

**BOARD OF DIRECTORS**

**PUBLIC MEETING**

**1 APRIL 2021**

**Making a difference every day.**



Stockport  
NHS Foundation Trust

## Board of Directors Meeting Thursday, 1 April 2021

Held at 9.30am via Webex  
(This meeting is recorded on Webex)

### AGENDA

Time		Enc	Presenting
0930	1. Apologies for absence		
	2. Declaration of Interests	<i>Verbal</i>	
0930	3. Opening Remarks by the Chair	<i>Verbal</i>	<b>A Belton</b>
0935	4. Patient Story		<b>N Firth</b>
0950	5. Minutes of Previous Meeting – 4 March 2021	✓	<b>A Belton</b>
0950	6. Action Log	✓	<b>A Belton</b>
0955	7. Chair's Report	✓	<b>A Belton</b>
1000	8. Chief Executive's Report	✓	<b>K James</b>
	<b>9. STRATEGIC ISSUES</b>		
1010	9.1 Corporate Objectives – outcome measures	<i>Verbal</i>	<b>K James</b>
1020	9.2 Planning Guidance	✓	<b>A Bailey</b>
	<b>10. QUALITY AND SAFETY</b>		
1035	10.1 Performance Report <ul style="list-style-type: none"> <li>• Safe staffing and Covid key themes report (N Firth)</li> </ul>	✓ ✓	<b>K James / J McShane / A Loughney / N Firth / J Graham / E Stimpson</b>
1120	10.2 Risk Report <ul style="list-style-type: none"> <li>• Health &amp; Safety Policy</li> </ul>	✓ ✓	<b>K James</b>
1135	10.3 Stockport System Improvement Programme	✓	<b>K James</b>
	<b>11. ASSURANCE</b>		
1150	11.1 Reports from Assurance Committees <ul style="list-style-type: none"> <li>• Quality Committee</li> <li>• Finance &amp; Performance Committee</li> <li>• People Performance Committee</li> </ul>	✓ ✓ ✓	<b>Committee Chairs</b>
	<b>12. CONSENT AGENDA</b>		
1155	12.1 Fit and Proper Person Declaration	✓	
	12.2 Non-Executive Director Independence	✓	
	12.3 Annual Declaration of Interests	✓	

- 12.4 Appointment of Deputy Chair ✓
- 12.5 Use of Common Seal ✓

**13. DATE, TIME & VENUE OF NEXT MEETING**

13.1 Thursday, 6 May 2021, 9.30am, via Webex

13.2 Resolution:

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

**STOCKPORT NHS FOUNDATION TRUST**

**Minutes of a public meeting of the Board of Directors held remotely at 9.30am,  
on Thursday, 4 March 2021**

**Present:**

Mr A Belton	Chair
Mrs C Anderson	Non-Executive Director
Mrs N Firth	Chief Nurse
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Mrs K James OBE	Chief Executive
Dr M Logan-Ward	Non-Executive Director
Mrs J McShane	Director of Operations
Mrs M Moore	Non-Executive Director
Mr P Moore	Director of Quality Governance & Risk Assurance *
Mrs C Parnell	Director of Communications & Corporate Affairs *
Mr M Sugden	Non-Executive Director
Dr L Sell	Non-Executive Director

*\* indicates a non-voting member*

**In attendance:**

Mr A Bailey	Acting Director of Strategy & Planning
Mrs S Curtis	Deputy Company Secretary
Mrs C Griffiths	Transformation Director, NHSE/I
Dr S Krishnamoorthy	Associate Medical Director
Mr S Lucas	Insight Programme
Mrs E Stimpson	Acting Director of Workforce & OD

**52/21 Apologies for Absence**

Apologies for absence were received from Mrs Barber-Brown, Dr Loughney and Mr Moores. Mr Belton welcomed Dr Krishnamoorthy and Mrs Stimpson to the meeting who were attending in Dr Loughney and Mr Moores' absence.

**53/21 Declaration of Interests**

There were no declarations of interest.

**54/21 Opening Remarks by the Chair**

Mr Belton welcomed all Board members and observers and noted that the meeting was a shorter one than usual due to the pressures of the pandemic, focusing only on the most urgent matters. He advised that the meeting recording would be available to be viewed on the Trust's website.

**55/21 Minutes of the previous meeting**

The minutes of the previous meeting of the Board of Directors held on 4 February 2021 were agreed as a true and accurate record of proceedings, subject to an amendment to the eighth paragraph of minute 35/21, Maternity Update Report.

Dr Sell advised that she had referred to the five year forward view for mental health, and the mental support available to any women needing it across the perinatal period. She also said that the specific team she referred to for links in this area was the GM community perinatal mental health care team.

**56/21 Action Log**

The action log was reviewed and annotated accordingly.

With regard to the outstanding CNST action relating to clinical neonatal workforce planning, Dr Krishnamoorthy highlighted challenges caused by the absence of a separate neonatal on-call rota. He advised that an action plan with mitigations was being prepared by the business group for presentation to the Board in July 2021.

In response to a question from Mrs Moore, Dr Krishnamoorthy confirmed that the action plan referred to the challenge surrounding the rota and proposed a separate neonatal on-call rota.

Mrs Moore commented that she looked forward to seeing the work progressing in her role as maternity champion. Mrs Firth confirmed that she was comfortable with the suggested way forward and noted that all maternity plans were being reviewed on a regular basis through the business group and other assurance committees.

**57/21 Staff Story**

Mrs Firth introduced a staff story video relating to transformational work undertaken with system partners to improve discharge arrangements and admission avoidance to cope with the third wave of Covid and beyond.

Due to technical difficulties, it was agreed to email the video link to all attendees after the meeting.

**58/21 Chair's Report**

Mr Belton presented a report providing his reflections on recent activities in relation to reflecting on progress, Fit and Proper Person, and Board changes.

He briefed the Board on the content of the report and reflected on progress a year on since the start of the Covid pandemic. He once again recorded the Board's appreciation to staff for their sheer work and professionalism during the pandemic.

With regard to Board changes, Mr Belton advised that Mr Sugden would be concluding his term of office as Non-Executive Director at the end of March 2021 as he completed his maximum nine-year tenure. He briefed the Board on the selection process for a replacement Non-Executive Director, noting that interviews were held on 2 March

2021. On behalf of the Board of Directors, Mr Belton thanked Mr Sugden for all his work during the past nine years and wished him the very best for the future.

Mrs Anderson briefed the Board on arrangements for the Chair selection process and advised that four strong candidates had been shortlisted for interviews on 17 March 2021.

Mr Belton reported that a productive catch up session had taken place the previous day between Governors and Non-Executive Directors.

The Board of Directors:

- Received and noted the report.

#### **59/21 Chief Executive's Report**

Mrs James presented a report providing an update on local and national strategic and operational developments. She briefed the Board on the content of the report and made reference to the Innovation & Integration White Paper published by the Department of Health & Social Care. The Board heard that the Trust was working at Greater Manchester (GM) and local level regarding the recommendations and noted that this item would be considered later on the agenda.

Mrs James drew the Board's attention to s2.2 of the report and highlighted the mental health support hubs available to staff.

With regard to operational pressures, the Board heard that while the numbers of people requiring hospital treatment for Covid were reducing, the Trust continued to see high attendances at the Emergency Department (ED), and Mrs James briefed the Board on GM-wide work to restore activities. She was pleased to report that the Trust had been awarded £3m of national pandemic funding to expand A&E capacity.

Mrs James highlighted the celebration of staff achievements during the recent Thank You February, which had been the start of a range of ongoing activities to recognise and reward staff. Mr Bailey commended the awards and noted the positive impact on staff morale.

Mrs Anderson made reference to the operational pressures, particularly the amount of A&E attendances that resulted in admission. Mrs James briefed the Board on work to improve performance in this area, including a review of ambulance conveyances and the conversation rate from A&E. She said that the Board would be updated on any emerging issues.

The Board of Directors:

- Received and noted the report.

#### **60/21 Corporate Objectives**

Mrs James presented the Trust's high level service objectives for 2021/22, which were aligned to the overarching Trust Strategy. She also presented the key deliverables

against the objectives, noting that these formed part of the Executive Director objectives. Mrs James advised that the Board would receive a mid-year and end of year report on progress.

Mrs Anderson and Dr Logan-Ward agreed that the objectives were a useful starting point, but requested further clarity on targets to enable the measurement of key outcomes. Dr Logan-Ward also queried if workforce inequality should be included under the workforce objective, and Mrs James agreed to expand on that in the outcome measures.

Mrs Moore queried how the objectives had been socialised and what the input from the wider workforce and system had been. Mrs James said that as the objectives had now been shared with the Board, the next part of the process would be the wider socialising of the objectives. She accepted the comments about the need for sharper outcome measures, and agreed to review this further.

In response to a comment from Mr Hopewell about the challenge of achieving the objectives in a single year, Mrs James said that she would expect the outcomes to be delivered in 2021/22.

Mrs Firth noted that there was a wealth of granular data behind the high level objectives, which were reported to Assurance Committees as SPC charts.

Dr Sell queried whether some of the objectives could be signed off by the Board without quantifying the delivery targets, for example around the reducing harm outcome. Mrs James noted that the outcome referred to reducing harm against last year's baseline but agreed that further clarity would be helpful around the delivery targets.

It was agreed to present the objectives with further information on targets around the deliverables for formal approval at the April meeting.

The Board of Directors:

- Received and noted the report,
- Agreed to receive further information on targets around the deliverables for formal approval at the April meeting.

## **61/21 The Trust's response to awaited planning guidance and regime**

Mr Graham noted that the planning guidance for 2021/22 was still awaited but that it had been confirmed that the current financial regime would roll over to at least Quarter 1 2021/22. He briefed the Board on proactive discussions with business groups to commence the planning progress around finance, workforce and operations while the official guidance was awaited, noting that the Trust would be required to make submissions around those three headings.

Mr Sugden raised a concern about the lack of clarity as the planning guidance was still awaited. He queried what engagement the Trust was having with commissioners as he felt that even in the absence of the guidance, the Trust should be aware of the majority of the areas it would be challenged with delivering next year.

Mr Graham confirmed that the Trust had regular engagement with commissioners and had shared its provider intentions with them early on.

In response to a comment from Mr Sugden, Mr Graham agreed that the submissions should be signed off by the Board, noting that some of them would require virtual sign off due to short notice timescales.

Mr Sugden commented that the Trust should be aware of the volume of the backlog as it entered into the new financial year and consequently the challenge for the next five years. He said that the Board would find it useful to see the scale of the challenge.

Mr Graham briefed the Board on ongoing work to understand the Trust's expenditure cost base and the impact of this year on future years, as well as work on capacity and demand modelling with business groups to inform workforce and financial requirements. He also highlighted a link with the Integrated Care Systems White Paper on doing things differently across the system.

With regard to the capacity and demand work, Mrs McShane acknowledged Mr Sugden's comment that it should not be difficult to understand the delivery requirements for next year in terms of baseline activity. She noted, however, that the expectations on the backlog clearance due to the pandemic and the speed of the recovery were still unclear.

Mrs McShane highlighted the importance of system working, including engaging with commissioners around the independent sector, to ensure equitable access to all patients and to plan the trajectory to enable the achievement of the recovery position and work with the commissioners about the financial consequences.

