By the end of Quarter 4 a target to *achieve a reduction of Employment Liability and Public Liability claims relating to workplace safety.* In 2021-2022 there were 7 Employment Liability claims and 5 Public Liability claims received in the Trust. In 2022-2023 there were 8 Employment Liability claims and 6 Public Liability claims received. An overall increase of 2 claims received by the Trust for 2022-2023.

3.5 **Risk Management**

3.5.1 By the end of Quarter 4 a target to ensure all significant Health and Safety Hazards identified within the Trusts Duty Holders Matrix to be included within the Trusts Risk Register.

3.5.2 Assurances received from Duty Holders in March 2023 were as follows;

- **Estates and Facilities** – No further updates.
- **Infection Prevention and Control** – The assurances for each matrix remains the same with no further comment.
- **Occupational Health** – No further updates.
- **Workforce and OD** – Display Screen Equipment - Assurance update. Display screen equipment policy is live and uploaded to the Trust intranet.
- **Workplace stress** – Control update. Staff Psychological Wellbeing Service in place, providing specific support and intervention for trauma based MH challenges.

3.5.3 Areas of Risk were as follows;

COSHH - COSHH Inventories for each department/location and COSHH Risk Assessments require updating. COSHH training for staff is required. Local and central Safety Data Sheet libraries require updating. A task and finish group has been set up to address these areas.

3.5.4 The Duty Holders give assurance to the H&SJCG that the risks identified in the Duty Holder's Matrix have been fully evaluated, all persons who may be affected been identified, existing control measures are sufficient or whether more should be done. This will be required to be reported quarterly.

3.6 Legal Compliance

3.6.1 A target to provide assurance that the Trust is either fully compliant with H&S legal requirements or has a SMART action plan in place to address non-compliance.

3.6.2 The Trust now has in place a legal register. This is currently being populated with evidence of compliance against respective legislation and for Estates & Facilities HTM compliance, and where gaps are identified actions are put in place to rectify. At the time of writing this report there are no risks relating to non-compliance identified.

3.7 Consultation and Communication

3.7.1 Safety, including monitoring of the Duty Holder's Matrix is a continuous standing agenda item on Divisional and Directorate governance meetings. Meetings between staff-side representatives and the Health, Safety and Risk Manager are held monthly. Bulletins and briefings are sent out periodically to all staff to raise awareness of specific Health and Safety topics.

3.8 Safety Culture

3.8.1 As outlined in the Health and Safety plan a Safety Climate survey was to be carried out in 2021-2022. This was not carried out in the period and will be added to the Health and Safety Plan for 2023-2024.

3.9 Health and Safety Joint Consultative Group (H&SJCG)

3.9.1 For 2021-2022 the following targets were set in relation to the H&SJCG;

- 100% Monthly H&SJCG meetings held according to Terms of Reference.
- 100% staff side representation from all Business Groups.
- 80% membership attendance at H&SJCG.
- 100% Senior Management representative attendance for all business groups.

3.9.2 100% of meetings were not held there was one meeting cancelled in February. The reason for the cancellation was the absence of a key attendee.

3.9.3 100% Staff-side representation was not achieved during 2022-2023. Only representation from Unison attended meetings during the period. Recruitment of members will remain a priority and will be included in 2023-2024 KPI's.

3.9.4 80% membership attendance was achieved during 2022-2023 with the exception of the February 2023 meeting.

3.9.5 100% senior management attendance was achieved. It was decided that one senior Manager will attend meetings on behalf of all Divisions.

3.10 Health and Safety Training

3.10.1 As of March 2022 the compliance of mandatory Health and Safety training is as follows;

	Fire Safety	Health, Safety and Welfare	Moving and Handling - Level 1	Moving and Handling - Level 2	Conflict Resolution
Stockport NHS Trust	94.94%	94.53%	93.29%	87.44%	93.72%
Clinical Support Services	97.77%	97.35%	96.87%	91.85%	96.80%
Corporate Services	94.52%	94.93%	93.93%	86.21%	94.12%

Emergency Department	89.72%	89.72%	90.91%	83.67%	88.79%
Estates & Facilities	95.43%	96.05%	96.67%	100.00%	96.67%
Integrated Care	96.59%	95.88%	96.45%	87.11%	95.70%
Medicine & Urgent Care	92.34%	91.76%	78.44%	83.62%	88.69%
Surgery	92.81%	91.59%	86.01%	86.75%	90.27%
Women & Children	96.86%	96.86%	97.23%	93.83%	97.11%

3.10.2 A target of 100% senior leaders training was not achieved in 2022-2023. This was due to the fact that no courses were delivered in the period. Further courses will be planned for 2023-2024.

4. HEALTH AND SAFETY PLAN 2022/2023

4.1 An independent audit of the health and safety arrangements of the Trust was carried out in September 2020. The aim was to assess compliance of current health and safety arrangements in place and to carry out a gap analysis and identify areas for improvement. The methodology used was to compare against a recognised ISO standard for Health & Safety (ISO45001). From the findings of the audit a Health and Safety Plan was developed to address gaps identified.

4.2 A summary of the progress of the 2022-2023 Health and Safety Plan and Roadmap is as follows;

Indicator	Update
Develop a Health and Safety Manual using ISO45001 as a foundation.	The health and safety manual has been partially written. This will need to be added to the 2023-2024 H&S plan for completion.
Initiate a triannual independent audit of safety management in line with ISO 45001	This to be completed in autumn 2023 when new Health, Safety and Risk Manager is in post.
Carry out a gap analysis of Trust compliance against the NHS Workplace Health and Safety Standards 2022.	Work is ongoing; add to plan for 2023-2024.
Populate the trust legal register.	This is an ongoing piece of work that will remain on the Health and Safety plan indefinitely. Estates and Facilities are populating parts of the register in

	relation to areas within their control.
Raise awareness of the Health & Safety Policy using a campaign targeting at all levels to: Engage with duty holders, accounting officers and front line teams so that they know their individual and collective responsibilities;- Clarify expectations of all employees, visitors and contractors	The Trust Health and Safety policy remains current (March 2024) and is available on the trust intranet.
Safety audit and inspection: - Update the Health and Safety audit matrix in this document.	Health and Safety audits are now embedded. This will not be included in the 2023-2024 plan.
Update and approve a Safety Management Strategy to: - Shape the Board's goals and ambition for safety management; - Support the adoption of a proactive, anticipatory safety culture; - Drive demonstrable improvement in safety outcomes.	The Health and Safety Strategy was written and approved.
Review the Duty Holders Matrix setting out (for each identified hazard arising from the Trust's undertakings and primary activities undertaken by the Trust and contractors): - The hazard, who might be harmed and how; - Who the duty holder is; - Who the responsible person for implementation is; - How the hazard is controlled; - Updated evaluation of risk; and - Who to contact for advice.	Duty holder's matrix is now embedded and updated quarterly.
Obtain written confirmation from new Duty Holders and responsible officers that confirm they: - understand and agree to the responsibilities assigned to them for the oversight and management of specific safety hazards; - are clear on their obligations for planning, implementation, monitoring and assurance for each duty assigned to them	As above
Undertake specific 'safety climate survey' to assess and evaluate safety culture, and benchmark results with Other NHS Trusts and IOSH Healthcare Group.	This was not completed due to having an agreed method of delivery. This will remain on the Health and Safety Plan 2023-2024.
Explore ways to make safety more prominent within the Trust's organisational values and behaviours	This is an ongoing piece of work that will remain on the Health and Safety plan indefinitely.

Review and confirm responsible persons/Manager training provision for safety management. Where any gaps are identified a personal development plan is developed and agreed with relevant line managers	This is an ongoing piece of work that will remain on the Health and Safety plan indefinitely.
Review the role and contribution of the Health & Safety Consultative Group, using this opportunity to: - Secure operational representation at senior level; - Secure involvement of Communications Officer; - Secure input from Service Improvement Specialist; - Develop, review and approve safety management plan; and - Oversee safety management performance	This was carried out within a review of the Terms of reference.
Develop, approve and establish an annual Safety Management Plan subject to annual review that: - Flows directly from the safety risks incorporated into the Duty Holders Matrix above; - Identifies resource requirements for implementation and records the Board's decision on those resource requirements; - Sets clear safety management goals and objectives for the year ahead as prioritised within the Safety Management Strategy - Annual Safety Management Plan is based on a systematic review of safety performance using a balanced mix of leading and lagging key performance measures	This was completed and will require a review for 2023-2024.
The following leaders to undertake and successfully complete accredited IOSH training commensurate with their role in effective safety management: - Board of Directors - Deputy Director of Quality Governance - Business Group Directors - Directors of major corporate functions	This was delivered, however this will need to be repeated to ensure newly appointed leaders are trained.
Review the content and frequency of Health & Safety training provided to all staff on induction and through routine refresher courses to ensure that: - The training provided to all members of staff is sufficient and meets organisational needs and safety priorities;	This was not completed. This needs to remain on the Health and Safety plan for 2023-2024.

Determine and agree budget requirements to implement the safety management plan: - Ensure appropriate linkage between Safety Management and Capital Expenditure Plans	This is ongoing.
Each Business Group and major corporate function will establish and maintain a local safety management plan and determine relevant safety performance measures	Complete – annual reviews required.
Develop, agree and implement a suite of suitable leading and lagging safety performance measures in to test specific risks control strategies and procedures	Complete - annual reviews required.
Identify and implement a system which links staff absence reported as work related to incident investigation and Occupational Health activity.	Workforce and OD now supply data relating to work-related absence and costs.
With the contribution of the Health & Safety Consultative Group, HR, Occupational Health and Health and Wellbeing Group explore ways to reduce; • Work-related stress within the Trust. • Violence and aggression to staff• Sharps injuries • Moving and Handling Injuries • Slips and Falls	This is ongoing.

5. CONCLUSION

5.1 This report highlights the significant level of health and safety focussed activity that has been undertaken during the 2022-2023 period, to improve the management of health and safety in the Trust.

5.2 The H&SJCG continues to promote every facet of the Trusts H&S Strategy while measuring each outcome against the declared objectives and associated metrics. This essential group is supported by the Executive Management and considered a suite of reports from its key subgroups, in support of a safe and compliant Health and Safety management system.

Meeting date	1 June 2023		Public	✓	Confidential	Agenda item
Meeting	Trust Board					
Title	EDI Strategy Update					
Lead Director	Amanda Bromley, Director of People and OD	Authors	Lisa Gammack, Deputy Director of OD and Stuart McKenna, Assistant Director of HR (Inclusion and Colleague Experience)			

Recommendations made / Decisions requested

The Board is asked to note the update on the Trust's EDI Strategy 2022-25.

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	To work with partners to co-design and provide integrated service models within the locality and across acute providers
✓	4	Drive service improvement, through high quality research, innovation, and transformation
✓	5	Develop a diverse, capable, and motivated workforce to meet future service and user needs
	6	Utilise our resources in an efficient and effective manner
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust delivers sub-optimal quality services and fails to meet regulatory standards
		PR1.2	There is a risk that the Trust fails to reduce harm against agreed baseline
		PR1.3	There is a risk that patient flow plans are not effective leading to decline in A&E performance
		PR1.4	There is a risk that inclusive restoration plans to address elective backlog are not delivered
	✓	**PR2.1**	There is a risk that the Trust fails to support and engage its workforce
		PR2.2	There is a risk that the Trust's services do not reliably support neighbourhood population health and future care needs
		PR3.1	There is a risk that effective partnership and accountability arrangements are not in place at ICS and locality provider level
		PR4.1	There is a risk that there is insufficient capacity and capability to deliver Trust, locality, and system wide transformation programmes
	✓	**PR5.1**	There is a risk that robust plans to recruit, train and retain the right staff to meet service needs are not implemented
	✓	**PR5.2**	There is a risk that the Trust does not deliver the Equality, Diversity & Inclusion Strategy

		PR6.1	There is a risk that the Trust fails to deliver its agreed 2021/22 financial position
		PR6.2	There is a risk that the Trust fails to develop a multi-year financial recovery plan to secure financial sustainability
		PR7.1	There is a risk that the estate is not fit for purpose and does not meet national standards
		PR7.2	There is a risk that the Trust does not materially improve environmental sustainability
		PR7.3	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus
		PR7.4	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy

Where issues are addressed in the paper-

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

Executive Summary

In March 2022 we launched our Equality, Diversity and Inclusion (EDI) Strategy, which sets out the Trust's EDI ambitions and key objectives for the next 3 years.

The EDI Strategy focuses on 4 priority areas:

- Priority 1: Workforce
- Priority 2: Culture
- Priority 3: Assurance and compliance
- Priority 4: Health inequalities

The following summarises the progress made against each of the EDI targets set out within the EDI Strategy (a table showing the performance metrics relating to the Workforce and Culture elements can be found in **appendix 1**):

- Within our non-clinical workforce, we have seen increases in the proportion of BAME staff at bands 1-4 and bands 5-7 and have achieved the strategy targets of 12.5% and 8% respectively. We have seen a small increase in the proportion of BAME staff at Band 8A+, from 3% to 3.8% (target 8%)
- Within the clinical workforce we have seen an increase in the proportion of BAME staff at Bands 1-4 and Bands 5-7 and have achieved the strategy targets of 20.4% and 19.7% respectively. We have seen a small increase in the proportion of BAME staff at Bands 8A+, from 5.1% to 6.4% (target 8%).
- There has been virtually no change in the proportion of staff who are disabled (3.4% compared to target 8%). There has also been no change in the proportion of disabled people on the Trust Board.
- The Trust mean gender pay gap remains higher than the target of 15% at 22.79%.
- There is no statistical difference in the likelihood of BAME staff entering the disciplinary process compared to white staff.
- There has been a significant increase in the relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff. It should, however be noted, that the overall numbers are very small, which may skew the result.
- The relative likelihood that white candidates will be appointed from a shortlist comparted to BAME candidates remains high at 2.49, meaning that white candidates are 2.4 times more likely to be successfully appointed compared to BAME candidates.
- There has been a significant increase in the proportion of BAME respondents in the staff survey reporting bullying or harassment from managers, team leaders or another colleague. This is now 31%, an increase from 22.5% in the previous year.

- There has been a reduction in the proportion of disabled staff reporting discrimination from managers or team leaders from 24% to 19.9%.
- In terms of career progression, we have seen an improvement in the proportion of BAME staff in bands 1-4 moving to bands 5-7, however, there has been little improvement in terms of progression to bands 8A and above.

All statutory reporting has been completed for 2022/23. This includes the submission and publication of our annual Workforce Race Equality Standard (WRES) Report and annual Workforce Disability Equality Standard (WDES) Report. We submitted our 2023 WRES and WDES performance data to the National WRES/WDES Teams on 31 May 2023. It should be noted that this timescale was significantly brought forward from the usual 31 August deadline. We have until 31 October 2023 to publish our 2023 WRES Report (**appendix 2**) and 2023 WDES Report (**appendix 3**). The Trust is also required to publish its annual Gender Pay Gap Report. Our 2021-2022 report was submitted to the Gender Pay Gap Reporting Service on 31 March 2023 (**appendix 4**).

Our 2023 WRES, WDES and gender pay gap performance data further evidences the progress made against the EDI targets set out within our EDI Strategy.

There has also been some progress made against the Trust's EDI Strategy action plan elements, including:

- Developing and delivering key learning interventions including Disability Smart training for managers, and LGBTQ+ equality masterclasses, and implicit association and bias training.
- Implementing manager guidance relating to disability and the provision of reasonable adjustments for disabled colleagues.
- Redeveloping our training sessions for recruiting managers and enhancing our recruitment guidance to include EDI best practice in context of the Equality Act and Public Sector Equality Duty and an introduction to bias.
- The Attract Develop and Retain Group taking action to further promote and extend flexible working.
- Continuing to support and help grow the Trust's Staff Equality Networks.
- Participating in a variety of national and local EDI awareness events and campaigns to affirm the Trust's commitment to our EDI agenda e.g. National Inclusion Week, Black History Month, LBGT+ History Month, Stockport Pride event, Equality Diversity and Human Rights Week to name but a few.
- Holding an Iftar celebration for employees and their families in the hospital restaurant to celebrate the end of Ramadan.

An updated strategy action plan can be found in **appendix 5**.

It is evident from our latest EDI performance metrics that the impact of delivering our EDI Strategy after year one is making a positive difference. As with any culture change, progress is slow however there are some positive changes and we are starting to see some improvements. Our EDI journey is far from over and we are committed to having a relentless focus on creating a more compassionate and inclusive culture.

Progress on delivery of the Strategy will be via the People Performance Committee on a bi-annual basis. Improvements will be measured via the Staff Survey Results, WRES, WDES and via the OD Updates – through feedback mechanisms such as the Big Conversations and Exec/NED walkrounds.

1. Introduction

1.1 In March 2022 we launched our Equality, Diversity and Inclusion (EDI) Strategy, which sets out the Trust's EDI ambitions and key objectives for the next 3 years.

1.2 The strategy focuses on 4 priority areas:

- Priority 1: Workforce
- Priority 2: Culture
- Priority 3: Assurance and compliance
- Priority 4: Health inequalities

1.3 The Strategy set targets in relation to workforce development and leadership of the Trust, as well as improvements in our NHS national staff survey scores, split over three priority areas: Workforce, Culture and Assurance & Compliance.

2. Progress against our EDI Performance Targets

2.1 Workforce

2.1.1 The following provides a summary of the progress made against the targets set within the Workforce element of the EDI Strategy.

- Within our non-clinical workforce, we have seen increases in the proportion of BAME staff at bands 1-4 and bands 5-7 and have achieved the strategy targets of 12.5% and 8% respectively. We have seen a small increase in the proportion of BAME staff at Band 8A+, from 3% to 3.8% (target 8%).
- Within the clinical workforce we have seen an increase in the proportion of BAME staff at Bands 1-4 and Bands 5-7 and have achieved the strategy targets of 20.4% and 19.7% respectively. We have seen a small increase in the proportion of BAME staff at Bands 8A+, from 5.1% to 6.4% (target 8%).
- There has been virtually no change in the proportion of staff who are disabled (3.4% compared to target 8%). There has also been no change in the proportion of disabled people on the Trust Board.
- The Trust mean gender pay gap remains higher than the target of 15% at 22.79%.

2.2 Culture

2.2.1 The following provides a summary of the progress made against the targets set within the Culture element of the EDI Strategy:

- The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff is 1.14. This means that there is no statistical difference in the likelihood of BAME staff entering the process compared to white staff.
- There has been a significant increase in the relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff. It should, however be noted, that the overall numbers are very small, which may skew the result.
- The relative likelihood that white candidates will be appointed from a shortlist comparted to BAME candidates remains high at 2.49, meaning that white candidates are 2.4 times more likely to be successfully appointed compared to BAME candidates.
- There has been a significant increase in the proportion of BAME respondents in the staff survey reporting bullying or harassment from managers, team leaders or another colleague. This is now 31%, an increase from 22.5% in the previous year.
- There has been a reduction in the proportion of disabled staff reporting discrimination from managers or team leaders from 24% to 19.9%.
- In terms of career progression, we have seen an improvement in the proportion of BAME staff in bands 1-4 moving to bands 5-7, however, there has been little improvement in terms of progression to bands 8A and above.

2.3 A table showing the performance metrics relating to the Workforce and Culture elements can be found in **appendix 1**.

2.4 Assurance and Compliance

2.4.1 All statutory reporting has been completed for 2022/23. This includes the submission and publication of our annual Workforce Race Equality Standard (WRES) Report and annual Workforce Disability Equality Standard (WDES) Report. We submitted our 2023 WRES and WDES performance data to the National WRES/WDES Teams on 31 May 2023. It should be noted that this timescale was significantly brought forward from the usual 31 August deadline. We have until 31 October 2023 to publish our 2023 WRES Report (**appendix 2**) and 2023 WDES Report (**appendix 3**).

2.4.2 The Trust is also required to publish its annual Gender Pay Gap Report. Our 2021-22 report was submitted to the Gender Pay Gap Reporting Service on 31 March 2023 (**appendix 4**).

2.4.3 Our 2023 WRES, WDES and gender pay gap performance data further evidences the progress made against the EDI targets set out within our EDI Strategy.

3. Progress against the EDI Strategy Action Plan

3.1 The following activities have been undertaken against the strategy action plan since the last EDI Strategy update:

- Developed and delivered key learning interventions including Disability Smart training for managers, and LGBTQ+ equality masterclasses, and implicit association and bias training.
- Developed and implemented manager guidance relating to disability and the provision of reasonable adjustments for disabled colleagues.
- Redeveloped our training sessions for recruiting managers and enhancing our recruitment guidance to include EDI best practice in context of the Equality Act and Public Sector Equality Duty and an introduction to bias.
- The Attract Develop & Retain Group has completed a series of action to further promote flexible working.
- Continued to support and help grow the Trust's Staff Equality Networks.
- Participated in a variety of national and local EDI awareness events and campaigns to affirm the Trust's commitment to our EDI agenda e.g. National Inclusion Week, Black History Month, LBGT+ History Month, Stockport Pride event, Equality Diversity and Human Rights Week to name but a few.
- Held an Iftar celebration for employees and their families in the hospital restaurant to celebrate the end of Ramadan.

3.2 An updated strategy action plan can be found in **appendix 5**.

4. Conclusion

4.1 It is evident from our latest EDI performance metrics that the impact of delivering our EDI Strategy after year one is making a positive difference. As with any culture change, progress is slow however there are some positive changes and we are starting to see some improvements.

We are confident from triangulating our EDI performance metrics with our recent staff survey results, other staff feedback and our people management metrics that the EDI Strategy is focusing on the right priority areas for action.

The EDI Strategy will continue to be delivered alongside the Trust's new Organisational Development Strategy 2023-25. Progress on delivery of the Strategy will be via the People Performance Committee on a bi-annual basis. Improvements will be measured via the Staff Survey Results, WRES, WDES and via the OD Updates – through feedback mechanisms such as the Big Conversations and Exec/NED walkrounds.

Our EDI journey is far from over and we are committed to having a relentless focus on creating a more compassionate and inclusive culture.

Appendix 1: Performance against our EDI Targets

Workforce

Objective	Baseline year	2025 Strategy Target	Latest performance	Trend
Increase BAME diversity (non-clinical)				
Bands 1-4 target	10.5%	12.5%	13.4%	↑
Bands 5-7	6.9%	8%	9.3%	↑
Bands 8A+	3%	8%	3.8%	↑
Increase BAME diversity (clinical – Non M&D)				
Bands 1-4 target	18.4%	20.4%	24.7%	↑
Bands 5-7	17.7%	19.7%	20.5%	↑
Bands 8A+	5.1%	8%	6.4%	↑
Increase Disabled / LTC diversity				
Whole trust	3.2%	8.2%	3.4%	↑
Increase Disabled / LTC diversity (non-clinical)				
Bands 1-4 target	4.4%	8.8%	5.2%	↑
Bands 5-7	3.7%	7.4%	3.5%	↓
Bands 8A+	2.6%	5.2%	1.4%	↓
Increase Disabled / LTC diversity (clinical – Non M&D)				
Bands 1-4 target	3.4%	6.8%	3.7%	↑
Bands 5-7	2.9%	5.8%	3%	↑
Bands 8A+	2%	4%	2.2%	↑
Increase Disabled LTC representation on the board				
Min 1 person on board	0%	6.1%	0	↔
Address Gender Pay Gap (GPG)				
Reduce Mean GPG in line with Public Sector Economy	23.77%	GPG as per 2026, or 15.5% whichever is smaller	22.79%	↓
Reduce mean bonus GPG	51.45%	<10%	53.08%	↑

Culture

Objective	Baseline year	2025 Strategy Target	Latest performance	Trend
Reduced relative likelihood disparity regarding entry into disciplinary processes (BAME) to parity				
	1.14	1	1.14	↔
Reduced relative likelihood disparity regarding entry into capability processes (Disabled / LTC) to parity				
	1.22	1	4	↑
Reduced relative likelihood disparity regarding shortlisting and being appointed from shortlisting (BAME)				
	2.43	<1.5	2.49	↑
Reduced disparity regarding bullying and harassment from managers / team leaders in staff survey (BAME)				
	18.1%	<12%	31%	↑
Reduced disparity regarding discrimination from managers / team leaders in staff survey for (Disabled / LTC):				
	24%	<10%	19.9%	↓
50% reduction in the career progression ratios across all bands for BAME staff				
Lower to middle (bands1-4 moving up to bands 5-7)		2.1	1.14	↓
Middle to upper (bands 5-7 moving up to bands 8A and above)		2.0	2.88	↑
Lower to upper (bands 1-4 moving up to bands 8A and above)		4.3	3.29	↓

NHS
Stockport
NHS Foundation Trust

Stockport NHS Foundation Trust

Workforce Race Equality Standard

(WRES) Report 2023

Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME*) staff, and,
- to improve BAME representation at the Board level of the organisation.

This document reports on Trust's activity between 1st April 2022 and 31st March 2023 against the WRES, in accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (indicator 9).

In addition to reporting the metrics required of the WRES, this report also sets out actions that will be undertaken to address the inequalities identified.

**Note*

'BAME' is an acronym that has been used to collectively classify people of Black, Asian and minority ethnic backgrounds. The UK Government has taken the decision, based on advice from the Race Disparity Unit (RDU), to cease the use of the term 'BAME', and instead utilise the term 'ethnic minority'. The RDU are now working with data producers across government and the wider public sector to embed the new standards, and with the Office for Statistics Regulation (OSR) to review the use and impact of these standards. NHS mandated reports, such as the WRES, still utilise the term 'BAME'.

The Trust will await NHS England direction on the implementation of the RDUs data standards, and in future reports will use the terminology that has been agreed universally for the NHS.

The WRES Indicators

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff
4	Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).

National NHS staff survey indicators

Indicator	Descriptor
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that the trust (or organisation) provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

Board representation indicator

Indicator	Descriptor
9	Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board

Reporting against the WRES indicators

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff

Non-clinical workforce

31st March 2022		**31st March 2023**	
White	1392	White	1419
BAME	174	BAME	195
Unknown	26	Unknown	27
Total	1592	Total	1641

As of March 2023, within the non-clinical workforce, 85.5% of staff were White, and 11.8% of staff were from Black & Minority Ethnic backgrounds (a decrease of 0.88% on the previous year).

Clinical workforce

31st March 2022		**31st March 2023**	
White	3104	White	2909
BAME	987	BAME	1135
Unknown	145	Unknown	133
Total	4236	Total	4177

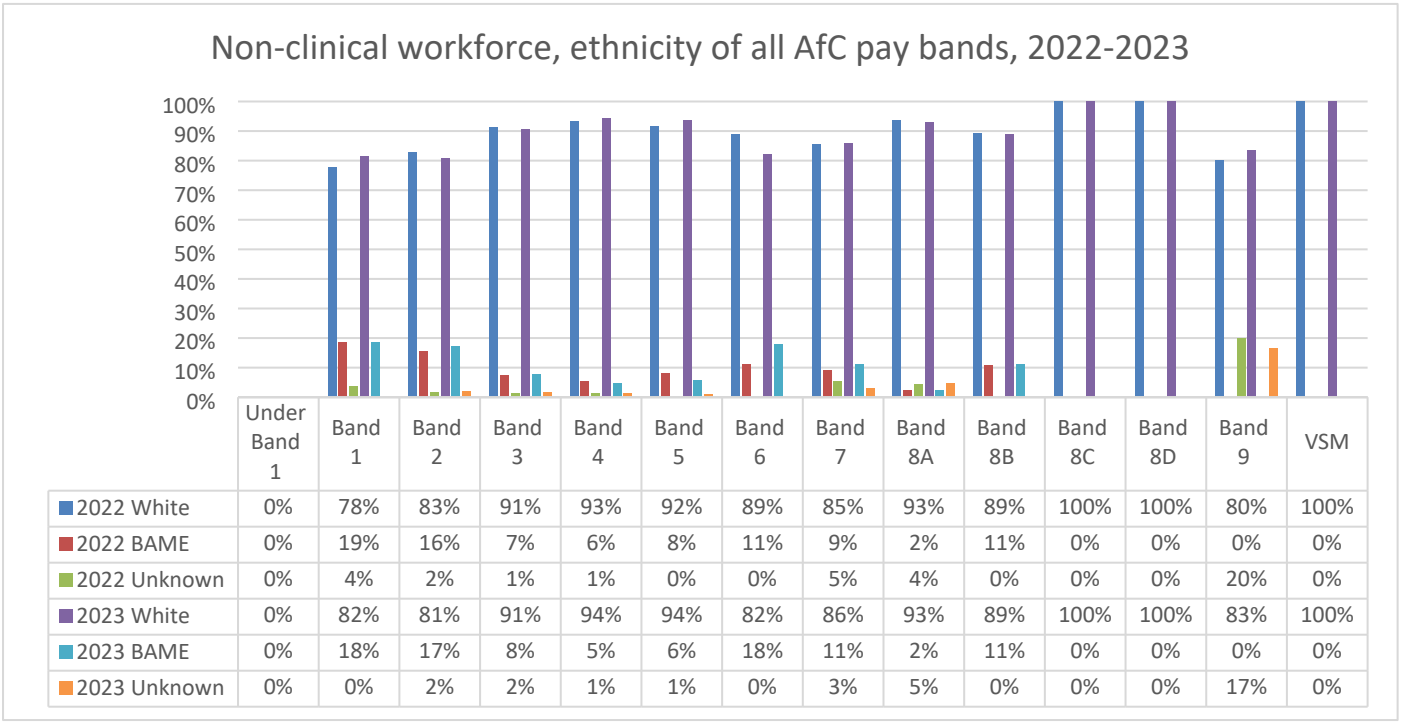
As of March 2023, within the clinical workforce, 69.6% of staff are White, and 27% are from BAME backgrounds (a decrease of 3.7% on the previous year).

Figure 1 (*overleaf*) shows the proportion of White and BAME staff in each of the AfC pay bands within the non-clinical workforce.

In summary the data shows:

- That there has been a significant increase in the proportion of BAME staff at band 6. There has also been a small fall in the proportion of BAME staff at band 5.

Figure 1 shows the distribution of white and BAME staff, within the non-clinical workforce, 2022-2023.



	Under Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	VSM
2022 White	0%	78%	83%	91%	93%	92%	89%	85%	93%	89%	100%	100%	80%	100%
2022 BAME	0%	19%	16%	7%	6%	8%	11%	9%	2%	11%	0%	0%	0%	0%
2022 Unknown	0%	4%	2%	1%	1%	0%	0%	5%	4%	0%	0%	0%	20%	0%
2023 White	0%	82%	81%	91%	94%	94%	82%	86%	93%	89%	100%	100%	83%	100%
2023 BAME	0%	18%	17%	8%	5%	6%	18%	11%	2%	11%	0%	0%	0%	0%
2023 Unknown	0%	0%	2%	2%	1%	1%	0%	3%	5%	0%	0%	0%	17%	0%

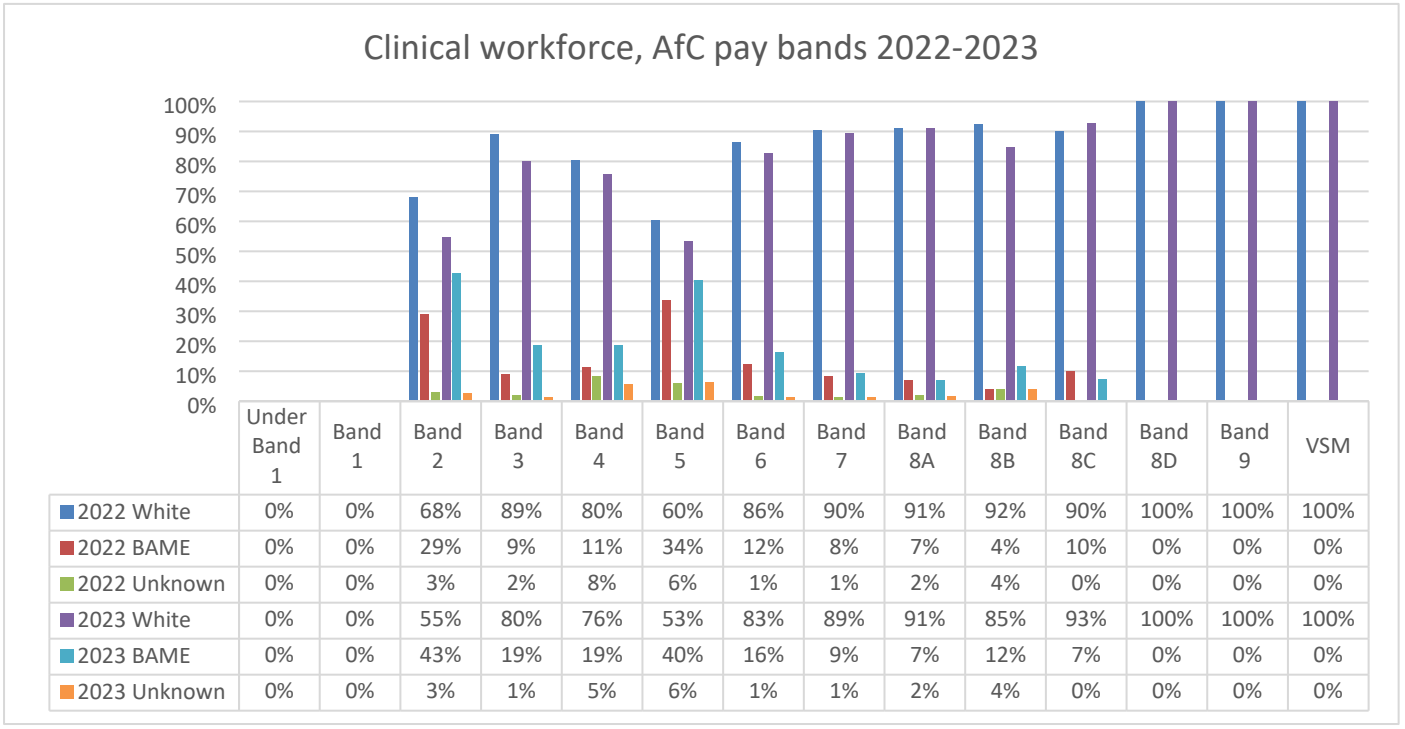
The table below shows the changes at each AfC band between 2022 and 2023.

	% movement per band		
AfC Band	**White 2023**	**BAME 2023**	**Unknown 2023**
Band 1	4%	0%	-4%
Band 2	-2%	2%	0%
Band 3	-1%	1%	0%
Band 4	1%	-1%	0%
Band 5	2%	-3%	1%
Band 6	-7%	7%	0%
Band 7	0%	2%	-2%
Band 8A	-1%	0%	0%
Band 8B	0%	0%	0%
Band 8C	0%	0%	0%
Band 8D	0%	0%	0%
Band 9	3%	0%	-3%
VSM	0%	0%	0%

Figure 2 (below) shows the proportion of White and BAME staff in each of the AfC pay bands within the clinical workforce.

In summary the data shows:

- There has been significant increase in the proportion of BAME staff across bands 2, 3, 4, 5 and 6, and a small increase in the proportion of BAME staff at band 7.

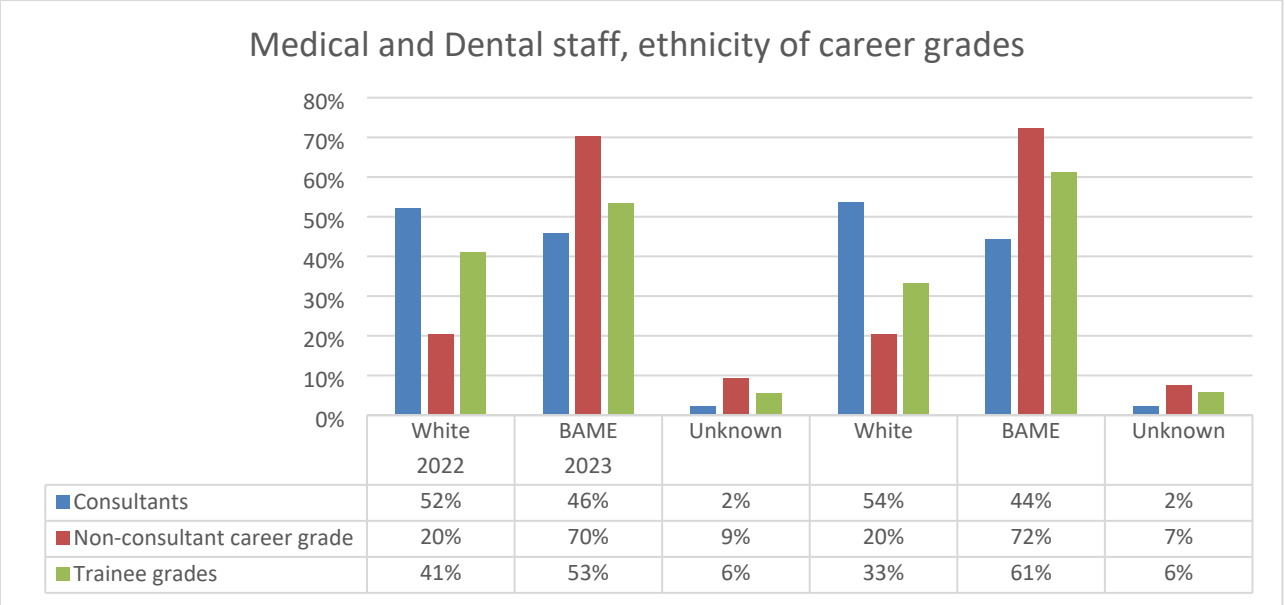


	Under Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	VSM
2022 White	0%	0%	68%	89%	80%	60%	86%	90%	91%	92%	90%	100%	100%	100%
2022 BAME	0%	0%	29%	9%	11%	34%	12%	8%	7%	4%	10%	0%	0%	0%
2022 Unknown	0%	0%	3%	2%	8%	6%	1%	1%	2%	4%	0%	0%	0%	0%
2023 White	0%	0%	55%	80%	76%	53%	83%	89%	91%	85%	93%	100%	100%	100%
2023 BAME	0%	0%	43%	19%	19%	40%	16%	9%	7%	12%	7%	0%	0%	0%
2023 Unknown	0%	0%	3%	1%	5%	6%	1%	1%	2%	4%	0%	0%	0%	0%

The table below shows the change between 2022 and 2023.

	Movement per band		
	White 2023	BAME 2023	Unknown 2023
Band 1	0%	0%	0%
Band 2	-13%	14%	0%
Band 3	-9%	10%	-1%
Band 4	-4%	7%	-3%
Band 5	-7%	7%	0%
Band 6	-4%	4%	0%
Band 7	-1%	1%	0%
Band 8a	0%	0%	0%
Band 8b	-8%	8%	0%
Band 8c	3%	-3%	0%
Band 8d	0%	0%	0%
Band 9	0%	0%	0%
VSM	0%	0%	0%

Figure 3 below shows the distribution of white and BAME staff over each of the career grades for the medical workforce.



The table below shows the changes between 2022 and 2023:

	Movement between grades		
	White 2023	BAME 2023	Unknown 2023
Medical & Dental Consultant	1%	-1%	0%
Medical & Dental Career Grade	0%	2%	-2%
Medical & Dental Trainee Grades	-8%	8%	0%

There has an increase in the representation of BAME staff across the trainee and career grades, and a small reduction in the proportion of BAME staff at consultant grade.

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

	Relative likelihood in 2022	Relative likelihood in 2023	Difference +/-
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	2.10	2.49	+0.39

Analysis of recruitment data there has been an increase in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff. A figure of 2.49 shows that there is 2.5 times more likelihood of a white candidate being appointed compared to a BAME candidate.

Indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.

	Relative likelihood in 2022	Relative likelihood in 2023	Difference +/-
Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff	0.77	1.14	0.37

The relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff is 1.14. This means that there is virtually no difference in the relative likelihood of white and BAME staff entering the formal disciplinary process.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).

	Relative likelihood in 2022	Relative likelihood in 2023	Difference +/-
Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD)	0.81	2.44	1.63

There has been a significant increase in the relative likelihood of white staff accessing CPD compared to BAME colleagues. White staff are now more than twice as likely as BAME staff to access CPD.

Indicators 5-8: The figure below summarise the staff survey data that is used to inform the WRES submission.

Measure	2022 Score	2023 Score
% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	23.6%	28.5%
% of BAME staff reported experiencing harassment, bullying or abuse from staff in last 12 months	22.5%	31%
% of BAME staff said they had experienced discrimination at work from either their manager, team leader or other colleagues	15.4%	17.8%
% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion	52.2%	44%

There has been in increase in the proportion of BAME staff reporting bullying harassment or abuse across all metrics (i.e. from patients, other colleagues and managers)

The proportion of BAME respondents who believed that that the organisation provides equal opportunities for career progression or promotion has decreased by 8.2% compared to the previous year.

Indicator 9: Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated.

	White	BAME	Unknown
Board Membership	12	2	3
Of which; Voting Board Members	11	2	2
Non-voting Board Members	1	0	1
Board Membership	12	2	3
Of which; Exec Board Members	8	0	1
Non-Exec Board Members	4	2	2
Number of staff in overall workforce	4478	1476	170
Overall Workforce % by ethnicity	73.1%	24.1%	2.8%
Total Board members by ethnicity (%)	70.6%	11.8%	17.6%
Difference Board membership to overall workforce	-2.5%	-12.3%	14.9%

Action Planned

The Trust's EDI Strategy 2022-2025 outlines our approach to accelerating our EDI journey. Below are the specific actions contained within the EDI Strategy that will seek to address some of the issues highlighted in our 2023 WRES metrics. Progress of the EDI action plan is monitored by the Trust's Equality Diversity & Inclusion Steering Group.

Priority 1: Workforce

Objective 1: Recruitment

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.'

We will ensure current employees and future talent with protected characteristics are offered equality of opportunity and fair access to.

	What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
1.	We will build relationships with local organisations supporting people with protected characteristics into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/Long Term Condition (LTC)	We will see an increase in the number of people shortlisted/appointed from people with protected characteristics and individuals with disabilities /LTC	Y1 Establish recruitment networks and processes	2021 baseline – 134 interviewed disabilities Y1 – 10% increase on baseline (147) 2021 baseline – 26 offers disability Y1 – 10% increase on baseline (29)
2.	We will routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice	We will see an increase in the number of people shortlisted / appointed from people with protected characteristics	Y1 Establish directory	Disability as above 2021 baseline – 575 interviewed BAME Y1 – 10% increase on baseline (633) 2021 baseline – 85 offers BAME Y1 – 10% increase on baseline (94)
3.	We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all mangers with responsibility for current and future recruitment and selection	We will see an increase in job offers made to people with protected characteristics from shortlisting and a reduction in the shortlisting to success relative likelihood ratio for BAME and disabled / LTC, tracked within WRES / WDES	Y1 Implement awareness training package	Disability and BAME increases as per 1 and 2
4.	We will work with managers to reduce barriers into employment by reviewing and	We will see an increase in job applications from	Y1 Pilot Division to refine programme	Disability and BAME increases as per 1 and 2

	drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community We will work with 'Pure Innovations', those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes.	people with protected characteristics		
5.	We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics	We will see an increase in flexible working across our workforce	Y2 Track impact via WDES, GPG and flexible working data Y3 Continue tracking impact and review	2021 baseline – 1.15% of workforce in flexible working pattern (69).
6.	We will continue to work closely with our recruiting managers across Divisions to build competency in the Two Tick employment practice (Disability Confident Employer Accreditation Scheme) to remove barriers to employment for Disabled people. Working towards becoming a Level 3 Accreditation: Disability Confident Leader	We will see an increase in employment of disabled staff in our organisation, tracked within WDES	Y2 Gap analysis of progress to date against standard and create action plan Y3 implement action plan	Disability increases as per 1
7.	We will work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning	We will see a reduction in the BAME progression disparity ratio	Y1 Create BAME talent pool	BAME increases as per 2
8.	We will develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for recruiting managers. E.g., offering maternity / paternity and returner's scheme support packages; more flexible work	We will see an increase in the success rates of people with protected characteristics in the recruitment process at senior grade levels and a	Y1 Review employment packages, identify improvements and create recruiting manager tool kits	Disability and BAME increases as per 1 and 2 GPG baselines - Mean GPG 23%, Median GPG 4% Y1 – Mean GPG 22%,

	patterns: part-time; job share or compressed hours.	rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps, tracked within WDES and GPG reports		Median 3.5% Quartile baselines - Quartile 3: 86% female Quartile 4: 71% female Y1 - Quartile 3 85% female Quartile 4 72% female
9.	We aspire to introduce diverse interview panels for selection processes for all Bands 8A and above. To manage the potential for any unconscious bias in recruitment processes. This may include people on the interview panel from below Band 8A and discharged using the pool EDI Champions network across the Trust.	We will see an increase in the success rates of people with protected characteristics applying for jobs successfully at senior levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps	Y1 Create pool of EDI Champions and promote to recruiters	Disability and BAME increases as per 1 and 2 GPG impacts as per 9 Board of Directors diversity demographics increase by end of Y3.

Objective 2: Retention

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are treated with equability and stay with the organisation as 'a great place to work', as per the 2022-2025 Trust Strategy.

	What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
10.	We will work in partnership with our medical leaders to offer coaching to female consultants to improve rates of successful female applications for the Clinical Excellence Awards (CEAs)	We will see an increase in the number of female applicants securing a Clinical Excellence Award and a reduction in the mean and median bonus pay gap	Y1 Establish senior clinical coaching support for CEA	Baseline – 29% female; 42% male receiving bonus Y1 – 32% female
11.	We will ensure reasonable adjustments are in place, insofar as operational requirements allow for staff with disabilities / LTC to maximise the time they are available to perform, without feeling pressured to attend work if unwell. Where operational requirements mean staff must attend site, all reasonable adjustments shall be made to assist our staff in performing their duties. Training and support to line managers on these adjustments to be provided, with a particular focus on clinical environments	We will see a reduction in lost working hours from staff with disabilities / LTC and a further reduction in these staff being taken through the capability process	Y1 Brief managers on reasonable adjustment guidance	Baseline capability disparity ratio 1.22 Y1 – 1.15
12.	We will re-establish the Reciprocal Mentoring Scheme for BAME and Disabled Staff to support making applications for leadership roles	We will see an increase in internal successful applications for senior roles	Y1 Establish senior mentor network for BAME talent Pool and disabled / LTC staff	Baseline BAME middle to upper progression disparity ratio – 2.03 Y1 – 1.9

Objective 3: Progression

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.'

We will ensure current employees and future talent with protected characteristics are enabled into senior leadership positions to drive lived experience into the heart of decision-making to ensure services are designed, developed, and delivered with inclusivity

	What we will do:	**How we will know we have had impact:**	**Timescales - to be achieved by:**	**Targets**
13.	Through our approach to Talent Management and our people plan, we will target female, BAME and disabled staff on development programmes and support managers with succession strategies to enable diversity and inclusion	We will see more staff with protected characteristics progressing and being promoted internally. Increased equality of progression on staff survey score and the progression ratio metric	Y1 Create a protected characteristic talent pool	BAME progression disparity ratios between band clusters as per 13.
14.	We will actively create and promote developmental opportunities including access to leadership courses, secondments, shadowing, work experience and mentoring to BAME and disabled / LTC staff operating to optimise readiness for senior leadership roles. We will ensure that the mentorship programme is reciprocal such that senior leaders can appreciate the specific issues encountered by staff with protected characteristics	We will see more staff with protected characteristics progressing and being promoted. Increased equality of progression on staff survey score and the progression ratio metric	Y1-2 Establish mentoring programmes for people with protected characteristics	As per 14

Priority 2 Culture

Objective 1: Staff Experience

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'foster good relations between people who share a protected characteristic and those who do not'. We will ensure employees with protected characteristics are able to work, free from discrimination, bullying and harassment in an inclusive work culture that embraces diversity.

To address the disparity evident in the poorer experience of staff with protected characteristics as evidenced above, there needs to be a renewed leadership focus to ensure all managers and team leaders are trained and aware of their responsibilities to create the necessary conditions for a more diverse and inclusive place of work for all staff with protected characteristics:

	What we will do:	**How we will know we have had impact:**	**Timescale- to be achieved by:**	**Targets**
15.	We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	We will see an increase in staff joining staff networks. Clear leader ownership to empower the network with network members having direct access to Sponsors providing a platform for peer-to-peer confidence. Improvement in National Staff Survey (NSS) reporting.	Y1-2 Review staff networks identify improvements, refresh process, brief managers, and relaunch Y2-3 Track implementation and effectiveness	Membership growth Y1 5 new members per group Y2 7 new members Y3 10 new members
16.	We will embed EDI capability and competence objectives for inclusive leadership and management practice into all personal development plans to be reviewed annually	Improved staff experience of management reported in the NSS, WRES and WDES	Y2 Review leadership programmes and identify how to integrate Y3 Implement	Y2 determine baseline for a number of programmes and identify how to integrate Y3 Implement and measure how many staff receive training
17.	Using the Anti Racism Framework (ARF), we will incorporate the 'Hate Crime and Respect' campaign that is currently focussed on reducing abuse towards staff from patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be included in staff / team briefings and other literature available to all staff and linked to FTSU process	Greater incident reporting and an overall reduction in staff reporting Bullying Harassment and Abuse in the NSS over the three-year period.	Y1-2 Review existing programmes and incorporate ARF. Develop process and implement Y3 Implement and track impact	Y1 determine baseline of reported incidents Y2/3 Increased staff reporting

18.	Using the Cure Model as our platform we will build into our existing leadership programme (clinical and non-clinical) equality Masterclasses to develop staff competence around EDI and Protected Characteristics	We will see improvements in staff experience evidenced in the NSS	Y1 Create leadership training package Y2 Implement and track impact Y3 Continue tracking impact and review	Increases as per 19.
19.	We will develop a rolling events calendar to align with national and local campaigns/events such as PRIDE, Black History Month, Disability Awareness Week which will raise awareness of the discrimination faced by people with protected characteristics and to foster good relations between protected and non-protected characteristics	Seeing an improvement in staff experience, by raising the awareness of protected characteristics	Y1 Roll out calendar of events and programme schedules Y2 review and continue	Y2 Develop events calendar and promote. Establish baseline of attendance Y3 establish % increase in attendance

Stockport NHS FT

Workforce Disability Equality Standard

(WDES) Report 2023

Introduction

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability equality.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The WDES enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all existing employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS.

This report summarises the Trust position, and progress against the 10 indicators of the NHS Workforce Disability Equality Standard.

The WDES Indicators.

Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: • Non-Clinical staff & Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

National NHS Staff Survey indicators

Indicator	Descriptor
4	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/Service users, their relatives or other members of the public ii. Managers iii. Other colleagues b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Board representation indicator

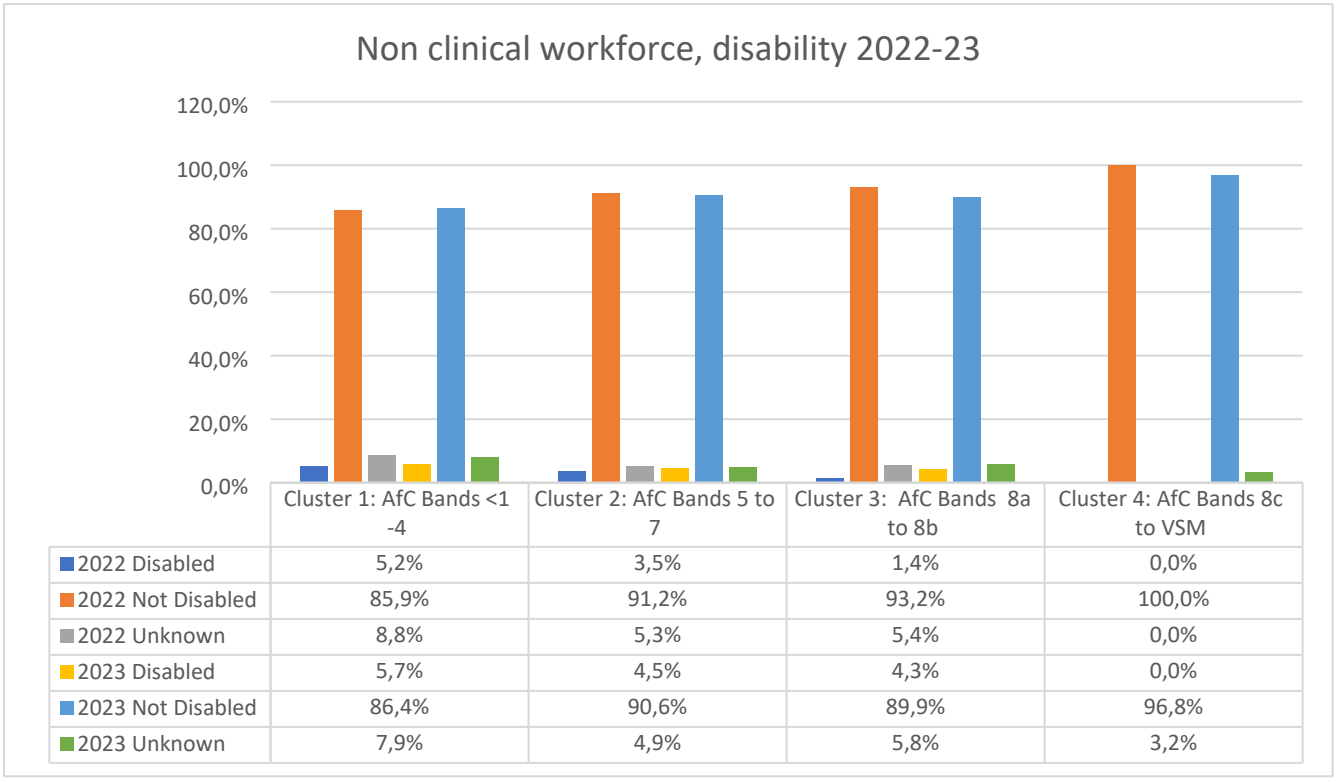
Indicator	Descriptor
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.

Reporting against the WDES Indicators.

Indicator 1: Percentage of staff in each of the AfC Bands 1-9, Medical and Dental and VSM staff groups compared by: Non-Clinical staff & Clinical staff

Figure 1 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the non-clinical workforce, for both 2022 and 2023.

Figure 1



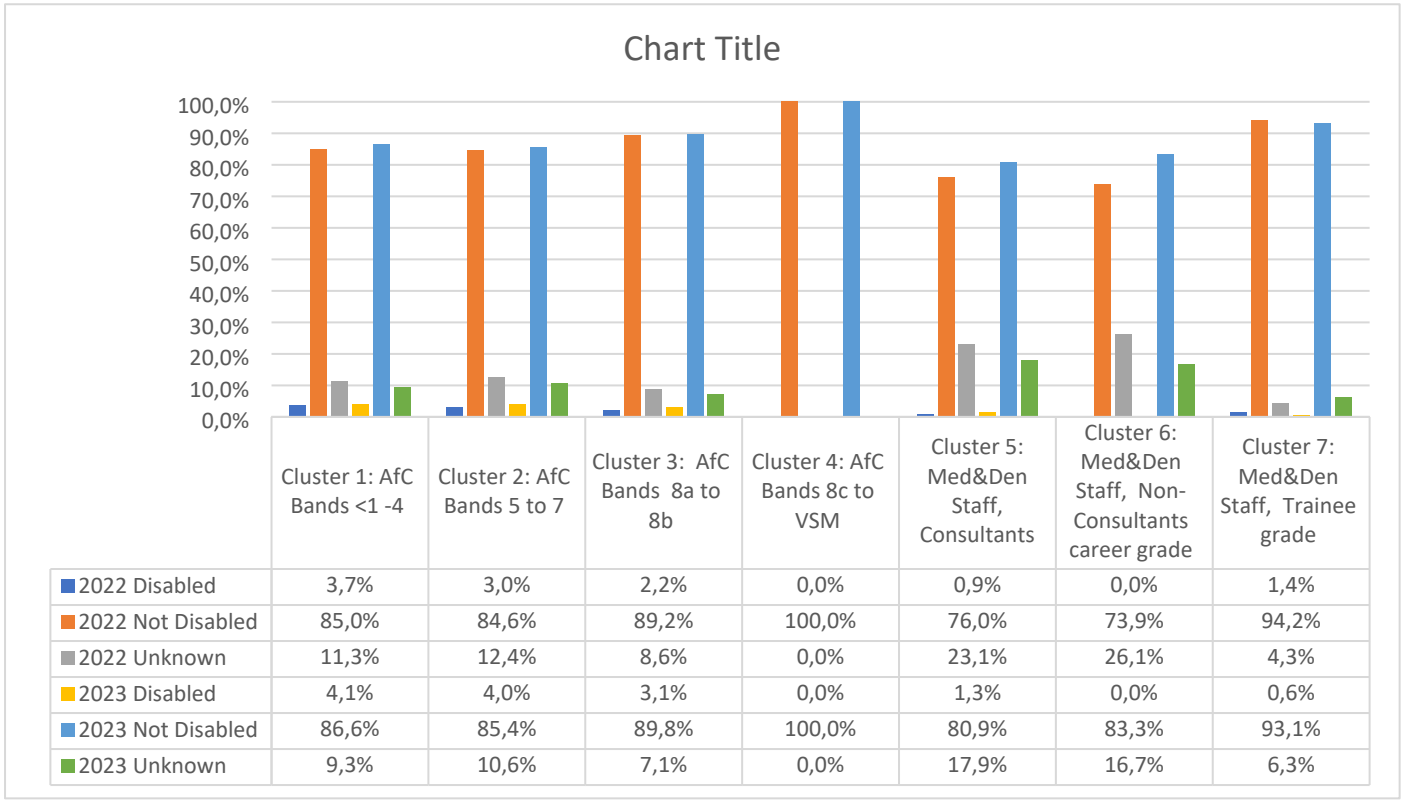
	Cluster 1: AfC Bands <1 -4	Cluster 2: AfC Bands 5 to 7	Cluster 3: AfC Bands 8a to 8b	Cluster 4: AfC Bands 8c to VSM
2022 Disabled	5,2%	3,5%	1,4%	0,0%
2022 Not Disabled	85,9%	91,2%	93,2%	100,0%
2022 Unknown	8,8%	5,3%	5,4%	0,0%
2023 Disabled	5,7%	4,5%	4,3%	0,0%
2023 Not Disabled	86,4%	90,6%	89,9%	96,8%
2023 Unknown	7,9%	4,9%	5,8%	3,2%

	Change 2022-2023		
	Disabled	**Not Disabled**	**Unknown**
Cluster 1: AfC Bands <1 to 4	0.5%	0.5%	-0.9%
Cluster 2: AfC Bands 5 to 7	1.0%	-0.6%	-0.4%
Cluster 3: AfC Bands 8a to 8b	2.9%	-3.3%	0.4%
Cluster 4: AfC Bands 8c to VSM	0.0%	-3.2%	3.2%

Summary analysis shows that:

- There has been a small increase in the proportion of staff self-reporting disability across clusters 1-3, and a respective fall in the unknowns.
- In Bands 8A-8B there has been an increase in the proportion of disabled staff.
- There remains no change in the proportion of disabled staff at the most senior grades.

Figure 2 (below) shows the distribution of disabled/non-disabled staff across the AfC pay bands in the clinical workforce, for both 2022 and 2023.



	Cluster 1: AfC Bands <1 -4	Cluster 2: AfC Bands 5 to 7	Cluster 3: AfC Bands 8a to 8b	Cluster 4: AfC Bands 8c to VSM	Cluster 5: Med&Den Staff, Consultants	Cluster 6: Med&Den Staff, Non-Consultants career grade	Cluster 7: Med&Den Staff, Trainee grade
2022 Disabled	3,7%	3,0%	2,2%	0,0%	0,9%	0,0%	1,4%
2022 Not Disabled	85,0%	84,6%	89,2%	100,0%	76,0%	73,9%	94,2%
2022 Unknown	11,3%	12,4%	8,6%	0,0%	23,1%	26,1%	4,3%
2023 Disabled	4,1%	4,0%	3,1%	0,0%	1,3%	0,0%	0,6%
2023 Not Disabled	86,6%	85,4%	89,8%	100,0%	80,9%	83,3%	93,1%
2023 Unknown	9,3%	10,6%	7,1%	0,0%	17,9%	16,7%	6,3%

The table below shows the changes in the last 12 months:

	Change 2022-23		
	Disabled	**Not Disabled**	**Unknown**
Cluster 1: AfC Bands <1 -4	0.4%	1.6%	-2.0%
Cluster 2: AfC Bands 5 to 7	1.0%	0.8%	-1.8%
Cluster 3: AfC Bands 8a to 8b	0.9%	0.6%	-1.5%
Cluster 4: AfC Bands 8c to VSM	0.0%	0.0%	0.0%
Cluster 5: Med&Den Staff, Consultants	0.4%	4.8%	-5.2%
Cluster 6: Med&Den Staff, Career grade	0.0%	9.4%	-9.4%
Cluster 7: Med&Den Staff, Trainee grade	-0.9%	-1.1%	2.0%

Summary analysis shows that:

- There has been a small increase in the proportion of disabled staff in Cluster 1, and in the career and consultant medical grades.
- There has been no change in Clusters 2, 3 and 4.
- The proportion of unknowns has fallen across almost all clusters.

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

	Relative likelihood in 2022	Relative likelihood in 2023	Difference +/-
Relative likelihood of disabled staff being appointed from shortlisting across all posts	0.95	1.15	+0.2

The relative likelihood indicator is 1.15, which means there is no significant difference in the likelihood of appointment between disabled and non-disabled staff.

Indicator 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

	Relative likelihood in 2021	Relative likelihood in 2022	Difference +/-
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0	4	+4

The relative likelihood of disabled staff entering the formal capability procedure has increased to 4, from 0. It should be made clear that this represents 1 disabled member of staff entering the process compared to 6 non-disabled staff.

Indicator 4: a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/Service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	2021		2022		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	28.70%	21.90%	33.60%	26.00%	4.90%	4.10%
Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months	16.60%	9.10%	19.90%	10.00%	3.30%	0.90%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	22.70%	14.00%	26.60%	15.70%	3.90%	1.70%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	43.70%	49.20%	46%	45.70%	2.40%	-3.50%

There has been an increase in the proportion of both disabled and non-disabled staff reporting bullying and harassment across all metrics. The rate of change is higher for disabled staff.

Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

	2021		2022		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	55.4%	58.8%	52.6%	57.4%	-2.80%	-1.40%

Disabled staff are less positive than non-disabled staff in relation to believing that the Trust provides equal opportunities for career progression or promotion. There has been a decline for both disabled and non-disabled staff against this metric.

Indicator 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2021		2022		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	33.90%	21.30%	28.50%	20.70%	-5.40%	-0.60%

Disabled staff are less positive than no-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. The proportion of disabled staff that have felt such pressure has decreased in the last 12 months, at a greater rate than non-disabled staff.

Indicator 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

	2021		2022		Change	
	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff	Disabled staff	Non-disabled staff
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	30.00%	41.60%	31.90%	32.70%	1.90%	-8.90%

There has been a small improvement in the proportion of disabled staff who agree that the organisation values there work, however, 8.9% fewer of non-disabled respondents believe the same compared to the year before.

Indicator 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

	2021	2022	Change
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	70.8%	70.7%	-0.1%

70.7% of disabled staff say that the organisation has made adequate adjustments to enable them to carry out their work. This is virtually unchanged in the last 12 months and compared to an average of 71.8% across the sector.

Indicator 9: a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

(a) Staff Engagement Scores of Disabled Staff v Non-Disabled Staff.

	Trust Score	**Not disabled staff**	**Disabled staff**
Engagement Score	6.8	6.9	6.3

The engagement score for disabled staff is lower than that of non-disabled staff (6.3 compared to 6.9 respectively).

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? **Yes**

The Trust has an established network for disabled staff (DAWN). The network is represented on the trust Staff Side Partnership Forum (SPF). In the last 12 months, the network and its members have been instrumental in:

(1) Celebration of International Day of Disabled People.
(2) Celebration of national day of staff networks.
(3) Promotion of the staff network throughout NHS Equality, Diversity and Human Rights week.

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

	Disabled	Not Disabled	Unknown
Board Membership	0	17	0
Of which; Voting Board Members	0	15	0
Non-voting Board Members	0	2	0
Board Membership	0	17	0
Of which; Exec Board Members	0	8	0
Non-Exec Board Members	0	9	0
Number of staff in overall workforce	251	5266	585
Overall Workforce % by disability	4.11%	86.30%	9.59%
Total Board members by disability (%)	0%	100%	0%
Difference Board membership to overall workforce	-4.11%	-13.7%	-9.59%

Action Planning

The Trust's EDI Strategy and associated action plan sets out the targets, based upon and monitored against the annual WRES and WDES return.

Priority 1: Workforce

Objective 1: Recruitment

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.'

We will ensure current employees and future talent with protected characteristics are offered equality of opportunity and fair access to.

	What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
1.	We will build relationships with local organisations supporting people with protected characteristics into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/Long Term Condition (LTC)	We will see an increase in the number of people shortlisted/appointed from people with protected characteristics and individuals with disabilities /LTC	Y1 Establish recruitment networks and processes	2021 baseline – 134 interviewed disabilities Y1 – 10% increase on baseline (147) 2021 baseline – 26 offers disability Y1 – 10% increase on baseline (29)
2.	We will routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice	We will see an increase in the number of people shortlisted / appointed from people with protected characteristics	Y1 Establish directory	Disability as above 2021 baseline – 575 interviewed BAME Y1 – 10% increase on baseline (633) 2021 baseline – 85 offers BAME Y1 – 10% increase on baseline (94)
3.	We will undertake mandatory implicit and association bias awareness training as part of the recruitment training for all mangers with responsibility for current and future recruitment and selection	We will see an increase in job offers made to people with protected characteristics from shortlisting and a reduction in the shortlisting to success relative likelihood ratio for BAME and disabled / LTC, tracked within WRES / WDES	Y1 Implement awareness training package	Disability and BAME increases as per 1 and 2
4.	We will work with managers to reduce barriers into employment by reviewing and drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience. To facilitate applications from our local population/community We will work with 'Pure Innovations', those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes.	We will see an increase in job applications from people with protected characteristics	Y1 Pilot Division to refine programme	Disability and BAME increases as per 1 and 2

5.	We will work closely with our leadership teams to reinforce flexible working opportunities to remove barriers of access to employment for people with protected characteristics	We will see an increase in flexible working across our workforce	Y2 Track impact via WDES, GPG and flexible working data Y3 Continue tracking impact and review	2021 baseline – 1.15% of workforce in flexible working pattern (69).
6.	We will continue to work closely with our recruiting managers across Divisions to build competency in the Two Tick employment practice (Disability Confident Employer Accreditation Scheme) to remove barriers to employment for Disabled people. Working towards becoming a Level 3 Accreditation: Disability Confident Leader	We will see an increase in employment of disabled staff in our organisation, tracked within WDES	Y2 Gap analysis of progress to date against standard and create action plan Y3 implement action plan	Disability increases as per 1
7.	We will work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning	We will see a reduction in the BAME progression disparity ratio	Y1 Create BAME talent pool	BAME increases as per 2
8.	We will develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for recruiting managers. E.g., offering maternity / paternity and returner's scheme support packages; more flexible work patterns: part-time; job share or compressed hours.	We will see an increase in the success rates of people with protected characteristics in the recruitment process at senior grade levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps, tracked within WDES and GPG reports	Y1 Review employment packages, identify improvements and create recruiting manager tool kits	Disability and BAME increases as per 1 and 2 GPG baselines - Mean GPG 23%, Median GPG 4% Y1 – Mean GPG 22%, Median 3.5% Quartile baselines - Quartile 3: 86% female Quartile 4: 71% female Y1 - Quartile 3 85% female Quartile 4 72% female
9.	We aspire to introduce diverse interview panels for selection processes for all Bands 8A and above. To manage the potential for any unconscious bias in recruitment processes. This may include people on	We will see an increase in the success rates of people with protected characteristics applying for jobs	Y1 Create pool of EDI Champions and promote to recruiters	Disability and BAME increases as per 1 and 2 GPG impacts as per 9 Board of Directors

	the interview panel from below Band 8A and discharged using the pool EDI Champions network across the Trust.	successfully at senior levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps		diversity demographics increase by end of Y3.

Objective 2: Retention

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are treated with equability and stay with the organisation as 'a great place to work', as per the 2022-2025 Trust Strategy.

	What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
10.	We will work in partnership with our medical leaders to offer coaching to female consultants to improve rates of successful female applications for the Clinical Excellence Awards (CEAs)	We will see an increase in the number of female applicants securing a Clinical Excellence Award and a reduction in the mean and median bonus pay gap	Y1 Establish senior clinical coaching support for CEA	Baseline – 29% female; 42% male receiving bonus Y1 – 32% female
11.	We will ensure reasonable adjustments are in place, insofar as operational requirements allow for staff with disabilities / LTC to maximise the time they are available to perform, without feeling pressured to attend work if unwell. Where operational requirements mean staff must attend site, all reasonable adjustments shall be made to assist our staff in performing their duties. Training and support to line managers on these adjustments to be provided, with a particular focus on clinical environments	We will see a reduction in lost working hours from staff with disabilities / LTC and a further reduction in these staff being taken through the capability process	Y1 Brief managers on reasonable adjustment guidance	Baseline capability disparity ratio 1.22 Y1 – 1.15
12.	We will re-establish the Reciprocal Mentoring Scheme for BAME and Disabled Staff to support making applications for leadership roles	We will see an increase in internal successful applications for senior roles	Y1 Establish senior mentor network for BAME talent Pool and disabled / LTC staff	Baseline BAME middle to upper progression disparity ratio – 2.03 Y1 – 1.9

Objective 3: Progression

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.'

We will ensure current employees and future talent with protected characteristics are enabled into senior leadership positions to drive lived experience into the heart of decision-making to ensure services are designed, developed, and delivered with inclusivity

	What we will do:	How we will know we have had impact:	Timescales - to be achieved by:	Targets
13.	Through our approach to Talent Management and our people plan, we will target female, BAME and disabled staff on development programmes and support managers with succession strategies to enable diversity and inclusion	We will see more staff with protected characteristics progressing and being promoted internally. Increased equality of progression on staff survey score and the progression ratio metric	Y1 Create a protected characteristic talent pool	BAME progression disparity ratios between band clusters as per 13.
14.	We will actively create and promote developmental opportunities including access to leadership courses, secondments, shadowing, work experience and mentoring to BAME and disabled / LTC staff operating to optimise readiness for senior leadership roles. We will ensure that the mentorship programme is reciprocal such that senior leaders can appreciate the specific issues encountered by staff with protected characteristics	We will see more staff with protected characteristics progressing and being promoted. Increased equality of progression on staff survey score and the progression ratio metric	Y1-2 Establish mentoring programmes for people with protected characteristics	As per 14

Priority 2 Culture

Objective 1: Staff Experience

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'foster good relations between people who share a protected characteristic and those who do not'. We will ensure employees with protected characteristics are able to work, free from discrimination, bullying and harassment in an inclusive work culture that embraces diversity.

To address the disparity evident in the poorer experience of staff with protected characteristics as evidenced above, there needs to be a renewed leadership focus to ensure all managers and team leaders are trained and aware of their responsibilities to create the necessary conditions for a more diverse and inclusive place of work for all staff with protected characteristics.

	What we will do:	How we will know we have had impact:	Timescale- to be achieved by:	Targets
15.	We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	We will see an increase in staff joining staff networks. Clear leader ownership to empower the network with network members having direct access to Sponsors providing a platform for peer-to-peer confidence. Improvement in National Staff Survey (NSS) reporting.	Y1-2 Review staff networks identify improvements, refresh process, brief managers, and relaunch Y2-3 Track implementation and effectiveness	Membership growth Y1 5 new members per group Y2 7 new members Y3 10 new members
16.	We will embed EDI capability and competence objectives for inclusive leadership and management practice into all personal development plans to be reviewed annually	Improved staff experience of management reported in the NSS, WRES and WDES	Y2 Review leadership programmes and identify how to integrate Y3 Implement	Y2 determine baseline for a number of programmes and identify how to integrate Y3 Implement and measure how many staff receive training
17.	Using the Anti Racism Framework (ARF), we will incorporate the 'Hate Crime and Respect' campaign that is currently focussed on reducing abuse towards staff from patients and visitors, to extend this internally to drive a zero-tolerance culture. This shall be included in staff / team briefings and other literature available to all staff and linked to FTSU process	Greater incident reporting and an overall reduction in staff reporting Bullying Harassment and Abuse in the NSS over the three-year period.	Y1-2 Review existing programmes and incorporate ARF. Develop process and implement Y3 Implement and track impact	Y1 determine baseline of reported incidents Y2/3 Increased staff reporting
18.	Using the Cure Model as our platform we will build into our existing leadership programme (clinical and non-clinical) equality Masterclasses to develop staff competence around EDI and Protected Characteristics	We will see improvements in staff experience evidenced in the NSS	Y1 Create leadership training package Y2 Implement and track impact Y3 Continue tracking impact and review	Increases as per 19.

19.	We will develop a rolling events calendar to align with national and local campaigns/events such as PRIDE, Black History Month, Disability Awareness Week which will raise awareness of the discrimination faced by people with protected characteristics and to foster good relations between protected and non-protected characteristics	Seeing an improvement in staff experience, by raising the awareness of protected characteristics	Y1 Roll out calendar of events and programme schedules Y2 review and continue	Y2 Develop events calendar and promote. Establish baseline of attendance Y3 establish % increase in attendance

NHS
Stockport
NHS Foundation Trust

Gender Pay Gap Report 2021-2022

1. Introduction

In 2018 the government made gender pay gap (GPG) reporting mandatory by amending the Equalities Act 2010 (Specific Duties and Public Authorities) Regulations 2017 so that all public sector employers with more than 250 employees are required annually to measure and publish their gender pay gap prominently on the government website and their own. The Equality and Human Rights Commission (EHRC) is responsible for monitoring how public bodies are complying with the GPG reporting requirements and can take enforcement action.

The gender pay gap shows the difference between the **average** (mean or median) earnings of men and women.

Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

Employers must follow the rules in the regulations to calculate the following information: The

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males receiving a bonus payment
- proportion of females receiving a bonus payment
- proportion of males and females in each quartile pay band

A **mean** average involves adding up all of the numbers and dividing the result by how many numbers were in the list. A **median** average involves listing all of the numbers in numerical order. If there are an odd number of values, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.

This report includes the statutory requirements of the Gender Pay Gap legislation but also provides further context to demonstrate our commitment to equality.

2. Gender Profile of the Organisation

The Trust's workforce comprises of 78% Women and 22% Men.

Gender	Headcount	%	FTE
Female	4590	78.43%	3859.58
Male	1262	21.57%	1179.44
Grand Total	5852	100.00%	5039.02

3. Gender Profile by Banding

The figures show the Gender Profile by Banding for the Trust. The Trust workforce comprises of a predominant female workforce across all bandings apart from Medical & Dental where 4.46% are male in comparison to 2.89% female.

Gender Profile by Banding	Trust Headcount	Trust Headcount %	Female	Female %	Male	Male %
Band 1	76	1.31%	55	0.95%	21	0.36%
Band 2	1379	23.74%	1032	17.77%	347	5.97%
Band 3	592	10.19%	501	8.62%	91	1.57%
Band 4	454	7.82%	398	6.85%	56	0.96%
Band 5	1096	18.87%	936	16.11%	160	2.75%
Band 6	954	16.42%	854	14.70%	100	1.72%
Band 7	516	8.88%	431	7.42%	85	1.46%
Band 8 - Range A	196	3.37%	151	2.60%	45	0.77%
Band 8 - Range B	52	0.90%	39	0.67%	13	0.22%
Band 8 - Range C	27	0.46%	15	0.26%	12	0.21%
Band 8 - Range D	7	0.12%	4	0.07%	3	0.05%
Band 9	7	0.12%	6	0.10%	1	0.02%
Ad Hoc	479	8.25%	198	3.41%	281	4.84%
Medical and Dental	427	7.35%	168	2.89%	259	4.46%
Grand Total	5809	100.00%	4605	79.27%	1204	20.73%

4. Gender Pay Gap

The figures show the Mean Gender Pay Gap for the Trust is 22.79% and the Median Gender Pay Gap is 3.70%. This demonstrates a marginal improvement in mean pay and detriment in median pay. The median pay gap increase may be explained by the increase in proportion of men in quartile 4, expanded below.

Gender	Avg. Hourly Rate 2020/2021	Median Hourly Rate 2020/2021	Avg. Hourly Rate 2021/2022	Median Hourly Rate 2021/2022
Male	£20.43	£14.50	£20.92	£15.18
Female	£15.57	£14.05	£16.15	£14.61
Difference	£4.86	£0.44	£4.77	£0.56
Pay Gap %	23.77%	3.06%	22.79%	3.70%

5. Bonus Pay Gap

Bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards. Under the national Medical & Dental terms and conditions Consultants are eligible to apply for Clinical Excellence Awards (CEA). This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The calculations below include both local and national CEA's.

Gender	Avg. Pay 2020/21	Median Pay 2020/21	Avg. Pay 2021/22	Median Pay 2021/22
Male	£10,151.87	£6,032.04	10,204.65	6,032.04
Female	£4,929.01	£3,015.96	4,788.17	3,015.96
Difference	£5,222.86	£3,016.08	5,416.48	3,016.08
Pay Gap %	51.45%	50.00%	53.08%	50.00%

The average bonus pay gap is 51.45% and the median is 50%. There is a significant difference between male and female bonus pay gap and has increased by 1.6% from last year. The median bonus pay gap has remained entirely static from the previous year.

Table 1 Consultant by Gender

Row Labels	FTE 2020/21	% FTE 2020/21	FTE 2021/22	% FTE 2021/22
Female	97	38.96%	77.28	35.19%
Male	152	61.04%	142.31	64.81%
Grand Total	**249**	**100.00%**	**219.59**	**100.00%**

The % of male consultants has increased by nearly 5% on the previous year.

Table 2 Consultant Gender Profile with percentage of eligibility and applications

Gender	No of Applicants	No Shortlisted	Successful Appointment
Female	64	22	12
Male	117	59	11
Do not wish to disclose	3	2	0

However, for the 2021/2022 Clinical Excellence Awards the Trust followed the NHS Employers Guidance to equally distribute the funds proportionate to the pay scale/terms for Consultants to enable employers and Doctors to focus on the impact of the pandemic, and recovery efforts. This exercise was undertaken as agreed with the Joint Local Negotiating Committee (JLNC).

Table 3 Proportion of Males and Females receiving a Bonus Payment

Bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards. Under the national Medical & Dental terms and conditions Consultants are eligible to apply for Clinical Excellence Awards (CEA). This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS.

	2020/21			2021/22		
Gender	Employees Paid Bonus	Total Consultants	%	Employees Paid Bonus	Total Consultants	%
Female	24.00	78	30.76	21	83	25.30
Male	62.00	151	41.05	63	149	42.28

As well as there being a decrease in the number of female consultants overall, there has also been over a 5% decrease in the proportion of female consultants receiving bonuses. The proportion of male consultants has increased, as has the proportion receiving a bonus, albeit this is a marginal increase.

The figures show that the proportion of Women receiving a CEA is 25.3% and the proportion of men 42.28%, a difference of 16.98% which is a 6.71% increase from last year as figures but caveat to the adjustments made to follow NHS Employers Guidance for the reporting period.

6. Proportion of males and Females in each quartile band

2021

Quartile	Female	Male	Female %	Male %
1	1019.00	249.00	80.36	19.64
2	1054.00	265.00	79.91	20.09
3	1078.00	201.00	84.28	15.72
4	966.00	342.00	73.85	26.15

2022

Quartile	Female	Male	Female %	Male %
1	1086.00	282.00	79.39	20.61
2	1100.00	273.00	80.12	19.88
3	1181.00	192.00	86.02	13.98
4	974.00	399.00	70.94	29.06

All female staff and all male staff are ranked separately according to their pay. They are then put in to four quartiles with quartile 1 being lowest paid staff, 2 being lower middle, 3 being upper middle and 4 being highest paid staff.

The figures show that, compared to our workforce of 79% women and 21% men, women are over-represented in quartile 3 and under-represented in quartile 4a note this trend has worsened since the previous reporting year.

7. Gender Pay Gap Comparison

The mean gender pay gap for the whole of the Public Sector economy (according to the April 2020 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 15.5%, the national figure continues to decline. At 22.79% the Trust's mean gender pay gap is therefore, above that for the wider public sector and remains consistent with last year's figure. The mean gender pay gap is reflective of the pattern from the wider UK healthcare economy; traditionally the

NHS has a higher female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in Medical & Dental professions.