In response to a suggestion from Mr Sugden, Mr Graham agreed to arrange a Board workshop to provide further clarity on the Trust's capacity and capability around delivery, in the context of the commissioning and financial environment, to enable the Board to make informed decisions when signing off the submissions.

Mrs Anderson queried how the Cost Improvement Programme (CIP) fed into the process and at what stage the CIP could be integrated into the improvement journey around the restoration of services. Mr Graham confirmed that this work had already started and business groups had been given headline numbers to give them an indication of requirements.

Mrs McShane noted that recovery and CIP could come together but could also be mutually exclusive due to the cost of recovery. She said that productivity was key and noted the link with workforce and the additional work required, and that consideration would be given to seven day working and the use of the independent sector. She highlighted the risk around asking teams to do more to recover, in the context of continued workforce pressures. Mrs McShane also noted the need to put in intensive support to ensure successful delivery of the programmes and she briefed the Board on work in this area.

Mrs Firth noted that clinicians were heavily involved in decisions regarding the plans and a robust QIA process was in place in this area. Dr Sell welcomed the QIA process and suggested that this should be fed into the Quality Committee.

Mr Graham said that the Finance & Performance Committee would consider the planning item at its March meeting to formalise some of the issues discussed at today's meeting, and to feed into the update to the April Board meeting.

The Board of Directors:

- Noted the verbal update,
- Agreed that a proposal would be presented to the March meeting of the Finance & Performance Committee and the April Board,
- Agreed that a Board workshop session would be arranged,
- Agreed that the Board would approve the various submissions virtually.

## **62/21 Integrated Care Systems White Paper**

Mr Bailey delivered a presentation providing an update on the Integrated Care Systems (ICS) White Paper. He advised that the Trust had contributed to the NHSE/I consultation process as part of a GM response, supporting the strengthened proposals to put integrated care systems on a statutory footing.

Mr Bailey briefed the Board on the White Paper published on 11 February 2021, which set out new proposals to streamline the legal framework for health and care and strengthen partnership working by key measures, including the creation of statutory Integrated Care Systems. The Board heard that work had already commenced at a GM and local level to understand the implementation of ICSs as a statutory form, as well as the wider proposals.

In response to a question from Mr Belton about the impact on CQC inspections at ICS level, Mrs James advised that the Trust had responded to CQC's consultation on their new framework, around their role as regulating at system level. With regard to the White Paper, she briefed the Board on ongoing work to establish what the recommendations would look like at GM and local level, and highlighted the key objective of improving population health. She noted that the arrangements at ICS level appeared to be quite prescriptive, but that there might be more flexibility at local level.

Dr Sell made reference to the use of data and digital maturity, and queried whether the system level digital infrastructure was appropriate to drive the associated benefits. Mrs James advised that the system partners had discussed this issue and were taking it forward collectively.

In response to a comment from Mr Lucas, Mrs James acknowledged that Primary Care Support England (PCSE) was a key partner in the work around the development of the ICS.

In response to a question from Mr Belton, Mr Bailey agreed to provide a monthly progress update to the Board.

The Board of Directors:

- Received and noted the presentation,
- Agreed to receive monthly progress updates.

**63/21 Integrated Performance Report**

Mrs James introduced the Integrated Performance Report (IPR) and advised that the information in this month's report was presented on an exception basis, and only included those metrics where the Trust was not achieving the required standards or improvement trajectories. She noted that the Board would consider areas where the IPR could be improved further at a development session in April 2021.

Quality

Mrs Firth noted that the topics included in the IPR were discussed in detail at Board Committees. She was pleased to report good performance around indicators relating to Infection, Prevention & Control (IPC), particularly with regard to Clostridium Difficile, and positive feedback received via the Friends and Family Test.

Mrs Firth advised that mental health presentations to ED had increased, noting that this was a national issue largely due to the pandemic. She briefed the Board on system wide work to ensure safety mechanisms were in place to look after those patients' needs.

Mrs Firth reported an increase in pressure ulcers, as a consequence of the high number of patients in the hospital, noting that each case was being investigated as per the process. The Board heard that the Trust was back on track to achieve its improvement trajectory for 2020/21, but work was ongoing to improve the position further.

Mrs Firth commented that the current reporting of the nurse and midwifery staffing was fragmented and advised that the People Performance Committee would undertake a deep dive into this area. She suggested that in addition to the twice yearly safe staffing report, the Board would receive a more regular key issues report pulling together the relative themes from Committees.

Dr Krishnamoorthy briefed the Board on work to improve sepsis performance, noting an improvement in the timely recognition of sepsis. He highlighted a new electronic screening tool that had gone live the previous day, which should improve performance further. He also briefed the Board on the implementation of a sepsis specific Datix process, which should provide more robust assurance around non-compliance and any associated patient harm.

Dr Krishnamoorthy briefed the Board on SHMI and HSMR mortality data, noting that both were within range and were not a cause for concern.

He reported that the time spent on a stroke ward metric had improved in December, but that the position had been adversely affected by a recent outbreak in the stroke unit. The Board heard that the care had not been compromised as a consequence, and that the team were reviewing patients on a daily basis.

In response to a question from Dr Sell, Dr Krishnamoorthy provided further clarity about the indicators and the process for seeking assurance that the outcomes for patients had not been compromised when treated outside of the stroke ward.

Mrs Anderson commented that the hospital onset Covid appeared high, particularly given the success around IPC work. Mrs Firth noted that the Covid related data in the IPR was now out of date, and that nosocomial figures had reduced. She explained that the reason the percentage appeared high was due to the reduction in the overall numbers, and advised that the Trust was well within the national comparator in this area.

In response to a question from Mrs Anderson, Mrs Firth briefed the Board on work around reducing patient ward moves, noting that the moves had reduced. She also advised that the Trust was due to ratify a new falls policy and an improvement trajectory would be set for 2021/22.

In response to a question from Mr Sugden around sepsis recording, Dr Krishnamoorthy confirmed that the reporting was happening well but the issue related to specific documentation, and that the position should improve following the implementation of the electronic solution. Mrs Moore said that she would like to receive further information about the digital system and how it would work.

Dr Logan-Ward noted that the Quality Committee had received positive assurance around sepsis performance and queried when the Trust was due to consider its aspirations for the sepsis targets.

Dr Krishnamoorthy commented that all organisations performing at a 90/95% level had a fully electronic solution, and noted that this Trust was only in the first part of the journey. Mrs James agreed that once the Trust's electronic system was up and running, it should be aiming for at least a 95% target.

### Operational

Mrs McShane highlighted the adverse impact of Covid on the performance metrics, noting that the Trust had seen the peak of Covid related admissions at the end of January 2021 when 30% of acute beds had been taken up by Covid patients. She highlighted the significant impact on overall performance, particularly around planned care.

With regard to the diagnostic standard, the Board heard that Endoscopy remained a key concern and Mrs McShane briefed the Board on mitigating actions, including plans to increase capacity with the opening of the fourth room in early 2021/22. She also reported that GM had secured significant mutual aid to support the longer term diagnostic recovery.

Mrs McShane reported good progress with the other diagnostic modalities, but noted staffing issues around CT.

Mrs McShane made reference to cancer performance, noting the adverse impact of Covid and the consequent cancellation of some surgery in January. She briefed the Board on mitigating actions in this area, including securing mutual aid and accessing the GM cancer hub, and noted that the Trust was now back to treating patients to appropriate timescales on site. The Board heard that the Trust was working with GM around clinical reviews of patients who have had their treatment delayed, particularly those who have waited for over 104 days, to identify any associated harm.

Mrs McShane highlighted the referral to treatment (RTT) standard as a key concern due to the impact of Covid, and advised that further detail on the clinical prioritisation process would be presented to the Quality Committee. She highlighted recovery and restoration as a key focus for the Trust and the GM, noting system working in this area.

Mrs McShane reported a slight improvement in the Emergency Department (ED) four-hour standard, noting that performance had been challenging during the third wave as the department continued to see normal levels of activity and high acuity, with only a reduction around minors and paediatric attendances. She highlighted an issue around the conversion rate, noting that it could increase as the denominator became smaller but the acuity of patients increased. She briefed the Board on system wide work around admission avoidance, and advised that a frailty unit had been mobilised on site and work was ongoing to increase same day emergency care.

In response to a question from Mrs Anderson, Mrs McShane briefed the Board on work to improve the position around medically optimised awaiting transfer (MOAT) patients, and in particular the challenge to discharging out of area patients, and the Board heard that a new process was in place and a full system review was being undertaken in this area.

In response to a question from Dr Sell, Mrs McShane briefed the Board on challenges around cancer surgery at the peak of the third wave, noting issues around increased demand and staff availability due to absence and increased resources required in critical care. She said that a number of cancer patients had consequently been referred through the GM cancer hub.

In response to a question from Mrs Moore, Mrs McShane advised that the Trust had a theatre improvement transformation theme and would reset the theatre metrics to track the efficiency of theatre performance.

### Workforce

Mrs Stimpson highlighted the adverse impact of Covid on the workforce metrics, and reported increased sickness absence rates and the consequent effect on agency expenditure. She advised that the Trust had rolled out phase two lateral flow testing to all staff and improved reporting in partnership with Infinity.

She briefed the Board on successful recruitment campaigns, including international nurse recruitment and health care associate recruitment. She also provided an overview on the Covid vaccination programme, and was pleased to report that the Trust had achieved the 80% target around the flu vaccination programme.

In response to questions from Mr Belton and Dr Sell, Mrs Stimpson briefed the Board on focused work to increase the Covid vaccination uptake by the BAME staff and community, including partnership working with system partners and local community leaders. Mrs Anderson advised that the People Performance Committee was tracking progress in this area.

In response to a question from Mr Belton, Mrs Stimpson confirmed that information on safe staffing was reported to the People Performance Committee. Mrs Firth

reiterated her earlier proposal to present a monthly overarching key themes report to the Board, pulling together safe staffing related information presented to Assurance Committees.

### Finance

Mr Graham reported that the Trust was on track to achieve its financial plan at year-end. The Board heard that the Trust was ahead of plan on cash and Mr Graham briefed the Board on plans in place to utilise the available capital by year-end.

The Board of Directors:

- Noted the content of the Integrated Performance Report,
- Agreed that Mrs Firth would present a monthly overarching key themes report to the Board, pulling together safe staffing related information presented to Assurance Committees.

### **64/21 Covid Update**

Mrs Firth provided an update on the current Covid position, reporting a much improving position in Stockport. She advised that over 100,000 people had now received their first Covid vaccination in Stockport, the total number of inpatients with Covid had reduced to 52, and the nosocomial rate had reduced to five, which placed the Trust in a much better position compared to peers.

Mrs Firth advised the Board that a full root cause analysis was undertaken for all nosocomial infections, and learning from death reviews were undertaken for all appropriate cases led by the Medical Director. She also noted the positive impact of the robust IPC measures in reducing the nosocomial infections.

The Board heard that assurance around Covid was largely captured through the IPC Board Assurance Framework (BAF), which was monitored monthly at the IPC Committee, and noted that there were no red indicators for Stockport.

In response to a question from Mrs Moore, Mrs Firth confirmed that the nosocomial learning from death reviews considered the patients' whole journey, including where they were treated and whether their discharge had been delayed.

The Board of Directors:

- Noted the content of the presentation.