8. Reducing the Gender Pay Gap

The Equality, Diversity and Inclusion Strategy 2022-2025 looks to address the issues identified by the data in this report. The following table extracts some of the key actions contained within the strategy that addresses the issues identified.

What we will do:	How we will know we have had impact:
We will develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for recruiting managers. E.g., offering maternity / paternity and returner's scheme support packages; more flexible work patterns: part-time; job share or compressed hours.	We will see an increase in the success rates of people with protected characteristics in the recruitment process at senior grade levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps, tracked within WDES and GPG reports
We aspire to introduce diverse interview panels for selection processes for all Bands 8A and above. To manage the potential for any unconscious bias in recruitment processes. This may include people on the interview panel from below Band 8A and discharged using the pool EDI Champions network across the Trust.	We will see an increase in the success rates of people with protected characteristics applying for jobs successfully at senior levels and a rebalance of gender within quartiles 3 and 4, with associated reduction in mean and median gender pay gaps
We will work in partnership with our medical leaders to offer coaching to female consultants to improve rates of successful female applications for the Clinical Excellence Awards (CEAs)	We will see an increase in the number of female applicants securing a Clinical Excellence Award and a reduction in the mean and median bonus pay gap
We will relaunch the Staff Networks, Equality Champions, and Allies network. The Board Members shall be nominated as Sponsors and one member aligned to each group.	We will see an increase in staff joining staff networks. Clear leader ownership to empower the network with network members having direct access to Sponsors providing a platform for peer-to-peer confidence. Improvement in National Staff Survey (NSS) reporting.
We will embed EDI capability and competence for inclusive leadership and management practice into all current and future leadership and management development programmes for all managerial staff and team leaders	Improved staff experience of management reported in the NSS, WRES and WDES
We will ensure all EDI grievances and or concerns raised are reported appropriately either informally or formally e.g., equality	Increased reporting volumes initially, with a subsequent

champion network are logged; for the purposes of identifying trends throughout the organisation. Review on a minimum of a basis and to capture other metrics which are not currently reported under WRES / WDES e.g., abuse / harassment based upon religion, LBGT, gender	reduction in staff grievances through application of learning from reviews

9. Conclusion

In summary, the report highlights that our mean gender pay gap has reduced by nearly 1% from last year, with the median pay gap increasing slightly. This can be explained by the widening mis-alignment of representation of women in the top quartile, which is significantly lower than the Trust average of 78%. As above, elements of the recruitment, retention and progression priorities of the EDI strategy seek to address this disparity.

The widening of the gap between men and women receiving bonuses to 16.98% which is a 6.71% increased from last year, continues a problematic trend; as well as the gap in the bonus payments themselves. This requires a renewed focus during the strategy period. The payment structure determines the bonus level, thus beyond Trust control to a certain extent, but the number of applications from eligible consultants should be vigorously addressed.

Appendix 5: Updated EDI Strategy Action Plan

Key:

Green	On Track
Amber	In Progress
Red	At Risk
Blue	Completed/BAU

Priority 1: Workforce					
Ref	**Action**	**Owner**	**Update: April 2023**	**Timescale**	**RAG**
2.1	Offer coaching to female consultants for Clinical Excellence Award.	Talent, Leadership & OD Consultancy Team	The Head of Talent Leadership & OD Consultancy will share the proposed coaching offer and communication approach with the EDI Steering Group by September 2023. The offer will form part of the Trust's new Coaching Plan.	November 2023	Amber
2.2	Reasonable adjustment training.	Employee Relations/ Inclusion & Colleague Experience Team	As part of Disability History Month 2022, new disability guidance documents were launched for staff and managers. Disability Awareness Training (including reasonable adjustments) has been rolled out to a pilot cohort of team leaders and has been positively received. A more long term offer around reasonable adjustment training will be worked up by the new EDI Training Task Group which is developing a refreshed EDI training offer for both our Trust and TGICFT.	December 2022	Green
2.3	Re-establish Reciprocal Mentoring Scheme.	Talent, Leadership & OD Consultancy Team	Work is underway to introduce a peer to peer mentoring scheme and reverse mentoring scheme. Communications have been shared across the Trust seeking individuals to become mentors. Expressions of interest are currently being followed up with individuals and training and guidance will be provided to everyone involved in both schemes.	March 2024	Amber

2.4	Undertake focus group sessions with female specialist grade doctors to understand the potential barriers to promotion, as a means of reducing the gender pay gap.	Talent, Leadership & OD Consultancy Team	Not yet started	September 2023	
2.5	Profiling recently promoted/appointed female consultants who can describe their professional journey	EDI Team	Not yet started	September 2023	
3.1	Positive action on development programmes to female, ethnically diverse, and disabled staff.	Talent, Leadership & OD Consultancy Team	Not yet started.	March 2024	
3.2	Actively create development opportunities, leadership courses, secondments, shadowing and work experience for ethnically diverse and disabled staff.	Talent, Leadership & OD Consultancy Team	Not yet started.	March 2024	

Priority 2: Culture					
1.1	Review staff networks, identify improvements, refresh process, brief managers, and relaunch.	Inclusion & Colleague Experience Team	Staff network review meeting held with Inclusion & Colleague Experience Team to carry out the review. **Action:** Engage with Staff Network Chairs and members to address actions to relaunch. Present proposed action plan at the June 2023 EDI Steering Group. Staff network guidance to be reviewed and separated from terms of reference and included in the proposal.	June 2023	Amber

1.2	Review existing programmes and incorporate Anti-Racism Framework. Develop process and implement.	Inclusion & Colleague Experience Team	The Anti-Racism Framework was presented to the EDI Steering Group for assurance in October 2022.	October 2022	Green
1.3	Using CURE model create a leadership package.	Talent, Leadership & OD Consultancy Team	A refreshed leadership & management development offer will start to be delivered from June 2023 onwards and will align with our EDI ambitions. The first two leadership interventions are 1) a 1-day Introduction to Compassionate & Inclusive Leadership Course, and 2) a half-day new managers' induction session which will supplement the Trust Welcome session that all employees attend.	December 2023	Amber
1.4	Create an inclusion calendar of events and awareness days/months.	Inclusion & Colleague Experience Team	**Ramadan 2023:** Guidance and resource documents were shared through communications. Iftar meal was held on 18 April 2023, with approximately 80 staff members, friends and family. Marisa Logan-Ward, Non-Executive Director opened the event. **Autism Acceptance Week:** Guidance and resource documents shared. Awareness Days Working Group meeting held on 19 April 2023 to plan for June to December 2023.	December 2022	Green
Priority 3: Assurance and Compliance					
1.1	Establish a process for completing the WRES, WDES and GPG ensuring governance assurance meet reporting deadlines.	Inclusion & Colleague Experience Team	The Trust's 2023 WRES, WDES and GPG reports have been produced on time.	April 2023	Green
1.2	Define system and process for all EDI grievances and or concerns raised to ensure reported appropriately either informally or formally e.g., equality champion network are logged; for the purposes of identifying trends throughout the organisation.	Employee Relations Team	Not yet started.	December 2023	

1.3	WRES – Workforce Race Equality Standard	Inclusion & Colleague Experience Team	NHS WRES and WDES Team brought the reporting period deadline forward to 31 May 2023. The Trust's 2023 WRES report has been presented to the EDI Steering Group in April 2023 and People Performance Committee in May 2023.	31 May 2023 - data and action plan submission 31 October 2023 - external report publication	Green
1.4	WDES – Workforce Disability Equality Standard	Inclusion & Colleague Experience Team	NHS WRES and WDES Team brought the reporting period deadline forward to 31 May 2023. The Trust's 2023 WRES report has been presented to the EDI Steering Group in April 2023 and People Performance Committee in May 2023.	31 May 2023 - data and action plan submission 31 October 2023 - external report publication	Green
1.5	GPG – Gender Pay Gap	Inclusion & Colleague Experience Team	The Trust's 2023 Gender Pay Gap Report has been presented to the EDI Steering Group and People Performance Committee.	31 March 2023	Green
1.6	Annual PSED Report – Public Sector Equality Duty Report	Inclusion & Colleague Experience Team	The Trust's annual PSED Report has been presented to the EDI Steering Group.	March 2023	Green
Priority 4: Health Inequalities					
1.1	Establish position on maturity matrix for Equality Delivery System (EDS)	*The owner of this action is to be agreed by the relevant Executive Directors.*	New EDS22. Initial meeting taken place with NHS Greater Manchester Shared Services to discuss the new EDS 2022 and the changes to the outcomes. 2022/23 has been used as a transition year, for organisations to use this period to get used to applying the EDS 2022 in a new way, in a new system. Therefore, although the Guidance requests	TBC	Amber

		The Inclusion & Colleague Experience Team are continuing to keep the EDI Steering Group informed of developments relating to the EDS22.	applying Domain 1 to three services, for EDS 22 systems are to apply Domain 1 to two services, rather than three. One of the two services for Domain 1 must fall within one of the five Core20PLUS5 clinical areas. One of the two services for Domain 1 is a small/non-complex service. These adjustments are to acknowledge that the NHS system has now changed to ICSs and ICBs, and that NHS organisations have not had a full year to implement the EDS. Organisations are encouraged to make as much progress as possible during 2022/23, in preparation for a full cycle year starting in April 2023. Further guidance on EDS22 is due. We need to confirm who the accountable lead is for the EDS2022 and agree timescales for this specific action. A meeting is being arranged to take place by early June 2023 between the Deputy Chief Nurse, Deputy Director of OD and the Assistant Director of HR (Inclusion & Colleague Experience) to discuss further & agree next steps.		

Stockport NHS Foundation Trust

Meeting date	1 June 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Freedom to Speak Up - Update					
Lead Director	Caroline Parnell - Director of Communications and Corporate Affairs		Author	Caroline Parnell - Director of Communications and Corporate Affairs		

Recommendations made / Decisions requested

The Board of Directors is asked to consider and note the Freedom to Speak activities undertaken since the last report from the Guardian.

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	To work with partners to co-design and provide integrated service models within the locality and across 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
	7	Develop our Estate and IM&T infrastructure that is fit for purpose and meets 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	x	PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic

risks		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
	x	PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

This report gives the Board an overview of the activity of the Freedom to Speak Up Guardian since the last report to the Board.

It sets out:

- the actions undertaken,
- progress on rolling out Freedom to Speak Up training
- high level information of case work
- themes and trends
- an update on progress against the Freedom to Speak Up action plan that was previously agreed by the Board.

The Board is asked to note the content and the updated action plan.

1. INTRODUCTION

1.1 This report gives the Board an overview of the Freedom to Speak activities undertaken by the Guardian since then last reported to the Board. The report was presented to the People Performance Committee on 23 May 2023.

1.2 This report was initially prepared by Paul Elms prior to leaving the role of Guardian at the end of March 2023, and it has been updated by the Director of Communications & Corporate Affairs, who is temporarily undertaking the role of the Guardian pending the appointment of a permanent replacement.

1.3 National coordination of the role takes place via the work of the National Guardians office, which collates national data, works to standardise the Freedom to Speak Up service across the country and disseminates best practice and training.

1.4 Regional coordination is achieved via the regional Freedom to Speak Up Guardians network, monthly meetings, and information sharing.

.2. ACTIONS UNDERTAKEN

2.1 Since last reporting to the Board of Directors the FTSU Guardian has

- Taken part in five different team meetings – e.g. with various nursing teams, in both the community and in the hospital.
- Attended every Trust induction event.
- Met with the Chair of the Trust on one occasion.
- Presented a report to the Board of Directors.

2.2 The Chair of the People Committee has agreed to take on the role of Non-Executive lead for Freedom to Speak Up.

2.3 After an open and transparent recruitment process, in line with national guidance, interviews for a new Guardian were held on 5 April 2023 and Nadia Walsh has been successfully appointed to fulfil the role across both Stockport FT and Tameside & Glossop Integrated Care NHS Foundation Trust. She will take up the role on 12 June 2023.

2.4 An initial invitation for Trust staff to become Freedom to Speak Up Guardians was sent out at the end of 2022, resulting in eight staff expressing an interest. Mr Elms initially identified two as potential champions, and the Director of Communications & Corporate Affairs has subsequently contacted all eight, and four want to be volunteer champions. They will work closely with the newly appointed Guardian to raise the profile of speaking up in the organisation.

3. NATIONAL FREEDOM TO SPEAK UP TRAINING

3.1 The National Guardians' Office produces online Freedom to Speak Up training to heighten awareness and to increase understanding at different levels.

3.2 All 3 modules ('Speak Up' – for all staff, 'Listen Up' – for managers, and 'Follow Up' – for senior leaders) became mandatory across the Trust in October 2022 – during FTSU month. The below table shows the take-up of FTSU training:

All workers	76.9%	5890
Managers	79.1%	653
Senior Leaders	29.4	7
Overall	77%	

4. CASE WORK

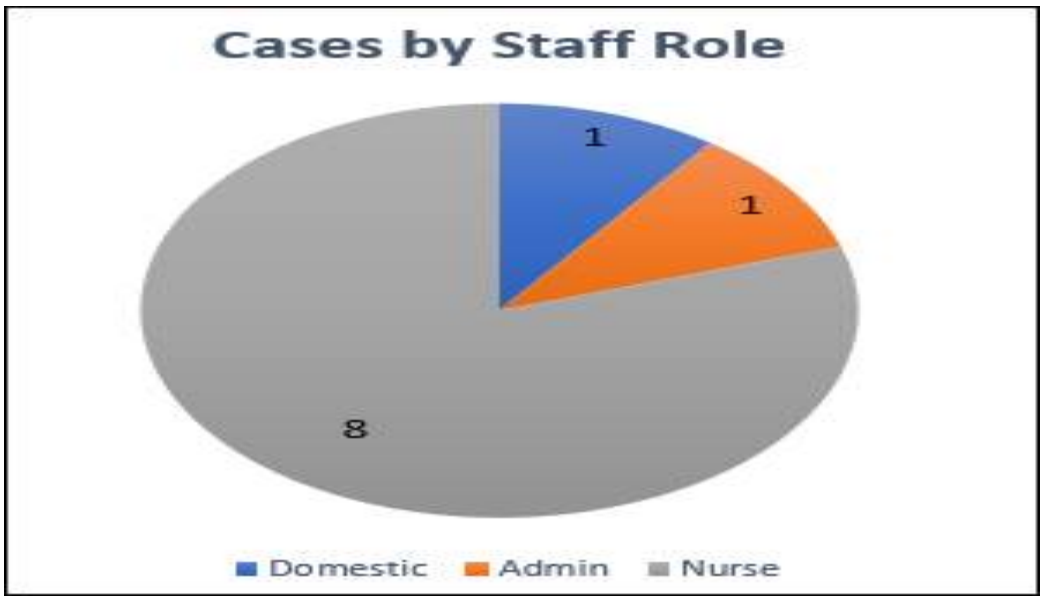
4.1 The table below shows the number of formal FTSU referrals in each of the last three quarters.

4.2 There were an additional six cases in Q4, four of which have been closed.

4.3 The table below shows the cases in the last quarter by type.

Case Type	Nurse	Admin	Domestic	Total
Patient Safety	3			3
Maladministration	2	1		3
Bullying	4		1	5
Incivility	1			1
Potential Criminality	1			1
Totals	11	1	1	9

4.3. They can be further broken down by staff role.



4.4 All issues raised were responded to within 24 hours by the FTSU Guardian, and staff report finding this reassuring.

5. THEMES AND TRENDS

5.1 In both Q3 and Q4 most cases were raised by nurses. The recurring theme was one of concerns about understaffing resulting in perceptions of an unsafe working environment impacting on patient care and safety. Referrals by nurses have increased steadily, quarter on quarter.

5.2 There is one case involving a nurse, who believes they have suffered detriment as a result of raising issues. This has been reported to the Chief Nurse and is currently being investigated.

5.3 In a previous report the Guardian expressed concerns about the lack of a timely response from some managers towards FTSU issues. This has not been the experience of the Director of Communications and Corporate Affairs during the interim cover period, however the Trust's Freedom to Speak policy has recently been updated to include expectations of how managers should respond to concerns, keep the Guardian informed of progress, and take action within a clear timescale.

5.4 The National Guardians Office encourages organisations to share learning from speaking up. There does not appear to be any common learning to share from the issues raised to date, other than the need to improve the way some managers respond to concerns. It is hoped that the revised policy and increased awareness through the roll out of the national training will lead to improvements, but the position will be kept under review.

6. REVIEW OF FTSU ARRANGMENTS AND POLICY

6.1 NHS England, working with the FTSU National Guardians office, requires every Trust to review their FTSU arrangements through the completion of an self-assessment template.

6.2 This was completed by the Director of Communications & Corporate Affairs, Director of Workforce & OD, and the previous Non-Executive Lead and the FTSU Guardian, and it included a short and medium term action plan.

7.3 The completed template was presented to the November 2022 meeting of the People Committee and also the December 2022 meeting of the Board of Directors. The Board considered forming a working group to take forward the action plan, however due to the temporary absence of the Director of Communications & Corporate Affairs and departure of Mr Elms the establishment of a working group was put on hold.

7.4 The action plan, which is attached for information, has subsequently been reviewed and the May meeting of the People Performance Committee noted the progress made in addressing the various actions.

7.5 The Committee agreed to defer making a recommendation to the Board on whether a working group was still required until further discussions have been held about organisational culture and whistle blowing.

8. RECOMMENDATIONS

The Board is asked to note the content of the report and the updated action plan.

FSU development actions for the next 6 – 24 months – updated April 23

Development areas to address in the next 6–12 months	Target date	Action owner
1 Development of a Speaking Up Strategy, incorporating FSU and including development of a vision, process for monitoring Board members involvement in speaking up, and measurement of impact of speaking up and ongoing roll specific training Delayed due to FSUG leaving organisation. Priority area of work for next Guardian linking into Deputy Director of OD	End of March 23	FSUG Deputy Director of OD
2 Implementation of the FTSU Champions as additional avenue for speaking up. Four volunteers now agreed to act as champion, internal communication of their role to be co-ordinated with introducing new FSUG to the organisatiion.	End of 2023	FSUG
3 Develop two year communications plan with actions programmed throughout the year, including opportunities to highlight positive case studies Priority for new FSUG to take forward, linking into the communications team.	End of 2023	FSUG
4 Approval and implementation of OD Strategy	End of Jan 23	Deputy Director of OD
5 Schedule Board development time to ensure all board members understand their responsibilities in relation to speaking up. To be scheduled when new FSUG in post and has had their national training	2023	Director of Communications & Corporate Affairs
6 Review time commitment/arrangements for FSUG on an annual basis and incorporate in regular reports to PPC and Board. Reviewed for 2023 – no evidence of a need to increase current capacity and new FSUG appointed on that basis.	End of March each year	Board leads for FSUG
7 Update Speaking Up policy to reflect new national policy requirements and include timescales for responses.	End of 2023	FTSUG Deputy Director

Freedom to Speak Up policy updated in line with national policy and with the addition of expectation for managers in terms of process and timescales. Wider Speaking Up policy to be reviewed by Deputy Director of OD		of OD
Development areas to address in the next 12–24 months	**Target date**	**Action owner**
1 Evaluate impact 6-12 month actions and revise annual plan for developing FSU, identifying any areas for improvement and determining appropriate actions.	March 2024	Board leads for FSU
2 Review make-up and impact of FSU Champions to ensure they continue to offer effective avenues for staff to feel comfortable raising concerns	March 2024	FSUG

Stage 3: Summary of areas of strength to share and promote

High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	**Target date**	**Action owner**
1 Joint approach to the recruitment of the FSUG, shared via regional network	March 2023	Board leads for FSU
2 Approach to communicating the role of the guardian and speaking up, shared via regional network		FSUG Director of Communications & Corporate Affairs

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1st June 2023	x	Public		Confidential
Meeting	Board of Directors				
Title	Transformation Programme Annual Report 2022/23				
Lead Director	Angela Brierley, Director of Transformation	Author	Hannah Silcock, Head of Transformation		

Recommendations made / Decisions requested

The Board of Directors is asked to review and confirm the Transformation Programme Annual Report.

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
x	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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital 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 the following BAF risks	x	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
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	x	**PR2.2**	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
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		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts

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Where issues are addressed in the paper-

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

Executive Summary

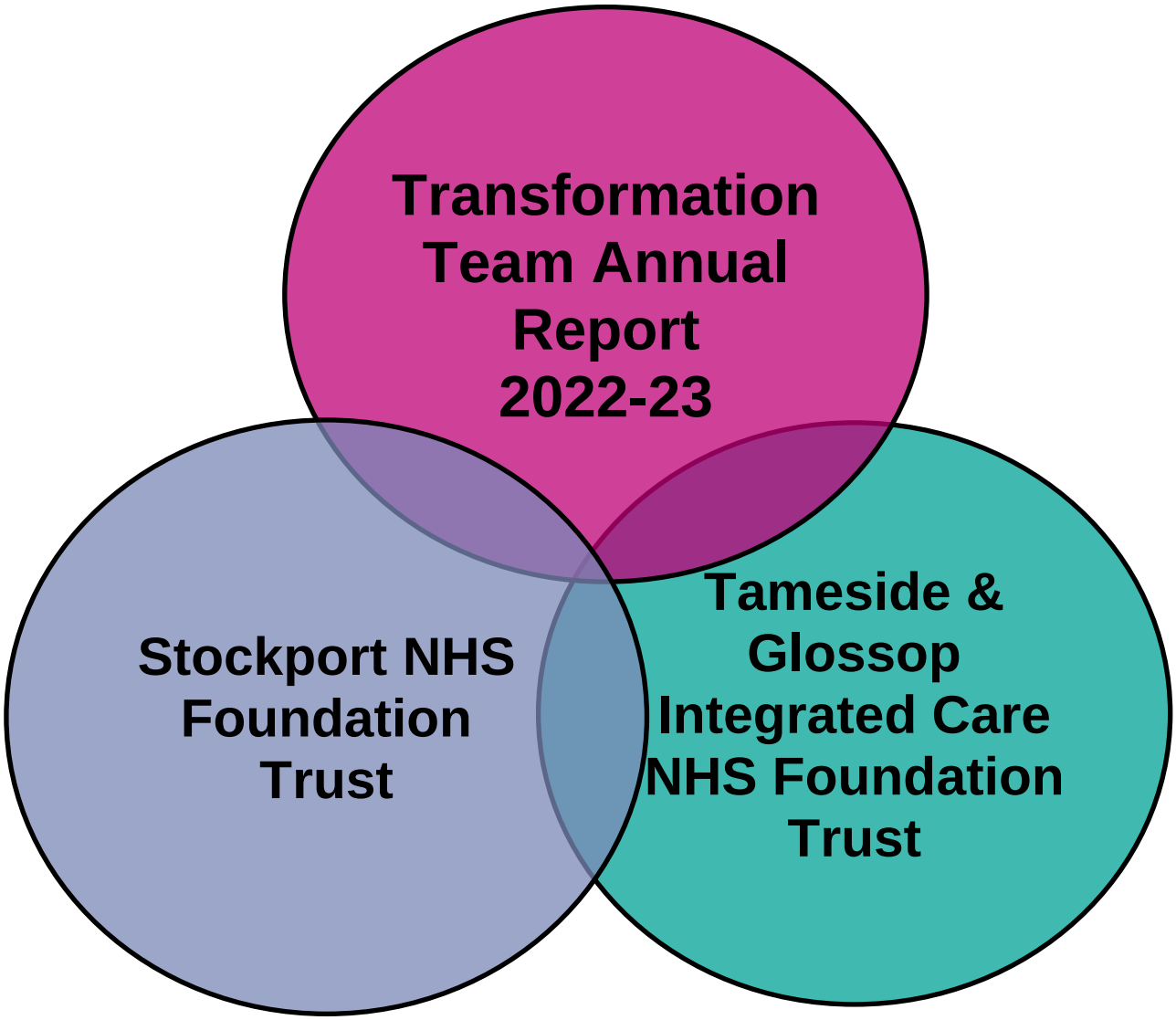
The purpose of this paper is to provide an update to the Board on service transformation initiatives across both Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust.

This paper describes a number of service transformation initiatives that have led to, or are leading to, improvements whilst continuing to build and nurture a culture of continuous improvement. It should be noted that several of these have also contributed to supporting wider organisational effectiveness that is often difficult to capture. 24 improvement schemes have taken place over the last 12 months. 9 of these are now completed and handed over as business as usual, with a further 15 currently active.

In addition, this paper highlights how we effectively use our transformation resources to support operational and clinical colleagues in a variety of ways to demonstrate our high-quality services and high performing teams across both organisations.

The Board has previously received reports relating to progress with the service transformation programmes across the organisation. These programmes are discussed and monitored through the monthly Service Improvement Group, which is chaired by the Chief Executive.

The Board are asked to note the work that has been undertaken to date.



Author: Hannah Silcock
Job Title: Head of Transformation
Date: April 2023

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Message from the Transformation Leadership Team

Angela Brierley
Director of Transformation
Stockport NHS FT
Tameside & Glossop ICFT

Steph Sloan
Associate Director of Transformation & Neighbourhoods
Tameside & Glossop ICFT

Hannah Silcock
Head of Transformation
Stockport NHS FT
Tameside & Glossop ICFT

The last 12 months have continued to present the NHS with several operational challenges, and despite this we have continued to provide the best possible care for our patients, demonstrating compassionate excellence whilst continuously working to improve our services. The resilience, commitment, and dedication our teams have shown in the past year has been nothing short of remarkable.

On behalf of the Transformation Team, we would like to say it has been an honour to support some of the most talented and impressive clinical and operational colleagues to deliver improvements to patient safety & quality across both organisations, and we're very excited about what more we can achieve in the forthcoming year.

This report provides a summary overview of the transformation schemes which have been undertaken at both Stockport Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust.

Introduction

Our transformation approach across both Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust provides a proactive resource for continuous improvement across each organisation, with the Transformation Team being key players in the change management activities to support project implementation.

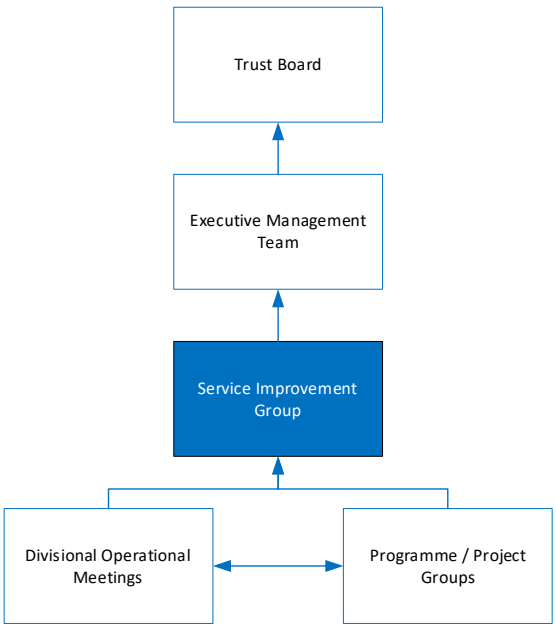
The Transformation Team are a corporate support function across both organisations, rather than providing individual alignment to divisions. This helps us see and respond effectively to any interdependencies a scheme may have, reducing the impact of siloed working through our breadth of knowledge and experience. A plethora of tools and techniques for improvement are used, as we recognise one size does not fit all.

The transformation approach is underpinned by 4 key areas:

PRIORITISATION | **LEADERSHIP & ENGAGEMENT** | **GOVERNANCE & ASSURANCE** | **SUSTAINABILITY**

Schemes are identified through a formal process of prioritisation, linked to corporate objectives. Divisional Management Teams complete a resource request form outlining the need.

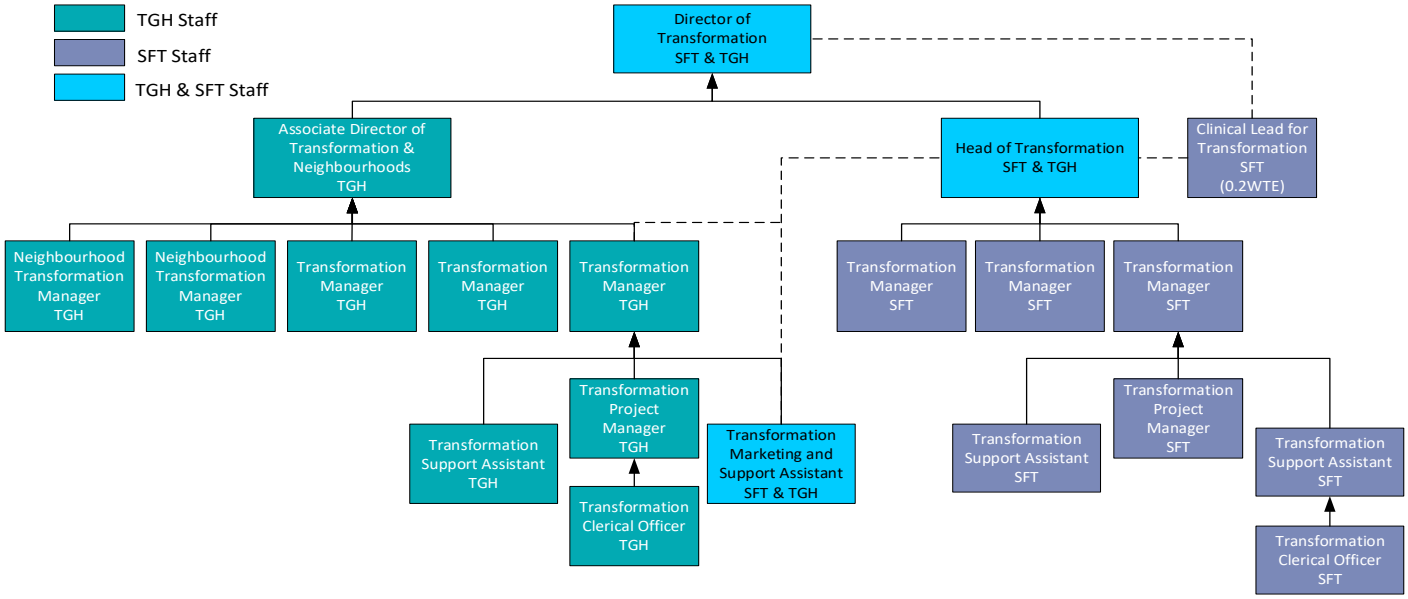
Transformation priorities are agreed, and resources managed, by the Service Improvement Group (SIG). Assurance on progress of all schemes is also managed through this structure, with monthly reports produced.



Transformation Team

As both Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust have been collaborating as a sector, so too have the Transformation Team during 2022-2023.

Opportunities arose for a change in structure, to facilitate some improved working across the teams, as seen in the structure chart provided below:



Additional to providing improved opportunities for collaboration, there has also been an improved structure enabling progression within the team, thus supporting the wider organisational staff retention strategies. Through this structure review, a new Project Manager role and Clerical Officer has been brought in on both sites.

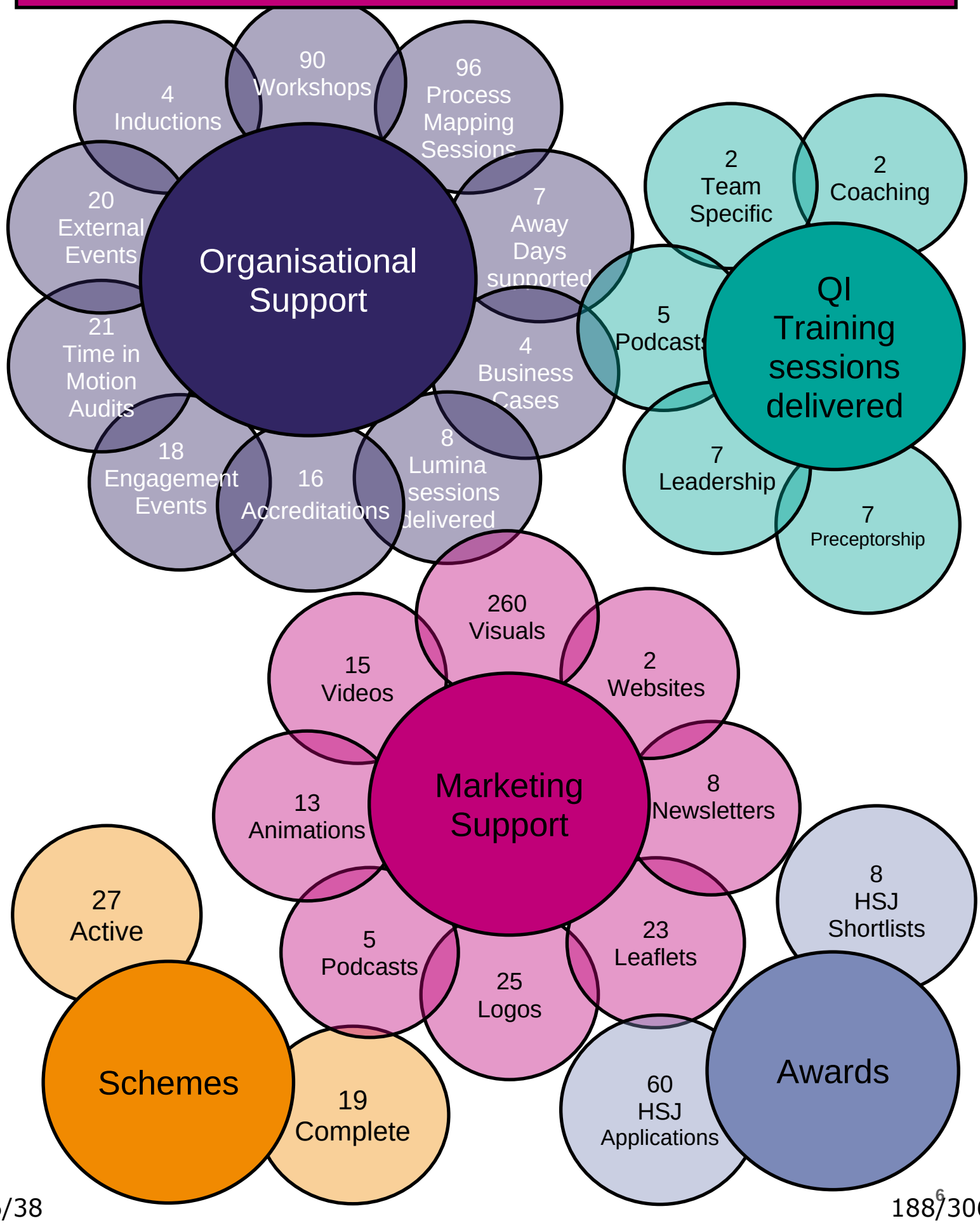
An exciting addition to the team is a Transformation Marketing Role being introduced as a cross-organisational role. This has provided a development opportunity for one of our Transformation Support Assistants. This role provides support to the transformation team and wider organisations in celebrating the success of improvement work that is occurring through different media.

To support our improved partnership working, the team have sought to strengthen relationships and review how we can utilise the collaboration to improve our work. Examples of this include learn and share events for similar transformation schemes run on both sites such as our cancer improvement programme, outpatient improvement programme and our SDEC programmes.

Finally, the Transformation Team know the importance of continued professional development and have taken part in the below training in 2022-23:

Course	Participants	Course	Participants
AQuA Introduction to Improvement	2	Edward Jenner Leadership Programme	2
AQuA Improvement Practitioner	5	Go Mad Thinking	1
AQuA Advanced Improvement Practitioner	2	Chartered Management Degree Apprenticeship	1
QI Fundamentals	2	Masters of Business Administration	1
Lumina Practitioner	8	Measurement for Improvement	2

Our year in numbers…



Stockport Transformation Schemes

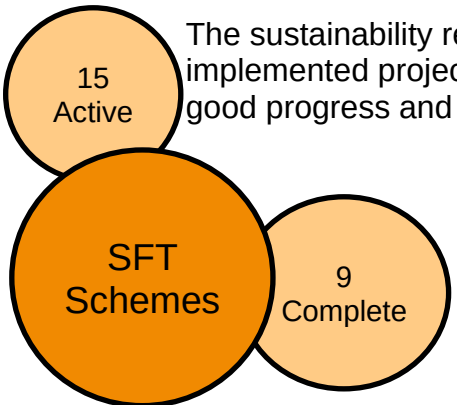
Stockport Transformation Programme 2022-23

Division	Corporate					Medicine		Women & Children's		Clinical Support Services		
Scheme	Cancer Improving Outcomes	Tomorrow Hour	Results Governance	Out of Hours	Medicolegal Pathway	ED	Respiratory Outpatients	Antenatal Pathway Review	Children's, Young People & Families	Outpatients	Endoscopy	Radiology Improvement
SRO	Jackie McShane	Dr Karl Bonnici	Dr Andrew Loughney	Dr Alison Jobling	Natalie Davies	Nadine Armitage	Nadine Armitage	Zoe Turner	Zoe Turner	Mike Allison	Mike Allison	Zoe Turner
Objective	To implement best timed pathways, supporting faster diagnosis. To implement personalised stratified follow up pathways.	To embed the use of an allocated hour to highlight and prepare next day discharges.	To ensure patient investigations / tests are viewed, acted upon and recorded in a single patient record, to inform appropriate and timely treatment and care.	To improve clinical leadership and safe provision of out-of	To improve processes to ensure the organisation meets compliance with the UK GDPR Subject Access Request timescales	To improve performance against the for urgent & emergency care, focussing on flow through the department.	To improve efficiency of Respiratory Outpatient Service in light of high demand and limited services	Ensure safety of service users of the antenatal services & timely review for women on scan pathways	To improve pathways that our patients under the age of 18 access, including supporting their transition to adult services.	To improve patient experience of their outpatient journey, enhancing the efficiency of Trust outpatient services.	To ensure that the utilisation of endoscopy sessions are fully maximised.	To improve the productivity and efficiencies of the Radiology services.

Division	Integrated Care					Surgery						
Scheme	Mobilising Neighbourhoods	Frailty	Digital Health Development	District Nursing Redesign	Advanced Practice Future Model	FAS Pain Management	Pain Management EBCD	Elective Bookings Admin Review	Surgery Out of Hours	Surgery SDEC	Day Case	Theatres Efficiency & Productivity
SRO	Margaret Malkin	Margaret Malkin	Margaret Malkin	Margaret Malkin	Margaret Malkin	Karen Hatchell	Karen Hatchell	Karen Hatchell	Karen Hatchell	Karen Hatchell	Karen Hatchell	Karen Hatchell
Objective	To ensure people are supported to stay safe at home & use alternative pathways to ED as appropriate, alongside supporting early discharge from hospital.	To support a standardised approach to identifying people living with frailty & develop an operating and clear pathways depending on levels of severity.	To conduct and evaluate a pilot of a Stockport LCAS111 service, and implement a virtual ward for Stockport locality, both with the support of TGH Digital Health team.	To review and redesign the District Nursing team and processes to make efficiencies, contributing to improved patient care and staff engagement.	To develop the Urgent Community Response Service to support admission avoidance, focusing on transforming the current ACP model	To roll out the Pain Functional Activity Scale across Stockport FT	To identify opportunities to maximise efficiency of current practices and processes, through a co-designed model of practice.	To deliver a fully centralised elective booking and scheduling structure for surgical specialties across the Trust.	To improve the provision of out of hours medical staffing in the surgical division and effective flow of patients from ED to SAU.	To minimise/ remove delays in the surgical emergency patient pathway, allowing services to care for urgent & emergency patients on the same day.	To increase the number of elective day case procedures, in turn improving our British Association of Day Surgery data and national position.	To ensure theatre usage is maximised by reviewing the patient journey from pre-op to post-op care.

The Stockport Transformation team have provided support to 24 improvement schemes over the last 12 months. 9 of these are now completed and handed over as business as usual, with a further 15 currently active.

Sustainability reviews have now been implemented as part of the Service Improvement Group governance structure. to ensure the sustainability of our programmes once handed back to the divisions.



The sustainability review occurs 6 months after the Transformation Team hand the implemented project over to the division. To date, all completed programmes have shown good progress and sustainable development at the 6-month review.

NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Stockport Completed Transformation Schemes

Pain Functional Activity Scale (FAS) Pilot

Introducing the functional activity scoring for pain assessment post lower limb arthroplasty surgery found the following benefits for our patients and staff:

- Improved day 1 mobilisation from 71% to 100%
- Reduced post operative opioid usage
- 100% of staff reported FAS was easy to use

Following the successful pilot, the tool is now being rolled out across the Trust.

The project received Highly Commended Pain Initiative of the Year and the 2022 National Acute Pain Symposium.

Emergency Department Improvement

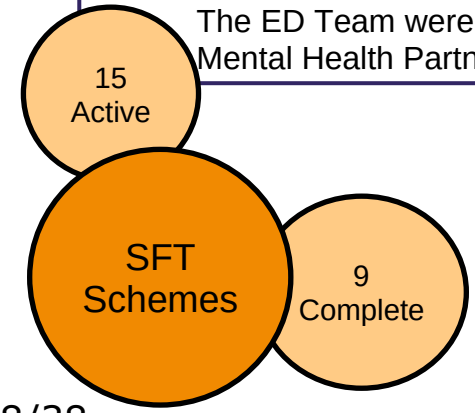
The Emergency Department project focused on 3 key streams of work:

- Navigation & Triage
- Urgent Treatment Centre (UTC)
- Workforce Review

Medical and Nursing workforce modelling was completed supported by observational studies conducted for triage and quick wins implemented. Streaming processes to UTC reviewed and developed.

Acknowledging interdependencies with the ED capital project, this project has now been handed over to ensure these 2 pieces of work remain closely aligned. Review of our digital streaming pathways through to UTC is also being monitored through our Digital Health Development Programme.

The ED Team were also Finalists in the HSJ Safety awards for Ambulance Handover & Mental Health Partnership.



Stockport Completed Transformation Schemes

Radiology Efficiency and Productivity

This project focused on improving efficiencies and productivity of the Radiology service, to support the service to be responsive and meet the demand.

Through this, time in motion studies were completed alongside capacity and demand modelling to truly understand the opportunities to improve the utilisation.

Throughout the project activity improved in line with the national ambition set out in the Operational Planning Guidance 2022/23, to recover diagnostic activity to a minimum of 120% of pre-pandemic levels, with the Trust currently delivering activity at approximately 110%.

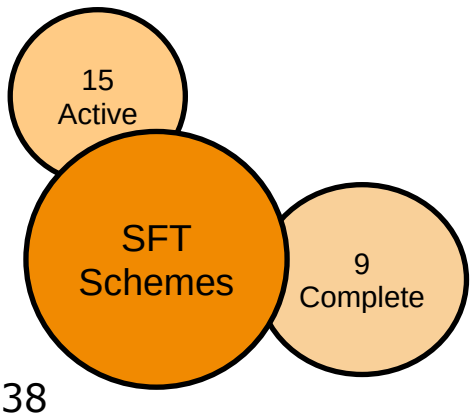
Tests of changes have also occurred within CT & MRI to support our cancer pathways including a same day chest x-ray to CT pathway (where clinically appropriate) and an outpatient appointment within 24hours. This has reduced waiting times and improved our patient experience whilst awaiting a diagnosis.

Results Governance Project

This corporate transformation scheme supported our governance processes for pathology results provided by the Trust, linked to National Patient Safety Standards.

Key achievements included:

- A trust-wide results governance Standard Operational Policy developed and implemented.
- Inpatient pathology paper results switch off was completed successfully, contributing to financial savings..
- A new Clinical Interface Group was established to ensure the sustainability of the project with ambitions in place to progress the paper switch off to outpatient areas.

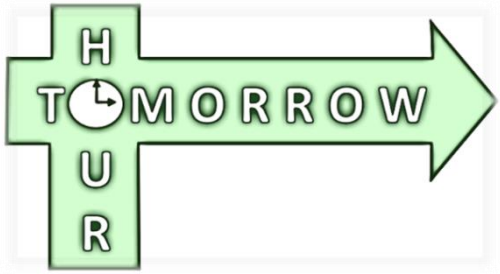


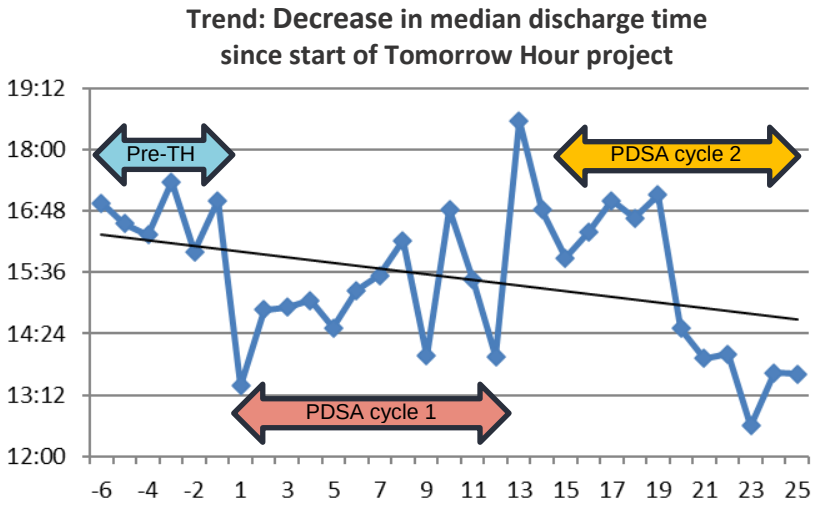
Stockport Completed Transformation Schemes

Tomorrow Hour

Tomorrow Hour focused on planning ahead for inpatients who could potentially go home the next day. This occurred through an afternoon handover process between junior doctors, physician associates and advanced clinical practitioners. This also included a partnership with the Pharmacy Team to ensure take out medications (TTO's) were completed following the afternoon handover and pharmacy would ensure medication would be ready for returning home.

This resulted in the median discharge time reducing by 2.5 hours. There was also a correlation of approximately 50% of discharges also occurring before midday.





Medical Out of Hours Improvement Project

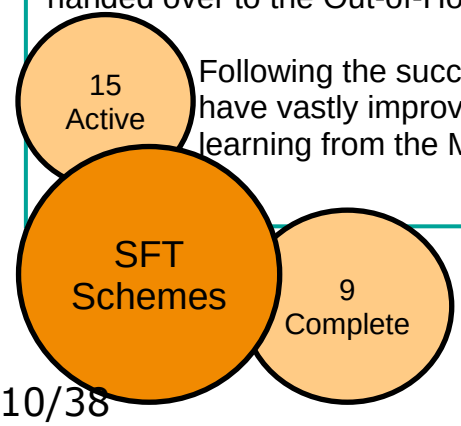
The Medical Out-of-Hours Project was established in response to the Trust's results from the General Medical Council survey, showcasing Stockport as an outlier for its below average support to our junior Doctors.

Through this project a successful business case was approved to recruit an additional 23 Junior Clinical Fellow (JCF) posts in Medicine and Acute Care. To date 21 of these posts have been filled.

Standardising the Doctor's handover process was a key outcome, including a new central location for handover to be held.

E-task is the request system for Doctor interventions out-of-hours. The e-Task improvements implemented have seen a positive impact on the quality and reduction of inappropriate tasks being handed over to the Out-of-Hours Team – very positive feedback was received from Junior Doctors.

Following the success of this scheme, our GMC survey results for out-of-hours support have vastly improved and a Surgery out-of-hours scheme has commenced to build on the learning from the Medicine & Urgent Care Division.



Stockport
Completed Transformation Schemes

Surgical Same Day Emergency Care (SDEC) Improvement Project

The Surgical SDEC project achieved the following:

- Surgical SDEC Standard Operating Procedure developed and in use.
- A new, detailed dashboard was developed and is now utilised to monitor activity and respond where appropriate.
- A process for 111 direct referrals were developed with 20 slots available per week as part of a PDSA cycle. This is now being delivered through the Digital Health Programme.
- New pathways developed from ED to Surgical Assessment Unit (SAU)/SDEC.
- Improved communications developed through regular, ongoing meetings between ED & SAU/SDEC supporting the identification of issues and timely response

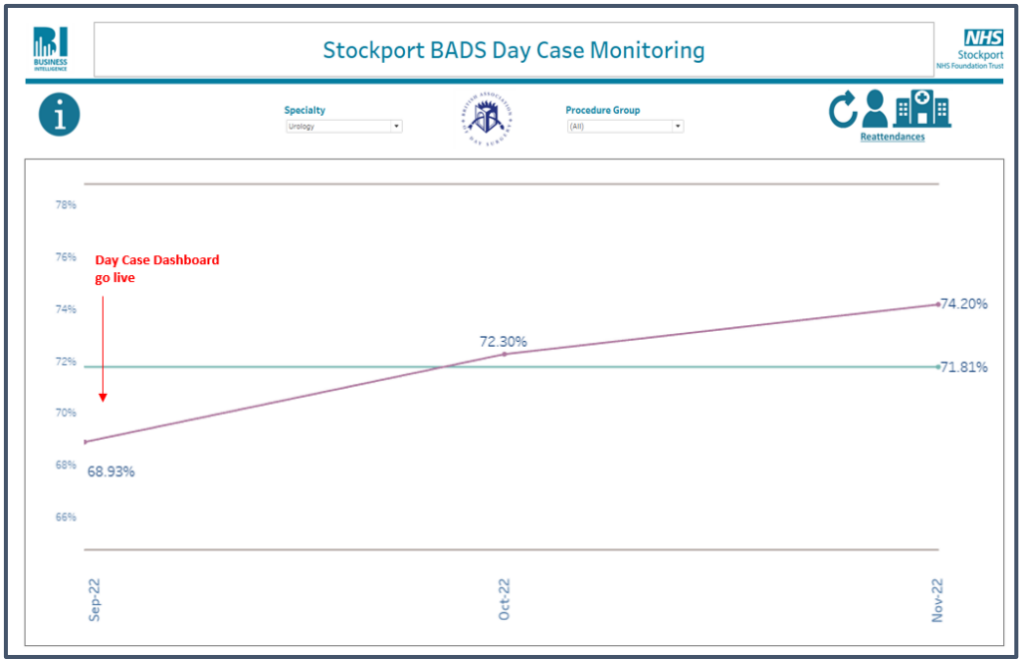
Day Case Improvement Project

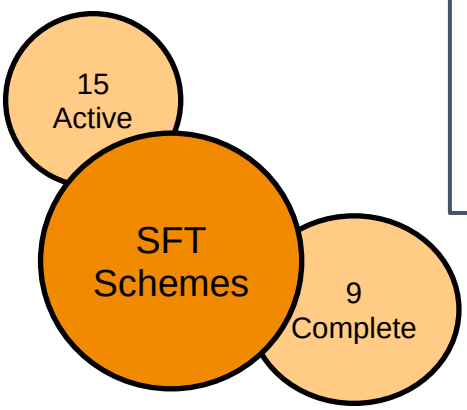
The Day Case Improvement Project focused on making improvements to our British Association of Day Surgery (BADS) procedures data. Through creation of a performance dashboard, for divisions to be able to focus on and track the performance on their areas of practice, sustainable improvement has been achieved. This has helped us meet national targets, for which we are monitored.

GIRFT principles were reviewed and a gap analysis undertaken, with a new process established to capture change and progress.

Additionally, new protocols were implemented for Anaesthetics and Pain Management, and individual speciality packs were developed to support each speciality in making their improvements.

An increase in day case Urology surgery: Purple line indicates SFT's day case BADS performance. The blue line illustrates BADS urology average.





NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

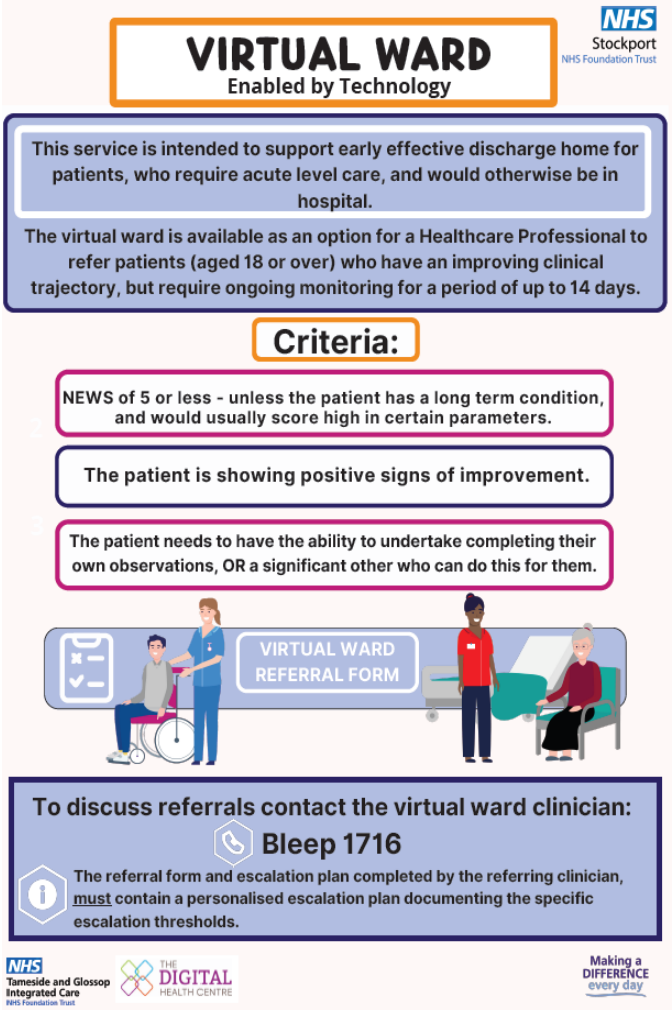
Stockport Active Transformation Schemes

Digital Health Development Programme

The Digital Health Development scheme is a scheme that focuses on a collaboration with the Tameside & Glossop Integrated Care NHS FT Digital Health Service. At present this focuses on 2 core areas of practice: Implementing a virtual ward offer for patients in Stockport; and delivering a Stockport 111 Local Clinical Assessment Service (LCAS).

Our virtual ward pathway went live 31st October 2022. This enables patients in Stockport to receive safe, high quality care at home, through digitally enabled equipment. The service continues to see an increase in the number of patients coming through the service supporting both early hospital discharge, and admission avoidance.

The LCAS 111 service went live 3rd October 2022, to support signposting of patients to the most appropriate services, deflecting emergency department admissions were appropriate. Following regular monitoring and review of the data and audits of the patients coming through the service, this has led to improved working with our Urgent Community Response Team and an increase of bookable appointments through to the Urgent Treatment Centre to now enable a slot every hour.



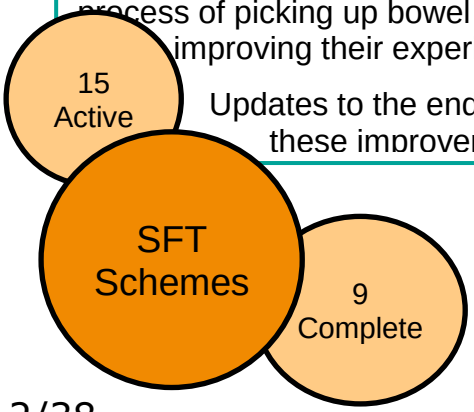
Endoscopy Improvement Project

This scheme seeks to maximise the efficiency and productivity of the endoscopy service and, in turn, enhance the responsiveness of the service.

Time in motion studies have been completed, alongside root cause analysis to ascertain why patients have not attended their appointments.

An early area of success has been around the pre-assessment clinics now being virtual, which has improved the attendance rates, and consequently, a reduction in cancellations of operations/procedures. To support this, a bowel prep process is under review, to make the process of picking up bowel prep easier and more efficient for our patients, consequently improving their experience.

Updates to the endoscopy dashboard are currently being made to monitor the impact of these improvements.



NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Stockport
Active Transformation Schemes

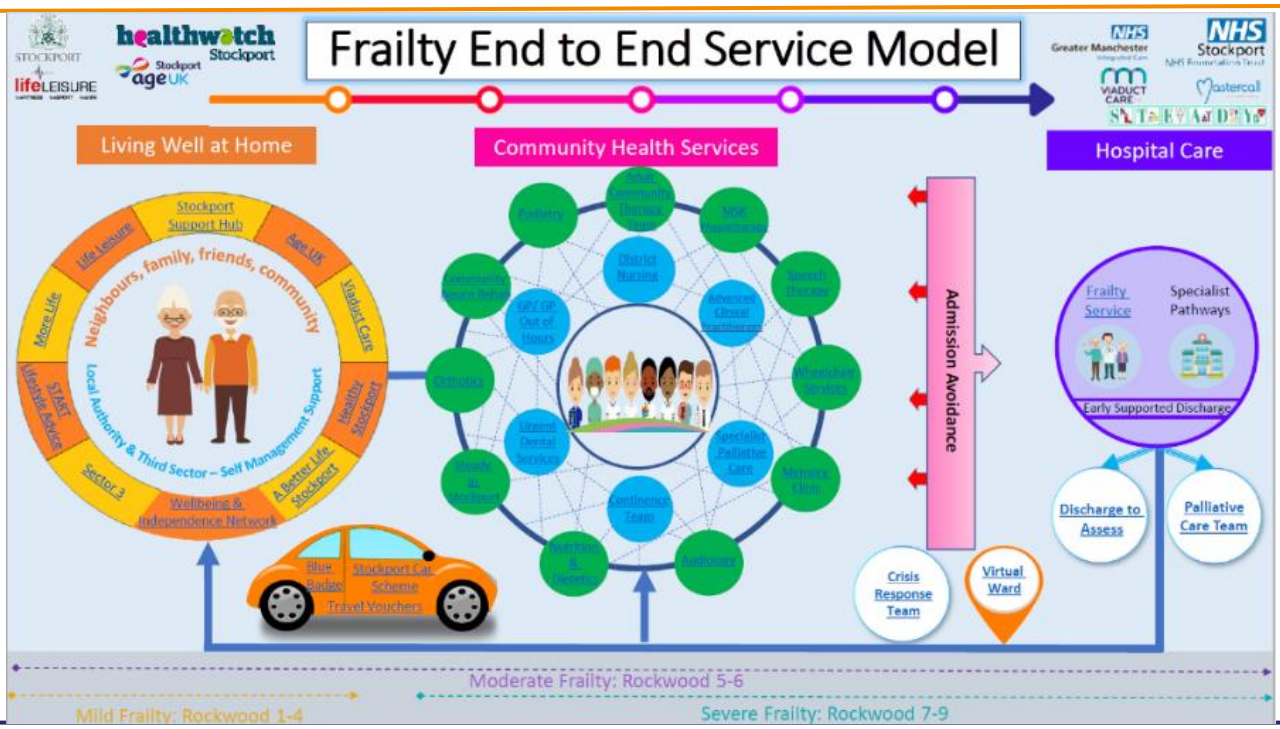
Frailty Programme

As a Stockport health and care system, our Frailty programme has been focusing on standardising the approach for identification of patients living with frailty and developing a clear operating model and pathways dependent on individual needs.

To support this, a train-the-trainer programme has been developed and rolled out to educate staff on the Rockwood Clinical Frailty Scale, and how and when to record this in the Stockport EMIS system.

Two end-to-end interactive service models have been developed to support the next steps to recording a frailty score. This interactive document enables a user to access services that may be appropriate to a person depending on their level of frailty, and with the interactive capability to click through to a services internet page containing information on the service, referral criteria and ability to refer.

This programme is now expanding to review opportunities for improving frailty care in in the acute and interface settings.



Surgery Out-of-Hours Project

Following on from the success of the Medical Out-of-Hours project, a new scheme has been established to improve the out of hours offer within the surgical division. The focus is on 2 key areas:

- Improve efficiencies and out of hours flow in the hospital, including emergency out of hours admissions
- Improve the provision of out of hours medical staffing in the Surgical Division

To achieve this, 4 workstreams have been established to focus on handover; clinical supervision; staff; and workload.

15 Active SFT Schemes 9 Complete

Stockport
Active Transformation Schemes

Children's, Young People and Families Improvement Programme

The Children's, Young People and Families (CYPF) programme seeks to improve pathways that our patients under the age of 16/18 access.

The programme will focus on the following:

- Special Educational Needs & Disability (SEND)
- Therapies service offer including autism
- Transition from children's to adult services
- Safeguarding
- School Nursing review
- Mental Health support

Workshops have been held with key stakeholders and plan on-a-page have been developed for each of the projects to ensure clearly defined objectives, whilst maintaining a standardised approach and governance structure through the overarching programme board.

This programme is focusing on the areas of development for Stockport Foundation Trust. This will support the emerging locality-led programme through the Stockport Provider Partnership.

Cancer Improving Outcomes Programme

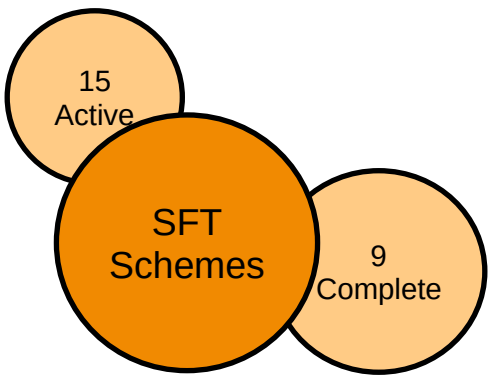
To support the implementation of the NHS Long Term Plan objectives, the cancer programme has focused on 2 key areas: 'Faster Diagnosis and Standardised Care' and 'Personalised Care'.

<u>Faster Diagnosis and Standardised Care</u>

Pathways have been remapped and tests of change continue to be carried out to improve our faster diagnosis performance. This year has seen the implementation of the lung, prostate, colorectal, oesophageal and gynaecological pathways. This has seen an effort across all divisions to improve our cancer care for patients, ensuring a diagnosis or ruling out of cancer within 28 days. Tests of change have included one stop clinics for diagnostics in lung, with next day outpatient appointments, and improved vetting processes for an MRI scan in the prostate pathway. Over the last 12 months, Stockport FT have seen a marked improvement in performance from 60% compliance with the faster diagnosis standard to 73%. CQUIN targets have also been met in quarters 1, 2 and 3, with quarter 4 data to be submitted in early April.

<u>Personalised Care</u>

All tumour groups now have dedicated hollistic needs analysis templates for use with the patients, alongside end of treatment summaries. A gap analysis has recently been completed to understand how each tumour site utilises these in an effort to standardise this approach. Next year will focus on the implementation of the personalised stratified follow up pathways, and the new digital platform 'Infoflex', to support this pathway.



Stockport
Active Transformation Schemes

Outpatients Improvement Programme

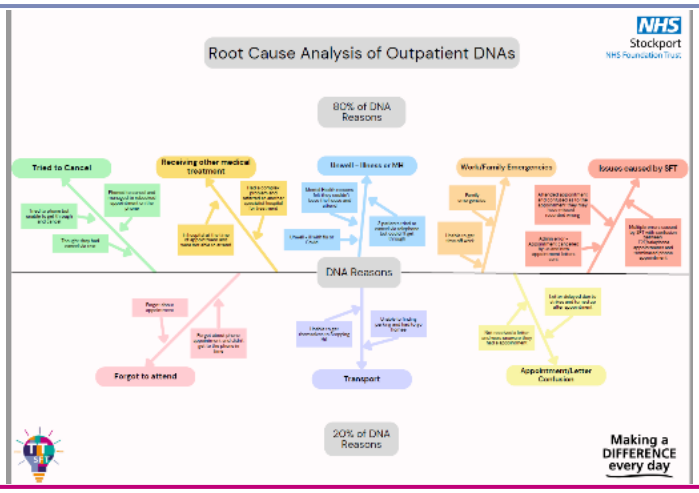
This programme aims to meet the ambitions set out in the NHS Long Term plan and Operational Planning Guidance, including:

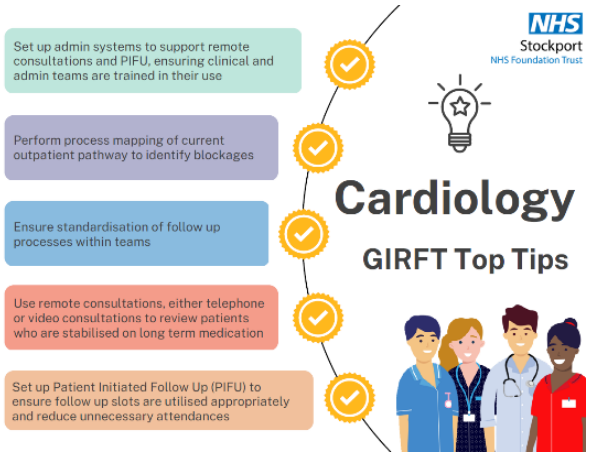
- Reducing outpatient follow ups
- Implementing patient initiated follow ups (PIFU)
- Increasing the use of advice and guidance (A&G) prior to referral
- Increasing virtual appointments

To support this work, a gap analysis has been completed against the GIRFT priorities, and benchmarking and horizon scanning completed. This has led to the development of speciality specific engagement packs and action plans being developed.

Tests of change have also been underway to support the rollout of these pathways:

- Urology and Respiratory directorates have piloted A&G as their default offer at referral vetting.
- A workforce survey has been developed to understand the issues virtual consultations present.
- Speciality specific protocols and information leaflets have been developed to promote PIFU.
- Patient engagement calls have been made as part of a root cause analysis into the reasons people do not attend their appointments.

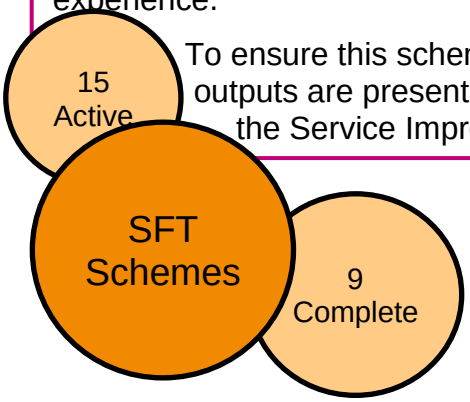




Respiratory Outpatients Improvement Project

Acknowledging the increased waiting lists experienced in Respiratory, a separate scheme has been established to provide focused interventions within the Respiratory speciality. The focus of this project is to improve the efficiencies across the service, to increase productivity and patient experience.

To ensure this scheme remains closely aligned to the outpatient programme, the outputs are presented and monitored through the outpatient programme board as well the Service Improvement Group.



Stockport
Active Transformation Schemes

Pain Management Evidenced Based Co-Design

Patients and carers have been placed at the heart of this scheme, with an aim to redesign and transform the pain management service into a system that is designed for, and with, the people that use it. In doing so, the scheme aimed to identify opportunities to maximise efficiency of current practices and processes and provide a future model for the service.

Through this programme, a number of tests of change and PDSA cycles have been conducted. This has included a review of the MDT triage processes and the Information on Management of Pain sessions (IMPS) with patients, which have been trialed both virtually and face-to- face. Patient and staff views have been sought throughout to refine the model. The final sessions have now been completed and the new model was operationalised in April 2023.

Through the work to date, including the development of an opt-in process for patients, there has been a reduction in the number of people waiting 10 weeks or more for an appointment.

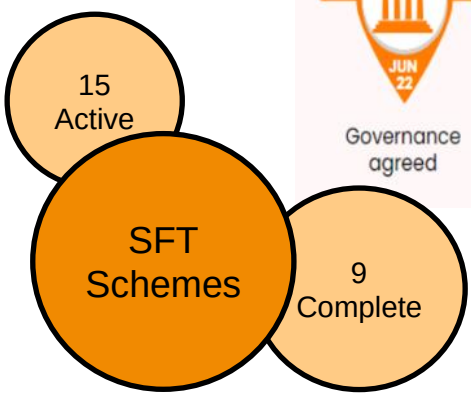
Elective Bookings Admin Review

This project aimed to centralise the booking and scheduling service for teams that book elective procedures. In doing so, the service will:

- Provide equitable cover during periods of planned and unplanned leave
- Standardise processes and ensure early identification of any deviation from process
- Optimise administrative capacity to reduce process delays and reductions waiting times
- Improve data quality

Through this scheme, a new operating model has been defined. The service is now one team, which is centrally managed and co-located. Staff will continue to support their specialisms, but provide a buddy system and cross-cover at times of pressure. Standardised processes have been brought in, where possible, and a new deputy booking and scheduling manager to oversee the teams.

The service went live on the 13th March 2023 and the impact being monitored to ensure sustainability when we withdraw support in April 2023.



Stockport
Active Transformation Schemes

Theatres Efficiency & Productivity Programme

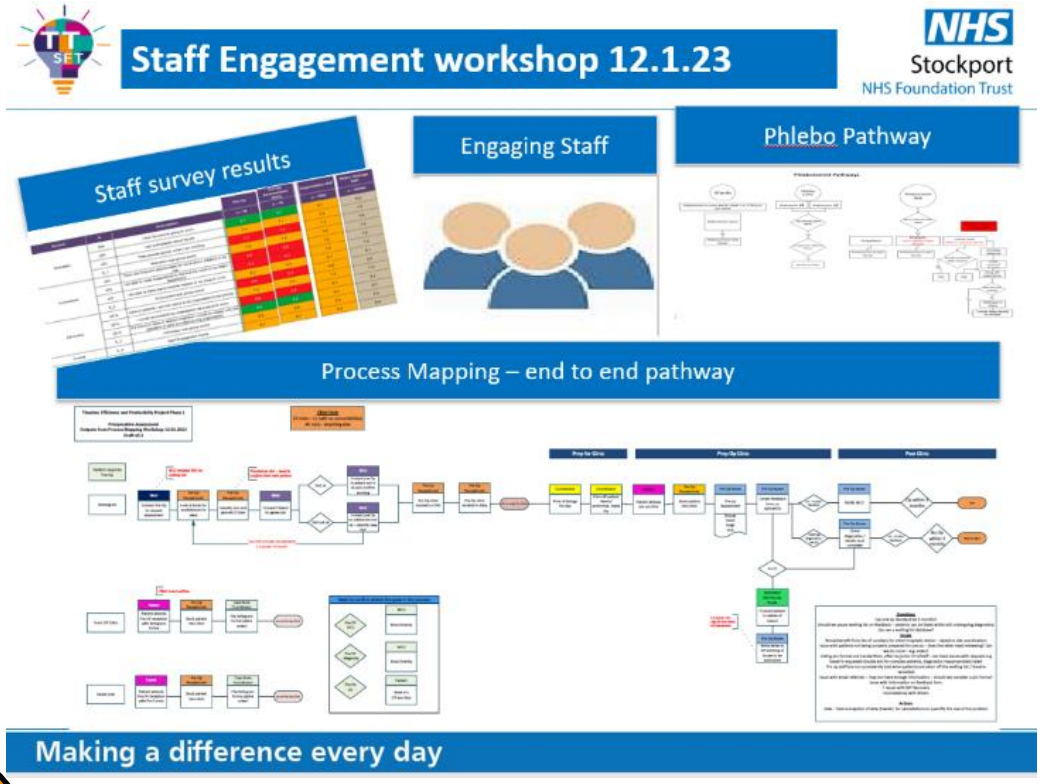
This scheme has been split into two phases. The first phase plans to review the pre-operative assessment and the second phase will focus on a review of the theatres operability, seeking to start in May 2023. Both phases aim to improve the efficiency and productivity of theatres at Stockport to support the reduction in our elective backlog.

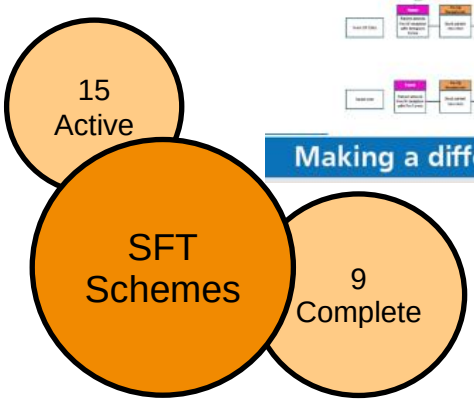
Focusing on the elective pre-operative assessment and theatre scheduling in phase one, an ambition has been set to reduce the number of cancellations.

Staff engagement sessions have been held and process mapping sessions completed. This has led to the development of the following workstreams:

- Pre-operative assessment: Focusing on review of the current pathway and completing process mapping to identify leaner solutions, alongside horizon scanning, prior to completing tests of changes to improve our offer
- Listing and scheduling: As above, focusing on developing leaner pathways to improve our offer
- Workforce: Reviewing the workforce model and culture to support change
- Patient experience: Reviewing the current baseline for patient experience and ensuring this is central to our improvements.

These workstreams will be underpinned by data to track the impact the changes are having on the service.





Stockport New Transformation Schemes 2023-24

Antenatal Pathway Review (Commenced)

This project aims to improve the efficiencies within our antenatal pathways, focusing on improving administrative processes; reducing appointments that mothers do not attend; reducing the occurrence of missed reviews following a scan; and improving patient experience.

At this early stage of the project, a workshop has been held and quick wins alongside longer term ambitions have been set.

District Nursing Redesign Project (Commenced)

This project aims to review and redesign the District Nursing team and processes to make efficiencies, contributing to improved patient care and staff engagement.

Pain Management Phase 2 (June 2023)

The Pain Management EBCD project focused on transforming the front end of our pain management pathways. Phase 2 will now seek to address the rest of the patient pathway, ensuring a ‘patient-led’ patient journey through our pain management services.

Ophthalmology and ENT Theatre Productivity Project (June 2023)

This project aims to optimize theatre utilization for ophthalmology and oral surgery, focusing on some of the pertinent issues these two services face, whilst acknowledging the interdependencies with the main Theatres Efficiency and Productivity Programme.

Advanced Practice Future Model Project (Commenced)

This project aims to develop the Urgent Community Response Service (UCRS) to support admission avoidance. This will focus on transforming the current Advanced Clinical Practitioner model within community and their alignment to the URCS. This will also support a more structured development for trainees and enhancement of skills.

Medicolegal Pathway Review Project (Commenced)

This project aims to improve processes to ensure the organisation meets compliance with the UK General Data Protection Regulations (GDPR) Subject Access Request timescales by streamlining the service and exploring alternative ways of working to improve effective use of our resources.

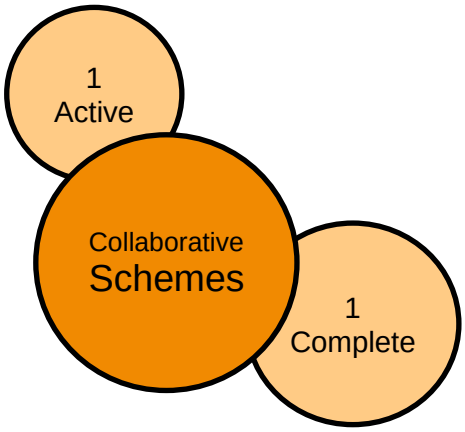
Stockport & Tameside Collaborative Transformation Schemes

The last 12 months have provided some opportunities for both organisations to work collaboratively on the implementation of new, nationally driven pathways.

Collaborative Transformation Programme 2022-23		
Scheme	Rapid Diagnostic Centre	Patient Safety Framework
SFT SRO	Zoe Turner	Natalie Davies
TGH SRO	Jonathan Peacock	Melanie Pickering
Objective	To develop a Rapid Diagnostic Pathway for patients with non-site specific cancer symptoms, supporting patient experience and performance against the faster diagnosis standard across both organisations.	To implement this new framework, supporting the development and maintenance of an effective patient safety incident response system across both organisations.

One of these projects is now complete, with the second currently in progress. Benefits of this way of working include sharing of resource and learning, to make our systems as efficient as possible.

Less formal collaborations have also occurred through “learn and share” meetings where similar transformation programmes are running in both organisations.



Stockport & Tameside Collaborative Transformation Schemes

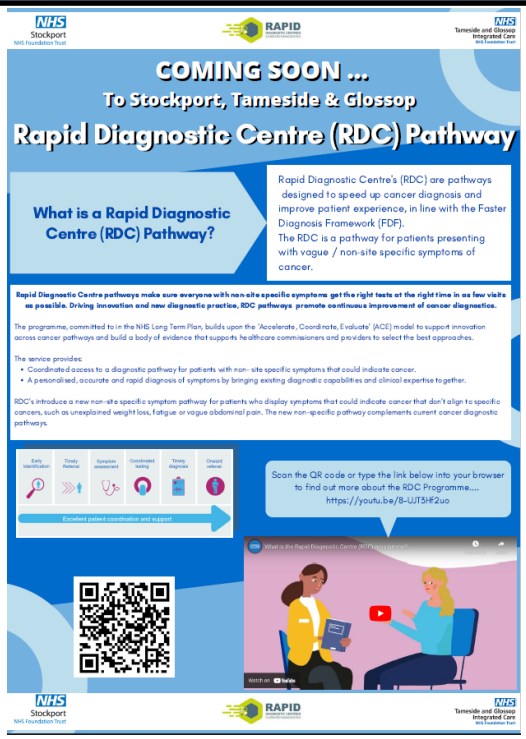
Rapid Diagnostic Centre Implementation Project

The Rapid Diagnostic Centre (RDC) pathway is a pathway for patients presenting with vague/non-site specific symptoms of cancer and providing them with a diagnosis, or ruling out of cancer in line with the national faster diagnosis standard of 28 days.

This pathway was designed as a joint venture between Stockport NHS FT and Tameside & Glossop ICFT.

The service went live on Thursday 31st March 2022, with tests of change, then embarked on to finalise the design of the pathways.

The Transformation Team stepped away from the programme in September 2022, and improvements have since continued. The RDC has seen over 600 referrals made to the service since in the last 12 months.



Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) will replace the current Serious Incident Framework (2015), supporting the development and maintenance of an effective patient safety incident response system that integrates four key aims:

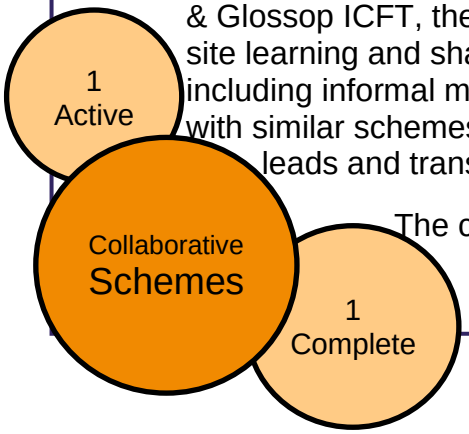
1. Compassionate engagement and involvement of those affected by patient safety incidents.
2. Application of a range of system-based approached to learning from patient safety incidents.
3. Considered and proportionate responses to patient safety incidents.
4. Supportive oversight focused on strengthening response system functioning and improvement.

T&GICFT and Stockport NHS Foundation Trust are working collaboratively to implement this new framework by September
2023. Monthly collaborative meetings are currently taking place, alongside weekly workstream meeting to ensure successful implementation.