### **65/21 Reports from Assurance Committees**

Mr Belton invited the Chairs of the Board's Assurance Committees to raise any issues or risks not already addressed in the meeting.

### Quality Committee

Dr Logan-Ward reported progress against the CQC improvement plan and advised that the Committee continued to seek assurance around the embedded actions. She noted

negative assurance around nutrition and hydration, which was a key area of focus for the Committee.

Dr Logan-Ward made reference to the 'Alert' section of the report, and noted the ongoing investigation into nosocomial deaths, and a harms review into a serious incident relating to data.

The Board heard that the Medical Director was leading a task and finish group to review the process for signing off pathology results, and the Committee was receiving monthly updates in this area.

#### Finance & Performance Committee

Mr Sugden confirmed that the majority of issues discussed at the most recent Committee meeting and included in the key issues report had been covered in the Board meeting. He advised that the Committee had asked for a review of the risk register in the context of the financial regime for 2021/22, noting that the review would also pick up any risks relating to the operational environment.

#### People Performance Committee

Mrs Anderson advised the Board on additional support offered to international nurses around development and integration into their new roles.

The Board heard that the respect campaign had been launched, including training for managers, and Mrs Anderson highlighted the need to ensure the actions were embedded into the organisation.

She advised that the key performance indicators (KPI) report was developing well to enable triangulation of information across the Board Committees, noting that this was a huge improvement in the way the Board received information and associated assurance.

Mrs Anderson reported that the agency expenditure remained high due to Covid related staff absences, but that it was anticipated that the Trust would achieve a lower than forecast outturn at year end.

The Board of Directors:

- Received and noted the reports from Assurance Committees.

#### **66/21 Date, time and venue of next meeting**

The next meeting of the Board of Directors would be held on Thursday, 1 April 2021, commencing at 9.30am via Webex.

#### **67/21 Resolution**

The Board resolved that:

*"The representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and*

*confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest”.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Meeting	Minute reference	Subject	Action	Bring Forward	RO
08/10/20	223/20	Covid update	<p>It was agreed that Mr Moore would present a single view on how the governance arrangements linked together, in the context of both Covid and non-Covid risks.</p> <p><b>Update 5 Nov 2020</b> – To be discussed at a future Board development session as part of the reflection on the first wave of the pandemic.</p> <p>Mr Moore advised that the Trust was presently taking a pragmatic approach to the pandemic, with most governance arrangements remaining operational to enable the Board to function.</p> <p><b>Update 3 Dec 2020</b> – Mrs Parnell advised that this would be discussed as part of a Board development session in 2021.</p> <p><b>Update 4 Feb 2021</b> – Mrs Parnell advised that this would be included into the Board development plan for 2021/22 that HR were pulling together, and that the draft plan would be discussed at the April meeting.</p> <p><b>Update 4 Mar 2021</b> It was agreed to amalgamate this action with action ref: 37/21.</p>	April 2021	N Firth / C Parnell
05/11/20	273/20	Gastro Update	<p>It was agreed that Board would receive a report at the conclusion of the programme in April 2021.</p> <p><b>Update 1 Apr 2021</b> – The roundup report would be presented to the Quality Committee. Action closed.</p>	April 2021	J McShane
07/01/21	11/21	Winter planning	<p>Outcome of the winter de-brief to be report to the Board or appropriate assurance committee.</p>	May 2021	J McShane

Meeting	Minute reference	Subject	Action	Bring Forward	RO
			<b>Update 4 Feb 2021</b> – It was agreed to consider the outcome of the winter de-brief at the May Board meeting.		
05/02/21	33/21	Chief Executive's Report	Mrs James advised that an evaluation of the NHS 111 signposting initiative was taking place across GM and she agreed to present the outcome to the Board. The report would also include information about any issues raised by patients in accessing the NHS 111 service.	TBC	K James
05/02/21	35/21	Ockenden Report	Dr Loughney agreed to provide an update against the outstanding CNST action relating to clinical neonatal workforce planning at the next meeting.  <b>Update 5 Mar 2021</b> – S Krishnamoorthy said that currently there was no separate neonatal on-call rota, which caused a significant challenge. He advised that an action plan with mitigations was being prepared by the business group for presentation to the Board in July 2021.	July 2021	A Loughney
05/02/21	37/21	Progress against NHSE/I governance review recommendations	Reference was made to the need to improve the governance architecture and providing Board with greater clarity about reporting arrangements, and it was suggested that this could form part of the next Board development session.  <b>Update 4 Mar 2021</b> – C Parnell agreed to identify a date following a meeting with N Firth and A Loughney.	TBC	N Firth /C Parnell/A Loughney
04/03/21	60/21	Corporate	It was agreed to present the objectives with further	April 2021	K James

Meeting	Minute reference	Subject	Action	Bring Forward	RO
		Objectives	information on targets around the deliverables for formal approval at the April meeting.		
04/03/21	61/21	Planning guidance and regime	Mr Graham agreed to arrange a Board workshop to provide further clarity on the Trust's capacity and capability around delivery, in the context of the commissioning and financial environment, to enable the Board to make informed decisions.	TBC	J Graham
04/03/21	61/21	Planning guidance and regime	An update would be provided to the Board in April.	April 2021	J Graham
04/03/21	62/21	ICS White Paper	Mr Bailey agreed to provide a monthly progress update to the Board. <b>Update for 1 Apr 2021</b> – Mr Bailey will provide a verbal update as part of the action log review.	April 2021	A Bailey
04/03/21	63/21	IPR	Mrs Firth agreed to present a monthly overarching key themes report to the Board, pulling together safe staffing related information presented to Assurance Committees.	April 2021	N Firth
On agenda					
Not due					
Overdue					
Closed					

<b>Report to:</b>	Board of Directors	<b>Date:</b>	4 March 2021
<b>Subject:</b>	Chair's Report		
<b>Report of:</b>	Chair	<b>Prepared by:</b>	Mrs C Parnell

### REPORT FOR NOTING

<b>Corporate objective ref:</b>	N/A	<b>Summary of Report</b>  This report advises the Board of Directors of the Chair's reflections on recent activities in relation to:  <ul style="list-style-type: none"> <li>• Looking ahead</li> <li>• Board changes</li> </ul>
<b>Board Assurance Framework ref:</b>	N/A	
<b>CQC Registration Standards ref:</b>	17	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

<b>Attachments:</b>	
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## 1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of the Chair's recent activities in relation to:

## 2. LOOKING AHEAD

As I look to hand over the Chair's role to a new incumbent I have been reflecting on the challenges we have faced over the last four years since I joined the Trust but, more importantly, looking to the future that awaits the organisation.

Lots of organisations say that "our people are our most valuable asset" and while it can sound trite it is very true for Stockport NHS Foundation Trust. We are incredibly lucky in having over 5,000 highly dedicated and skilled colleagues, and their commitment to "making a difference everyday" has been very evident during the pandemic.

The last 12 months will have been the most challenging in their careers and I certainly expected the demands of the pandemic to have had an impact on their feedback in the annual NHS staff survey published recently. It was really gratifying to see that 50.1% of our colleagues – the highest return rate across GM – took the time to complete the survey when they were in the midst of the second wave of Covid-19 that the North West experienced.

This return rate demonstrates how engaged our staff are in the organisation and its gives real validity to their feedback. While there was little movement across a range of indicators compared to the previous year, I know that this Board will not be satisfied with standing still.

I welcome the oversight that our People Performance Committee brings to the delivery of our People Strategy that is aimed at achieving our ambition of making this Trust a great place to work, but it will take the Board's collective leadership to develop a culture in which our colleagues can thrive and their diversity is embraced and celebrated.

A healthy well engaged workforce is crucial to:

- high quality care,
- positive patient experience,
- achieving the ambitions set out in our five year strategy,
- rising to the challenges of a post-pandemic recovery.

I am confident that going forward this Board will give our colleagues the development and support they need, and I am pleased to see that we will be doing more work to really understand the feedback given in the recent NHS staff survey and inform the shaping of improvement plans.

After the exhausting year that they have experienced it is a tough ask of our staff for them now to push on with tackling the backlog of diagnostic tests and treatment caused by the pandemic. Over the last 12 months our colleagues have worked hard to maintain services to non-Covid patients wherever possible, but we know the NHS faces a mammoth task in moving on with post-pandemic recovery and we will only be able to achieve that through working together across GM and the North West.

The strong partnerships we developed during the pandemic will be the foundation for this work, and also the opportunities for greater collaboration that will come from the proposals set out in the White Paper *Innovation & Integration: Working together to improve health and social care for all*. It is good to see Board members involved in helping to shape options for how our system will respond to those proposals, and I am sure that this will consume more of the Board's time in the coming months as we develop a collective view with our partners about the best way to address local community needs.

I welcome the opportunity that the system partners will have to look up from its individual challenges and work much more collaboratively. During my time in Stockport often the Board's time has been focused on the considerable operational and regulatory challenges it has faced, with little time to concentrate on its strategic ambitions. But if the last 12 months has taught us anything it is that we cannot afford to be wholly internally focused - we have to look upwards and outwards. It is only by working with others that we will truly meet the needs of our communities, seize the opportunities of the White Paper, and tackle the considerable challenges that face Stockport and surrounding areas, as no single organisation has the capacity to address those in isolation.

That does not mean that as a Board we can afford to lose our grip on the delivery of key performance, quality and financial standards, as well as meeting our regulatory requirements. The work we have done over the last year to strengthen our governance processes will help, as could the development of a single improvement plan with key milestones to evidence the improvements we are making and demonstrate to external stakeholders the progress we are constantly driving forward.

This is my last Board meeting as Chair and I am confident that I am leaving the organisation in the hands of an exceptional Board of Directors. We have welcomed many new faces around the table, particularly over the last 18 months, and while you undoubtedly will need to spend some quality development time together to grow as a cohesive and unitary Board I know that the Trust is fortunate to have such a capable, experienced and highly skilled leadership team.

I would like to take this opportunity to thank everyone for their support over the last four years. We have faced some difficult and challenging times, but we have also celebrated a number of successes and I really believe that Stockport NHS Foundation Trust is now in a much better position to:

- consistently provide quality care for local people,
- shape a new health and care environment, and
- be a truly great place for colleagues to work.

## **2. BOARD CHANGES**

Last week the Council of Governors approved two new additions to the Board of Directors.

Mr Tony Bell has been appointed as a Non-Executive Director and he fills the vacancy left by Mr Malcolm Sugden, whose term of office finished yesterday after nine years on the Board. Mr Bell, who lives in Stockport, began his career in the private sector but he is currently a Non-Executive Director with Greater Manchester Mental Health NHS Foundation Trust, where he is also Chair of the Audit and Risk Committee.

Mr Tony Warne has been appointed as the new Chair. He began his career as a mental health nurse and worked in the health services for almost 20 years before moving into academia first at Manchester Metropolitan University and then at the University of Salford where he was Dean of the School of Nursing, Midwifery and Social Work until his retirement in 2017. Mr Warne retains a connection with the university as Professor Emeritus. He is currently a Non-Executive Director and Vice-Chair at Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust.

The appointments were made after a rigorous recruitment and selection process led by the Council of Governor's Nominations Committee, and Mr Bell and Mr Warne will relinquish their current roles in other NHS organisations to join the Trust.