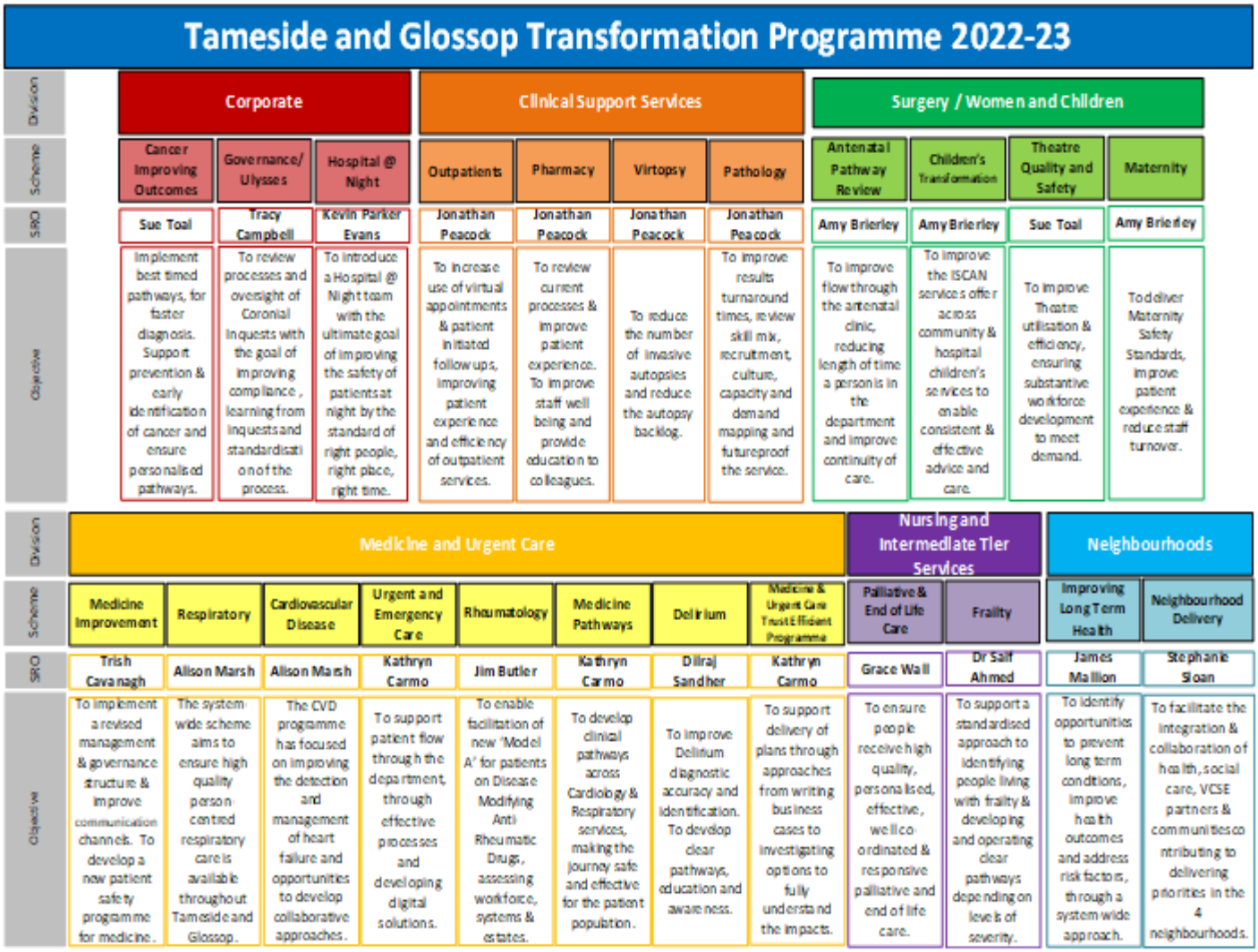
Learn and Share sessions

Acknowledging there is some commonality of schemes across Stockport NHS FT and Tameside & Glossop ICFT, the Transformation Team have identified opportunities to support cross-site learning and sharing of information. This has been completed in different formats, including informal meetings and sharing of information between Transformation Managers with similar schemes; and full learn and share events attended by clinicians, operational leads and transformation.

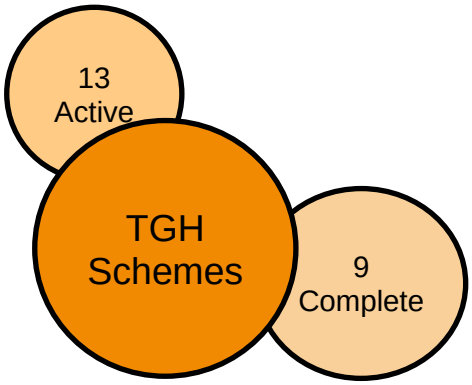
The cancer programme and outpatients programme have noted particular support for these sessions, acknowledging the common, yet difficult ambitions they share from the NHS Long Term Plan.



Tameside Transformation Schemes



The Tameside Transformation team have provided support to 23 improvement schemes over the last 12 months. 10 of these are now completed and handed over as business as usual, with a further 13 currently active. The Tameside Transformation Team are also supporting the Neighbourhood Delivery work.



Tameside
Completed Transformation Schemes

Antenatal Clinic productivity and efficiency scheme

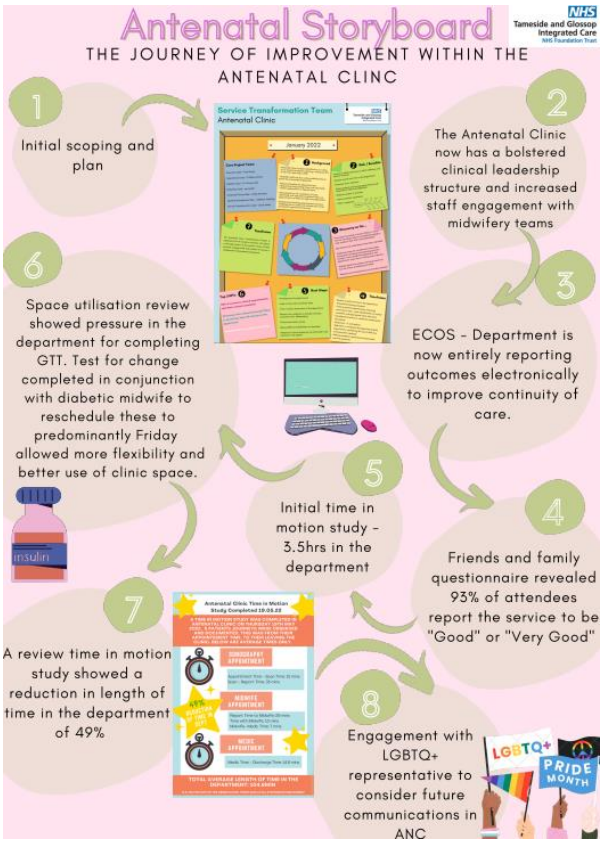
The ANC scheme aimed to improve flow through the antenatal clinic, reducing the length of time a person is in the department and improve continuity of care.

ANC was the first service to launch the electronic clinical outcome sheet (ECOS) to support continuity of care, with the named consultant clearly identified for booking staff.

We also explored communications to ensure inclusivity. Meeting with a national champion of LGBTQ+ communication awareness, to allow us a greater insight on how we, organisationally need to consider any future communication, specifically to “female or women's services”.

A Standard Operating Procedure was also developed, for initial appointment bookings.

Antenatal Clinic now has a bolstered senior leadership team, with increased clinical management and increased inter-professional working with the midwifery teams.

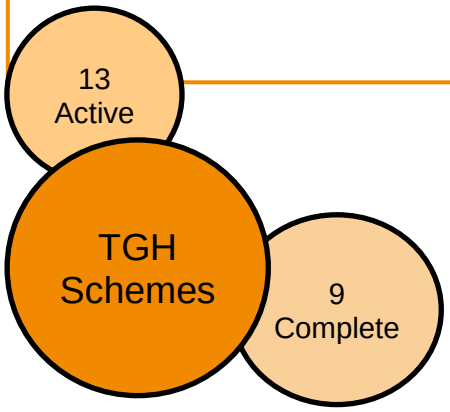


Governance/Ulysses programme

This scheme aimed to streamline the governance processes and improve communications with the Divisions. This would in turn improve automation of information and increase learning from incidents, inquests and complaints. This was to be done alongside implementation of Ulysses, a new risk & incident management system.

The programme achieved the development of a singular report from Ulysses to support the Governance Team to complete a system cleanse. Additionally, divisional dashboards are being tested to support efficient management of risks and incidents. Excellence reporting is also now in place.

This project has resulted in greater oversight and improved quality of information within the system, recognising that we continue this journey to ensure that maximum efficiency and utility is achieved; supporting insight and foresight as we transition to PSIRF (a scheme we are now running in collaboration with Stockport FT) in line with national requirements.



Tameside
Completed Transformation Schemes

Rheumatology Project

Following a national directive for all hospitals to move to a 'Model A' system for the commencement of patients on Disease modifying anti-rheumatic drugs (DMARDS), which supports the patient being managed in the community once they are stable on their new management plan.

The scheme concluded with a Business Case that requested additional staffing within the team, including administrative, nursing and pharmacy roles. In addition, a request was made for funding to support the management of DMARDs. From this to date the team have appointed into a Specialist Nurse who has commenced in post and a Pharmacist who is due to commence in May 2023.

Frailty Programme

The frailty programme aimed to improve sharing of information between health and care professionals to enhance care and support for people who are clinically frail. This was achieved through:

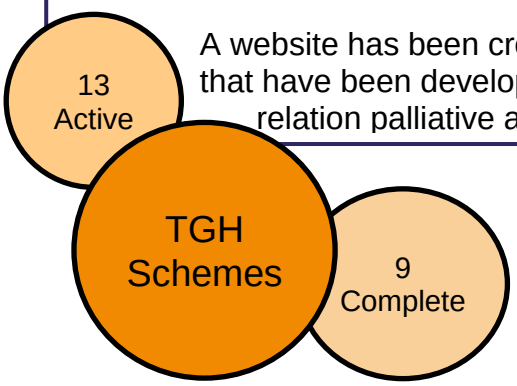
- Embedding the Rockwood Clinical Frailty Scale (CFS)
- Developing and implementing a Directory of Service to underpin the CFS score and support staff with appropriate patient pathways
- Identifying 'Frailty Champions' across the local system.
- Developing and implementing a model of care which responds to the needs of older people living with frailty, presenting to urgent and emergency services
- Developing a competency framework for staff
- Developing and implementing a training & awareness programme for all relevant staff
- Implementing a communications plan to raise awareness of frailty

The Transformation scheme has now been handed over to business as usual, but clear actions remain to ensure the sustainability of the programme.

Palliative & End of Life Care

Tameside & Glossop ICFT Intermediate Tier Services successfully launched the SWAN model on 6th May 2022 to support patients and loved ones, during and after end-of-life care. This coincided with Dying Matters week, where each neighbourhood across the locality held events for our local population, to promote conversations.

A website has been created to provide an online platform for the multitude of resources that have been developed to support healthcare professionals and the general public in relation palliative and end of life care.



Tameside
Completed Transformation Schemes

Cardiovascular Disease Programme

The Cardiovascular disease (CVD) programme aimed to develop a system-wide plan to raise awareness of CVD risk factors. This was achieved through events and clinics established in our neighbourhoods, alongside widening our MDT's hosted by the Extensive Care Team to include General Practice and other community colleagues.

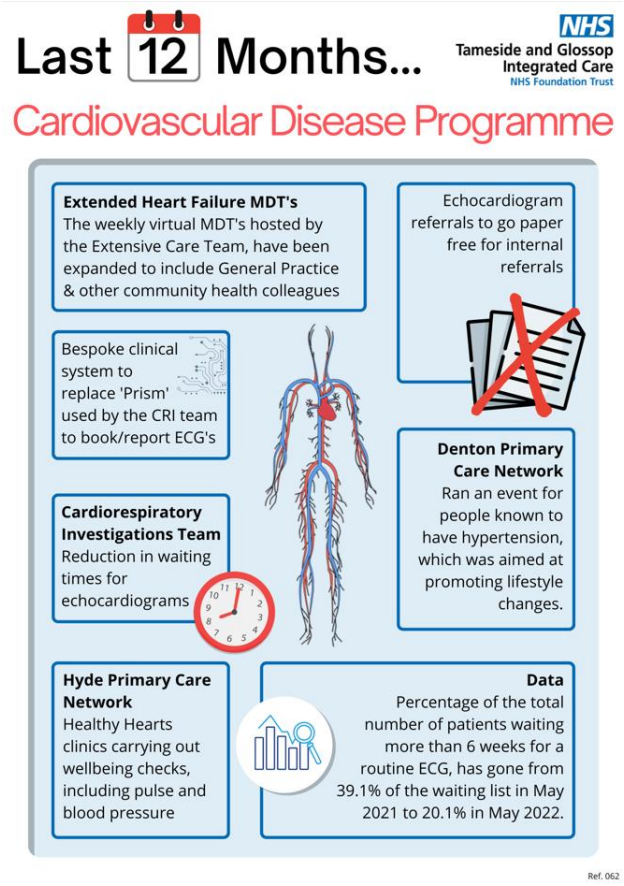
Furthermore, a new, bespoke clinical system was introduced to book and report echocardiograms (ECG's), supporting referrals to become electronic. This work has supported an improvement in the ECG waiting times.

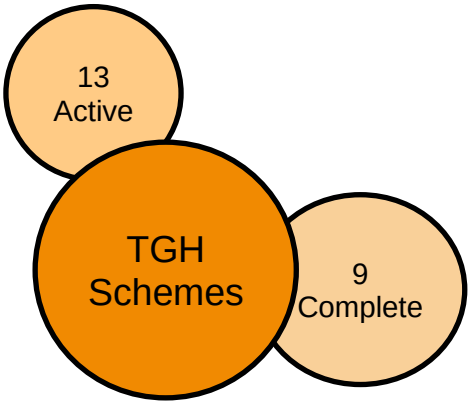
Respiratory Disease Programme

The respiratory transformation programme came to an end in early 2022/23, handing over to a system wide programme of supporting awareness and education and reducing inequalities of access for long term conditions.

The respiratory programme:

- Developed improved pathways through development of a flowchart to highlight what respiratory investigations are appropriate, when and where.
- Supported a review of the pulmonary rehabilitation model of care, including the use of technology.
- Delivered a programme of internal communications to clinical teams to improve compliance with respiratory care bundles.
- Supported primary care and community teams to engage with their populations to raise awareness.





Tameside
Completed Transformation Schemes

Children's, Young People & Families (Phase 1)

A key aim of this project was to support the Integrated Service for Children with Additional Needs (ISCAN) local offer.

As a means of improving the local offer for the ISCAN team, revised pathways were developed to improve wait times and the efficiency of referral triage.

A website has also been developed providing children, parents and carers with a range of information to aid development and education. This site is due to be launched officially in March/April 2023 to coincide with work that is taking place to renovate the reception area at Rowan House Clinic to make the environment more welcoming for children and families.

Medicine Improvement Board

The key objectives of the Medicine Improvement Board (MIB) were wide ranging, including:

- Review the governance and leadership structure of the Division, ensuring appropriate representation & accountability.
- Review the Divisional culture and implement changes as necessary.
- Development a new patient safety programme specific to Medicine.
- Improvement in communications at all levels across the Division, ensuring key messages and learning are disseminated appropriately.
- Supporting the rollout of the Trust Quality Standards framework.
- Improvement to the service provided to patients in Medicine through improved processes, culture and communication.

When handed over to business as usual in June 2022, the MIB continued to develop, providing a forum to actively respond to issues within the Division, later being absorbed by the Division's revised governance structure.

13 Active

TGH Schemes

9 Complete

Tameside Active Transformation Schemes

Urgent Care Improvement Programme

Due to increasing pressure and demands on the urgent care system nationally, this programme of work has been established to support the organisation with patient flow through the department; focusing on effective processes and developing digital resolutions.

Given the rapid changes with service demand and an unpredictable environment; 4 key workstreams have been identified, with improvement streams under each. These are:

- Deflection
- Streaming
- Care and Management
- Communications

Key successes to date include:

- Launch of vocera to aid communications
- Improved medicine pathways to Medical SDEC and supporting SOP
- Increased number of housekeepers to aid nutrition & hydration for patients

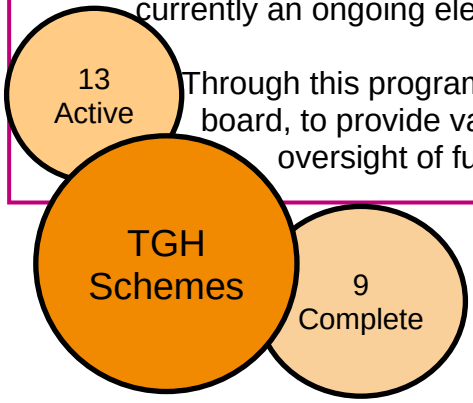
This is an evolving programme of work to support competing demand whilst improving compliance with national targets set for Urgent and Emergency Care.

Outpatients Transformation Programme

The NHS Long Term Plan (2019) places emphasis on digitally enabled outpatient care, which has been supported in the NHS Operational Planning Guidance over the last 3 years. There is an expectation to reduce the activity in Outpatients by 25% and to better support patients to receive the properly joined up care at the right time, in the right place.

The outpatient programme started with 7 key workstreams to ensure the end to end pathway for a patient was considered. 3 of these workstreams have now been embedded as business as usual. Current focus centers on having 0 patients waiting 78 weeks, patient initiated follow up appointments (PIFU) and capturing internal advice and guidance. Key specialties have been engaged and there is currently an ongoing electric clinical outcome sheet (ECOS) roll out across outpatients.

Through this programme, we have been proud to have a patient representative sat on our board, to provide valuable insight to the patients journey through outpatients and provide oversight of future improvements we wish to embed.



Tameside Active Transformation Schemes

Maternity Improvement Programme

Acknowledging the key recommendations and actions of the Ockenden Report alongside delivering the Maternity Safety Standards such as Saving Babies Lives and Birth Rate+, the Maternity Improvement Board aims to:

- Implement the Ockenden immediate actions and recommendations.
- Reduce vacancies for both Midwifery and Obstetric & Gynaecology medical staff whilst improving retention.
- Reduce the number of Maternity Diverts.
- Delivery of all elements of all Maternity Safety Standards.

A detailed plan was developed with eight workstreams. An early success has been Maternity recruitment and retention and a Retention Midwife is now in post. The key workstreams include:

- Listening to our people
- Listening to our service users
- Extraordinary Community Services
- Clinical Governance
- Data, systems & processes
- Flow and patient pathways
- Clinical standards and assurance
- Training – essential and mandatory

Each workstream was purposefully only given a couple of aims to allow for sustainable change. This has allowed for focus and realistic timelines for the programme.

Hospital at Night Project

With the key objectives of "right people, right place, right time", this project aims to improve the safety and quality of care of patients overnight, the working experience of the clinical teams overnight, and the education and training in the out of hours setting.

The project was split into 2 phases. The first phase focused on introducing a hospital at night team, reviewing skill mix and ensuring the right people and systems are available out of hours. Phase 2 will focus on quality and how to support staff deliver better care, focusing on quality handover; education and training; staff facilities; and bleep free breaks.

Achievements to date include engagement from all professions during the scoping phase which has been able to provide quality data to support the anecdotal.

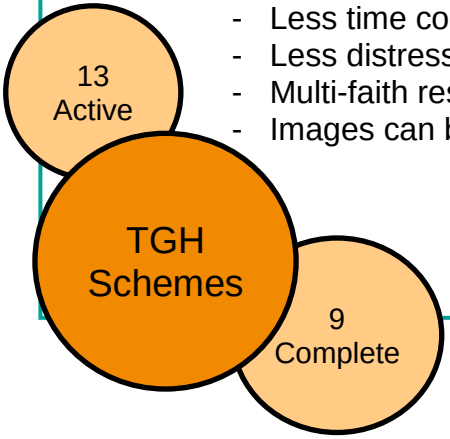
Virtopsy Implementation Project

"Virtopsy is an incision free procedure, using imaging methods that are used in clinical medicine such as CT and MRI imaging in the field of autopsy to find the reason for death".

Current invasive autopsies can take up to 2.5hours to complete. To improve the timeliness of invasive autopsies for our deceased patients the Trust set the ambition to implement virtopsies, with an aim to reduce invasive autopsies by 50% per year. Benefits of this will include:

- Less time consuming than an invasive autopsy
- Less distressing for family members
- Multi-faith respectful
- Images can be referred to after burial / cremation.

The very first Virtopsy at Tameside & Glossop ICFT took place on 30th March 2023.



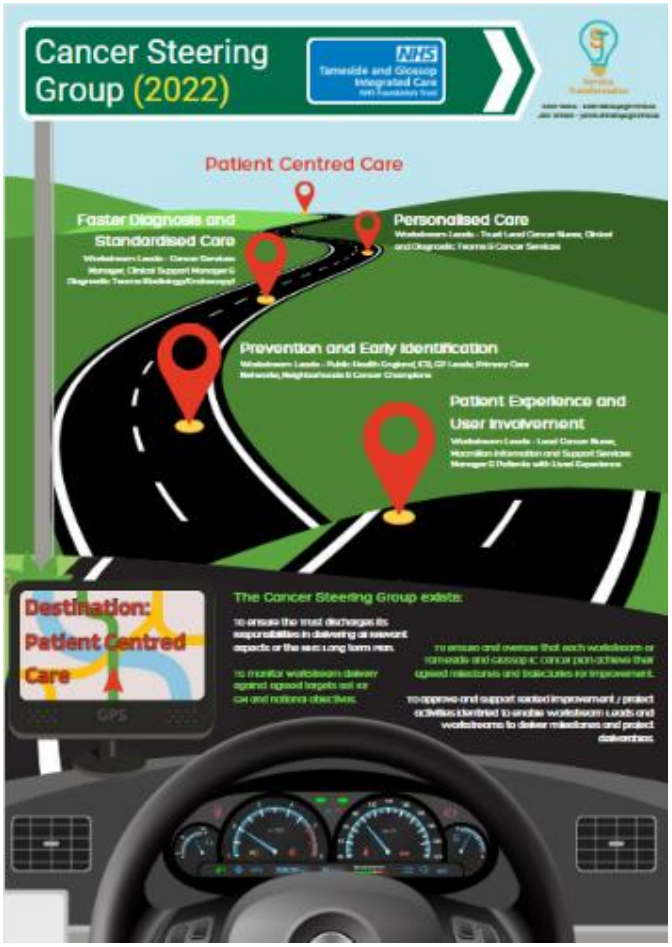
Tameside Active Transformation Schemes

Improving Cancer Outcomes Programme

This scheme of work has been designed as a direct response to the NHS Long Term Plan. In particular, it is focusing on meeting the following aims:

- 75% of patients to be told whether they have a cancer diagnosis, or not, by day 28.
- Roll out of Faecal Immunochemical Test (FIT) Bowel Cancer screening programme, reducing age limit to 50 from 60.

Progress to date has seen the implementation of the cancer best timed pathways for colorectal, lung, prostate and upper GI alongside the introduction of a rapid diagnostic service for patients with non-site specific symptoms. These pathways are under continuous review to support and respond to our faster diagnosis performance. We have also implemented a new FIT process across the system to improve turnaround times for this vital screening diagnostic.

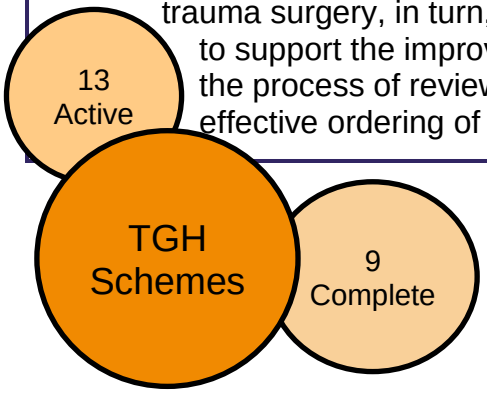


Theatre Quality & Safety Improvement

Based on data and anecdotal information, this programme focused on staff behaviours; management of stock; theatre utilization; workforce requirements; and structures. 10 workstreams have been identified to improve the overall performance of our theatres, with an overarching aim to improve theatre utilisation, which in turn will improve productivity enabling us to reduce backlog waiting lists.

By March 2023, the scheme has been able to achieve its initial theatre utilisation target of 85%. We are now working towards a stretch target of 90%. All staff are encouraged to voice their ideas for improvement, and where they would like to be involved. Safety champions have been identified in each theatre – identifiable by a purple hat.

Coming up we will be launching a tracker to support effective management of patients requiring trauma surgery, in turn, ensuring a better patient experience. Listening events are scheduled to support the improvement of culture and behaviours amongst the team. We are also in the process of reviewing our stock management system and updating this to ensure effective ordering of theatre equipment in line with usage and demand.



NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Tameside Active Transformation Schemes

Delirium Pathway Project

As a Trust, it was identified that we are over-admitting patients for Urinary Tract Infections (UTIs) and failing to assess patients for delirium. As a result, action has been taken to address this imbalance. This project set out to achieve the following aims:

- Improve Delirium diagnostic accuracy (and management for true UTI)
- Improve Delirium identification using a validated tool
- Develop clear pathway for Delirium
- Develop Education & Awareness for Delirium

To date, we have made the following progress:

- CFS, NEWS2 & 4AT being captured with Frailty SDEC supporting ED 70 hours per week over 7 days
- Tools have been agreed to improve identification of delirium
- A delirium pathway & Standard Operating Procedure have been developed and ratified
- 'Think Delirium' campaign has been agreed for education & awareness
- Collaboration work with GM ICB, TGH and Dementia United has started to support improving the offer for delirium in the community.

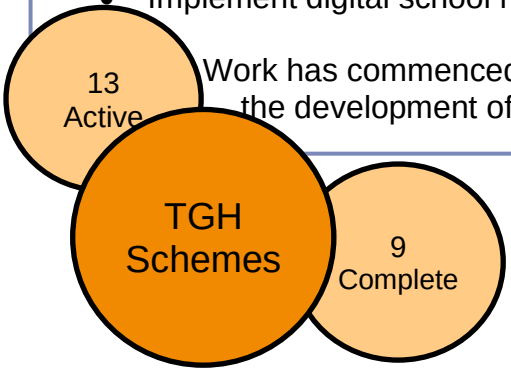
Work is ongoing to embed this work, including through a mandate on the 4AT in the ED clinical assessment card and rolling out the education and awareness communication plan. We also know the importance of measuring this work and are seeking to measure the impact of the identification tool and pathway alongside completing a documentation trail to audit delirium through the Trust.

Children, Young People & Families (Phase 2)

Following on from phase 1, this scheme aims to:

- Review our workforce to support the Healthy Child Programme and Core20Plus5
- Move from a corporate caseload model to a caseload holder model for Health Visitors and School Nurses
- Review the core functions of health visiting, School Nurses and Cared for Children teams
- Implement risk stratification tools to improve caseload management.
- Implement digital school health questionnaires

Work has commenced through listening events and process mapping sessions to support the development of this programme.



Tameside
New Transformation Schemes 2023-24

Pharmacy Development Programme

Flow through the pharmacy has become an issue, resulting in lower staff morale within the department. The aim of the Pharmacy flow improvement programme is to address inefficiencies in current processes and improve communication between different teams in pharmacy with a view to also improving staff wellbeing.

It has been identified that a communication campaign is required to support the improved knowledge of pharmacy processes to the wider organisation. Education has been identified as a key workstream to support this project.

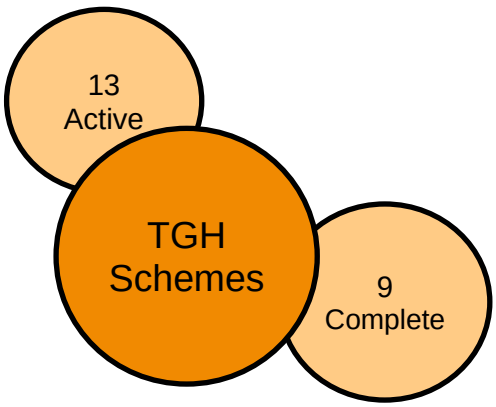
Additional future steps of the project will be to introduce a new robot in the dispensary in early 2024 and pilot the printing of electronic FP10's to help eligible patients correctly claim free NHS prescriptions.

Pathology Development Programme

The Pathology Improvement Programme is in its infancy, with the first Programme Board due to sit on 20th March 2023. Following an initial scoping exercise,
4 key workstreams have been identified:

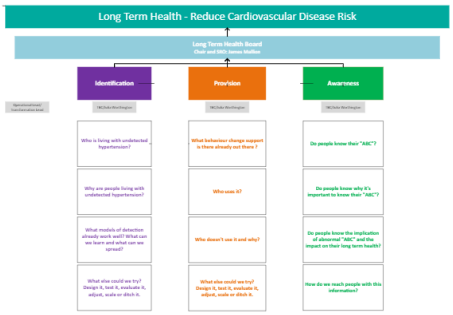
1. Workforce Development and Wellbeing
2. Process/Digital
3. Communication
4. Education/Training.

The aim is to improve result turnaround times through a review of skill mix, recruitment, culture, capacity and demand mapping to futureproof the service.



Tameside Neighbourhood Transformation

Improving Long Term Health



This programme in the first instance aims to improve secondary prevention of CVD. We have established the gap between predicted prevalence and actual prevalence of hypertension in Tameside and identified that language and communication are an existing barrier to access.

To support this piece of work 8 groups from ethnically diverse communities have been identified, who are willing to co-produce action, in an effort to decrease barriers to access. To support this two engagement sessions have been held and 8 workshops have been planned to take place throughout April and May 2023.

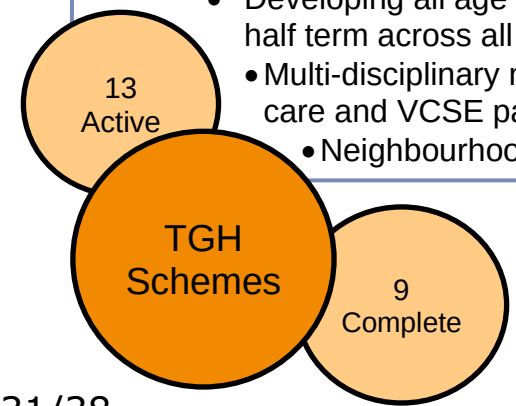
Neighbourhood Transformation

The Transformation team support the Tameside system in developing strong, multi-disciplinary neighbourhood working through coordination and leadership of the cross organisational neighbourhood priorities and the neighbourhood programme of works. Supporting the development of strong relationships with communities, voluntary and community services as well as formal health and care services within the four neighbourhoods of Tameside:

This work aims to improve the access and coordination of the neighbourhood health and wellbeing services for people living in Tameside.

Progress made so far: -

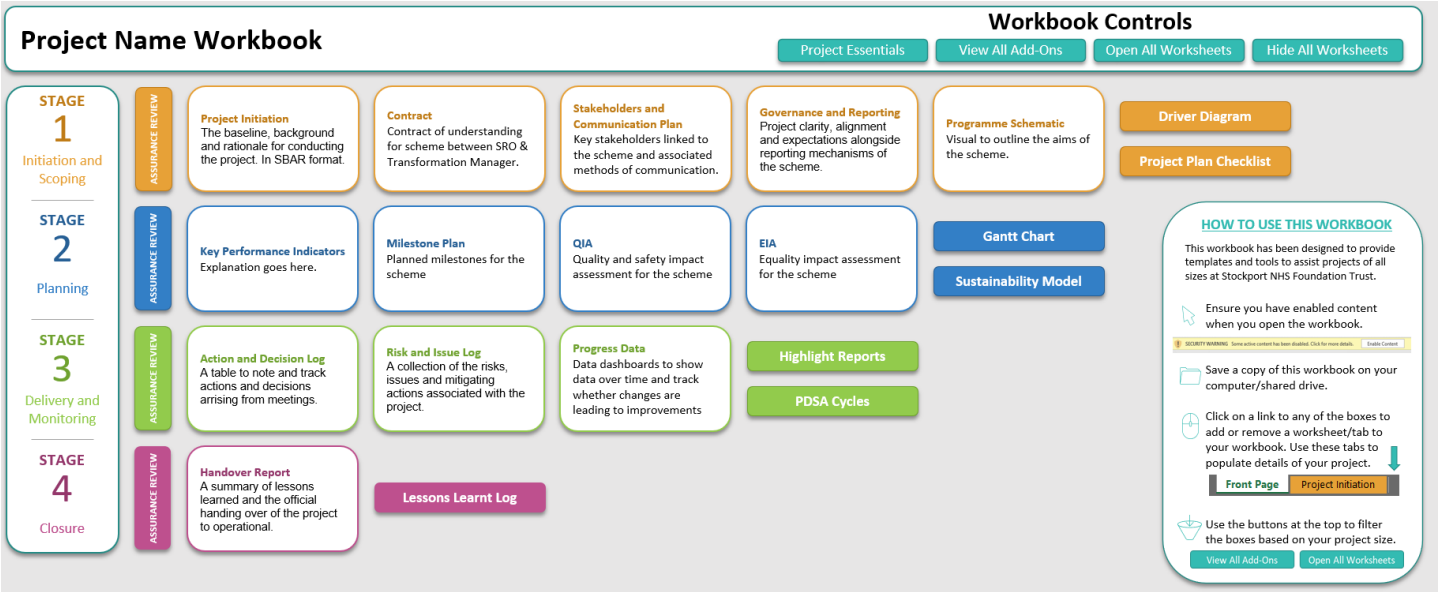
- The Transformation team has supported neighbourhoods to respond to the cost-of-living crisis through mapping, communication and awareness of emergency food services
- Developing all age actions to support the Fuel 4 Fun events which took place in February half term across all 4 neighbourhoods focusing on Nutrition & fitness.
- Multi-disciplinary neighbourhood meetings are well established and involve health, social care and VCSE partners
- Neighbourhood teams have agreed key priorities to focus on as a group of providers.



Trust Scheme Governance and Assurance

2022-23 has seen a review of internal governance processes within the Transformation Team. Ensuring effective internal governance processes will provide accountability that defines and controls the outputs, outcomes and benefits from the projects, programmes and portfolios of work. Additionally, it will ensure we are ready and accountable at times of CQC inspection.

To support this process, a new programme workbook has been developed and implemented for each scheme supported by Transformation. This provides a 4-stage model, with an in-built assurance process at each stage. This ensures the scheme does not proceed until all necessary parameters are met to support progress and sustainability of the programme. The assurance process is completed by the Head of Transformation/Associate Director of Transformation & Neighbourhoods across both sites on a monthly basis before reporting to the Director of Transformation



The assurance process ensures that our documentation is of the highest quality, and our programmes of work are in a position to be showcased at any point in time.

If, following an assurance review, a scheme is noted to be going off plan, a meeting will be put in place by the Head of Transformation/Associate Director of Transformation & Neighbourhoods with the SRO, Operational Lead and Transformation Manager, to review any issues or blockages that may be occurring and develop a forward plan. This will also be highlighted within the report through to the Service Improvement Group and escalated accordingly.

Additionally, a Transformation SOP has been developed as a means by which together we will drive and deliver the transformation of our services for the patients we serve as organisations. It provides clear guidance as to the process for requesting Transformation resource; reporting arrangements; managing the improvement programme and handing the project over to business as usual.

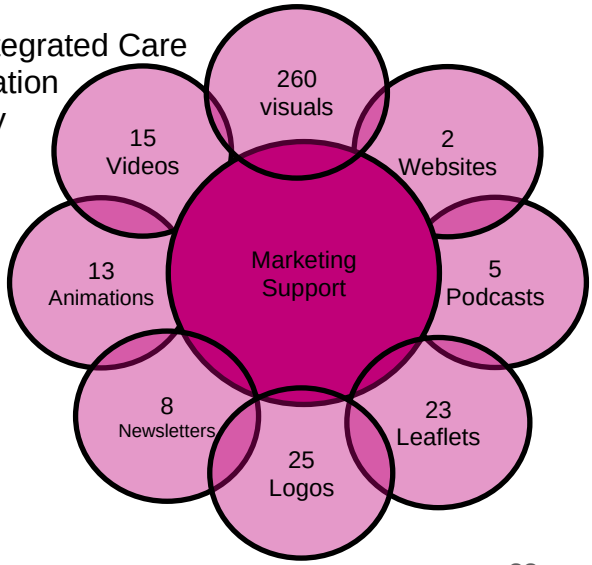
Marketing Support

The Transformation Team support internal and external promotion of improvement work that occurs across both organisations. This element is integral to the roles of every member of the Transformation Team. However, due to the increasing demand for this digital offer, this year has seen the introduction of a cross-site Marketing role as an addendum to one of our Transformation Support Assistants roles.

This year has seen marketing support in the following ways across both sites:

This support is available to colleagues at both organisations for all improvement related support, even if it is not receiving any other Transformation support. A request process is in place, to ensure that requests can be prioritised and resources managed effectively.

Planning for a Transformation Event at Tameside & Glossop Integrated Care NHS Foundation Trust in April 2023 and Stockport NHS Foundation Trust in June 2023 is also underway, which will be supported by videos, posters and much more.



NHS Stockport NHS Foundation Trust

NHS Tameside and Glossop Integrated Care NHS Foundation Trust

Quality Improvement Training

We currently provide quality improvement training across both organisations.

Stockport FT provide robust training across a range of modules on the preceptorship programme, targeting those coming into the organisation and their professions, to set them up for their future career.

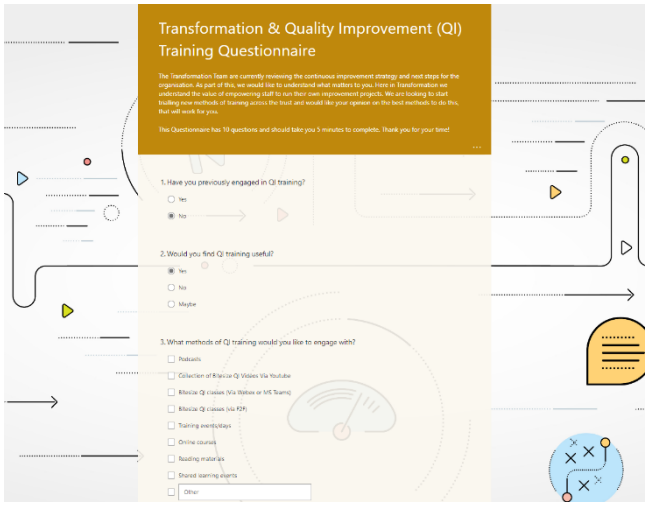
Tameside and Glossop ICFT provide regular training on the organisations ASPIRE leadership programme, encouraging leaders within the organisation to support continuous improvement.

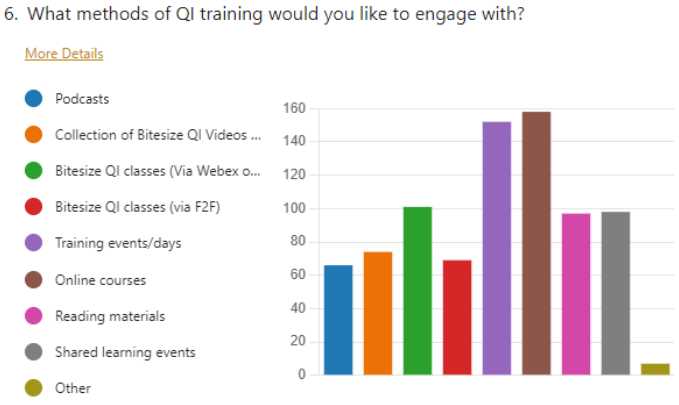
Both organisations encourage participants to complete their own QI project as part of these programmes.

We understand the importance of continually reviewing this, to ensure we are providing the most up to date training to our staff, in a way that suits them most and want to pursue a standardised approach to our training across both organisations.

Consequently, we have engaged with staff across both organisations to understand how they would like to most interact with this training. This is important as:

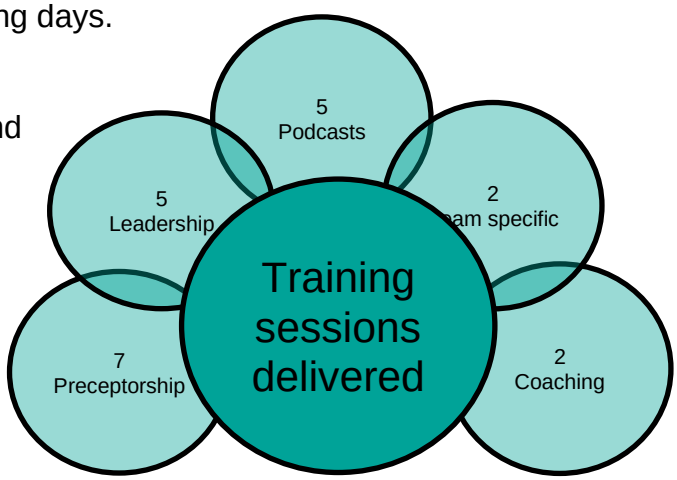
- Everyone has different learning styles;
- The 24/7 nature of an acute provider means training needs to support people through their individual working patterns.





To date we have learnt that 98% of 232 respondents wish to participate in QI training. A range of methods have been requested by the respondents from podcasts to bitesize videos and training days.

Following the conclusion of this engagement period, and alongside the revision of our transformation strategy, a new proposal for QI training is in development.



Effective Use of Transformation Resources

The Transformation Team are here to support both organisations in a range of ways that supports the continuous improvement of our services. In turn, we recognise our support to operational and clinical colleagues, can, at times of high pressure, be valuable in ways that may not be conventionally seen as transformation. We pride ourselves on being there to ensure the improvement and transformation can occur, ensuring effective use of our transformation resources.

Utilising our skills and breadth of knowledge of the organisations, we have also supported:

- Locality and external provider visits
- Team Away Days
- Operational Planning processes
- Organisational Development sessions including delivering the Lumina Sparks sessions, with 8 members of the team now trained as practitioners
- Induction Days
- Engagement sessions with staff and patients
- Business case development
- Supporting the GIRFT process
- Silver Command during times of command and control including for the COVID-19 pandemic and during times of industrial action
- Award nominations for local and national awards
- Medicine and Urgent Care Trust Efficiency Programme

We have utilised many of our tools to support our work, including conducting:

- 90 workshops
- 60 process mapping sessions
- 11 time in motion studies

Alongside more action & decision logs and risks & issues logs than we can even begin to count.