### **3. RECOMMENDATION**

The Board of Directors is recommended to note the content of this report.

<b>Report to:</b>	Board of Directors	<b>Date:</b>	4 March 2021
<b>Subject:</b>	Chief Executive's Report		
<b>Report of:</b>	Chief Executive	<b>Prepared by:</b>	Mrs C Parnell

### REPORT FOR NOTING

<b>Corporate objective ref:</b>	N/A	<b>Summary of Report</b>  The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments
<b>Board Assurance Framework ref:</b>	N/A	
<b>CQC Registration Standards ref:</b>	8	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

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## 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 Innovation & Integration White Paper

The Department of Health and Social Care has published the White Paper – *Innovation & Integration: Working together to improve health and social care for all* – which sets out legislative proposals for a Health and Care Bill that builds on the NHS Long Term Plan. The proposals, if approved by Parliament, will start to come into force in 2022.

The White Paper sets out how the Government aims to support the development of Integrated Care Systems to enable them to improve collaboration between NHS organisations, and form strong partnerships with local government and the voluntary sector to use collective resources to address local population health issues.

There is an item on the Board agenda today that sets out the proposals in more details, but I am working closely with colleagues across Greater Manchester to consider how the GM Partnership responds to the legislative proposals.

### 2.2 Mental health support hubs

The NHS is setting up 40 dedicated support hubs across the country in response to the immense pressure placed on staff during the pandemic.

Modelled on the Greater Manchester Resilience Hub, the new hubs will offer NHS staff access to evidence based mental health services over the phone with onward referral to online and one-to-one help from therapists, psychologists, recovery workers and mental health clinicians.

Staff will be encouraged to contact the free and confidential hubs for help, but the hubs will also proactively contact staff groups who are most at risk to help get them the support they need as quickly as possible.

## 3. TRUST NEWS

### 3.1 Covid-19

In line with the rest of the country we are seeing a welcome reduction in the number of people requiring hospital treatment for Covid-19, although the number of patients needing critical care remains at a relatively static state. We have an item on the Board today that will provide an update on the current position.

The public abiding by guidance in relation to lockdown as well as mask wearing, hand washing and maintaining a two metre space is helping to reduce the impact on the NHS, and we continue to encourage our staff and patients to abide by the guidance.

There is increasing evidence about the positive impact of the Covid-19 vaccination programme, and I am very proud of the brilliant team we have at Stockport leading this work for our staff, local health and care colleagues, and patients. It was a real achievement for them to administer the 20,000<sup>th</sup> dose of the vaccine recently.

### 3.2 Operational pressures

While the pressure of the pandemic on our services is reducing the demand for non-Covid care has returned to normal levels. In recent weeks we have regularly seen over 250 people a day attending our A&E department for care, and high levels of ambulances bringing patients who need emergency care and admission to hospital.

We are continuing to get great support from our partners across Stockport in helping to maintain the flow of patients through our services, and that has had a positive impact on our performance against the four hour A&E standard in recent weeks.

There is still more we all can do to improve the position, particularly in relation to the speedy discharge of people from hospital who no longer need inpatient care. One of the areas we are also looking at is the relatively high levels of hospital admission via our A&E department compared to other trusts. It may be because of the large proportion of elderly people living in the Stockport area who often have a variety of complex needs, but it is an area where we believe we could do more to improve the current position.

Despite the undoubted pressures our staff have worked under for a considerable period of time I continue to be surprised and delighted by the enthusiasm and commitment they demonstrate every day in striving to provide the best possible care, as well as working hard to make further improvements to services.

### 3.3 A&E development

Over the last year we have seen our teams make huge changes to services - often at very short notice - in response to Covid-19. Wards have changed their function and focus, staff have moved to new teams, and our estates and facilities staff have made rapid structural changes to ward and department layouts.

Our A&E is one area that has seen lots of structural changes as the team has worked hard to safely separate varying numbers of patients with Covid-19 from those who do not have the virus. At times that has undoubtedly been challenging in such a confined department, so we were delighted to be awarded £3m of national pandemic funding to fund immediate and necessary changes to prevent nosocomial infection and improve patient flow through the department.

While the level of patients with Covid-19 may currently be reducing we know that we will have to continue to maintain safe distance for patients for some time to come, and this funding will enable us to create extra waiting and triage facilities, a yellow zone within the department to separate the resuscitation area, emergency assessment area for direct primary care referrals, and an acute frailty area. It is also supporting investment in equipment and technology for the virtual ward.

### 3.4 Thank You February

Throughout February we have celebrated the huge achievements of our staff over the last 12 months in coping with the impact of the pandemic. Every day I have had the pleasure of meeting with teams and individuals who have gone above and beyond what could have been expected of them, and presented them with Making a Difference certificates and some treats to share with colleagues.

Community and hospital teams as well as corporate support services have been recognised over the month, and their efforts have been highlighted on our social media feeds as well as on the Making a Difference wall outside the hospital restaurants.

It has not been possible to personally thank everyone who has worked so hard over the last 12 months, but we sent a Thank You card and commemorative badge to the homes of all trust staff. These small gestures of appreciation have been hugely popular, and I would like to thank the Trust's charity for its financial support and our catering team for providing the cakes that were really welcomed by all Making A Difference recipients.

Thank You February is just the start of a range of on-going activities that our Communication and HR & OD teams are working together on to recognise and reward our staff, from when they first join the organisation, through to regular Making a Difference Awards for teams and individuals, and celebrations of long service and retirements.

## 4. RECOMMENDATION

The Board of Directors is recommended to receive this report and note the contents.

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Planning Guidance 2021/22 Briefing paper		
<b>Report of:</b>	Acting Director of Strategy & Planning	<b>Prepared by:</b>	Acting Director of Strategy & Planning

## REPORT FOR INFORMATION

<b>Corporate objective ref:</b>	N/A	<b>Summary of Report</b>  The following report is to provide a summary of some of the key elements of the national planning guidance for 2021/22 published by NHSE/I on 25 March 2021  The Board of Directors are recommended to:  <ul style="list-style-type: none"> <li>note the content of the report and discuss any elements pertinent to the organisation’s future strategic direction</li> </ul>
<b>Board Assurance Framework ref:</b>	N/A	
<b>CQC Registration Standards ref:</b>	N/A	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

<b>Attachments:</b>	Annex A – Planning guidance briefing paper
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee	<input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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# Planning Guidance 2021/22 – Briefing Paper

## Board of Directors

1 April 2021

Making a difference every day

# INTRODUCTION

- NHS England and NHS Improvement (NHSE/I) published priorities and operational planning guidance for 2021/22 on 25 March 2021
- This overarching document sets out six priorities for the year ahead, and asks systems to develop fully triangulated plans across activity, workforce and money for the next six months
- These arrangements are supported by an additional £8.1bn of funding to reflect the ongoing impact of COVID-19 costs in 2021/22, of which £7.4bn is available over the first half of the year.
- A further £1.5bn has been allocated for elective recovery, mental health and workforce development. The full settlement for months 7-12 will be agreed once there is greater certainty around the circumstances facing the NHS in the second half of the year.
- Mental health plans are expected to cover the next 12 months. Draft plans are due by 6 May 2021 and final plans are due by 3 June 2021

# PRIORITIES (1 OF 6)

## A. Supporting the health and wellbeing of staff and taking action on recruitment and Retention

- Systems (GM) to review the People's Plans agreed in 2020/21 – greater focus of equality, compassionate & inclusive culture and increasing workforce supply
- Encourage Trusts to allow staff to carry over unused leave, offer flexibility (including buy back of unused leave)
- Health & Wellbeing conversations with all staff
- Occupational Health support for all staff - national investment will be provided to roll out mental health hubs in each Integrated Care System (ICS)
- Maximise use of e-rostering and e-job planning
- Flexibility to move staff within systems with remote working plans and utilising Staff Digital Passport
- Support recovery of education and training pipelines

## **B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19**

- Plan for another vaccination programme in the autumn, and increased ambitions for flu vaccination programme
- Possibility that children could be included in Covid vaccine programme subject to the outcome of trials
- Increased support for Long covid – e.g. hospital led ‘virtual wards’ and home oximetry.

# PRIORITIES ( 3 OF 6)

## **C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.**

- Requirement for system wide (GM) plans for elective inpatient, outpatient and diagnostic restoration and recovery
- Elective ambition for restoration from April set against a baseline value of all elective activity delivered in 2019/20 – for April 2021 it will be 70%, rising by 5% each month to 85% from July.
- Clinical prioritisation (Cancer and P1/P2 surgical) and waiting list reviews (including focus on those waiting longest)
- Additional £1bn will be made available to systems that achieve activity levels above set thresholds
- Systems will need to return to, and move beyond, 2019/20 diagnostic activity levels. Key initiatives include Community Diagnostic Hubs, Pathology and Imaging Networks
- Cancer performance to return to Feb 2020 levels, and capacity to meet demand by March 2022. Faster diagnosis standards from Q3
- Additional £500m for Mental Health – deliver Long Term Plan ambitions.
- Local maternity systems (LMSs) must oversee the implementation of the seven immediate and essential actions from the Ockenden report across their local trusts – c.£80-95m investment

## **D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities**

- In line with Long Term Plan – increase investment in primary & community care (extra £120m in first 6months of year)
- Population health focus, and on those with long term conditions (diabetes, CVD and obesity)
- Systems are encouraged to adopt population health management techniques as part of their targeted recovery strategies
- Continued focus on PCNs (seen as vital in vaccine programme), greater GP recruitment and increased access
- Not just general practice: community pharmacy and dental services included. New roles for Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Co-ordinators.

# PRIORITIES ( 5 OF 6)

## **E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.**

- Accelerate 2-hour crisis community response at home service
- Continued focus on timely discharge (good progress in 2020/21; equivalent to freeing up 6,000 beds and 11,000 staff). Focus of patients with LOS greater than 14 and 21 days.
- Promote NHS 111 First as the primary route into all urgent care to maximise the use of booked time slots in A&E
- Adopt a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions.
- New Emergency Care Data Sets (ECDS) roll out in Q1 (Time to initial assessment, 12 hours in A&E, 1 hour stay in A&E after being declared 'Ready to Proceed')

## F. Working collaboratively across systems to deliver on these priorities

- ICSs will be asked to confirm, by the end of Q1, delivery and governance arrangements to support delivery of the 2021/22 priorities.
- Ambitions in the guidance will only be met through Provider Collaboration at system level and place-based partnerships with local government
- Separate guidance on ICS also published. GM will require an MOU by end of Q1 – agreed with NHSE/I
- System level population health plans to improve outcomes and tackle inequalities
- Commence procurement for a Shared Care Record to have a minimum viable product live by September 2021
- Continued focus on system level approaches to financial arrangements.