We have engaged with staff and our service users to ensure they remain at the heart of all improvements, and shared our successes widely on both local and national platforms.

Next Steps

CONTINUOUS IMPROVEMENT STRATEGY

As we strive towards “outstanding” across both organisations, we know our improvement journey is paramount. This is not just about the corporate agreed Transformation schemes, but also the continuous improvement work that happens across all divisions in both organisations.

In building our continuous improvement strategy, we aim to develop a 3-year plan that will support all staff, across both organisations adopt continuous improvement. Through a new, simple to use methodology, for people at all levels, no matter what their existing knowledge and skill level for improvement is.

Our team are currently engaging with stakeholders across both organisations, to understand what matters to them, to help us shape a strategy that works for all.

To date, our engagement has focused on our staff and understanding their current knowledge of quality improvement and how they action this in their work environments. It has also explored the appetite for undertaking training to further their knowledge, and how this could best be delivered.

This has lead to the development of our first draft of the ADOPT Continuous Improvement Strategy, which focuses on the following key themes:

As we move into the next phase of our engagement, we plan to speak to our partners and members, to ensure our golden thread of serving our local populations is evident throughout.

Testimonials

From a project operational lead perspective I feel the level and quality of transformation support received during this project has been fantastic. Having transformation working with the project team has been invaluable and has really helped to alleviate some of the workload pressures I've personally experienced when leading on previous projects. Their communication and organising skills were key strengths that the project benefitted hugely from. They have been especially helpful in ensuring good quality governance, structure and documentation around the project. ... They also supported a lot of the 'doing' in between project meetings, helping and supporting project members wherever possible to complete tasks. I feel the transformation team support enabled me to focus much better on providing leadership to the project, ensuring we got the appropriate level of engagement from others, holding members to account for specific tasks/actions, and keeping a broader focus on the overall project objectives and deliverables.

(Associate Divisional Director – Stockport)

The whole process of transformation has been a pleasure and extremely effective in data gathering and monitoring to deliver improvements. The transformation team had engaged very well with all the stakeholders and ensured a distribute leadership culture with this project. The outcome fulfills the aims as set out in the project proposal and has even uncovered further potential for improvement. I would like to thank the Transformation Team for their support and leadership in this transformation project.

(Directorate Manager, Tameside)

Working with Transformation Teams across Greater Manchester, it is an absolute pleasure to work with Tameside and Stockport, as you know when the Transformation Team at either of these organisations is involved, things will happen and it makes my role in GM so much easier. The ethos of the team to "do" and lead others is a real exemplar in Greater Manchester.

(Senior Programme Manager – Greater Manchester)

It is absolutely fantastic to see all the support the Stockport Transformation Team have provided which has enabled the great work that has been presented. I love the team ethos and I am really proud and excited to be part of the ongoing improvement journey.

(Associate Director of Nursing, Stockport)

I just wanted to take this opportunity to say a really big heartfelt thank you for today's event (and all the other days that you keep us going).

Today was absolutely uplifting! I know we are all going home today feeling on top of the world, remembering what we achieve even when some days it feels like groundhog day.

We all learnt a few things and even got some new ideas flowing.

Thank you so so much – we really do appreciate everything you do Team Transformation.

(Divisional Director, Tameside)

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NHS Stockport NHS Foundation Trust

Meeting date	1 June 2023		Public		Confidential	Agenda item
Meeting	Trust Board of Directors					
Title	Digital Strategy 2021-26 – Delivery Report: No 2					
Lead Director	Director of Informatics	Author	Chief Information Officer			

Recommendations made / Decisions requested

The Board is requested to note content of the report.

This paper relates to the following Corporate Annual Objectives-

x	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
x	3	Develop effective partnerships to address health and wellbeing inequalities
x	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	Use our resources in an efficient and effective manner
x	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts

		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
	x	**PR7.1**	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long- term impact on the Trust's capability to deliver modern and effective care

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

Following approval of the Trust's Digital Strategy in December 2021, the attached report provides the 2nd update on the delivery of this Strategy. The 1st update was provided to the Board in October 2022.

The report follows the same format of the overall strategy and focuses upon the Trust's seven digital ambitions.

1. Introduction

1.1 The aim of this report is to update the Board with work that has been undertaken in the last six months to deliver the Trust's Digital Strategy. Detailed below are the key highlights from the report.

2. DIGITISE patient care

2.1 Work is progressing well on the Joint EPR Programme with Tameside. A joint OBC was supported by both the Stockport and Tameside Boards at the beginning of the year to progress to formal procurement (subject to all external approvals). It was recognised at this stage that the OBC presented an affordability gap. This position, however, was not accepted by the national Frontline Digitisation (FD) team and a formal external review was undertaken on the financials within the case. All Trusts' details presented were accepted by the FD team and additional work was undertaken on impairment rules. This work did reduce the funding gap and the external approval process is now underway with final approval anticipated in August 2023.

2.2 Replacement of the Trust's laboratory system (Telepath) is well underway with the new solution called Winpath supplied by Clinisys. The Trust team is working with three other Trusts in GM to develop a standardised build that will support future GM pathology networking.

2.3 The new ophthalmology EPR solution is now successfully live for cataracts with other sub specialities coming on line in the next two to three months.

2.4 Optimisation of the GM PACS solution is underway with the introduction in the use of Artificial Intelligence (AI) technology. Currently AI is used to quickly identify stroke patients suitable for thrombectomy and testing is underway to support early diagnosis of lung cancer cases.

3. EMPOWER our patients

3.1 In the last six months, the main focus has been supporting the establishment of a virtual ward service that is managed by Tameside's Digital Health Service. Ensuring appropriate access to Trust systems for the Tameside team to enable access to patient information was essential as well as configuring the Trust's EMIS solution to enable the appropriate data collection.

4. SUPPORT our staff

4.1 Our Digital Nursing team, in conjunction with our digital technology and support staff, have focused on providing increased presence in the wards to ensure all digital kit is well maintained so that that staff have devices readily available at the point of care. Additional new computers on trolleys, and hand- held devices have also been provided to enable staff to easily access kit thus improving their user experience. The weekly ' digital ward rounds ' have been seen as an excellent initiative and Tameside colleagues have visited the site to view the process with a view to adopting the practice.

4.4 INVEST in our infrastructure

4.1 The rollout of Virtual Desktop Infrastructure across all community locations and remote workers has now been completed, providing improved connectivity and end- user experience for staff. Planning is now underway for the rollout of this technology for acute site

4.2 Full investment and planning now completed to enable the delivery of the new replacement wireless infrastructure and network cabinet refresh programme.

4.3 Work continues on security patching of our systems and infrastructure to keep the Trust safe from ever- increasing cyber-attacks. Investment has also been made in a product called Palto Alto to provide assurance of cyber safety of medical devices connected to Trust network.

5. ENGAGE our clinical leaders to improve quality

5.1 Holly Carr, our new Chief Clinical Information Officer, commenced in post in November 2022 and has met with all senior clinicians and is building a network of all clinicians to engage in the Trust's digital agenda. This will support all current digital projects as well as lay the engagement foundations for the planned EPR programme.

5.2 Clinical coding is also progressing with its modernisation programme with the spilt of the department into two distinct functions; operational delivery, and audit and training. A new interim clinical coding lead from Tameside has also been appointed to commence the delivery of phase 2 of this programme.

6. ENHANCE our performance

6.1 Work continues on the optimisation of the Trust's data warehouse and has seen the completion of activities to enable all statutory contracting data to be submitted via the warehouse removing the reliance on the PAS system. Also, the infrastructure of the warehouse has been transferred from a cloud solution back to being hosted on site to remove issues with speed when transferring vast quantities of data.

6.2 There has been continued delivery of new data dashboards to support operational processes, including an ED dashboard and theatre dashboard to improve the theatre booking processes, as well as dashboards to support service improvement programmes.

7 COLLABORATION with our partners

There is ongoing engagement with digital partners in Stockport and GM. Meetings are also been held with Mid and East Cheshire as they progress with their EPR programme.

8 Recommendations

The Board is asked to note the content of this paper and supporting Digital Strategy; Delivery Update: No 2 report.

Digital & Informatics Team

NHS Stockport NHS Foundation Trust

Digital Strategy

2021-2026

Delivery Update: No 2

Trust Board of Directors

May 2023

CONTENTS

1. INTRODUCTION

This is the second update report on the delivery of Trust's Digital Strategy (2021-2026). The Strategy was approved by the Trust Board of Directors in December 2022 and the first update report was received in October 2022.

The delivery of the strategy is the responsibility of the Digital and Informatics Teams with oversight from the Digital & Informatics Group. This Group meets on a bi-monthly basis and is chaired by the Director of Informatics. Key Issues & Assurance Reports are presented to the Finance and Performance Committee.

2. REVIEW OF AMBITIONS

The report is structured around the seven key ambitions of the strategy (see diagram below) and provides an update on the actions listed against each of the ambitions in the strategy document.

3 FUNDING OPPORTUNITIES

In addition to the c £8 million external digital funding awarded in 2022/23 to fund key projects such as a LIMS (Laboratory Information Management System to replace Telepath), an Ophthalmology EPR and investment in a replacement acute wireless solution, £22 million national digital funding has been allocated to the Trust over next three years to support the delivery of a joint EPR solution with Tameside.

OUR DIGITAL AMBITIONS – 2021-2023

WHAT HAVE WE DELIVERED?

Acute EPR (Electronic Patient Record)

The availability of significant external funding from the national NHS Frontline Digitisation programme supported the establishment of a formal Trust Acute EPR programme, which commenced in May 2022. In July 2022, Tameside was also advised that external funding would be available to support the replacement of their current Lorenzo EPR. Stockport and Tameside are now progressing jointly with this programme with the development of the Trust- Boards- supported Joint Outline Business Case and pre-market engagement activities with EPR suppliers. The EPR OBC is now undergoing an external approval process to enable formal procurement of an EPR to commence in Summer 2023.

Laboratory Information Management System (LIMS)

In 2021/22, the Trust was successfully awarded c £4 million [over three years] of national digital diagnostic funds to enable the Trust to procure a new Laboratory Information Management System (LIMS) to replace the current c 40-year old Telepath solution. The formal LIMS programme is progressing well with a planned go live date of March 2024. The LIMS programme now forms part of a bigger Pathology Digital Programme which also includes the implementation of an electronic blood tracking system, due to go live in June 2023, and Digital Pathology (digital images of pathology specimens). Stockport was the first Trust in GM to complete its technical go live, with pathologists currently undertaking training and clinical validation.

Optimising existing systems and maximise capabilities

The Digital Nursing Team has delivered an enhanced out- of- hours task- management solution with the introduction of an SBAR (Situation-Background-Assessment-Recommendation) process into Patientrack alongside some other key nursing assessments. The team continues to develop the system as requested to support streamlining of patient- care delivery and user- experience.

The PAS Team has been working with the training team to move all PAS (green screen) users onto the more modern Patient Centre System to streamline system access and management of the system during upgrades. The plan is to complete this piece of work by the end of Q3.

PATRON – single point of clinical- system access

Built by our in- house Development team, PATRON went live in May 2022. The solution has enabled clinicans to have direct password sign- in to clinical systems, and patient records launched in context, to avoid multiple logins and patient searches. The feedback to the solution has been very postive with comments such as *' I signed up to Patron a few weeks ago and I have found it very useful, I feel it has saved me a huge amounts of time'; 'Overall the software has made a big difference to my day job and on call'; 'Patron has made a big difference in our job on AMU too!'; 'Believe me, it's made a big difference and has made it easier for us.'* With over 1,000 clinical users, this solution is seen as an interim solution to support clinicians until the Trust implements a new acute EPR.

Maximising the benefits of Community EPR

The Community EPR Team has been onboarding some smaller teams onto EMIS (e.g. Learning Disability, Parenting, Infant Feeding, and Equipment and Adaptation services) to continue to support the paperlite way of working across Community Services. They continue to support existing users of the system with developments to new templates and assessments to support patient- care delivery.

Expanded system integration and data sharing

Providing clinical patient data into the Greater Manchester Care Record (GMCR) is a key requirement for the Trust. To date, ED attendance, outpatient appointment and attendance data has been provided. In 2022, details of patients' health- care records (discharge summaries) have been delivered and work is continuing on the supply of pathology and radiology results.

Optimise Theatreman solution

Recruitment of a new Theatreman System Manager in November 2023. System Manager hoping to progress a system upgrade in late 2023. Full training package required to support delivery.

Exploit benefits of GM PACS solution

Following stabilisation of the GM PACS solution, work is continuing in the use of Artificial Intelligence (AI) for radiology reporting. Currently across GM, Rapid AI is used to support reporting on images from stroke patients to quickly identify patients suitable for thrombectomy. Testing is now underway on QURE AI ,with the aim of prioritising reporting of chest x-rays for early diagnosis of cancer. Testing is also underway for integrating GM SECTRA PACS with East Cheshire's PACS solution to support joint MDTs and clinical pathways.

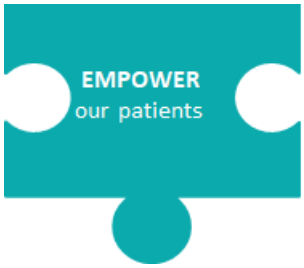
Specialist Ophthalmology EPR

The Trust was awarded £200K digital funding to procure a new specialist ophthalmology system (Open Eyes). This solution is now live for cataract services with glaucoma, and medical retina services planned to go live in May and June respectively. The system will then be handed over to business as usual with the system manager handling the rollout to smaller sub-specialty areas. The benefits of the new system to date are defined patient workflows with standardised templates and methods of data entry. The service is also working on integration with specialist ophthalmology devices to insert images directly into the EPR system.

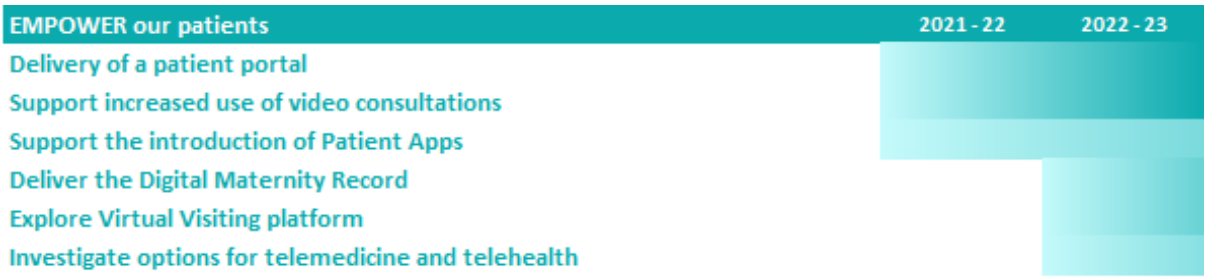
Explore use of AI/VR & NLP

The Trust was successfully awarded £250K to enable the purchase of an enhanced digital- dictation solution and a number of voice recognition licences. Enhanced digital dictation allows the clinician to dictate their letters but instead of providing medical secretaries with voice files from which to type the associated letter, a text file is provided for the secretary to review and then send. Following a successful pilot, enhanced digital dictation has been implemented across all clinical specialities with the exception of General Surgery and Obstetrics and Gynaecology which are due to go live in Q2 of 2023 . The benefits of this solution is reduction in turnaround times for letters being sent to GPs.

A number of voice recognition (VR) licences have been assigned to histopathology, enabling the histopathologists to dictate their own letters, reviewing the text as they dictate, meaning that reports on samples are produced in a timely fashion. A plan for the use of the remaining licences is under development in consultation with the Medical Director.



OUR DIGITAL AMBITIONS – 2021-2023



WHAT HAVE WE DELIVERED?

Delivery of a patient portal

Comprehensive patient portal functionality will be procured as part of an acute EPR solution; however, using a current Trust system supplier, a basic patient portal has been established allowing patients to read their outpatient appointment letters and receive messages to confirm their requirement for an appointment if there are long wait times. Work is currently being undertaken to link the Trust's portal to the NHS App to enable patients to view their letters from a range of trusts.

Support increased use of video consultation

After being awarded £80k of external digital funding [over two years] to extend the use of Attend Anywhere [national VC solution provided by the national team to support OP activities during COVID], work continues to encourage acute and community clinicians to use this solution. As funding will cease in March 2024, work on options for a new solution will be commencing shortly.

Support introduction of patient applications

As part of a GM elective recovery programme, the Trust piloted the 'My Recovery' application. This supports patients cared for by Trauma & Orthopaedics in completing questionnaires to enable the team to track pre- and post- operative patients.

Delivery of the digital maternity record

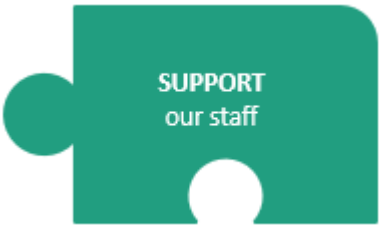
Rollout of laptops across Maternity Services and increased provision of computers on wheels across in antenatal and birthing areas. Supported the transition from Lead Digital Midwife to a new recruit. Continued development and delivery of enhancements to the maternity system; however, progress has been slow due to supplier capacity.

Explore virtual visiting platform

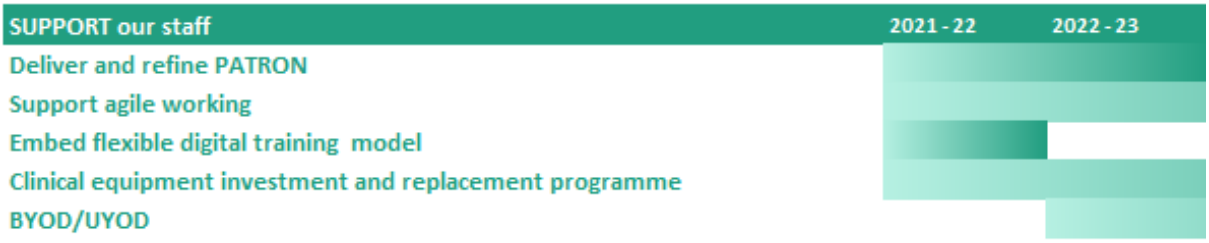
No updates

Investigate options for telemedicine and telehealth

Working with Tameside and Glossop Digital Health Services, have gone live with virtual ward and LCAS functionality. Year- end investment has supported purchase of an additional 30 telehealth devices to support growth of the scheme.



OUR DIGITAL AMBITIONS – 2021-2023



WHAT HAVE WE DELIVERED?

Deliver and refine PATRON
This is covered in section ' Digitise Patient Care'.

Support agile working
To support the increased agile working arrangements, the service has provided c 1600 devices, a new remote access platform (VDI) , ' soft phones' via the Unified Communications programme, and benefits of enhanced agility, and collaboration with MS 365.

Embed flexible digital training model
E- learning training has been split into smaller modules to allow flexibility when completing training. Further optimisations around use of new technology and information videos being investigated to ensure training is delivered at the right time and appropriate to role.

Clinical equipment investment and replacement programme
The Digital Nursing Team has visited all wards to ensure all existing kit is working as expected, and arranged fixes and replacements as required. The reviews also highlighted where the additional devices would be useful. The Team is currently rolling out these devices across all clinical areas to support changes in ways of working and care delivery. There are approx. 30 devices left to be distributed. Work has also been undertaken to remind staff in clinical areas how to report issues with broken IT equipment to ensure that they can be fixed as soon as possible.

BOYD/UYOD (Bring/ Use Your Own Devices)
No updates

OUR DIGITAL AMBITIONS – 2021-2023

WHAT HAVE WE DELIVERED?

Complete delivery of Unified Communications Programme

All actions now completed with successful implementation of new digital telephony platform across both acute and community, including the installation of c3000 physical handsets. Programme formally closed in Sept 2022.

Introduction of Virtual Desktop Infrastructure (VDI) and Office 365

Rollout of the new VDI solution has now been completed across all community locations and for staff who are working flexibly from home. This solution has improved connectivity and user- experience in advance of the acute rollout in 2023/24.

Review and rationalise desktop estate

Once the VDI programme is complete, a full desktop/laptop rationalisation programme will commence. This will enable streamlining of day- to- day support from the Digital and Technology team and reduce overall energy consumption to support the Trust's Green Plan.

Replacement of Beech House data centre

No updates

Review external partners IT support arrangements

No updates

Digital equipment tracking system

Following the award of c £800k of external funding, a new digital system called Kontakt.io has been procured. This solution will initially track key clinical equipment and beds.

Review patient 'infotainment' system

No updates

Centralised printing solution

The programme has commenced and a contract is now in place with Ricoh. This will replace all printers across community and acute sites with larger, more capable MFDs (Multi- Function Devices) that includes scanning and copying.

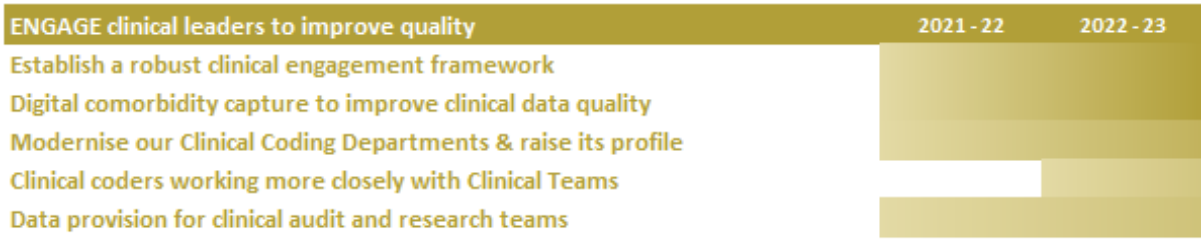
Maintain security against cyber- attacks

Enhanced system- patching has been implemented, a strengthening of staff passwords introduced, and the use of two- factor authentication commenced. In addition, a rolling programme of Windows 11 upgrades has been established. Additional infrastructure has been invested in , 'Palo Alto', which will replace the GM provided cyber-security solution with a more enhanced and adaptive cyber-security capability to keep up with the ever-evolving cyber- threat landscape. Supportive of the technology- related enhances, the development of a Trust cyber-security strategy has commenced.

Replacement acute wireless infrastructure

The current acute wireless infrastructure is end of life and a new wireless network programme has been established to implement its replacement. The scope of the programme has evolved to include core elements of the underlying infrastructure; i.e. 70+ network cabinets. The programme is planned for completion in March 2024.

OUR DIGITAL AMBITIONS – 2021-2023



WHAT HAVE WE DELIVERED?

Establish a robust clinical engagement framework

A scoping exercise is currently underway to determine key stakeholders across all specialities from diverse multidisciplinary backgrounds. Once scoped, the discovery will inform the establishment of an engagement framework that will underpin digital clinical safety, IT development prioritisation, and EPR procurement/implementation. Efforts are currently underway to increase the presence and impact of digital clinicians across the organisation to promote pipeline projects and to garner momentum and interest in the digital and informatics specialties.

Digital comorbidity capture to improve clinical data quality

A prototype has been designed by the Digital Development Team. Work needs to progress on the agreement of work flows and processes for clinical coding and re- engagement with clinicians.

Modernise our clinical coding department and raise its profile

The department has been reorganised into two functions: operational delivery; and training and audit. This is phase 1 of the overall modernisation plan. An interim coding service manager has been appointed to work through Phase 2 of the plan which includes a revised management structure for operational delivery.

Clinical coders working more closely with clinical teams

No updates

Data provision for clinical audit and research teams

No updates

OUR DIGITAL AMBITIONS – 2021-2023

ENHANCE performance and operational service delivery	2021 - 22	2022 - 23
Optimise capabilities of the Data Warehouse		
Modernise internal operational and performance reporting		
New informatics portal for access to all reports		
Expand range of clinical reports & clinical quality dashboards		
Programme of work with our community based services		
Support developments in Population Health delivery		
Increase our data science skills		

WHAT HAVE WE DELIVERED?

Optimise capabilities of the data warehouse

All national CDS data files (OP/Inpatients/ED/Community) are now being submitted directly from the Trust's data warehouse, removing reliance on our PAS supplier. Additional automated data submissions have been developed into GM on a daily basis (virtual ward stays and daily discharges). Development is underway for new daily NHSE Faster Data Flows data extracts and work continues on building reporting layers and new data models including electronic prescribing data and patient observations.

Modernise internal operational and performance reporting

Continued review and developments to the weekly Executive Team performance report; further dashboards have been developed in Tableau, including a live ED dashboard and an operational forward view of theatre bookings to help improve theatre utilisation. Dashboards are developed as part of the Trust service improvement programmes and the Business Intelligence team works closely with operational managers to review new requirements.

New informatics portal for access to all reports

Investigating options for the delivery of informatics portal.

Expand range of clinical reports and clinical quality dashboards

A range of dashboards have been developed to support clinical and patient safety assessments including fluid & hydration, MUST nutritional dashboard, intentional rounding, and dressed- is- best dashboards. The Business Intelligence team are members of the Deteriorating Patient Group and provide data to support a range of clinical measures and improvements including NEWS2, missed/batched patient observations, safety medications, and auto bleeping.

Programme of work with our community- based services

Work continues on transitioning community data to the new data warehouse; national focus has been on community waiting lists data and the UCR 2- hour standard. The Trust has been working on these national requirements to improve the quality of nationally submitted community data. A review is underway of operational reporting to transition to the Trust data warehouse and decommission the legacy community reporting.

Support developments in population- health delivery

The Business Intelligence team are members of a new GM data science collaborative group, working collaboratively exploring the possibilities of the data science software product 'data robot', and the value it might have for the Trust.

Increase data- science skills

One member of the BI team has completed a PG Cert in Health Data-Science, with a further member of staff accepted into the Health Service Modelling Associates Programme (HSMA).

OUR DIGITAL AMBITIONS – 2021-2023

COLLABORATE with our partners	2021 - 22	2022 - 23
Link closely with Tameside digital teams		
Digitally support the Joint Clinical Strategy with East Cheshire		
Explore options for joint digital working		
Review internal & external technical interoperability capabilities		
Alignment of ambitions with Stockport and Greater Manchester		

WHAT HAVE WE DELIVERED?

Link closely with Tameside digital teams

Where opportunities have arisen, the teams are working closely together, including the use of resource from Tameside to support current interfacing requirements, and support to the clinical-- coding department. Stockport and Tameside are collaborating closely on a joint EPR Programme.

Digitally support the joint clinical strategy with East Cheshire

The digital teams will be engaged once required to participate.

Explore options for joint digital working

No updates

Review internal and external technical interoperability capabilities

No updates

Alignment of ambitions with Stockport and Greater Manchester

The Trust's Chief Information Officer (CIO) attends the Stockport Digital Leaders meeting on a monthly basis and the weekly meeting of GM Provider CIOs. Both forums ensure that Stockport's ambitions and delivery plans are aligned to external plans.

SUMMARY

Delivery of the Digital Strategy is progressing well, supported by the significant external investment which the team managed to secure. In addition, the Trust's major digital ambition of a new EPR solution is also progressing, which is a positive step for the Trust. The teams will work hard to keep this activity on track and ensure close collaboration with Tameside so that significant external funding can be secured and the programme delivered. It should also be acknowledged that the Digital and Informatics Team continues to deliver the day- to- day activities highlighted in the diagram below (e.g. answering helpdesk calls; maintaining, and enhancing, digital systems; securing clinical engagement; ensuring good data governance; and responding to ad hoc data requests).

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Communications and Engagement Strategy Update					
Lead Director	Caroline Parnell Director of Communications & Corporate Affairs		Author	Caroline Parnell, Director of Communications & Corporate Affairs		

Recommendations made / Decisions requested

The Board of Directors 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
x	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Drive service improvement, through high quality research, innovation and transformation
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x	6	Use our resources in an efficient and effective manner
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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		PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
	x	PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
	x	PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health

related to these BAF risks	x	PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
	x	PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

The purpose of this report is to provide a six month update to the Board on delivery of the Communication and Engagement Strategy that was approved in November 2022.

It provides information on the progress and delivery of activities planned for 2023-24, and identifies that significant progress has been made despite unforeseen operational pressures which have impacted on the phasing of some projects.

The 2023-24 communication plan, which underpins the strategy, will be regularly reviewed to take account of current available resources and potential demands for reactive support. Any significant issue that impacts on delivery will be reported through appropriate channels.

NHS
Stockport
NHS Foundation Trust

COMMUNICATIONS AND ENGAGEMENT STRATEGY

2023 - 2026

Progress update
June 2023

Making a DIFFERENCE every day

Introduction

In November 2022 the Board of Directors approved a communications strategy to guide the organisation's communications and engagement activities for 2023-2026.

The report provides an update on progress in delivering that strategy.

Objectives

The communication strategy was developed to support delivery of the Trust's overarching strategy, and was aligned with the organisation's values in that:

We care about the views of our stakeholders,

We listen to what our stakeholders tell us,

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

The strategy set out seven principles that underpin how the Trust communicates and engages with its stakeholders:

1. We enthusiastically instigate, maintain and learn from engaging two-way conversation with our internal and external stakeholders.
2. Our communication and engagement activities recognise and embrace the diversity of the communities we serve, the colleagues who provide our services, and the partners we work with.
3. The way we communicate and engage with our stakeholders is shaped by feedback from our conversations, and is rooted in insight and developed in response to evaluation.
4. We concentrate our resources on communication and engagement tools and methods that are proven to be the most effective and meet the shared needs of our stakeholders.
5. Our communications are open, honest, warm and friendly, clear and simple, factual, consistent, timely and accessible.
6. We actively embrace effective engagement with all stakeholders and clearly demonstrate how their feedback influences how we work.
7. The language and tone of voice we use in our communication methods and engagement activities reflects our values as a caring, confident, innovative and forward thinking organisation striving to deliver excellent services.

The strategy recognised the Trust's commitment to ensuring that everyone who is in contact with us – as a colleague, patient or partner – has a positive experience, and communication and engagement activities aim to support that by:

- developing a compelling narrative about our ambitions, aspirations and the significant progress we are making on our improvement journey;
- sharing the narrative clearly and consistently across all our proven communication and engagement tools;
- supporting and enabling colleagues to effectively share the narrative.

It also set out our approach to communicating and engaging with:

- internal colleagues,
- patients and their families, who may also be carers;
- partners, including regulators and MPs;
- the public, including traditional media.

The strategy contained a high level first action year plan for 2023-24 and the appendix demonstrates progress to date in delivering that plan.

Delivery

Significant progress has been made in delivering in plan in the first six months, including:

- completion of the first phase of the re-development of the website, which included reviewing the content of all the thousands of pages on the current site;
- scoping the development of a staff app;
- exploring new social media tools including the successful adoption of Next Door,
- planning and delivering a successful Making a Difference Everyday awards event attended by more than 300 staff, volunteers, donors and sponsors;
- developing a communications handbook for managers, including a social media guide,
- launching Trust Talk, a new bi-monthly staff newsletter focusing on improvement stories and successes.

These activities have been delivered by the communications team in addition to its usual workload. While delivery of the strategy is led by the communication team it relies on the capacity of both clinical and non-clinical colleagues to be fully implemented.

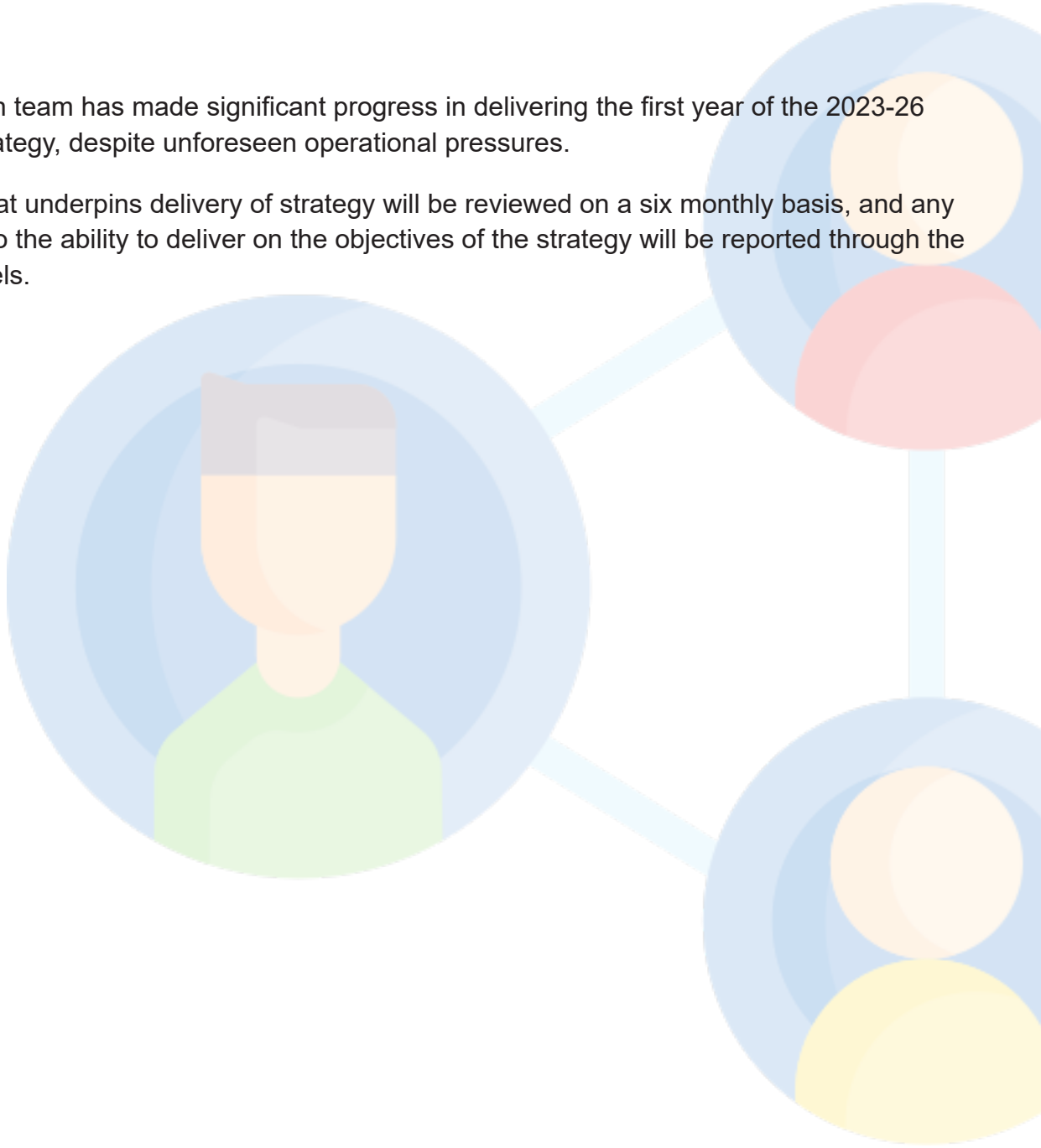
Operational pressures on clinical services coupled with industrial action has had an impact on delivery of the 2023-24 plan within expected timescales, particularly in relation to initiating the build phase of the new website and roll out of the communications handbook.

Likewise urgent demands for support with a range of issues have impacted on the capacity of the communication team to devote to proactive initiatives. The 2023-24 plan will be reviewed to take account of both the current available resources, and the likely demands for reactive communication and engagement support during the remainder of the year.

Summary

The communication team has made significant progress in delivering the first year of the 2023-26 communication strategy, despite unforeseen operational pressures.

The annual plan that underpins delivery of strategy will be reviewed on a six monthly basis, and any significant impact to the ability to deliver on the objectives of the strategy will be reported through the appropriate channels.



Great place to work

Support delivery of organisational development strategy	• Organised successful Making a Difference Awards in November 22 – plans in place for 2023 event • Supported promotion of health and wellbeing events via Trust Update, Trust Talk and staff Facebook	
Develop a communication & engagement handbook to support managers	Handbook developed – roll out paused due to operational pressures	Q2
Work with HR/OD colleagues to ensure new website & recruitment materials markets Trust as employer of choice	1st phase of website development completed. Build phase delayed due to operational pressures	Q3
Develop colleague magazine to foster Team Stockport ethos	Trust Talk introduced July 2022, primarily as an e-newsletter with some paper copies for staff rooms • Positive feedback about the newsletter, with staff regularly requesting additional print copies to read	
Grow staff Facebook group and explore other social media platforms	• Current figures: 2,936 members (c. 56% staff base) • Menopause staff group created as a private group on Facebook	
Support internal staff network to recognise and celebrate diversity	• Regular networks slide in team brief, • Regular posts in the weekly update to all staff. • Support for awareness days and events as required	
Develop staff app	Initial discussions with app provider and future development scheduled	Q4

Investing for the future by using our resources well

Focus on evaluation to target resources to most impactful methods	Quantitative and qualitative evaluation built into all methods as appropriate	
Roll out corporate identity	ID being revised to include more photographs of colleagues	Q2
Support services to evaluate their communication & engagement tools	Part of communications & engagement handbook	Q2
Rationalise on-site messaging to maximise impact	Ongoing consistent approach	

Helping people live their best lives

Maximise opportunities to amply public health messaging	• National and regional campaign material shared across all comms mediums • Specific communication plans developed and rolled out for key Trust activities eg CURE, annual vaccinations	
Adopt strategic management approach to social media messaging to share health and well being campaigns	• Annual messaging schedule developed to tie in with national campaigns and awareness days • Supplemented with regional messaging eg Choose well linked to Bank Holidays • Adoption of new social media platforms to reach neighbourhoods	
Develop a new Trust website to share information	1st phase of website development completed. Build phase delayed due to operational pressures	Q3
Support impactful delivery of key trust campaigns and ambitions	• Specific communication plans developed and rolled out for key Trust activities eg CURE, annual vaccinations, delivery of Green Plan. • Regular comms rep at key planning meetings eg Green Plan	

Always learning continually improving

Maximise sharing of improvement narrative across communication tools	Ongoing consistent approach	
Recruit and train cohort of experts to contribute to media coverage	On hold while funding for media training, or free resource identified	Q4
Ensure 90/10 ratio of positive to negative coverage	Positivity ratio currently above 90%. Average no. of proactive media stories per month: 7	
Develop style guide to support services in communication with patients & families		Q4
Develop social media guide	Complete and also available in handbook	
Learn from neighbouring organisations to develop staff app	T&G shared insights which will be incorporated into development	
Expand comms & engagement capacity & skills by sharing learning with south sector partners	• Two workshops held with communications colleagues from T&G and EC – third deferred due to operational pressures. • Ongoing informal sharing and learning on regular basis	
Shape an engagement toolkit to support teams		Q4

Working with others for patients & communities

Play active role in national, GM, South sector and Stockport comms & engagement networks	• Attend national professional and Confed network meetings • Attend regular GM and Stockport meetings • Workshops and informal networks with South sector colleagues	
Work with Place colleagues to develop & deliver approach to comms & engagement	• Contributed views to GM/Place consultation on comms structures • Weekly comms meetings with Place colleagues to develop approach	
Maximise positive messaging opportunities & joint campaigns	• Support Place, GM and national campaign materials across all Trust communication methods • Contribute expertise & knowledge to campaign planning eg winter	
Support clinical colleagues to ensure patient & carers info needs are met		Q4
Ensure effective comms &engagement support to joint clinical strategy work with East Cheshire Trust	• Jointly chair comms & engagement group • Comms link to project governance group • Work closely with Stand, which is providing external support to the engagement work	
Support delivery of membership engagement & patient engagement strategies	• Promote patient and members engagement activities through social media and internal comms methods • Support corporate affairs team in the organisation of members events	
Develop annual plan of visits, events & activities to engagement external stakeholders	On hold due to operational pressures	Q3

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1st June 2023	x	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Annual Governance Declarations/Self Certifications 2022/23					
Lead Director	Caroline Parnell, Director of Communications & Corporate Affairs John Graham, Director of Finance		Author	Rebecca McCarthy, Trust Secretary		

Recommendations made / Decisions requested

Board of Directors is asked to:

- **Approve the Audit Committee recommendation to endorse the Trust's position against the annual governance declarations 2022/23 and support the rationale for each of the confirmed statements.**

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	Develop effective partnerships to address health and wellbeing inequalities
x	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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital 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		PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
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		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

As part of NHS Provider Licence conditions for 2022/23, the Board of Directors is required to make a number of governance declarations and retain copies of the declarations should they be the subject of an audit by NHS England.