# TIMESCALES

Key Tasks	Date
<b>Publication.</b> <ul style="list-style-type: none"> <li>• 2021/22 priorities and operational planning guidance</li> <li>• Guidance on finance and contracting arrangements for H1 2021/22</li> <li>• Implementation guidance</li> <li>• Technical definitions</li> </ul>	Thursday 25 March 2021
<b>Templates issued.</b> <ul style="list-style-type: none"> <li>• Non-functional activity, workforce</li> <li>• Narrative</li> </ul>	Friday 26 March 2021
<b>System financial planning template and SDF schedules issued</b>	Monday 29 March 2021
<b>Organisation (provider) capital and cash plan submission</b>	Monday 12 April 2021
<ul style="list-style-type: none"> <li>• System finance plan submission.</li> <li>• Mental Health finance submission</li> </ul> <b>Draft plan submission deadline.</b> <ul style="list-style-type: none"> <li>• Draft activity, workforce (primary and secondary care) and MH workforce numerical submission</li> <li>• Draft narrative plan submission</li> </ul>	Thursday 6 May 2021
<b>Non-mandated provider organisation finance plan submission</b>	w/c 24 May 2021
<b>Final plan submission deadline.</b> <ul style="list-style-type: none"> <li>• Final activity, workforce and MH workforce numerical submission</li> <li>• Final narrative plan submission</li> </ul>	Thursday 3 June 2021

>> Expect provider submission dates to GM 1 or 2 weeks prior

>> Expect provider submission dates to GM 1 or 2 weeks prior

## Planning for implementing new statutory arrangements

- If, as expected, legislation is introduced into Parliament later this year, the expectation is systems will be asked to start formally preparing to establish these statutory arrangements during Q1 2021/22
- An indicative process to be undertaken in every ICS over the course of 2021/22 is set out

During 2021/22 NHSE/I will also update guidance on provider governance (to support providers to work collaboratively), including:

- Updated FT Code of Governance
- Updated guidance on the duties of FT council of governors
- Updated memorandums for accounting officers of FTs and NHS trusts
- New guidance issued under the NHS Provider Licence that good governance for NHS providers includes a requirement to collaborate

# SUMMARY

- Supporting staff health and wellbeing is a top priority and a realistic approach is being taken to elective recovery
- However with 17 sub-priorities sitting beneath the six headline priorities, the scale of the task facing trusts and their system partners should not be underestimated
- ICSs are asked to continue strengthening their approach to system finances, confirm delivery and governance arrangements to drive forward the 2021/22 priorities by the end of Q1 – this has the potential to take up considerable leadership time, particularly for systems still in their infancy
- Making meaningful progress on health inequalities is going to require action far above and beyond the next steps set out in the guidance, which focus on data collection and pre-existing prevention programmes
- Full financial settlement for months 7-12 will not be confirmed until there is greater certainty around the challenges and opportunities going into the second half of 2021/22

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 <sup>ST</sup> April 2021
<b>Subject:</b>	Integrated Performance Report		
<b>Report of:</b>	Chief Executive	<b>Prepared by:</b>	Head of Performance & B.I

**REPORT FOR APPROVAL**

<b>Corporate objective ref:</b>	SO2, 2a, 2b, 3a, 3b, 5a, 5c, 6a	<b>Summary of Report</b> The Board is asked to note the performance against the reported Metrics.
<b>Board Assurance Framework ref:</b>	SO2, SO3, SO5, SO6	
<b>CQC Registration Standards ref:</b>	10, 12, 17 & 18	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

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## Integrated Performance Report

### Reporting Period February 2021

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## Trust Highlight Report

### Quality

A 'never event' was reported in February relating to a wrong site block undertaken outside the theatre area.

The hospital onset COVID rate was higher than the regional average in February. However, comparing January to February we have seen a 74% decrease in positive COVID results, 80% decrease in hospital onset COVID (HOC) cases and a 12% decrease in HOC rate

The Frailty Assessment Unit relocated to D4 in March as planned.

Implementation of a rapid handover process between NWS and ED has improved ambulance turnaround times. This is continually monitored between respective partners.

To improve Sepsis compliance, we are currently scoping the feasibility of introducing Shift Leader bleeps with automatic notification of patients with NEWS2 triggers of 5 and above.

### Operations

The Trust is on track to achieve the National 2ww Cancer standard in March.

Significant progress was made in month in discharging longer length of stay patients, particularly those with more complex needs.

Early COVID swabbing in ED has facilitated much earlier diagnosis and transfer of patients to the appropriate ward, reducing the time spent within the department.

The number of patients waiting beyond 52 weeks on their Referral to Treatment pathway has significantly increased this month, particularly within ENT and General Surgery.

Additional elective theatre capacity opened 01/03/21 and elective HDU admissions recommenced on site 15/03/21. Patients waiting significantly extended times for routine surgery will be prioritised and accommodated alongside the more clinically urgent patients.

Recruitment is underway for 2 additional ENT Consultants.

A workforce review is planned across all Business Groups to identify and address resource gaps.

### Workforce

NHSPI International Recruitment Update – We have now deployed 32 nurses. Our next cohort of 14 nurses is due to arrive on the 19th March with a future cohort of 15 in April and a further 7 in May, bringing our total within this campaign to 68 nurses.

HCA's recruitment is progressing at pace; 54 staff commencing since January and 43 offers going through clearances; bespoke induction and additional funding for pastoral support. form part of the process.

As at 01-Mar-21 the Pinewood Vaccination hub had performed a total of 20,899 vaccinations, 76.68% of the staff working directly for the Trust have received the vaccination, this includes 43.8% who have had one vaccine and 33% who have received both doses of the vaccine.

### Finance

The Trust has delivered its internal planned deficit in February 2021, based on the original assumptions of the plan submission. In addition to this the Trust has received £1.7m of non-NHS income support for loss of non-NHS income for October 2020 to date (H2 to date), which is accounted for separately in the financial returns and excluded from the control total. This is part of a number of changes which will be made as part of the year end accounts process within the national system.

The Board is given significant assurance on delivery of the 2020/21 forecast out-turn position.

However the recurrent deficit for the Trust has increased during the Covid-19 pandemic, which will feed into the nationally deferred planning round for 2021/22. The annual NHS finance and operational planning rounds will be delayed into Q1 of next financial year and system funding envelopes are to be issued in late March 2021. Financial block contracts will roll-over to Q1 of 2021/22, and are likely to be based on 2019/20 Q3 actuals. Full planning guidance has not yet been received from the national team.



# Integrated Performance Report

## Summary Dashboard

Quality Metrics	Latest Performance	Target
VTE Risk Assessment	Feb-21  98.1%	>= 95%
Sepsis: Timely recognition	Feb-21  77.4%	>= 70%
Sepsis: Antibiotic administration	Feb-21  87.5%	>= 70%
Medication Errors: Rate	Feb-21  4.38	
Mortality: HSMR	Dec-20  1.01	<= 1
Mortality: SHMI	Sep-20  0.98	<= 1
Never Event: Incidence	Feb-21  1	<= 0
Serious Incidents: STEIS Reportable	Feb-21  5	
Stroke: Time spent on stroke ward	Jan-21  77.9%	>= 90%
Hospital Onset Covid (HOC) Rate	Feb-21  38.3%	<= 19.42%
C.Diff Infection Rate	Jan-21  16.76	
C.Diff Infection Count	Jan-21  21	<= 42
MRSA Infection Rate	Jan-21  1.2	
MRSA Infection Count	Jan-21  0	
MSSA Infection Rate	Jan-21  3.59	
E.Coli Infection Rate	Jan-21  20.35	
E.Coli Infection Count	Jan-21  0	
Falls: Total Incidence of Inpatient Falls	Feb-21  823	<= 814
Falls: Causing Moderate Harm and Above	Feb-21  21	<= 23
Pressure Ulcers: Hospital, Category 2	Jan-21  81	<= 85
Pressure Ulcers: Hospital, Category 3	Jan-21  12	<= 9
Pressure Ulcers: Hospital, Category 4	Jan-21  3	<= 3
Emergency C-Section Rate	Feb-21  23.3%	<= 15.4%
Friends & Family Test: Response Rate	Jan-21  18.6%	
Friends & Family Test: Inpatient	Jan-21  95.9%	
Friends & Family Test: A&E	Jan-21  88.9%	
Friends & Family Test: Maternity	Jan-21  96.6%	
Complaints Rate	Feb-21  0.5%	
Complaints: Timely response	Feb-21  100%	>= 95%

Operational Metrics	Latest Performance	Target
A&E: 4hr Standard	Feb-21  75%	>= 85%
A&E: 12hr Trolley Wait	Feb-21  0	<= 0
Diagnostics: 6 Week Standard	Feb-21  50.8%	<= 34%
Cancer: 62 Day Standard	Feb-21  54.3%	>= 79.7%
Cancer: 14 day standard	Feb-21  90.3%	>= 93%
Cancer: 31 Day 1st Treatment	Feb-21  81.2%	>= 96%
Cancer: 104 Day Breaches	Jan-21  2	<= 0
Referral to Treatment: Incomplete Pathways	Feb-21  55.6%	>= 65%
Referral to Treatment: Incomplete Waiting List Size	Feb-21  30972	<= 24637
Referral to Treatment: 52 Week Breaches	Feb-21  4524	<= 7500
Length of Stay: Non-Elective (UoR)	Feb-21  11.3	<= 9
Length of Stay: Elective (UoR)	Feb-21  1.34	<= 2.6
Long Length of Stay 7 Days	Feb-21  44.7%	<= 32%
Long Length of Stay 21 Days	Feb-21  13.8%	<= 11%
Medical Optimised Awaiting Transfer (MOAT)	Feb-21  107	<= 40

Workforce Metrics	Latest Performance	Target
Substantive Staff-in-Post	Feb-21  93%	>= 90%
Sickness Absence: Monthly Rate (UoR)	Feb-21  5%	<= 4.2%
Sickness Absence: Rolling 12-Month Rate (UoR)	Feb-21  5.3%	<= 4.2%
Workforce Turnover (UoR)	Feb-21  12.1%	<= 12.6%
Staff Friends & Family Test: Recommend for Work	Sep-20  51.2%	
Staff Friends & Family Test: Recommend for Care	Sep-20  64.8%	
Appraisal Rate: Medical	Feb-21  93.7%	>= 95%
Appraisal Rate: Non-medical	Feb-21  78.5%	>= 95%
Statutory & Mandatory Training	Feb-21  93.5%	>= 90%
Bank & Agency Costs	Feb-21  18.3%	<= 5%
Agency Shifts Above Capped Rates	Feb-21  2483	<= 0
Agency Spend: Distance From Ceiling (UoR)	Feb-21  68%	<= 3%
Flu Vaccination Uptake	Feb-21  79.2%	>= 80%

**Performance variation**

- Grey indicates common cause, which shows no significant change in the data values
- Orange indicates special cause of concerning nature or higher pressure due to higher or lower data values
- Blue indicates special cause of improving nature or lower pressure due to higher or lower data values

**Target assurance**

- Grey indicates that variation is inconsistently passing and falling short of the target
- Orange indicates that variation is consistently falling short of the target
- Blue indicates that variation is consistently passing the target

Finance Metrics	Latest Performance	Target
Financial Controls: I&E Position	Feb-21  -1.4%	<= 0%
Cash Balance	Feb-21  50.3	>= 17.5
CIP Cumulative Achievement	Feb-21  0%	>= 0%
Capital Expenditure	Feb-21  -33.5%	<= 10%



## Quality Highlight Report

### Matters of Concern or Key Risks to Escalate:

A 'never event' was reported in February relating to a wrong site block undertaken outside the theatre area.

The hospital onset COVID rate was higher than the regional average in February.

Out of area complex discharges to Derbyshire and East Cheshire continue to be an issue in terms of delaying discharge and increasing long length of stay.