Those declarations relate to the following NHS Provider Licence conditions:

- General Condition 6
- Continuity of Services Condition 7
- Corporate Governance statement FT4
- Governor training

Although there is no submission requirement, Boards must confirm that they understand clearly and can confirm compliance or otherwise with the above conditions. The position for Stockport NHS Foundation Trust was considered and supported by Audit Committee at its meeting on 23rd May 2023, as summarised below:

Condition	**Compliance Position**
General Condition 6: Systems for compliance with licence conditions and related obligations	Confirmed *In 2022/23 the Licensee took all such precautions as were necessary as to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.*
Continuity of Services Condition 7: Availability of resources	Confirmed *After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate',* drawing attention to the following factors: • risk associated with planning guidance assumptions regarding no activity growth for urgent care, noting the Trusts continued growth position. • potential risk to income should elective activity projections not be achieved across GM system. • uncertainty around financing arrangements within the GM system for 2023/24 and the mechanisms for cash support
Corporate Governance statement FT4: Principles, systems and standards of good corporate governance	Confirmed *No material risks identified.*
Governor training	Confirmed

	The Board of Directors provided the necessary training to governors to ensure they are equipped with the knowledge and skills to undertake their roles.

In line with the modified licence issued to Foundation Trusts, NHS Trusts and independent sector providers in April 2023 reflecting the Health and Care Act 2022, the requirement for self-certification has been removed going forward to reduce duplication with other reporting mechanisms, such as the annual report, annual governance statement and oversight arrangements incorporated in the NHS Oversight Framework.

1. Introduction and Context

1.1 The NHS Provider Licence ('the licence') was introduced in 2013 for all NHS foundation trusts. It sets out conditions that providers must meet to help ensure that the health sector works for the benefit of patients, now and in the future, and serves as the legal mechanism for formal regulatory intervention.

1.2 Since introduction of the licence, the Board of Directors has been required to self-certify and publish several governance declarations on an annual basis.

For 2022/23, the Board is required to publish a declaration of compliance against the following licence conditions that were in place during the year:

- General Condition 6
- Continuity of Services Condition 7
- Corporate Governance statement FT4
- Governors' training.

2. Stockport NHS Foundation Trust - Modification of Licence Conditions

2.1 As the Board is aware, the Trust has operated under modifications to its licence following issue of additional licence conditions by NHS Improvement in December 2017. The modification requires the Trust to ensure that it has in place:

a) An effectively functioning board and board committees
b) Sufficient capacity and capability to enable the Licensee to address the issues relating to specific issues including A&E performance, vision and strategy, financial recovery, board committee effectiveness and response to concerns highlighted by the CQC.

2.2 In considering the governance declarations for 2022/23, regard has been given to the additional licence conditions.

3. Compliance with Licence Conditions

3.1 The Board of Directors can only determine whether it can confirm or not confirm each statement, there is no option to partially confirm a statement. Foundation Trusts are encouraged to provide an explanation for their declarations and details of any actions being taken to address any areas where it cannot declare a confirmed position.

3.2 General Condition 6 – Systems for compliance with licence conditions and related obligations

3.2.1 The Board of Directors is asked to confirm or not confirm its compliance with the following statement:

"that in 2022/23 the Licensee took all such precautions as were necessary as to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."

3.2.2 Those steps include:

- the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and
- regular review of whether those processes and systems have been implemented, and of their effectiveness.

3.2.3 A management review has been undertaken of compliance with General Condition 6 of the NHS Provider Licence (Appendix 1).

The review confirms the establishment and implementation of a comprehensive system of annual business planning, in line with national and system requirements, alongside oversight arrangements from ward to board. A systematic approach to the management of risks has been established and implemented in line with the Board approved risk management strategy & policy and consideration of the Board Assurance Framework. Assurance regarding effectiveness of the systems and processes in place has been confirmed via internal self-assessment and independent assurances including both internal and external audit and most recent CQC Inspection (Urgent & Emergency Care Inspection, January 2022).

3.2.4 The Board of Directors is recommended to make a confirmed declaration *"that in 2022/23 the Licensee took all such precautions as were necessary as to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."*

3.3 Continuity of Services 7 (CoS7) – Availability of resources

3.3.1 An NHS Foundation Trust is required to always act in a manner calculated to secure that it has, or has access to, the required resources.

3.3.2 The self-certification for this declaration is a forward look at the availability of resources or not for the forthcoming year. The Board of Directors must select one of the three options for certification as detailed below and provide a statement of the factors considered in making the relevant declaration.

The three statement options are:

(a) After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Or

(b) After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Or

(c) In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

3.3.3 In considering an appropriate declaration, Board members should note that 'Required Resources' are defined as follows:

- management resources,
- financial resources and facilities,
- personnel,
- physical and other assets

3.3.4 Factors to consider as part of the self-certification include:

- the Trust's approved financial plan 2023-24 developed in line with national guidance and as part of the Greater Manchester Integrated Care System (ICS)
- the submission for the Trust is a £31.5m deficit which includes CIP of £26.2m. The Trust is aware of recurrent system savings for GM ICS as a whole separate to the Trust's savings target and that they need to contribute to this.
- the Going Concern assessment presented to Audit Committee (to be agreed by the Board, June 2023)
- the implications of any planned or potential services changes in the context of resource availability to accommodate/service such changes,
- the likelihood of any unplanned changes emerging during financial year 2023-24, including the on-going effects of industrial action
- the implications of inflation across all services, some of which may be beyond the control of the organisation to influence.

3.3.5 Taking into account the current arrangements for NHS organisations, the Board of Directors is recommended to adopt statement (b): '*After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate',* drawing attention to the following factors:

- risk associated with planning guidance assumptions regarding no activity growth for urgent care, noting the Trusts continued growth position.
- potential risk to income should elective activity projections not be achieved across GM system.

- uncertainty around financing arrangements within the GM system for 2023/24 and the mechanisms for cash support.

3.4 Corporate Governance Statement – Condition FT4

3.4.1 Condition FT4 within the Licence sets out provisions relating to principles, systems and standards of good corporate governance. The Corporate Governance Statement includes all provisions set out in Condition FT4 to be 'confirmed' or 'not confirmed'.

3.4.2 A management review of the Corporate Governance Statement has been undertaken (Appendix 2). In line with the management review, it is recommended that the Board of Directors makes a 'confirmed' declaration for all statements, recognising the following key arrangements and evidence:

- Outcome of the annual review of Board Committees confirming effective operation during the year and compliance with the respective terms of reference and work plans.
- Outcome of the annual review of the Code of Governance considered by the Board of Directors in April 2023 confirming compliance with all provisions of the code during 2022/23, with a single explanation relating to undertaking of an external board review and plans in place for this to be conducted during 2023/24.
- Outcome of the well led framework for governance self-assessment considered by the Board of Directors in March 2023
- The head of internal audit opinion confirming substantial assurance presented to Audit Committee in May 2023.

3.5 Governor Training

3.5.1 The Board of Directors is required to determine whether, during 2022/23, it provided the necessary training to governors to ensure they are equipped with the knowledge and skills to undertake their roles.

3.5.2 The following internal training and development opportunities for governors were delivered during 2022/23:

Training	Date
Understanding Patient Experience and Developing Member & Public Engagement	5th April 2022
Recruitment Training (Nominations Committee Members)	17th May 2022
Integrated Care Systems	20th May 2022
Understanding NHS Finance	20th September 2022
Induction for Governors / Core Skills Refresher *(independently facilitated)*	14th November 2022
Effective Questioning & Challenge / Holding to Account	14th November 2022

In addition to the above 8 governors have accessed the external training and development opportunities provided by NHS Providers including opportunities for governors to network with their peers from across the country and learn from colleagues and sector leaders on issues and developments within the sector directly affecting their role:

- Governor Focus Conference: 5th & 7th July 2022
- Governor Workshops: 12 September 2022, 30 January 2023 & 9 February 2023

6.3 In light of the above, the Board of Directors is recommended to confirm that *"it provided the necessary training to governors to ensure they are equipped with the knowledge and skills to undertake their roles."*

7. New Licence Conditions – April 2023

7.1 Following consultation, the licence has been modified to reflect the statutory and policy requirements of the Health and Care Act 2022. The amended licence came into effect on 1st April 2023 and now forms part of the oversight arrangements for NHS foundation trusts, independent sector providers and NHS trusts.

The revisions to the licence included technical amendments in line with the Act, alongside conditions to support effective system working and consideration of the triple aim, health inequalities and climate change.

7.2 The requirement for self-certification has been removed within the new licence to reduce duplication with other reporting mechanisms, such as the annual report, annual governance statement and through any CQC well-led review. Oversight arrangements are also incorporated in the NHS Oversight Framework, hence there will be no self-certification required for the financial year 2023/24.

7.3 In issuing the new licence, NHS England has confirmed that any enforcement action e.g., modifications to the licence, issued to licensees under the Act 2012, will continue to apply.

General Condition 6	Current Arrangements/Evidence
The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	Comprehensive annual business planning process in place, in line with national and system planning requirements and timelines. Draft plan (including operational, workforce and finance) reviewed via Finance & Performance Committee and Board of Directors ahead of submission to Greater Manchester & NHS England (NHSE). Corporate objectives and outcome measures to ensure delivery of plan, with regular monitoring of performance indicators and key performance indicators by the Board of Directors and Board Committees. Operational divisional performance review process in place to support in assuring delivery of annual business plans throughout the year - transparent means of understanding performance across the trust. Domains of the performance review reflect those of the NHS System Oversight Framework (which bases oversight on the NHS Provider Licence). During 2021-22 internal audit 'Committee Effectiveness' review provided substantial assurance regarding the operation of the board assurance committees in line with Scheme of Reservation & Delegation. During 2022-23 internal audit of 'Provenance of Data' review, considering accuracy and validity of data presented to board and board committees, provided high assurance. Approved terms of reference and work plans in place for board committees and board to support board in delivery of all statutory and mandatory requirements. Approved Scheme of Reservation & Delegation and Standing Financial Instructions in place. Refreshed regularly and ratified/approved by Audit Committee and the Board of Directors respectively. Board completes an annual review of Code of Governance (July 2014) and, most recently the new Code of Governance for Provider Trusts (October 2022), confirming compliance with the provisions of the Code and an explanation of why the Trust has departed from 2 provisions (See Board paper, April 2023). Board approved Risk Management Strategy & Policy, including risk appetite. The policy provides a framework and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation for the benefit of patients, staff, visitors and other stakeholders. All risks regardless of their nature or origin are managed via this process. Audit Committee consider and approve the Internal Audit plan. The Internal Audit plan is risk based, with an on-going programme of internal audits in finance, operations and governance, including all mandated audits. During the year, Audit Committee monitors progress against the plan and reviews the work and findings of the Internal Auditor. The Internal Audit Assurance Framework Review 2022/23 confirmed that *'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the organisation and clearly reflects the risks discussed by the*

General Condition 6	Current Arrangements/Evidence
	Board.' The Head of Audit Opinion received at the Audit Committee in May 2023, concluded that there is *"substantial assurance" that the organisation has "a good system of internal controls designed to meeting the organisation's objectives, and they are generally being applied consistently."* Audit Committee review the work and findings of the External Auditor, including valuable insight and benchmarking information. SFT Annual Report and Annual Accounts – Prepared in accordance with NHS Foundation Trust Annual Reporting Manual for NHS Foundation Trusts and audited via External Audit as required. Stockport NHS Foundation Trust (SFT) is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements, (detailed in the Annual Governance Statement). CQC Inspection of Emergency & Urgent Care Services, January 2022 – 'Good'. Oversight of arrangements to support compliance with registration requirements of CQC is considered via Quality Committee. Submission of compliance reports to Greater Manchester Integrated Care System (GM ICS) and NHS England as required.
Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.	Board approved Risk Management Strategy & Policy (July 2022) provides a systematic approach for the management of risk across the organisation. It is intended to be utilised from 'ward to Board' to support a standardised approach to risk management. The Audit Committee, which is responsible for receiving and reviewing assurance on the overarching systems in place in the organisation to manage risk, receives report from the Risk Management Committee (RMC). Through the RMC systematic review, scrutiny and challenge of risk profiles across all divisions and major corporate functions is undertaken on a rotational basis, with significant risks presented to each meeting. The Trust identifies its corporate objectives and associated principal risks in a Board Assurance Framework (BAF). The BAF is a key tool through which strategic risk to the achievement of the corporate objectives, that have been agreed by the Board, are managed and mitigated. The SFT Board Assurance Framework (BAF) is reviewed via the Board and Principal Risks are assigned to a relevant Board level committee for oversight. Key controls and assurances, and any identified gaps are subsequently reviewed by the respective committees, alongside key actions. Furthermore, relevant significant risks (15+) from the Trust's significant risk register are presented to ensure alignment and triangulation between operational and principal risks. The outcome of the review is reported to the Board of Directors via the respective committee key issues report and holistic BAF. Report from the Chairs of all Board assurance committees is provided to Audit Committee regarding matters pertinent to systems of internal control.

Appendix 1: General Condition 6 - Management Review

General Condition 6	Current Arrangements/Evidence
	An annual review of all Board level committees is undertaken to consider effectiveness, this includes review of compliance with terms of reference, alongside opportunities for improvement to support refresh of terms of reference and established work plan for the year ahead. Audit Committee review: − Risk based Counter Fraud Plans and Reports − Risk based Internal Audit annual plan, progress reports and audit outcomes. − All risk and control related disclosure statements in particular the Annual Governance Statement, Corporate Governance Statement, together with the accompanying Head of Internal Audit statement and External Audit Opinion.

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS	Confirmed − Board annual review of NHS England Code of Governance, incorporating new Code issued in October 2022 and effective from 1st April 2023 (April 2023). − Established assurance framework with Board committee structures in place and operating in line with approved terms of reference. − Internal Audit Assurance Framework Review 2022/23 confirmed that the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board. − Systems of risk management in place, overseen by Risk Management Committee, Audit Committee, Board-level assurance committees and subsequently, Board. − Scheme of Delegation & Standing Financial Instructions in place. − Self-Assessment utilising the Well Led Framework for Governance considered by Board (March 2023)	No material risk identified
The Board has regard to such guidance on good corporate governance as may be issued by NHS England from time to time	Confirmed − All corporate governance guidance and direction issued by NHS England reviewed and implemented appropriately e.g., Code of Governance (see above), Provider Licence. − Regular updates to the Board on new guidance and / or consultations from NHS England on corporate governance via Chair / Chief Executive as appropriate.	No material risk identified
The Board is satisfied that the Licensee has established and implements: a) Effective Board and Committee structures; b) Clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board and those Committees; and c) Clear reporting lines and accountabilities throughout its organisation	Confirmed − Board and approved board committee structures in place. − Board approved terms of reference in place for all standing committees clearly stating responsibilities, reporting arrangements, membership – Reviewed annually. − Positive outcome of MIAA Internal Audit 'Committee Effectiveness' and 'Provenance of Data' − Board routinely receives the Key Issues & Assurance Report of all standing Committees. − Divisional governance committee structures in place. − Scheme of Delegation & Standing Financial Instructions in place.	No material risk identified
The Board is satisfied that the Licensee has established	Confirmed	

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
and effectively implements systems and/or processes: a) To ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively. b) For timely and effective scrutiny and oversight by the Board of the Licence holder's operations. c) To ensure compliance with health care standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions. d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern). e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making. f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence. g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery. h) To ensure compliance with all applicable legal requirements.	– Established systems of financial and quality governance in place. Statutory audits and reporting requirements fulfilled. – Integrated Performance Reporting in place enabling Board level scrutiny and oversight of operations. Dashboards in place to consider, at granular level, divisional/corporate function performance. – Systems and processes in place via established board and board committees to ensure compliance with national and local healthcare standards. Process in place for review of external visits and inspections. – Trust addressed concerns raised by the Care Quality Commission (CQC) during its inspection of Trust services that resulted in the issuing of a section 29a. The CQC returned to the Trust to carry out a follow-up inspection and confirmed that the organisation had addressed all concerns. Via Stockport Improvement Board, the CQC confirmed that the section 29a had been lifted. – CQC Inspection of Emergency & Urgent Care (January 2022) – 'Good'. – Detailed financial plans in place and approved by the Board of Directors. Regular review of performance against plan via Finance & Performance Committee & Board. Consideration of drivers of deficit by Finance & Performance Committee, with development of medium-long term financial recovery plan to be agreed as part pf system working. Divisional oversight of financial metrics via Operational divisions performance review process and Cost Improvement Group. – Internal Audit plan includes review of financial systems and mandated internal audits. – Audit Committee and Board review of the Trust as a Going Concern. – Board and committee structures fully supported to ensure accurate, comprehensive, up-to-date information available for review. Provenance of data audit confirmed 'high assurance'. – Board Assurance Framework and Significant Risk Register in place that identifies and ensures appropriate oversight of all principal and significant risks via committees. – Effective business planning arrangements in place, embedded within the governance arrangements of the organisation,	No material risk identified

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
	including review of outcome measures via board, board committees and divisional performance review framework. – Trust aware of applicable legal requirements, where required these are reviewed and managed appropriately as part of the corporate governance arrangements.	
The Board is satisfied: a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; c) The collection of accurate, comprehensive, timely and up to date information on quality of care; d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; e) That the licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed – Board level appointments made in consideration Trust's strategy and future challenges. Appraisal and performance review arrangements in place for Executive & Non-Executive Directors and considered via relevant nominations committee. – Quality of care integrated within planning and decision-making processes. Quality Impact Assessments are required for programmes of change, each reviewed by the Chief Nurse & Medical Director. – Integrated Performance Reports and committee specific dashboards in place to provide information and trends on quality of care. Routinely considered via Board level committee and Board of Directors. – Quality Strategy 2021-2024 approved by Board, reported via Quality Committee – Stockport Accreditation & Assessment System (StARS) established and reported via Quality Committee. – Number of methods in place to ensure views of patients and carers are taken into account including Carers Opinion, Friends and Family Test, National Surveys, Patient Stories. – Active engagement between the Board and the Council of Governors (CoG)s. Directors attend CoG meetings and Chair and NEDs attend informal meetings wth CoG to ensure views are taken into account. Membership Strategy and action plan in place. – Number of methods in place to seek views of staff, including Walkabout Wednesday, Values in Action, Staff Surveys. – Clear accountability for quality of care throughout the Trust, with systems for appropriate escalation to Board.	No material risk identified
The Board is satisfied that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the NHS provider licence.	Confirmed – SFT's Constitution sets out required numbers for Board members. – Established Remuneration Committees for Executive Director (ED) and Nominations Committee for Non-Executive Director	No material risk identified.

Corporate Governance Statement	Response Current Arrangements/Evidence	Risks and Mitigating actions
	(NED) with Terms of Reference, with responsibility for review of Board composition. – Code of Conduct and suitable contractual arrangements in place for Board members, incorporating requirements of the Licence condition relating to 'fit and proper persons'. – A number of posts on the Board have been successfully appointed to over the past year, attracting highly experienced and skilled candidates. – Challenge of ensuring there is sufficient staff to provide safe services is common to all NHS organisations, and the Board monitors the position through regular safe staffing reports. – Board has continued to invest in its staff and over the last year it has invested in international nurses.	

Stockport NHS Foundation Trust

Meeting date	1 June 2023		Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Going Concern Assessment 2022-23					
Lead Director	John Graham, Chief Finance Officer	Author	Lisa Byers, Associate Director of Financial Services			

Recommendations made / Decisions requested

The Board of Directors is asked to approve the recommendation from Audit committee and to support the declaration that, in accordance with International Accounting Standard 1 and the NHS Foundation Trust Annual Reporting Manual (ARM) 2022/20223, the Directors of the Trust have a reasonable expectation of the continued provision of Stockport NHS Foundation Trust's services and, for this reason, the Directors should continue to adopt the going concern basis in preparing the accounts for 2022/2023.

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	Develop effective partnerships to address health and wellbeing inequalities
	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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital infrastructure to meet service and user needs

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks		**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of

			priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
	x	**PR6.1**	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/ not agreed	As per Accounts Submission
Regulatory and legal compliance	Statutory Accounts Completion
Sustainability (including environmental impacts)	N/A

Executive Summary

This paper will set out the considerations for the declaration of going concern status for Stockport NHS Foundation Trust based on the criteria set out in the NHS Foundation Trust Annual Reporting Manual. At its meeting on 23rd May 2023, Audit Committee reviewed and supported its recommendation to the Board of Directors.

1. Purpose

1.1 The International Accounting Standard 1 (IAS 1) requires the Trust to assess its ability to continue as a Going Concern as part of preparing the Annual Accounts.

1.2 There is no presumption of going concern status for NHS foundation trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation trust to prepare its accounts on the going concern basis. The process for considering Going Concern should be proportionate in nature and depth to the risk being faced by the entity.

1.3 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

1.4 This paper will set out the considerations for the declaration of going concern status for Stockport NHS Foundation Trust based on the criteria set out in the ARM and asks the Audit Committee to support its recommendation to the Board of Directors.

2. Current Situation

2.1 When concluding whether or not the accounts for 2022/23 should be prepared on a going concern basis, IAS1 requires that the Board of Directors will need to consider which of the following scenarios are most appropriate:

- The Trust is a going concern and it is appropriate for the accounts to be prepared on the going concern basis;
- The Trust is a going concern but there are material uncertainties regarding future issues which should be disclosed in the accounts to ensure a true and fair view;
- The Trust is not a going concern and the accounts will need to be prepared on an appropriate alternative basis.

2.2 The NHS Foundation Trust Annual Reporting Manual (ARM) 2022/23 sets out that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

2.3 The Trust's assessment of whether the going concern basis is appropriate for its accounts should therefore only be based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. This is expected to be the case for NHS foundation trusts unless exceptional

circumstances indicate otherwise; these should be discussed with NHS England and NHS Improvement. Where the continued provision of services in the public sector is anticipated to apply, there will not be any material uncertainties over going concern requiring disclosure.

3. Recommendation

3.1 Based on the criteria set out in the NHS Foundation Trust Annual Reporting Manual (ARM) 2022/2023 the Audit Committee is asked to support the following declaration on going concern status:

3.2 After making enquiries, the Directors have a reasonable expectation that the services provided by Stockport NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Stockport NHS Foundation Trust

Meeting date	1 June 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Proposed Amendments to the Trust's Constitution					
Lead Director	Karen James, Chief Executive		Author	Rebecca McCarthy, Company Secretary		

Recommendations made / Decisions requested

The Board of Directors is asked to:

- **Review and approve the proposed amendments to the Trust's Constitution**
- **Note that, subject to approval, the proposed amendments will be presented to the Council of Governors for approval on 7th June 2023.**

This paper relates to the following Corporate Annual Objectives-

X	1	Deliver safe accessible and personalised services for those we care for
	2	Support the health and wellbeing needs of our communities and staff
	3	Develop effective partnerships to address health and wellbeing inequalities
	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	Use our resources in an efficient and effective manner
	7	Develop our Estate and Digital 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		PR1.1	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
		PR1.2	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
		PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care
		PR2.1	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
		PR2.2	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health

related to these BAF risks		PR3.1	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
		PR3.2	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
		PR4.1	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
		PR5.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
		PR5.2	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
		PR6.1	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
		PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
		PR7.1	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
		PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
		PR7.3	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
		PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

The current version of the Trust Constitution was approved by the Board of Directors and Council of Governors in July 2019. Since this time, the Health and Care Act 2022 has been enacted and a modified NHS Provider Licence and updated code of governance for NHS provider trusts published, which have yet to be incorporated in the Trust Constitution.

The Trust Constitution states that the Trust may make amendments to its Constitution only if:

- More than half of the members of the Council of Governors of the Trust voting approve the amendments; and
- More than half of the members of the Board of Directors of the Trust voting approve the amendments.

Considering the above, proposed amendments are presented to the Board of Directors for approval.

The primary amendments relate to:

- Amendments made in line with the Health & Care Act 2022 & modified Provider Licence including provision to enable joint working and delegation, and the Trust's commitment to exercise its functions effectively, efficiently and economically with regard to the wider effects of its decisions.
- Amendments made in line with the Code of Governance for NHS provider trusts including arrangements for appointment and reappointment of non-executive directors.
- Amendments to Membership & Council of Governors including alignment of public constituencies with outcome of the Stockport electoral ward boundary review and increase in minimum age for membership from 11 to 16. In addition, removal of Appointed Governor for Stockport Clinical Commissioning Group (CCG) following disestablishment of CCG's in the 2022 Act.

Subject to approval by the Board of Directors, the proposed amendments will be presented to the Council of Governors for approval at its meeting on 7 June 2023.

Subsequently, NHS England will be notified of changes and provided with a copy of the approved Constitution, which will also be made available on the Trust's website.

1. Introduction

1.1 The purpose of this report is to present proposed amendments to the Trust's Constitution to the Board of Directors for approval.

2. Background & Context

2.1 The current version of the Trust Constitution was approved by the Board of Directors and Council of Governors in July 2019. Since this time, the Health and Care Act 2022 has been passed, and subsequently, a modified NHS Provider Licence [setting out the conditions that providers of NHS-funded healthcare services in England must meet] and an updated code of governance for NHS provider trusts [setting out an overarching framework for the corporate governance of trusts] have been published, which have yet to be incorporated in the Trust Constitution.

2.2 The Trust Constitution states that:

The Trust may make amendments of its constitution only if:

44.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments; and

44.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.

2.3 This paper sets out several proposed changes for consideration by the Board of Directors, followed by the Council of Governors.

3. Proposed Amendments

3.1 A summary of key changes to the Trust's Constitution is provided below, with all amendments listed in Appendix 1. A full version of the Constitution is available from Trust Secretary upon request.

3.2 Amendments made in line with Health & Care Act 2022 & Provider Licence:

- All references to NHS Improvement and Monitor replaced by NHS England.
- Provisions for joint working & delegation arrangements to enable system working.
- Trust's commitment to exercise its functions effectively, efficiently and economically with regard to the wider effects of its decisions and climate change.
- Duties relating to Integrated Care System financial controls.
- Confirmation of requirements for Annual Report and Accounts.

3.3 Amendments made in line with Code of Governance for NHS provider trusts:

- Additional Provisions Board of Directors – Clarification regarding the number of years a Non-Executive Director may serve.
- Option for the Chair of another Foundation Trust, or another appropriate person, i.e. representative of NHS England or ICB, to act as an independent assessor to the Nominations Committee.
- Trust Secretary to be appointed and removed by the Board of Directors.

3.4 Other Amendments – Membership & Council of Governor

- Public Constituencies – Update to Stockport borough public constituencies to bring in line with Stockport electoral ward boundary review, following review and recommendation by the Membership Development Group [of the Council of Governors].

- Minimum age limit for members increased from 11 to 16 years of age following review and recommendation by the Membership Development Group of:
    - Assurance regarding mechanisms in place that support children and young peoples' voices to be heard about the provision and development of services.
    - Limitations regarding viable opportunities to extend membership recruitment and engagement activity to 11-16 year olds
- Removal of Council of Governors Referral to the Panel following the Independent Panel for Advising Governors being disbanded in 2017.
- Composition of Council of Governors – Update to include an Appointed Governor from a Greater Manchester University, with current appointment specific to a representative from The University of Manchester or Manchester Metropolitan University and removal of Appointed Governor for Stockport Clinical Commissioning Group following disestablishment of CCGs.
- Standing Orders of Council of Governors – Specific provisions related to 'Speaking' within the Council of Governors meetings removed.

3.5 Other Amendments – Board of Directors

- Seal – Attestation of the seal by any two Directors shall be deemed to constitute affixing of the seal under the authority of the Board of Directors in line with the Scheme of Delegation.

4. Next Steps

4.1 Subject to approval by the Board of Directors, the proposed amendments will be presented to the Council of Governors for approval at its meeting on 7 June 2023.

4.2 Subject to approval described above, NHS England will be notified of changes and provided with a copy of approved Constitution, which will also be made available on the Trust's website.

Text to be deleted from the Constitution has been striked through; additional text is included and underlined.

For avoidance of repetition, replacement of references to 'Monitor' and 'NHS Improvement' with 'NHS England' are not included. Minor grammatical revisions are not included.

1.	Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the ~~Health and Social Care Act~~ 2012 Act, the 2022 Act and other amending legislation.
2.	~~Proof that an envelope containing a notice was properly addressed, prepaid and posted shall be conclusive evidence that the notice was given. A notice shall be treated as delivered 48 hours after the envelope containing it was posted or, in the case of a notice contained in an electronic communication, 48 hours after it was sent.~~
3.	the 2022 Act is the Health and Social Care Act 2022
4.	Integrated Care Board (ICB) means an ICB established under the 2022 Act
5.	~~**Monitor** is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act;~~
6.	**NHS England** means the body corporate known as NHS England, established under section 1H of the 2006 Act;
7.	**NHS provider licence** means the licence number 130114 ~~issued by Monitor~~ granted to the Trust on 1 April 2013;
8.	**Statutory transaction** means a merger under section 56 of the 2006 Act, an acquisition under section 56A of the 2006 Act, a separation under 56B of the 2006 Act, and dissolution under section 57A of the 2006 Act;
9.	Save as otherwise permitted by law, the Chair shall be the final authority for all purposes on the interpretation of this constitution (on which they should be advised by the Trust Secretary).
10.	**Commitments** The Trust shall exercise its functions effectively, efficiently, and economically. Subject to paragraph 5.3 below and having regard to any guidance published by NHS England, in deciding about the exercise of its functions, the Trust shall have regard to all likely effects of the decision in relation to: i. the health and well being of the people of England; ii. the quality of services provided to individuals be relevant bodies, or in pursuance of arrangements made by relevant bodies, for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England; and iii. efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England. The requirement to have regard to the wider effect of its decisions set out in paragraph 5.2 shall not apply to decisions about services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness.

	In paragraph 5.2 'relevant bodies' has the meaning set out in paragraph 63A (4) of the 2006 Act. In exercising its functions, the Trust shall have regard to the need to contribute towards compliance with the UK net zero emissions target set out at section 1 of the Climate Change Act 2008 and the environmental targets set out at section 5 of the Environment Act 2021, and to adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008. In doing so, the Trust shall also have regard to guidance published by NHS England. The Trust may do anything which appears to be necessary or expedient for the purposes of or in connection with its functions.
11.	**Joint working and delegation arrangements** Subject to paragraph 5.7.2 the Trust may arrange in accordance with s65Z5 of the 2006 Act for the joint exercise of functions with any one or more of the following bodies: a relevant body: a local authority; a combined authority Where the Trust has entered into arrangements for the joint exercise of functions with one or more bodies in accordance with paragraph 5.7.1, it may make arrangements for: the function to be exercised by a joint committee of theirs for one or more of them, or a joint committee of them, to establish and maintain a pooled fund. The Trust must have regard to any guidance published by NHS England under s65Z7. In this paragraph 5.7.4, the following terms have the following meanings: 'Relevant body' has the meaning set out in section 65Z5(2) of the 2006 Act 'Local authority' means a local authority within the meaning of section 2B of the 2006 Act 'Combined authority' has the meaning set out in s275 of the 2006 Act 'Pooled fund' has the meaning set out in s65Z6(3) of the 2006 Act.
12.	**Duties relating to Integrated Care System financial controls** The Trust must seek to achieve financial objectives that apply to under section 223L of the 2006 Act. The Trust must exercise its functions with a view to ensuring that it complies with its duties: under s223LA of the 2006 Act to limit expenditure under s223M and s223N of the 2006 Act to limit local capital resource use and local revenue resource use.

13.	An individual must be at least ~~eleven~~ sixteen years old to become a member of the Trust.
14.	A subsequent variation of the Model Election Rules by the Department of Health & Social Care or NHS Providers
15.	~~**Council of Governors – referral to the Panel**~~ ~~In this paragraph, "the Panel" means a panel of persons appointed by Monitor to which a governor of the Trust may refer a question as to whether the Trust has failed or is failing:~~ ~~- to act in accordance with its constitution; or~~ ~~- to act in accordance with provision made by or under Chapter 5 of the 2006 Act.~~ ~~A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.~~
16.	The seal shall not be affixed except under the authority of the Board of Directors. Attestation by any two directors shall be deemed to constitute affixing the seal under the authority of the Board of Directors.
17.	An elected governor shall cease to hold office if ~~he/she~~ they ceases to be a member of the constituency or class by which ~~he/she was~~they were elected, or if they are disqualified for any of the reasons set out in this constitution. For the avoidance of doubt, this includes a governor moving their principal residence from one public constituency to another.
18.	An elected governor shall be eligible for re-election at the end of ~~his/her~~their term. ~~and shall serve no more than three terms of office, resulting in a maximum 9 years tenure~~An elected governor may not, if re-elected for more than a single term of office hold office for more than nine (9) consecutive years in total.~~.~~
19.	An appointed governor ~~may hold office for a period not exceeding three years commencing immediately after the annual members meeting at which their appointment is announced~~shall be eligible for re-appointment at the end of their term. An a~~.~~ppointed governors may not hold office for longer than nine (9) consecutive years.
20.	For the purposes of paragraph 15.3 and 15.4 years of office are consecutive unless there is a break of at least 12 months between them. A ~~these provisions concerning terms of office for Governors,~~ "year" means a period commencing immediately after the~~ir~~ election or appointment is announced.
21.	The Chairman of the Trust (~~i.e.~~i.e., the Chairman of the Board of Directors, appointed in accordance with this constitution) or, in his/her absence, the Deputy Chairman (appointed in accordance with the provisions of this constitution), or, in his or her absence, one of the non-executive Directors, shall preside at meetings of the Council of Governors. ~~If the person presiding at any such meeting has a conflict of interest in relation to the business being discussed, the Lead Governor of the Council of Governors will chair that part of the meeting.~~
22.	Meetings of the Council of Governors shall be open to members of the public save that members of the public may be excluded from a meeting for special reasons. ~~unless the Council of Governors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or for other special reasons.~~ The Chairman may exclude members of the public from a meeting if they are interfering with or preventing the proper conduct of the meeting ~~or for other special reasons~~.
23.	The Trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors. ~~an executive remuneration committee of non-executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive, other executive Directors and other senior managers not employed under the national terms and conditions of employment and pay.~~
24.	The Trust Secretary shall add to the register of members the name of any individual who is accepted as a member of the Trust under the provisions of this constitution. The Trust Secretary shall remove from the register of members the name of any member who ceases to be entitled to be a member

	under the provisions of this constitution
25.	The Trust shall lay a copy of the annual accounts, and any report of the auditor on them, before parliament and once it has done so, send copies of those to NHS England.
26.	The Trust shall lay a copy of the annual accounts, and any report of the auditor on them, before parliament and once it has done so, send copies of those to NHS England.
27.	Each Annual Report must, in particular, review the extent to which the Trust has exercised its functions: in accordance with the plans published under: section 14Z52 of the 2006 Act; section 14Z56 of the 2006 Act consistently with NHS England's views set out in the latest statement published under section 13SA(1) Each~~The~~ Annual Report shall provide: information on any steps taken by the Trust to secure that (taken as a whole) the actual membership of its public constituencies and the classes of the staff constituency is representative of those eligible for such membership; ~~and~~ give information on any occasions in the period to which the report relates on which the Council of Governors exercised its powers under paragraph 33.2 and such other procedures as the Trust has on pay; information on the remuneration of the directors and on the expenses of the governors and the directors; and any other information ~~Monitor~~ NHS England requires.
28.	The seal shall not be affixed except under the authority of the Board of Directors. Attestation by any two directors shall be deemed to constitute affixing the seal under the authority of the Board of Directors.
29.	The Trust may only apply for a ~~merger, acquisition, separation or dissolution~~Statutory Transaction with the approval of more than half of the members of the Council of Governors.
30.	For the avoidance of doubt, for the purposes of paragraph 4~~5~~.3.1, the term 'transaction' shall not include a contract with a commissioning organisation for the provision of services for the purposes of the health service in England or Wales. A Statutory Transaction under paragraph 46.1 is not a significant transaction for the purposes of paragraph 46.2. ~~If more than half of the members of the Council of Governors voting decline to approve a significant transaction or any part of it, the Council of Governors must approve a written Statement of Reasons for its rejection, to be provided to the Board of Directors.~~
31.	Validity of Actions No defect or deficiency in the appointment or composition of the members or the Council of Governors or the Board of Directors shall affect the validity of any decision or action taken by them.
32.	The following areas are public constituencies of the Trust: 1) **Bramhall and Cheadle** – which covers the following electoral wards: - Bramhall North, Bramhall South & Woodford, Cheadle Hulme South, Cheadle West ~~and~~ & Gatley, Cheadle East & Cheadle Hulme North and Heald Green 2) **Tame Valley and Werneth** – which covers the following electoral wards: -

	Brinnington and Stockport Central, Reddish North, Reddish South, Bredbury ~~and~~ & Woodley, Bredbury Green ~~and~~ & Romiley 3) **The Heatons and ~~Victoria~~ Stockport West** – which covers the following electoral wards: - Heatons North, Heatons South, Davenport and Cale Green, Edgeley ~~and Cheadle Heath~~, Manor 4) **Marple and ~~Stepping Hill~~Hazel Grove** – which covers the following electoral wards: - Marple North, Marple South & High Lane, Hazel Grove, Offerton, ~~Stepping Hill~~Norbury & Woodsmoor
33.	~~There is one staff class:~~ ~~1) Staff – All individuals who satisfy the criteria for membership of the Staff Constituency in accordance with paragraphs 8.1 – 8.2 of the constitution.~~ All individuals who satisfy the criteria for membership of the Staff Constituency in accordance with paragraphs 8.1 – 8.2 of the constitution shall be a member of the Staff Constituency. The Staff Constituency does not have any classes within it. The minimum number of members of each class of the Staff Constituency is to be 100.
34.	The Council of Governors of the Trust is to comprise: Twenty Public Governors, from the following public constituencies: 1.1 Bramhall and Cheadle – four Public Governors; 1.2 Tame Valley and Werneth – four Public Governors; 1.3 the Heatons and ~~Victoria~~ Stockport West – four Public Governors; 1.4 Marple and ~~Stepping Hill~~Hazel Grove – four Public Governors; 1.5 High Peak– three Public Governors; and 1.6 Outer region – one Public Governor. Four Staff Governors ~~from the following classes:~~ ~~2. Staff – All individuals who satisfy the criteria for membership of the Staff Constituency in accordance with paragraphs 8.1 – 8.2 of the Constitution.~~ ~~One Governor to be appointed by Stockport Clinical Commissioning Group – a Partnership Governor.~~ One Governor to be appointed by ~~The University of Manchester or Manchester Metropolitan University~~a Greater Manchester university – a Partnership Governor
35.	Further provisions as to eligibility to be a Governor: A person may not become a Governor of the Trust, and if already holding such office will immediately cease to do so if: They are a person who is not a fit and proper person as defined by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or condition G4 of the Trust's provider licence; He/she has previously been removed as a Governor pursuant to the procedure set out in this Annex 5; or removed from being a governor of another Foundation Trust for cause.