### Major Actions Commissioned / Work Underway:

To improve Sepsis compliance, we are currently scoping the feasibility of introducing Shift Leader bleeps with automatic notification of patients with NEWS2 triggers of 5 and above.

A review of the falls policy is underway and the first draft is ready for further consultation/approval at Professional Advisory Group in March. The teams are also re-establishing the 'Falls Sensors' programme which was suspended due to COVID.

An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. The Patient Experience website also has been reviewed and updated, with the development of a web-link to FFT.

### Positive Assurances to Provide:

The Frailty Assessment Unit relocated to D4 in March as planned.

Implementation of a rapid handover process between NWAS and ED has improved ambulance turnaround times. This is continually monitored between respective partners.

Comparing January to February we have seen a 74% decrease in positive COVID results, 80% decrease in hospital onset COVID (HOC) cases and a 12% decrease in HOC rate

The Trust C.Difficile infection rate remains low, showing our patients have a reduced risk of developing clostridium difficile whilst inpatients.

'At a glance' ward moves/transfers made during current patient admission episode have now been introduced on the Advantis plasma screens, helping to support decision making around patient transfers.

The virtual COVID ward continues to be a success with excellent feedback from patients.

### Decisions Made:



# Integrated Performance Report

<b>Measure</b>	<b>VTE Risk Assessment</b> The percentage of eligible admitted patients who have been given a VTE risk assessment.																																																																																					
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<b>What the chart tells us</b>	The chart shows that between September 2019 and March 2020 there is a run of high performance above the average. April 2020 saw a significant drop in performance for just that month, with a return to normal performance levels from May to October 2020. Apart from the drop in April, performance is consistently above the target level, suggesting we have a robust process in place.																																																																																					
<b>Narrative</b>	<b>Issues:</b>	<b>Actions &amp; Mitigations:</b>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Sepsis: Timely recognition</b> The number of patients who are screened for sepsis, as a percentage of those eligible patients audited. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.																																																																																					
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<b>What the chart tells us</b>	It this stage, there is not enough data to determine how sustainable this may be. The target amount is a trajectory target, with an aim to reach the national target of 85% by March 2021.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Raising awareness and education continues with a real focus during February in readiness of the integration of electronic sepsis screening tool in Patientrack.</p> <p>This has resulted in a reduction of patients reviews audits undertaken for February however improvement in timely recognition is sustained.</p> <p>This will add robustness to address increased compliance in the nurse response to NEWS2 triggers.</p> <p>Sepsis Practitioners have full implementation plan for raising awareness and delivering training and education of staff in use of the new electronic process.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Alongside the electronic screening process, we are currently scoping the feasibility of introducing Shift Leader bleeps with automatic notification of patients with NEWS2 triggers of 5 and above. 'Bleep Amnesty' communications circulated have resulted in 7 donated radio bleeps that can be repurposed. A business case is to be submitted for funding around 20 additional bleeps.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Sepsis: Antibiotic administration</b> The number of patients who received IV antibiotics within agreed standards for sepsis patients, as a percentage of those eligible patients audited and found to have sepsis. Performance for the current month is based on part-validated data, and a fully validated position is updated one month in arrears.																																																																																					
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Mar 19/20	42	40																																																																																				
Apr 19/20	40	40																																																																																				
May 19/20	35	40																																																																																				
Jun 19/20	48	40																																																																																				
Jul 19/20	42	40																																																																																				
Aug 19/20	20	40																																																																																				
Sep 19/20	50	40																																																																																				
Oct 19/20	42	40																																																																																				
Nov 19/20	40	40																																																																																				
Dec 19/20	92	50																																																																																				
Jan 20/21	68	50																																																																																				
Feb 20/21	92	50																																																																																				
Mar 20/21	85	70																																																																																				
Apr 20/21	92	70																																																																																				
May 20/21	87.5	70																																																																																				
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Mar 21/22	87.5	70																																																																																				
<b>What the chart tells us</b>	It this stage, there is not enough data to determine how sustainable this may be. The target amount is a trajectory target, with an aim to reach the national target of 85% by March 2021.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>7/8 patients received appropriate antibiotic treatment giving a compliance rate of 88%, achieving the compliance trajectory.</p> <p>One of the themes is that the priority voice alerts for red flag sepsis during "out of hours" is not consistently applied in all clinical areas. and again the electronic Patienttrack integration will address this robustly.</p> <p>Non compliance with screening of treatment for sepsis is now captured via the incident reporting system (Datix) by the Sepsis Practitioners</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>The successful implementation of the electronic Patienttrack integration ( 03/03/2020) should greatly improve compliance.</p> <p>Out of hours, all screens resulting in amber or possible red flag sepsis will now autogenerate a job to task management system.. The eTask coordinators will be alerted and priority given to review of patients with possible sepsis.</p> <p>Business Groups will respond to the incident forms and will inform the action plans and themes share at the Sepsis Steering Group.</p> <p>With the implementation of electronic sepsis screening and process for monitoring non-compliance, all CQC actions are now completed.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Medication Errors: Rate</b> Rate of medication errors, calculated as incidence per 1000 bed days.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Medication Errors Rate Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>4.8</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jan 19/20</td><td>4.7</td><td>4.5</td><td>4.5</td></tr> <tr><td>Feb 19/20</td><td>4.5</td><td>4.5</td><td>4.5</td></tr> <tr><td>Mar 19/20</td><td>4.3</td><td>4.5</td><td>4.5</td></tr> <tr><td>Apr 19/20</td><td>3.8</td><td>4.5</td><td>4.5</td></tr> <tr><td>May 19/20</td><td>4.2</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jun 19/20</td><td>4.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jul 19/20</td><td>4.7</td><td>4.5</td><td>4.5</td></tr> <tr><td>Aug 19/20</td><td>5.5</td><td>4.5</td><td>4.5</td></tr> <tr><td>Sep 19/20</td><td>4.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>Oct 19/20</td><td>4.5</td><td>4.5</td><td>4.5</td></tr> <tr><td>Nov 19/20</td><td>4.2</td><td>4.5</td><td>4.5</td></tr> <tr><td>Dec 19/20</td><td>3.8</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jan 20/21</td><td>4.2</td><td>4.5</td><td>4.5</td></tr> <tr><td>Feb 20/21</td><td>3.7</td><td>4.5</td><td>4.5</td></tr> <tr><td>Mar 20/21</td><td>2.0</td><td>4.5</td><td>4.5</td></tr> <tr><td>Apr 20/21</td><td>5.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>May 20/21</td><td>5.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jun 20/21</td><td>5.8</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jul 20/21</td><td>5.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>Aug 20/21</td><td>6.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>Sep 20/21</td><td>4.3</td><td>4.5</td><td>4.5</td></tr> <tr><td>Oct 20/21</td><td>5.0</td><td>4.5</td><td>4.5</td></tr> <tr><td>Nov 20/21</td><td>4.4</td><td>4.5</td><td>4.5</td></tr> <tr><td>Dec 20/21</td><td>4.9</td><td>4.5</td><td>4.5</td></tr> <tr><td>Jan 21/22</td><td>3.7</td><td>4.5</td><td>4.5</td></tr> <tr><td>Feb 21/22</td><td>4.38</td><td>4.5</td><td>4.5</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Dec 18/19	4.8	4.5	4.5	Jan 19/20	4.7	4.5	4.5	Feb 19/20	4.5	4.5	4.5	Mar 19/20	4.3	4.5	4.5	Apr 19/20	3.8	4.5	4.5	May 19/20	4.2	4.5	4.5	Jun 19/20	4.4	4.5	4.5	Jul 19/20	4.7	4.5	4.5	Aug 19/20	5.5	4.5	4.5	Sep 19/20	4.4	4.5	4.5	Oct 19/20	4.5	4.5	4.5	Nov 19/20	4.2	4.5	4.5	Dec 19/20	3.8	4.5	4.5	Jan 20/21	4.2	4.5	4.5	Feb 20/21	3.7	4.5	4.5	Mar 20/21	2.0	4.5	4.5	Apr 20/21	5.4	4.5	4.5	May 20/21	5.4	4.5	4.5	Jun 20/21	5.8	4.5	4.5	Jul 20/21	5.4	4.5	4.5	Aug 20/21	6.4	4.5	4.5	Sep 20/21	4.3	4.5	4.5	Oct 20/21	5.0	4.5	4.5	Nov 20/21	4.4	4.5	4.5	Dec 20/21	4.9	4.5	4.5	Jan 21/22	3.7	4.5	4.5	Feb 21/22	4.38	4.5	4.5	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 4.38</p> <p>The data shows common cause variation, indicating no significant changes in performance.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b></p> <p>There is no target for this metric.</p>
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<b>What the chart tells us</b>	The charts there have been improving trends between Nov18 and Apr19, and again between Sep19 and Mar20, but this improvements have not been sustainable. The rate of medication errors since Apr20 has been above average, but as the chart does not identify any special cause variations, current performance has not changed significantly.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b>	<b>Actions &amp; Mitigations:</b>																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>Mortality: HSMR</b> This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care, and socio-economic deprivation.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>HSMR Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Oct Q3 18/19</td><td>1.10</td><td>1.00</td><td>1.09</td></tr> <tr><td>Nov</td><td>1.10</td><td>1.00</td><td>1.09</td></tr> <tr><td>Dec</td><td>1.11</td><td>1.00</td><td>1.09</td></tr> <tr><td>Jan</td><td>1.09</td><td>1.00</td><td>1.04</td></tr> <tr><td>Feb</td><td>1.07</td><td>1.00</td><td>1.04</td></tr> <tr><td>Mar</td><td>1.05</td><td>1.00</td><td>1.04</td></tr> <tr><td>Apr</td><td>1.06</td><td>1.00</td><td>1.04</td></tr> <tr><td>May</td><td>1.06</td><td>1.00</td><td>1.04</td></tr> <tr><td>Jun</td><td>1.06</td><td>1.00</td><td>1.04</td></tr> <tr><td>Jul</td><td>1.05</td><td>1.00</td><td>1.04</td></tr> <tr><td>Aug</td><td>1.06</td><td>1.00</td><td>1.04</td></tr> <tr><td>Sep</td><td>1.04</td><td>1.00</td><td>1.04</td></tr> <tr><td>Oct</td><td>1.05</td><td>1.00</td><td>1.04</td></tr> <tr><td>Nov</td><td>1.04</td><td>1.00</td><td>1.04</td></tr> <tr><td>Dec</td><td>1.02</td><td>1.00</td><td>1.04</td></tr> <tr><td>Jan</td><td>1.02</td><td>1.00</td><td>1.04</td></tr> <tr><td>Feb</td><td>1.01</td><td>1.00</td><td>1.04</td></tr> <tr><td>Mar</td><td>1.02</td><td>1.00</td><td>1.04</td></tr> <tr><td>Apr</td><td>1.04</td><td>1.00</td><td>1.04</td></tr> <tr><td>May</td><td>1.06</td><td>1.00</td><td>1.04</td></tr> <tr><td>Jun</td><td>1.04</td><td>1.00</td><td>1.04</td></tr> <tr><td>Jul</td><td>1.03</td><td>1.00</td><td>1.04</td></tr> <tr><td>Aug</td><td>1.02</td><td>1.00</td><td>1.04</td></tr> <tr><td>Sep</td><td>1.04</td><td>1.00</td><td>1.04</td></tr> <tr><td>Oct</td><td>1.02</td><td>1.00</td><td>1.04</td></tr> <tr><td>Nov</td><td>1.03</td><td>1.00</td><td>1.04</td></tr> <tr><td>Dec</td><td>1.01</td><td>1.00</td><td>1.04</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Oct Q3 18/19	1.10	1.00	1.09	Nov	1.10	1.00	1.09	Dec	1.11	1.00	1.09	Jan	1.09	1.00	1.04	Feb	1.07	1.00	1.04	Mar	1.05	1.00	1.04	Apr	1.06	1.00	1.04	May	1.06	1.00	1.04	Jun	1.06	1.00	1.04	Jul	1.05	1.00	1.04	Aug	1.06	1.00	1.04	Sep	1.04	1.00	1.04	Oct	1.05	1.00	1.04	Nov	1.04	1.00	1.04	Dec	1.02	1.00	1.04	Jan	1.02	1.00	1.04	Feb	1.01	1.00	1.04	Mar	1.02	1.00	1.04	Apr	1.04	1.00	1.04	May	1.06	1.00	1.04	Jun	1.04	1.00	1.04	Jul	1.03	1.00	1.04	Aug	1.02	1.00	1.04	Sep	1.04	1.00	1.04	Oct	1.02	1.00	1.04	Nov	1.03	1.00	1.04	Dec	1.01	1.00	1.04	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Dec-20</p> <p><b>Actual</b> 1.01</p> <p>The data shows common cause variation, indicating no significant changes in performance.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 1</p> <p>Performance consistently exceeds the target amount.</p>
Month	Performance	Target	Mean																																																																																																															
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<b>What the chart tells us</b>	The chart shows that from February 2019 the Trust has seen a new lower mortality rate. Since then there is variation in performance month to month, but there have been no significant changes to our HSMR mortality rate.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b>	<b>Actions &amp; Mitigations:</b>																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>Mortality: SHMI</b> This is the ratio between the actual number of patients who either die while in hospital or within 30 days of discharge compared to the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>SHMI Performance Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Jul Q2 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Aug Q2 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Sep Q2 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Oct Q2 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Nov Q2 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Dec Q2 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Jan Q4 18/19</td><td>0.990</td><td>1.000</td><td>0.965</td></tr> <tr><td>Feb Q4 18/19</td><td>0.970</td><td>1.000</td><td>0.965</td></tr> <tr><td>Mar Q4 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Apr Q4 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>May Q4 18/19</td><td>0.960</td><td>1.000</td><td>0.965</td></tr> <tr><td>Jun Q1 19/20</td><td>0.970</td><td>1.000</td><td>0.965</td></tr> <tr><td>Jul Q1 19/20</td><td>0.970</td><td>1.000</td><td>0.965</td></tr> <tr><td>Aug Q1 19/20</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> <tr><td>Sep Q1 19/20</td><td>0.970</td><td>1.000</td><td>0.965</td></tr> <tr><td>Oct Q1 19/20</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> <tr><td>Nov Q1 19/20</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> <tr><td>Dec Q1 19/20</td><td>0.990</td><td>1.000</td><td>0.965</td></tr> <tr><td>Jan Q4 19/20</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> <tr><td>Feb Q4 19/20</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> <tr><td>Mar Q4 19/20</td><td>1.000</td><td>1.000</td><td>0.965</td></tr> <tr><td>Apr Q1 20/21</td><td>1.000</td><td>1.000</td><td>0.965</td></tr> <tr><td>May Q1 20/21</td><td>1.000</td><td>1.000</td><td>0.965</td></tr> <tr><td>Jun Q1 20/21</td><td>0.990</td><td>1.000</td><td>0.965</td></tr> <tr><td>Jul Q1 20/21</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> <tr><td>Aug Q2 20/21</td><td>0.970</td><td>1.000</td><td>0.965</td></tr> <tr><td>Sep Q2 20/21</td><td>0.980</td><td>1.000</td><td>0.965</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Jul Q2 18/19	0.960	1.000	0.965	Aug Q2 18/19	0.960	1.000	0.965	Sep Q2 18/19	0.960	1.000	0.965	Oct Q2 18/19	0.960	1.000	0.965	Nov Q2 18/19	0.960	1.000	0.965	Dec Q2 18/19	0.960	1.000	0.965	Jan Q4 18/19	0.990	1.000	0.965	Feb Q4 18/19	0.970	1.000	0.965	Mar Q4 18/19	0.960	1.000	0.965	Apr Q4 18/19	0.960	1.000	0.965	May Q4 18/19	0.960	1.000	0.965	Jun Q1 19/20	0.970	1.000	0.965	Jul Q1 19/20	0.970	1.000	0.965	Aug Q1 19/20	0.980	1.000	0.965	Sep Q1 19/20	0.970	1.000	0.965	Oct Q1 19/20	0.980	1.000	0.965	Nov Q1 19/20	0.980	1.000	0.965	Dec Q1 19/20	0.990	1.000	0.965	Jan Q4 19/20	0.980	1.000	0.965	Feb Q4 19/20	0.980	1.000	0.965	Mar Q4 19/20	1.000	1.000	0.965	Apr Q1 20/21	1.000	1.000	0.965	May Q1 20/21	1.000	1.000	0.965	Jun Q1 20/21	0.990	1.000	0.965	Jul Q1 20/21	0.980	1.000	0.965	Aug Q2 20/21	0.970	1.000	0.965	Sep Q2 20/21	0.980	1.000	0.965	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> <b>Actual</b> Sep-20 0.98</p> <p>The data shows common cause variation, indicating no significant changes in performance.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p> <b>Target</b> ≤ 1</p> <p>Performance is consistently below the target amount.</p>
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<b>What the chart tells us</b>	In June 2019 we see a new higher rate of mortality measured for SHMI. Since that time there have been no special cause variations highlighted by the chart, suggesting that there has been no significant changes in performance.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b>	<b>Actions &amp; Mitigations:</b>																																																																																																																