36.	~~On the basis of disclosures obtained through an application to the Disclosure and Barring Service, he/she is not considered suitable to become or continue as a Governor following consideration by the Trust's Chairman, Chief Executive and Lead Governor;~~
37.	The Nominations Committee will comprise the Chairman (or, when a Chairman is being appointed, the Deputy Chairman unless they are standing for appointment, in which case another non-executive Director), Deputy Chairman and five Governors. The Chairman of another Foundation Trust, or another appropriate person, will be invited to act as an independent assessor to the Nominations Committee. The Nominations Committee will consult the Chief Executive.
38.	Any re-appointment of a non-executive Director by the Council of Governors shall be subject to a satisfactory appraisal carried out in accordance with procedures which the Board of Directors has approved. A non-executive Director (including the Chair) may serve on the Board of Directors for longer than six (6) consecutive years, subject to annual appointment. Non-executive Directors (including the Chair) shall not hold office for longer than nine (9) years unless agreed with NHS England.
39.	The Trust Secretary is to be appointed and removed by the ~~Trust Chairman and Chief Executive~~Board of Directors.
40.	Further provisions as to eligibility to be a Director A person may not become a Director of the Trust, and if already holding such office, will immediately cease to do so if: They are a person who is not a fit and proper person as defined by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or condition G4 of the Trust's provider licence;
41.	~~The Board of Directors shall appoint trustees to administer separately charitable funds received by the Trust and for which they are accountable to the Charity Commission~~As a public benefit corporation the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.~~.~~
42.	Standing Orders of the Council of Governors: Any expression to which a meaning is given in the 2006, ~~and~~ 2012 and 2022 Act shall have the same meaning in this interpretation
43.	Standing Orders of the Council of Governors: The purpose of the Council of Governors' Standing Orders is to ensure that the highest standards of corporate governance and conduct are applied to all meetings of the Council of Governors and associated deliberations. The Council shall at all times seek to comply with the Trust's statement of roles and responsibilities in relation to the Council of Governors and~~,~~ the Trust's Code of Conduct for Directors & Governors~~. and the Trust's stewardship standards for Governors~~
44.	Standing Orders of the Council of Governors: The Trust Secretary shall deliver a schedule of the dates, times and venues of meetings of the Council of Governors for each financial year, ~~six~~ three months in advance of the first meeting of the Council of Governors to be called, duly agreed by the Chair or by an Officer of the Trust authorised by the Chair to sign on his/her behalf, to every Governor, or send such schedule by post to such Governor. Lack of service of the notice on any Governor shall not affect the validity of a meeting, subject to 4.3.4 below.
45.	Standing Orders of the Council of Governors: Setting the Agenda i. The Council of Governors may determine that certain matters shall appear on every agenda for meetings of the Council of Governors and shall be addressed prior to any other business being conducted. ~~i.~~ii. The Trust Secretary shall be responsible for producing the agenda for meetings in conjunction with the Chair. The Chair shall determine the order of

	items on the agenda and the expression of such items, including any agenda items requested pursuant to Standing Order 4.4.5 below.
46.	Standing Orders of the Council of Governors: Reports from the ~~executive~~ Directors i. At any meeting, a Governor may ask any question on any report by a~~n Executive~~ Director or another Officer through the Chair without notice, after that report has been received by or while such report is under consideration by the Council of Governors at the meeting. ~~ii. Unless the Chair decides otherwise, no statements will be made by a Governor other than those which are strictly necessary to define or clarify any questions posed pursuant to 4.9.1 and, in any event, no such statement may last longer than three minutes each.~~ ~~iii. A Governor who has asked a question pursuant to 4.9.1 may ask a supplementary question if the supplementary question arises directly out of the reply given to the initial question.~~ ~~iv. The Chair may, in his/her absolute discretion, reject any question from any Governor if, in the opinion of the Chair, the question is substantially the same and relates to the same topic as a question which has already been put to the meeting or a previous meeting.~~ ~~v. At the absolute discretion of the Chair, questions may, at any meeting which is held in public, be asked of the Executive Directors present by members of the Foundation Trust or any other members of the public present at the meeting.~~ ~~**b. Speaking**~~ ~~This Standing Order applies to all forms of speech/debate by Governors or members of the Trust and public in relation to a motion or question under discussion at a meeting of the Council of Governors.~~ ~~i. Any approval to speak must be given by the Chair.~~ ~~ii. Verbal contributions must be directed to the matter, motion or question under discussion or to a point of order.~~ ~~iii. Unless in the opinion of the Chair it would not be desirable or appropriate to time limit verbal contributions on any topic to be discussed having regard to its nature, complexity or importance, no proposal, verbal contributions nor any reply may exceed three minutes.~~ ~~iv. The Chair may, in his/her absolute discretion, limit the number of replies, questions or verbal contributions which are heard at any one meeting.~~ ~~v.~~ii. ~~A person who has already spoken on a matter at a meeting may not speak again at that same meeting in respect of that matter unless exercising a right of reply or speaking on a point of order.~~
~~47.~~	Resolution of Disputes ~~with~~ between Council of Governors and Board of Directors
48.	Standing Orders of the Board of Directors: Meetings of the Board of Directors shall be held at least ~~eight~~ six times each year at times and places that the Board of Directors may determine.
49.	Standing Orders of the Board of Directors: The Trust Secretary shall deliver a schedule giving notice of the date, time and venue of all meetings of the Board of Directors planned for the next ~~calendar~~ financial year, ~~signed by the Chair or by an Officer of the Trust authorised by the Chair to sign on his/her behalf~~ to every Director so as to be available to him at least fourteen days before the first meeting and, in any event, before 1 ~~January~~ April of the next ~~calendar~~ financial year. Lack of service of the notice on any Director shall not affect the validity of a meeting, subject to 4.3.4 below.
50.	Standing Orders of the Board of Directors: Arrangements for the Exercise of Functions by Delegation The Board of Directors may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, or by an Executive Director ~~or an Officer~~ of the Trust in each case subject to such restrictions and conditions as the Board of Directors thinks fit.~~.~~

	Delegation to Officers - Those functions of the Trust which have not been retained as reserved by the Board of Directors or delegated to one of its Committees shall be exercised on behalf of the Board of Directors by the Chief Executive. He/she shall determine which functions he/she will perform personally and shall nominate ~~Officers~~ Executive Directors to undertake remaining functions but still retain an accountability for these to the Board of Directors. The Board of Directors may appoint committees of the Board of Directors, consisting wholly or partly of Directors of the Trust. ~~or wholly of persons who are not Directors of the Trust.~~ A committee so appointed may appoint advisory sub-~~committees~~ groups consisting wholly or partly of members of the committee (whether or not they include Directors of the Trust) or wholly of persons who are not members of the committee (whether or not they include Directors of the Trust). The Board of Directors shall approve the appointments to each of the committees that it has formally constituted. ~~Where the Board of Directors determines that persons, who are neither Directors nor Officers, shall be appointed to a committee, the terms of such appointment shall be determined by the Board of Directors.~~
51.	Resolution of Disputes ~~with~~ between Board of Directors and Council of Governors Should a dispute arise between the Board of Directors and the Council of Governors, then the disputes resolution procedure ~~set out below shall be followed~~set out in Annex 7 of this constitution will be followed.~~.~~
52.	A person may not become a member of the Trust, or where an existing member shall have their membership of the Trust withdrawn if: ~~Under the age of~~ sixteen~~;~~ ~~Within the last five years he/she has been involved in a serious incident of violence at any of the Trust's hospitals or facilities or against any of the Trust's employees, registered volunteers.~~They are an individual who: has threatened, harassed, harmed or abused staff, patients and/or visitors of the Trust; or has been a vexatious complainant. For the purposes of this paragraph a vexatious complainant is an individual who is found by the Trust (applying the relevant Trust policy) to have abused or used inappropriately the Trust's complaints procedure.
53.	Notice of a members meeting is to be given: - by notice to ~~all~~ members in the agreed membership communications; - by notice prominently displayed at the registered office ~~and at all of the Trust's places of business~~; and - by notice on the Trust's website, at least 14 clear days before the date of the meeting.
54.	~~All members' meetings other than annual meetings are called special members' meetings.~~
55.	~~The Trust may make arrangements for members to vote by post, or by using electronic communications.~~
56.	The Chairman of the Trust or in their absence the Deputy Chair shall preside at all members meetings of the Trust. If neither the Chairman nor the Deputy Chair is present, a non-executive director ~~those members of the Council of Governors who are present shall elect one of their number to be Chairman and if there is only one Governor present and willing to act they~~ shall be Chairman. ~~If no Governor is willing to act as Chairman or if no Governor is present within fifteen minutes after the time appointed for holding the meeting, the members present and entitled to vote shall choose one of their number to be Chairman~~
57.	The Trust shall at all times strive to ensure that taken as a whole its actual membership is representative of those eligible for membership. To this end

	the Trust shall at all times have in place and pursue a membership strategy which shall be approved by the Council of Governors and shall be reviewed by them from time to time, and at least every ~~two~~ three years.

NHS Stockport NHS Foundation Trust

Stockport NHS Foundation Trust

Meeting date	1 June 2023	X	Public		Confidential	Agenda item
Meeting	Board of Directors					
Title	Board Committee Assurance – Key Issues & Assurance Reports					
Lead Director	Committee Chairs	Authors	Soile Curtis, Deputy Company Secretary Rebecca McCarthy, Trust Secretary			

Recommendations made / Decisions requested:

The Board of Directors is asked to:

- **Review and confirm the key issues and assurance provided in the Board Committee Reports.**

This paper relates to the following Corporate Annual Objectives-

X	1	Deliver safe accessible and personalised services for those we care for
X	2	Support the health and wellbeing needs of our communities and staff
X	3	Develop effective partnerships to address health and wellbeing inequalities
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	Use our resources in an efficient and effective manner
X	7	Develop our Estate and Digital 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	**x**	**PR1.1**	There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards
	x	**PR1.2**	There is a risk that patient flow across the locality is not effective which may lead to potential harm, suboptimal user experience, and inability to achieve national standards for urgent and elective care
	x	**PR1.3**	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan which may lead to suboptimal patient safety, outcomes and user experience and inability to achieve national standards for planned care

	x	**PR2.1**	There is a risk that the Trust fails to sufficiently engage and support our people, which may lead to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high-quality care
	x	**PR2.2**	There is a risk that the Trust's community services do not fully support neighbourhood working which may lead to suboptimal improvement in neighbourhood population health
	x	**PR3.1**	There is a risk in approving and implementing a new Provider Collaborative model to support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board which may lead to a delay in delivery of models of care which support improvements in population health and operational recovery following the pandemic
	x	**PR3.2**	There is a risk that the Trust does not deliver a joint Clinical Strategy with East Cheshire NHS Trust (ECT), which may lead to suboptimal pathways of care and/or limited service resilience across the footprint of both Trusts
	x	**PR4.1**	There is a risk that the Trust does not implement high quality research & transformation programmes which may lead to suboptimal service improvements
	x	**PR5.1**	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience
	x	**PR5.2**	There is a risk that the Trust fails to have a workforce that is reflective of the communities served which may lead to staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) and a poorer patient experience
	x	**PR6.1**	There is a risk that the Trust does not deliver the 2022/23 financial plan which may lead to a poor use of resources and increased regulatory intervention
	x	**PR6.2**	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan, optimising opportunities for financial recovery through system working, which may lead to a lack of financial sustainability
	x	**PR7.1**	There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information
	x	**PR7.2**	There is a risk that the estate is not fit for purpose and/or meets national standards which may lead to inefficient utilisation of the estate to support high quality of care and increased health & safety incidents
	x	**PR7.3**	There is a risk that the Trust does not materially improve environmental sustainability which may lead to suboptimal support to locality ambitions and the NHS commitment to carbon reduction
	x	**PR7.4**	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long term impact on the Trust's capability to deliver modern and effective care

Where issues are addressed in the paper-

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

Executive Summary

The Board of Directors has established the following Committees:

- People Performance
- Finance & Performance
- Quality
- Audit Committee

The Committees have no executive powers, other than those specifically delegated within their

Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee, People Performance Committee, Quality Committee and Audit Committee held during April and/or May 2023.

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Finance & Performance Committee
20 April 2023

The Finance & Performance Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
Finance Report	The Chief Finance Officer and Director of Finance provided an update on financial performance for Month 12 2022/23. The overall Trust position at Month 12 was £19.7m favourable to plan. The Committee heard that the year-end deficit was £3.3m which was in line with the forecast.	The Committee noted that the financial outturn was as forecast, and consequently had full assurance regarding the year-end position. The Committee noted that £39.8m of capital expenditure had been delivered in year and recognised the significant efforts that had been undertaken to reach the year-end position. It was noted that the Trust had maintained sufficient cash to operate during March. It was noted that the Cost Improvement Plan (CIP) for 2022/23 had been delivered, albeit mainly non-recurrently. The Committee highlighted the importance of exploring any learnings for 2023/24. It was noted that the Trust continued to work with the Greater Manchester (GM) Integrated Care System (ICS) to support an overall balanced position for 2022/23 whilst addressing the deficit position of trusts.		
Opening Budgets 2023/24	The Director of Finance presented an Opening Budgets report, noting that there may be changes in agreement of the final plan submission. The Committee heard about the agreement	The Committee noted the Opening Budgets 2023/24 report and recommended it to the Board of Directors for approval in June, recognising that there may be changes in agreement of the final plan submission.	Opening Budgets to be presented to the Board of Directors for approval.	June 2023

Issue	Committee Update	Assurance received	Action	Timescale
	with GM regarding key assumptions and noted key challenges, including the increase in CIP requirements and funding for out of area.	The Committee agreed that a paper would be circulated to Board members virtually to confirm that the Board would formally ratify the opening budgets at its meeting in June 2023, but in the meantime the Trust would continue to operate as per its Scheme of Delegation and expenditure limits. The Committee agreed that further information would be presented to the Committee to explain the changes to the income basis.	A paper confirming the interim arrangements to be circulated to the Board virtually. Further information on the changes to income basis to be presented to the Committee	April / May 2023 TBC
Trust Planning	The Chief Finance Officer provided a verbal update on planning and noted that this was still very much a live process with the numbers changing on a daily basis, as GM had not reached a financial balance. The Committee heard that as GM has been one of the most financial challenged ICSs, a number of trusts, including Stockport NHSFT, had been invited to meetings with NHS England (NHSE) to confirm the robustness of plans. It was also noted that a further meeting would be held with NHSE representatives on 21 April 2023 to discuss the GM position and find a solution for the financial gap.	The Committee noted the comprehensive planning update and the Trust's attendance at meetings with NHSE. It was noted that the Trust's team had included operational and finance representatives to ensure triangulation between finance, safety and quality, which had been a unique approach compared to other organisations. The Committee heard that while the Trust was required to resubmit its financial plan to GM by 26 April 2023, the workforce and activity plans would remain the same as presented to the Board in April.		
Operational Performance Report	The Director of Operations presented the Operational Performance Report, including performance at the end of March 2023 against the strategic core operating standards, benchmarking of performance against the four key standards (A&E 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment (RTT) standard, and	The Committee reviewed and noted the Operational Performance Report for Month 12. The Committee heard that the Trust continued to perform below the national target against all of the core operating standards, however it was acknowledged that the Trust's performance compared favourably against GM peers.		

Issue	Committee Update	Assurance received	Action	Timescale
	Diagnostic 6-week wait standard), and Productivity, Efficiency & Transformation. The Director of Operations highlighted the continued operational pressures and described action to improve performance. It was noted that the significant drivers of the performance continued to be the challenges around flow and no criteria to reside (NCTR).	With regard to diagnostic performance, the Committee noted a consistent reduction in the diagnostic backlog, but that Endoscopy and Echocardiography remained areas of concern. It was noted that cancer performance against the 62-day standard continued to improve, however histopathology turnaround times remained challenged with the team working to reduce the time to report. The Committee noted positive performance against the 28-day faster diagnostics standard and the 2-week wait standard, and heard that the wider cancer transformation programme continued. It was noted that the Trust continued to utilise capacity at Christie for Urology and General Surgery cases. The Committee noted all patients waiting over 104 weeks had either chosen to wait or were unfit/clinically complex. The Committee acknowledged the impact of the industrial action on the 78-week performance, due to cancellation of outpatient and elective appointments, and noted the Trust's focus on eliminating waits over 65 weeks.		
Annual Trust Efficiency Programme 2023/24	The Director of Operations presented the Annual Trust Efficiency Programme 2023/24. The Committee heard that CIP would be rebranded as the Stockport Trust Efficiency Programme (STEP) and noted the focus on efficiency. The Committee would receive future updates on the STEP programme via the Finance Report.	The Committee received and noted the report and the proposed changes to the Trust Efficiency Programme 2023/24. The Committee noted the associated robust governance processes, including QIA, and that the Trust would not be utilising a "one size fits all" approach, and differential targets would be proposed based on influenceable spend, with a focus on reducing bank and agency expenditure.	It was noted that review of CIP process will be carried out during the 2023/24 year by MIAA, the Trust's internal auditors' (facilitated through the Audit Committee)	During 2023/24

Issue	Committee Update	Assurance received	Action	Timescale
		It was noted that the Working Intelligently Programme had significantly gathered pace and linked in with a number of the Key Lines of Enquires (KLOEs) of the Well-Led framework. The Committee acknowledged that the outcome of the PWC review should help inform whether there were any efficiency opportunities the Trust had not yet considered.		
Post-Implementation Appraisal of Business Cases – Defibrillator Replacement	The Deputy Director of Strategy & Partnerships presented a post-implementation appraisal of the defibrillator replacement business case. The Committee heard that the Trust's defibrillators had been replaced in 2021/22 and funded through the capital placement programme.	The Committee received the report and noted the benefits realised and lessons learned as highlighted by the post-implementation appraisal review.		
Standing Committees	• **Capital Programme Management Group (CPMG)** • **Digital and Informatics Group**	The Committee received and noted the Key Issues and Assurance Reports and Annual Reports.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Finance & Performance Committee
18 May 2023

The Finance & Performance Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
Operational Performance Report	The Director of Operations presented the Operational Performance Report, including performance at the end of April 2023 against the strategic core operating standards, benchmarking of performance against the four key standards (A&E 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment (RTT) standard, and Diagnostic 6-week wait standard), and Productivity, Efficiency & Transformation. The Director of Operations highlighted the continued operational pressures and described action to improve performance. It was noted that the significant drivers of the performance continued to be the challenges around flow and no criteria to reside (NCTR). The Committee heard that a patient survey would be undertaken to understand what was driving our urgent care demand, as Stockport was an outlier in this area.	The Committee reviewed and noted the Operational Performance Report for Month 1. The Committee heard that the Trust continued to perform below the national target against all of the core operating standards, however it was acknowledged that the Trust's performance compared favourably against GM peers. It was noted that cancer performance was extremely challenged due to the compounded impact of industrial action, significantly affecting elective capacity, with limited opportunity for recovery in May due to the bank holidays. The Committee noted positive performance against the 28-day faster diagnostics standard and the 2-week wait standard, and heard that the wider cancer transformation programme continued.		
Finance Report	The Chief Finance Officer and Director of Finance provided an update on financial performance for Month 1 2023/24. The overall Trust position at Month 1 was adverse to plan by £0.8m, with a planned year-end	The Committee reviewed and noted the financial position for Month 1. It was noted that the Stockport Trust Efficiency Programme (STEP) plan for 2023/24 was £26.2m		

Issue	Committee Update	Assurance received	Action	Timescale
	deficit of £31.5m, which was in line with the annual plan for 2023/24. It was noted that the key reasons for the variance to plan in month related to strike action, open escalation wards, impact of inflation, enhanced staffing levels to support the high level of ED attendances and cover for vacancies and sickness absence. The Committee heard about internal actions to ensure rigour around the budgeting process, given the associated uncertainty nationally and at system level. This included the establishment of a Financial Improvement Board and holding divisional budgets centrally. Further to a discussion about the Board's oversight of the Trust's risk exposure and our limited ability to influence it, for example around the impact of industrial action, it was noted that the Board would receive updates via Finance Reports and the Board Assurance Framework, which would highlight associated risks and gaps in control.	(£10.3m recurrent) and that the delivery of the plan was £1.1m behind target. The Committee heard that STEP targets had been allocated to divisions, with a focus on recurrent savings. The Director of Finance highlighted the QIA process undertaken by the Chief Nurse and Medical Director when reviewing the STEP schemes to ensure patient safety was not compromised. It was noted that the awaited outcome of the PWC diagnostic review may suggest areas for savings the Trust had not yet actioned, with the Board's risk appetite being key in terms of prioritisation. It was noted that the Trust had maintained sufficient cash to operate during April and that further clarity was being sought about the impact of the pay award. The Committee heard that the risk of non-delivery of activity in accordance with the Elective Recovery Fund (ERF) was not yet clear from GM ICS and noted the challenges around the impact of industrial action. The Committee noted that capital plan for 2023/24 was £62.7m but subject to confirmation. At month 1 expenditure was behind plan by £2.0m.		
Financial Plan – Operating within GM	The Chief Finance Officer and Director of Finance delivered a presentation detailing the final agreement of the financial plan for 2023/24 submitted to GM on 4 May 2023 for a deficit of £31.5m. A full discussion in light of the GM ICS would be held at the Board meeting on 1 June 2023.	The Committee noted the presentation and that in the context of operating within the GM Integrated Care Board (ICB), there are considerations and actions to be taken by Boards with regard to operating with a deficit. The Committee noted the key points, including potential impact of decisions which would be taken in order to achieve financial balance.	Board discussion to be held on 1 June 2023.	June 2023

Issue	Committee Update	Assurance received	Action	Timescale
Operational Plan Submission 2023/24	The Director of Strategy & Partnerships delivered a presentation summarising the Trust's updated operational plan submission for 2023/24.	The Committee noted the presentation and heard that a further update had been made to GM at the end of April 2023, which showed a movement in the financial position previously reported to the Board in April. It was noted, however, that the activity and workforce plans had not changed. It was noted that following a challenging planning process, GM ICS had reached a position where the system can submit an overall balanced revenue plan in May. The Committee acknowledged the implications of the associated requirements for system savings, with a focus on cost reduction. The Committee heard that in taking this position, the GM plan has a significant degree of risk, and a review of GM system governance was underway, including development of a system Programme Management Office and finance recovery plan.		
Opening Budgets 2023/24	The Director of Finance presented an Opening Budgets report, noting that the income and expenditure plan submitted as a final version represented a deficit of £31.5m. The Committee heard that this was an improvement of £3.7m compared to the draft Opening Budgets paper with a deficit of £35.2m presented to the Committee meeting in April 2023.	The Committee noted the Opening Budgets 2023/24 report and recommended it to the Board of Directors for approval in June. The Committee agreed that a paper would be circulated to Board members virtually to confirm that the Board would formally ratify the opening budgets at its meeting in June 2023, but in the meantime the Trust would continue to operate as per its Scheme of Delegation and expenditure limits.	Opening Budgets to be presented to the Board of Directors for approval. A paper confirming the interim arrangements to be circulated to the Board virtually.	June 2023 May 2023
Annual Procurement Programme and Progress Report	The Director of Finance presented the Annual Procurement Programme and Progress Report, highlighting the procurement activities undertaken during the year.	The Committee noted the report and congratulated the Procurement Team for all they had achieved during a particularly challenging year.		
Procurement	The Director of Finance presented a report	The Committee noted the report and	Award of the Multi-	June 2023

Issue	Committee Update	Assurance received	Action	Timescale
Update – inc Contracts for Recommendation to Board	detailing procurement processes in progress over £750k.	recommended the award of the Multi-Functional Devices (MFD) and Managed Print Service contract to the Board of Directors for approval.	Functional Devices (MFD) and Managed Print Service contract recommended to the Board of Directors for approval.	
Revised Business Case for Wireless Network	The Chief Technology Officer presented a Revised Business Case for Wireless Network.	The Committee noted the report and recommended the business case to the Board of Directors for approval.	The Revised Business Case for Wireless Network recommended to the Board of Directors for approval	June 2023
Digital Strategy Progress Report	The Chief Information Officer presented a report providing an update on the delivery of the Trust's Digital Strategy, which was approved by the Board of Directors in December 2021.	The Committee noted the update and heard that the delivery of the Digital Strategy was progressing well. Specific reference was made to the Trust's major digital ambition of a new EPR solution, which was progressing in collaboration with Tameside.		
Standing Committees	• **Capital Programme Management Group (CPMG)**	The Committee received and noted the Key Issues and Assurance Report and thanked the Procurement Team and other teams involved in capital for their significant efforts in delivering the capital programme 2022/23.		

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
People Performance Committee
24 May 2023

The People Performance Committee (PPC) draws the following matters to the Trust Board's attention

Issue	Committee Update	Assurance received	Action	Timescale
People Integrated Performance Report	The Committee considered the People Performance Report and received an update on the following areas: sickness absence, statutory and mandatory training, appraisals, retention and vacancies and pay expenditure.	The Committee confirmed performance in relation to vacancies, workforce stability and time to hire was within target, with all other metrics were below target. The Committee requested further assurance regarding mitigation to address agency expenditure, noting system level agency ceiling was £7.7m over plan. Committee informed of primary drivers for spend including additional staff required to cover industrial action and to support the continued use of escalation beds. Notwithstanding this, the Trust remains above target prompting deep dive and identification of patterns in use of agency staff. Nursing, People & Finance Teams focussing on turnover, sickness, recruitment and roster management, including pilot for auto-rostering and escalation of level of approval for agency expenditure. Notwithstanding the financial impact, the Committee reaffirmed that quality must not be compromised.	Committee to receive strategic overview of impact of agency expenditure above target and trajectory for improvement to ensure quality of care was not compromised.	July 2023
Equality, Diversity & Inclusion (EDI) Strategy Progress Report	The Committee reviewed progress against each of the EDI targets set out within the EDI Strategy relating to workforce, culture, assurance and compliance and health inequalities.	The Committee confirmed the impact of delivering the EDI Strategy was making a positive difference, as confirmed by EDI performance metrics. Committee acknowledged that, as with any culture change, progress was slow and required relentless focus.		

Issue	Committee Update	Assurance received	Action	Timescale
		Committee confirmed: - Increases in the proportion of BAME staff at all bands for both clinical and non-clinical staff. - Relative likelihood that white candidates will be appointed from a shortlist compared to BAME candidates remained high. - Increase in the proportion of BAME respondents in the staff survey reporting bullying or harassment from managers. - No change in the proportion of staff who are disabled, including Board of Directors. Increase in the relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff. - Reduction in the proportion of disabled staff reporting discrimination from managers or team leaders - Trust mean gender pay gap remained higher than the target.		
Workforce Race Equality Standard (WRES) Report	The Committee received the Workforce Race Equality Standard (WRES) Report which Trusts were required to publish on an annual basis.	The Committee considered highlights from the WRES (see above) and noted the 'green shoots' of improvement. Confirmed that the Trust's EDI Strategy and new Organisational Development Plan 2023-2026 would support improvements in WRES performance. The Committee emphasised the importance of triangulating annual WRES performance data with key performance metrics and	The Committee confirmed submission requirements and approved the content of the Trust's 2023 WRES Progress Report ahead of its publication in October 2023.	

Issue	Committee Update	Assurance received	Action	Timescale
		employee feedback as a key source of assurance.		
Workforce Disability Equality Standard (WDES) Report	The Committee received the Workforce Disability Equality Standard (WDES) Report which Trusts were required to publish on an annual basis.	The Committee considered highlights from the WDES (see above). Confirmed that the Trust's EDI Strategy and new Organisational Development Plan 2023-2026 would support improvements in WDES performance and that there was still significant work to be done to improve the experience of staff with a disability. The Committee acknowledged the WDES reporting was based on standardised approach, and encouraged a broader Trust approach to inclusion, such as support for colleagues who are neurodiverse. The Committee noted the number of staff without data and discussed the reasons for, and importance of colleagues providing information, voluntarily unless can see the benefit of doing this, to enable the Trust to work with colleagues and improve their experience. The Committee noted work in early stages to develop recruitment methodologies to support improvements in inclusion.	The Committee confirmed submission requirements and approved the content of the Trust's 2023 WDES Progress Report ahead of its publication in October 2023.	
Widening Participation	The Committee received an update on widening participation and vocational learning offer providing career opportunities for communities across Stockport.	The noted positive assurance regarding collaboration with a number of system partners to remove barriers and offer work experience and career opportunities, including translation into employment, for people in Stockport, in particular to		

Issue	Committee Update	Assurance received	Action	Timescale
		communities that are underrepresented and areas of deprivation.		
Freedom to Speak Up Guardian Report	This Committee received an overview of the activity of the Freedom to Speak Guardian since the last report to the Committee, including themes and trends from referrals. The Committee received update on the role of the Guardian at the Trust, including interim arrangements and confirmation of successful recruitment of a permanent replacement further to the previous Guardian stepping down from the Trust. The Committee received update on the action plan developed in response to the Trust's self-assessment of Freedom to Speak Up arrangements completed in November 2022.	The Committee considered the recurring theme of concern about adequate staffing. The Committee received confirmation that four Freedom to Speak Up Champions had been identified and would work closely with the Freedom to Speak Up Guardian. to raise the profile of speaking up in the organisation. The Committee acknowledged recent media attention/focus on whistleblowing and culture and noted a broader discussion would be beneficial in advance of forming a working group to take forward the action plan.		
Employee Relations & Exclusions Activity	The Committee received a summary of employee relations case activity during 2022/23. The report included information regarding: • Employee relation cases, by type & division • Employment Tribunals information • Ethnicity Information	The Committee considered themes and mitigating actions, noting alignment to ongoing people related workstreams to support attendance management, health and wellbeing, bullying and harassment, flexible working and safeguarding.		

Issue	Committee Update	Assurance received	Action	Timescale
Safe Care (Staffing) Report	The Committee received a report providing assurances and risks associated with safe nurse and midwifery staffing, medical staffing, and allied health professionals, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks.	The Committee acknowledged the ongoing high levels of operational demand within the acute and community services, which was having an impact on patient experience and staff experience. It was noted that the demands within the Emergency Department remained significant, impacted on by large numbers of patients who do not require a hospital bed any longer, and that this demand was being operationally managed by senior teams and on call colleagues with a continual dynamic risk assessments conducted. The Committee noted work taking place to ensure maternity red flags are reported in a timely manner.		
Key Issues Reports	The Committee received and noted the following key issues reports: • People, Engagement & Leadership Group • Equality, Diversity & Inclusion Group • Educational Governance Group			
The Committee requested further focus on assurance in the framing of the reports and anticipated trajectory for improvement.				

KEY ISSUES AND ASSURANCE REPORT *Quality Committee* *25th April 2023 & 23rd May 2023*				
The Quality Committee draws the following matters to the Board of Director's attention-				
Issue	**Committee Update**	**Assurance received**	**Action**	**Timescale**
Patient Story **April & May 2023**	The Committee heard a patient story, the objective of which was to remind us why we are here and the values we have.	Positive assurance on: • The support provided by our volunteer guides • The development and implementation of Mental Health Passport and inclusion of service user in its development.		
Action Log **April & May 2023**	All outstanding actions for current period were reviewed, with updates on progress, completion or on the agenda.	Positive assurance that actions are being undertaken and progressed. The awaited national guidance for changes to Deprivation of Liberty Safeguards (DOLS) processes is now closed following a national decision not to proceed.	Update action log Annual Safeguarding Report 2022/23	23/24 June 2023
Learning from Deaths (LFD) Quarterly Report **April 2023**	The Deputy Medical Director presented this quarterly report highlighting the processes that the Trust has in place that allow it to learn from deaths. A summary of the learning that has been gained in the last quarter regarding the provision of end of life care, timely completion of MUST scores and communication between clinical teams when patients are being transferred between wards. High-level information about the actions that had been taken provided.	Positive assurance regarding the process undertaken and number of deaths reviewed in line with the policy. Positive assurance on activity being undertaken in relation to End of Life Care (EOL) and Deteriorating Patient and recognition that more work and training needed to support staff in recognising when EOL care is needed. Limited assurance on our improvement of	Further training in Acute and Community settings on recognising EOL Update on PFD's Associate Medical	Ongoing July 2023

		HSMR as SFT remain an outlier as the only GM Trusts to remain red and improving slightly to amber in May 2023.	Director to explore best practise in other GM Trusts Further assurance required on National Hip Fracture Audit Information	May 2023
National Hip Fracture Audit Information New-born Hearing/Audiology Audit **May 2023**	The Medical Director presented a verbal update on progress against National Hip Fracture Audit Information New-born Hearing/Audiology Audit.	Limited assurance on this audit with KPI 4 (mobilisation) not being achieved. Negative assurance on new-born hearing audit. 2 standards of concern – referral offered (87% against a 97% target) and attendance (63% against a 90% target).	Review of metrics via Clinical Effectiveness Group Key Issues Report	June/July 2023
StARS Q4 Progress Report **April 2023**	The Deputy Chief Nurse presented the StARS quarterly report including confirmation of assessments completed and current assessment ratings.	Positive assurance on review of accreditation standards and that the process is fit for purpose. Positive assurance that 54% (increasing with each review) achieving green status. Roll out to community and maternity. Area for improvement noted as medicine administration. Non-compliance with medicine administration in acute settings, with no community setting achieving compliance. Positive assurance on increasing maturity of the system and analysis of data and triangulation of the StARS metrics with performance information.		
Integrated Performance	The IPR Report was presented, reviewed, and noted.	The Committee identified that the IPR triangulates with assurances on performance	IPR Escalated to Board as part of	June 2023

Report – Quality & Safety **April & May 2023**	Assurance was reviewed and agreed, and further actions and focus agreed.	identified throughout the meeting, with remaining metrics considered by exception. This reporting period has seen a slight improvement Hospital Standard Mortality rate with SFT continuing to remain outside the control limit. One of only two GM Trusts in the Amber zone. Negative assurance to impact No Criteria to Reside. Limited continued assurance on sepsis antibiotic administration standard. Positive assurance on achieving target % decrease in falls. Positive assurance that a good number of metrics remained on track	Trust IPR Chief Nurse to provide revised trajectories for IPR for both local and nationally set standards.	
Health & Safety Joint Consultative Group (JCG) Key Issues & Assurance Report **April & May 2023**	The Chief Nurse and Deputy Director of Quality Governance presented the Health & Safety JCG Key Issues Reports	Positive assurance on the monitoring of Entonox Gas in the environment in maternity and other areas where in use (i.e., plaster room in ED). Positive assurance on use of window restrictors in priority areas and further roll out.		
External assessments, accreditations and inspections report **May 2023**	The Deputy Director of Quality Governance presented the report sharing the external assessments, accreditations and inspections report along with a comprehensive register of planned assessments and outcomes.	Positive assurance towards the maturity of the report with some gaps identified in actions taken in response to visits/inspections.	All areas to inform the register of planned inspections/assessment etc.	Iterative as new report
Patient Safety Report including Serious Incidents	The Deputy Director of Quality Governance presented the report providing quarterly overview of incidents, inquests, claims and complaints, including	Comprehensive report providing positive assurance on process and culture that lessons are learned and		

Q4 2022/23 (Including April 2023)	review of internal qualitative and quantitative data, in order to provide triangulated analysis.	improvements to practice implemented. Pressure ulcers, administrative process' (excluding documentation) continue to be the two highest types of incidents. The highest proportion of complaints remains in regard to communication and metrics continue to show an increase in complaints. Emergency Department (ED) continues to be location for most reported incidents, recent pressures on flow have increased ambulance wait times and longer stays in ED, which are reportable as incidents. Positive assurance on our referrals to PHSO not proceeding to formal investigations. Positive assurance this quarter for claims, four claims closed with no learning at no settlement costs to the Trust.		
Key Issues & Assurance Reports **April & May 2023**	The Chairs of Quality Committee Subgroups presented their Key Issues Reports: • Patient Safety Group • Clinical Effectiveness Group • Health & Safety JCG • Patient Experience Group • Trust Integrated Safeguarding Group	Items of limited assurance and risk have been covered by exception within other Quality Committee reports. Further assurance requested on capture of mental health screening in antenatal care. Building on the work done to engage patients (i.e., mental health passport) build on patient engagement as part of Patient Experience Group.	Chief Nurse to provide mental health screening assurance. Patient engagement best practice to be scoped by Communication Team.	June 2023 July 2023

Quality Account **May 2023**	The document submitted outlines the first draft of the Quality Account for members review and comment.	Confirmed alignment with information provided to Quality Committee throughout the year.	Final Quality Account to Board of Directors for approval.	June 2023

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
23rd May 2023

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: • Internal Audit Progress Report • Internal Audit Reports • Follow up Tracker	The Committee received assurance that five reviews have now been finalised, one issued as draft and two in progress to be fully completed for the 2022-23 Plan. The Committee received substantial assurance or standards met on the following reports: • Risk Management – Core Controls Review • Clinical Audit Review • Board Assurance Framework Review • Conflicts of Interest review The Committee asked for an assurance that the draft status of the Clinical Audit Strategy was followed up at Quality Committee. The Payroll Contract Management Review (ELFS) was presented to the Committee by MIAA which had received limited assurance. The Committee noted the report and received assurance on the overall contract management process within the Trust. It asked for assurance from the HR and Payroll departments that recommendations had been followed up by the target dates of 1st June 2023. There were no significant issues to report on outstanding follow up actions.	MIAA/Finance to follow up Payroll actions were in place by the 1st June 2023. Quality Committee to review Draft Clinical Audit Strategy.	1st June 2023 2023/24

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
23rd May 2023

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 continued	• Internal Audit Charter: • Head of Internal Audit Opinion 2022-23 • 2023/24 Internal Audit Plan	The Committee reviewed and noted the Internal Audit Charter presented by the Head of Internal Audit. The Committee received substantial assurance in the Head of Internal Audit opinion that there was a good system of internal control designed to meet the organisation's objectives and that controls were generally being applied consistently. The Committee received the updated work programme for Internal Audit reviews in 2023/24. Committee discussed the Cost Improvement Programme review and importance of understanding scope, to focus not just on process but also delivery of targets set. Committee received assurance that more detailed consideration of CIP is to be considered at GM level. The Committee noted that work on the 2023-24 programme was already in progress. The Committee received assurance that the three risk areas highlighted in the work plan will be kept under review and considered for amendment to the 2023-24 Plan if the risk profile in these areas changed.	CIP Review	Q2 2023-24

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
23rd May 2023

The Audit Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
Internal Audit (continued)	The Committee received a report of: • Anti-Fraud Progress Report • Anti-Fraud Annual Report 2023/24	The MIAA counter fraud report was received and progress against work plan noted and approved. The Committee received assurance that Counter Fraud lead was working with the Trust Secretary to provide awareness sessions to staff on reporting conflicts of interest. The Committee received continued assurance that the Trust is vigilant to fraud attempts. No financial losses had been incurred by the Trust from the Fraud Prevention Check notices issued in this reporting period.		
Accounting Polices 2022/2023	The Committee received: • a report from the Director of Finance on the draft accounting policy note to be included in the financial statements for 2022/23.	The Committee received assurance that the draft accounting policy note was prepared in accordance with relevant International Financial Reporting Standards and latest NHSE, DHSC and HM Treasury guidance. The Committee was updated on key accounting policy issues and judgements include the new accounting policy for IFRS 16 and updates to revenue recognition for the new ICS system changes.	The Committee approved and recommended to the Board the draft accounting policy note for inclusion in 2022/23 financial statements.	
Annual Report and Accounts 2022/2023	• Draft Annual Governance and Self Certifications Statement; • Draft Annual Report; • Draft Annual Accounts;	The Committee received assurance that the Annual Governance Statement correctly reflected the Trust position. An update on wording on financial sustainability will be included.	The Committee recommended the AGS to the Board of Directors for approval.	1st June 2023

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
23rd May 2023

The Audit Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
	• Key Accounting Issue Report; • Going Concern Assessment	The Committee received an update on the licence conditions that the Trust were still subject to and that this was considered within the AGS. The Committee considered and noted the key accounting issues relevant to the 2022/23 Annual Accounts. The Committee reviewed and noted the Draft Annual Report. The Committee reviewed and noted the draft Annual Accounts and received assurance on the final accounts processes and timetable to deliver audited accounts by the 30th June 2023. The Committee supported the declaration that the Trust continued to adopt the going concern basis in the preparation of the accounts.	The Committee agreed to provide any comments on the Draft Annual Report to the Company Secretary by the 31st May 2023.	
Declaration of Interests Annual Review	The Committee received: • Conflicts of Interest Report	The Committee received assurance that the processes in place met NHS England guidance and that significant work had been undertaken to ensure systems aligned with policy to enable timely submissions. The Committee received an update on current compliance with the policy.	Additional work by the Company Secretary is planned to ensure accuracy of declarations.	2023/24

NHS Stockport NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT
Audit Committee
23rd May 2023

The Audit Committee draws the following matters to the Board of Director's attention -

Issue	Committee Update	Assurance received	Action	Timescale
External Audit Progress Report.	The Committee received: • External Audit Strategy Memorandum for 2022/23	The Committee received the Audit Strategy memorandum on planning for the 2022/2023 external audit. The strategy is consistent in scope with significant risks continued as in recent years. Additional focus will be placed on the adoption of IFRS 16 and accounting for capital expenditure.	May/June 2023	30th June 2023
Waiver Review	The Committee received a report of waivers for the period November 2022 to March 2023.	The Committee noted the report and received assurance that all waivers were issued in accordance with Standing Financial Instructions.	Narrative for waivers to be expanded for those identified as 'suppliers not on framework'.	November 2023
Risk Management Committee Summary Report	The Committee received: • a report on the work of the Risk Committee • a list of significant risks at March 2023.	The Committee noted the report of the work of the Risk Committee. The Committee were assured that key risks identified for Risk Committee were also reflected in the reporting to the other key Committees (Financial & Performance, People and Quality Committees).		
Trust Committee updates	The Committee received verbal reports from the Chairs of key Board Committees.	The Committee noted the key risks identified in other Board Committees from the Chairs of the Finance and Performance, People Performance and Quality Committees.		