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<b>Measure</b>	<b>Never Event: Incidence</b> Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.		
<b>Performance of this measure over time</b>		<b>Variance</b> Latest Month: Feb-21 Actual: 1 The data shows special cause variation, indicated by the performance outside the upper control limits.	
<b>What the chart tells us</b>	The chart shows that there are extended periods where no never events are reported, for 10 months and Nov18 and Sep19 and then again for 9 months between Dec19 and Aug20. A shorter period of 4 months between Oct20 and Dec20 is seen before a Never Event is reported in February 2020.		
<b>Narrative</b>	<b>Issues:</b> The never event reported in February was a wrong site block undertaken outside the theatre area.	<b>Actions &amp; Mitigations:</b> The incident is being investigated as per policy. An internal safety alert was sent to all areas to remind staff to follow the 'Stop before you block' process.	



# Integrated Performance Report

<b>Measure</b>	<b>Serious Incidents: STEIS Reportable</b> The total number of STEIS reportable incidents.																																																																																																																																													
<b>Performance of this measure over time</b>	<table border="1"> <caption>STEIS Reportable Incidents Data</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> <th>Control Limits</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>21</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Jan 19/20</td><td>17</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Feb 19/20</td><td>12</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Mar 19/20</td><td>15</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Apr 19/20</td><td>18</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>May 19/20</td><td>13</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Jun 19/20</td><td>19</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Jul 19/20</td><td>15</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Aug 19/20</td><td>13</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Sep 19/20</td><td>18</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Oct 19/20</td><td>26</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Nov 19/20</td><td>27</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Dec 19/20</td><td>31</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Jan 20/21</td><td>34</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Feb 20/21</td><td>36</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Mar 20/21</td><td>26</td><td>21</td><td>21</td><td>9-33</td></tr> <tr><td>Apr 20/21</td><td>9</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>May 20/21</td><td>7</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Jun 20/21</td><td>8</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Jul 20/21</td><td>3</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Aug 20/21</td><td>4</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Sep 20/21</td><td>9</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Oct 20/21</td><td>9</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Nov 20/21</td><td>4</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Dec 20/21</td><td>4</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Jan 21/22</td><td>6</td><td>6</td><td>6</td><td>0-16</td></tr> <tr><td>Feb 21/22</td><td>5</td><td>6</td><td>6</td><td>0-16</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Control Limits	Dec 18/19	21	21	21	9-33	Jan 19/20	17	21	21	9-33	Feb 19/20	12	21	21	9-33	Mar 19/20	15	21	21	9-33	Apr 19/20	18	21	21	9-33	May 19/20	13	21	21	9-33	Jun 19/20	19	21	21	9-33	Jul 19/20	15	21	21	9-33	Aug 19/20	13	21	21	9-33	Sep 19/20	18	21	21	9-33	Oct 19/20	26	21	21	9-33	Nov 19/20	27	21	21	9-33	Dec 19/20	31	21	21	9-33	Jan 20/21	34	21	21	9-33	Feb 20/21	36	21	21	9-33	Mar 20/21	26	21	21	9-33	Apr 20/21	9	6	6	0-16	May 20/21	7	6	6	0-16	Jun 20/21	8	6	6	0-16	Jul 20/21	3	6	6	0-16	Aug 20/21	4	6	6	0-16	Sep 20/21	9	6	6	0-16	Oct 20/21	9	6	6	0-16	Nov 20/21	4	6	6	0-16	Dec 20/21	4	6	6	0-16	Jan 21/22	6	6	6	0-16	Feb 21/22	5	6	6	0-16	<div data-bbox="1783 331 2092 389" style="background-color: #800040; color: white; padding: 5px;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 5</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div data-bbox="1783 584 2092 641" style="background-color: #800040; color: white; padding: 5px;"><b>Assurance</b></div> <p><b>Target</b></p> <p>There is no target for this metric.</p>
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<b>What the chart tells us</b>	The charts shows that between September 2019 and March 2020 there is a period where the number of STEIS reportable incidents is significantly higher. However, there is a consistent change in performance from April 2020 onwards indicated by a new lower level of reportable incidents. There has been no significant change in performance since that time.																																																																																																																																													
<b>Narrative</b>	<b>Issues:</b> The 5 Serious Incidents StEIS reported in February 2021, were as follows: <ul style="list-style-type: none"> <li>- 1 incident of untreated priapism.</li> <li>- 1 incident of missed diagnosis, resulting in the death of a patient.</li> <li>- 1 incident of an unexpected death.</li> <li>- 1 incident of hospital acquired category 3 pressure ulcer.</li> <li>- 1 incident of wrong side anaesthetic regional block (never event)</li> </ul>	<b>Actions &amp; Mitigations:</b> Incidents are being investigated as per policy																																																																																																																																												



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<b>Measure</b>	<b>Stroke: Time spent on stroke ward</b> The amount of time stroke patients spent on a stroke ward, as a percentage of overall time in the spell.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Nov Q3 18/19</td><td>92</td><td>90</td></tr> <tr><td>Dec Q3 18/19</td><td>88</td><td>90</td></tr> <tr><td>Jan Q4 18/19</td><td>92</td><td>90</td></tr> <tr><td>Feb Q4 18/19</td><td>94</td><td>90</td></tr> <tr><td>Mar Q4 18/19</td><td>95</td><td>90</td></tr> <tr><td>Apr Q4 18/19</td><td>95</td><td>90</td></tr> <tr><td>May Q1 19/20</td><td>90</td><td>90</td></tr> <tr><td>Jun Q1 19/20</td><td>96</td><td>90</td></tr> <tr><td>Jul Q1 19/20</td><td>96</td><td>90</td></tr> <tr><td>Aug Q1 19/20</td><td>92</td><td>90</td></tr> <tr><td>Sep Q1 19/20</td><td>96</td><td>90</td></tr> <tr><td>Oct Q1 19/20</td><td>90</td><td>90</td></tr> <tr><td>Nov Q1 19/20</td><td>90</td><td>90</td></tr> <tr><td>Dec Q1 19/20</td><td>83</td><td>90</td></tr> <tr><td>Jan Q4 19/20</td><td>90</td><td>90</td></tr> <tr><td>Feb Q4 19/20</td><td>83</td><td>90</td></tr> <tr><td>Mar Q4 19/20</td><td>90</td><td>90</td></tr> <tr><td>Apr Q1 20/21</td><td>86</td><td>90</td></tr> <tr><td>May Q1 20/21</td><td>76</td><td>90</td></tr> <tr><td>Jun Q1 20/21</td><td>75</td><td>90</td></tr> <tr><td>Jul Q2 20/21</td><td>63</td><td>90</td></tr> <tr><td>Aug Q2 20/21</td><td>75</td><td>90</td></tr> <tr><td>Sep Q2 20/21</td><td>60</td><td>90</td></tr> <tr><td>Oct Q3 20/21</td><td>64</td><td>90</td></tr> <tr><td>Nov Q3 20/21</td><td>69</td><td>90</td></tr> <tr><td>Dec Q3 20/21</td><td>81</td><td>90</td></tr> <tr><td>Jan Q4 20/21</td><td>77.9</td><td>90</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Nov Q3 18/19	92	90	Dec Q3 18/19	88	90	Jan Q4 18/19	92	90	Feb Q4 18/19	94	90	Mar Q4 18/19	95	90	Apr Q4 18/19	95	90	May Q1 19/20	90	90	Jun Q1 19/20	96	90	Jul Q1 19/20	96	90	Aug Q1 19/20	92	90	Sep Q1 19/20	96	90	Oct Q1 19/20	90	90	Nov Q1 19/20	90	90	Dec Q1 19/20	83	90	Jan Q4 19/20	90	90	Feb Q4 19/20	83	90	Mar Q4 19/20	90	90	Apr Q1 20/21	86	90	May Q1 20/21	76	90	Jun Q1 20/21	75	90	Jul Q2 20/21	63	90	Aug Q2 20/21	75	90	Sep Q2 20/21	60	90	Oct Q3 20/21	64	90	Nov Q3 20/21	69	90	Dec Q3 20/21	81	90	Jan Q4 20/21	77.9	90	<div data-bbox="1783 331 2089 582"> <p><b>Variance</b></p> <p><b>Latest Month</b> Jan-21</p> <p><b>Actual</b> 77.9%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> </div> <div data-bbox="1783 582 2089 842"> <p><b>Assurance</b></p> <p><b>Target</b> &gt;= 90%</p> <p>Performance has consistently fallen short of the target value since April 2020.</p> </div>
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May Q1 20/21	76	90																																																																																				
Jun Q1 20/21	75	90																																																																																				
Jul Q2 20/21	63	90																																																																																				
Aug Q2 20/21	75	90																																																																																				
Sep Q2 20/21	60	90																																																																																				
Oct Q3 20/21	64	90																																																																																				
Nov Q3 20/21	69	90																																																																																				
Dec Q3 20/21	81	90																																																																																				
Jan Q4 20/21	77.9	90																																																																																				
<b>What the chart tells us</b>	The charts shows that up until September 2019 there was no significant change in performance month to month. From October 2019 the chart shows wider control limits, which suggest that performance is much less consistent. In May 2020 performance drops to a new consistently lower level of performance against this metric. October does appear to show the start of an improving trend, but it is too soon to say whether this is sustainable.																																																																																					
<b>Narrative</b>	<b>Issues:</b>	<b>Actions &amp; Mitigations:</b>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Hospital Onset Covid (HOC) Rate</b> The number of patients diagnosed with probable and definite hospital onset covid-19, as a percentage of all patients diagnosed with covid-19. Patients diagnosed 8-14 days following admission are classed as probable HOC, and patients diagnosed 15+ days following admission are classed as definite HOC. The target for this indicator represents the regional average at the time of reporting.																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>30.0</td><td>23.0</td></tr> <tr><td>Jan 19/20</td><td>35.0</td><td>25.0</td></tr> <tr><td>Feb 19/20</td><td>36.0</td><td>28.0</td></tr> <tr><td>Mar 19/20</td><td>37.0</td><td>25.0</td></tr> <tr><td>Apr 19/20</td><td>38.3</td><td>22.0</td></tr> <tr><td>May 19/20</td><td>50.0</td><td>19.42</td></tr> <tr><td>Jun 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Jul 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Aug 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Sep 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Oct 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Nov 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Dec 19/20</td><td>38.3</td><td>19.42</td></tr> <tr><td>Jan 20/21</td><td>38.3</td><td>19.42</td></tr> <tr><td>Feb 20/21</td><td>38.3</td><td>19.42</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	30.0	23.0	Jan 19/20	35.0	25.0	Feb 19/20	36.0	28.0	Mar 19/20	37.0	25.0	Apr 19/20	38.3	22.0	May 19/20	50.0	19.42	Jun 19/20	38.3	19.42	Jul 19/20	38.3	19.42	Aug 19/20	38.3	19.42	Sep 19/20	38.3	19.42	Oct 19/20	38.3	19.42	Nov 19/20	38.3	19.42	Dec 19/20	38.3	19.42	Jan 20/21	38.3	19.42	Feb 20/21	38.3	19.42	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 38.3%</p> <p>As this is a new indicator, there is not yet enough data to identify special cause variations.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 19.42%</p> <p>Performance is consistently higher than the regional average.</p>
Month	Performance (%)	Target (%)																																																
Dec 18/19	30.0	23.0																																																
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Feb 20/21	38.3	19.42																																																
<b>What the chart tells us</b>	This is a new metric which has been recorded since October 2020. The available data shows that the hospital on-set Covid-19 rate for our Trust continues to be higher than the average for the region.																																																	
<b>Narrative</b>	<p><b>Issues:</b></p> <p>There has been 1 ward outbreak and 2 wards placed on restrictions during February.</p> <p>Comparing January to February we have seen a 74% decrease in positive results, 80% decrease in hospital onset COVID (HOC) cases and a 12% decrease in HOC rate</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Business groups continue to embed PHE swabbing guidance to ensure consistency</p>																																																



# Integrated Performance Report

<b>Measure</b>	<b>C.Diff Infection Rate</b> Average number of C.Diff infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable C.Diff infections compared to the rolling 12 month average number of bed days per 100,000.	
<b>Performance of this measure over time</b>		<div data-bbox="1783 331 2094 391" style="background-color: #800040; color: white; padding: 5px;"><b>Variance</b></div> <div data-bbox="1783 391 2094 582"> <p><b>Latest Month</b> <b>Actual</b></p> <p>Jan-21 <span style="float: right;">16.76</span></p> <p>The data shows special cause variation, with a value at the edge of the control limits, suggesting a potential improvement.</p> </div> <div data-bbox="1783 582 2094 641" style="background-color: #800040; color: white; padding: 5px;"><b>Assurance</b></div> <div data-bbox="1783 641 2094 842"> <p> <b>Target</b></p> <p>There is no target set for this metric.</p> </div>
<b>What the chart tells us</b>	The chart does show an increasing trend in C.Diff infection rates right through until January 2020. The infection rate does then appear to level off, and from June 2020 onwards an improved decreasing trend can be seen in the data.	
<b>Narrative</b>	<div data-bbox="394 927 1256 986" style="background-color: #800040; color: white; padding: 5px;"><b>Issues:</b></div> <p>The Trust rate remains low showing our patients have a reduced risk of developing clostridium difficile whilst inpatients</p>	<div data-bbox="1256 927 2094 986" style="background-color: #800040; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>Continue with increased challenge of PPE use and enhanced cleaning of ward areas Increased diligence on antibiotic usage and stewardship</p>



# Integrated Performance Report

<b>Measure</b>	<b>C.Diff Infection Count</b> Total number of C.Diff infections.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Nov 18/19</td><td>4</td><td>0</td><td>2</td></tr> <tr><td>Dec 18/19</td><td>5</td><td>0</td><td>2</td></tr> <tr><td>Jan 19/20</td><td>1</td><td>0</td><td>2</td></tr> <tr><td>Feb 19/20</td><td>4</td><td>0</td><td>3.5</td></tr> <tr><td>Mar 19/20</td><td>3</td><td>0</td><td>3.5</td></tr> <tr><td>Apr 19/20</td><td>5</td><td>4.25</td><td>3.5</td></tr> <tr><td>May 19/20</td><td>5</td><td>4.25</td><td>3.5</td></tr> <tr><td>Jun 19/20</td><td>4</td><td>4.25</td><td>3.5</td></tr> <tr><td>Jul 19/20</td><td>6</td><td>4.25</td><td>3.5</td></tr> <tr><td>Aug 19/20</td><td>3</td><td>4.25</td><td>3.5</td></tr> <tr><td>Sep 19/20</td><td>5</td><td>4.25</td><td>3.5</td></tr> <tr><td>Oct 19/20</td><td>7</td><td>4.25</td><td>3.5</td></tr> <tr><td>Nov 19/20</td><td>5</td><td>4.25</td><td>3.5</td></tr> <tr><td>Dec 19/20</td><td>4</td><td>4.25</td><td>3.5</td></tr> <tr><td>Jan 20/21</td><td>5</td><td>4.25</td><td>3.5</td></tr> <tr><td>Feb 20/21</td><td>5</td><td>4.25</td><td>3.5</td></tr> <tr><td>Mar 20/21</td><td>2</td><td>4.25</td><td>3.5</td></tr> <tr><td>Apr 20/21</td><td>4</td><td>4.25</td><td>3.5</td></tr> <tr><td>May 20/21</td><td>4</td><td>4.25</td><td>3.5</td></tr> <tr><td>Jun 20/21</td><td>1</td><td>4.25</td><td>3.5</td></tr> <tr><td>Jul 20/21</td><td>1</td><td>4.25</td><td>3.5</td></tr> <tr><td>Aug 20/21</td><td>2</td><td>4.25</td><td>3.5</td></tr> <tr><td>Sep 20/21</td><td>1</td><td>4.25</td><td>3.5</td></tr> <tr><td>Oct 20/21</td><td>4</td><td>4.25</td><td>3.5</td></tr> <tr><td>Nov 20/21</td><td>0</td><td>4.25</td><td>3.5</td></tr> <tr><td>Dec 20/21</td><td>3</td><td>4.25</td><td>3.5</td></tr> <tr><td>Jan 21/21</td><td>1</td><td>4.25</td><td>3.5</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Nov 18/19	4	0	2	Dec 18/19	5	0	2	Jan 19/20	1	0	2	Feb 19/20	4	0	3.5	Mar 19/20	3	0	3.5	Apr 19/20	5	4.25	3.5	May 19/20	5	4.25	3.5	Jun 19/20	4	4.25	3.5	Jul 19/20	6	4.25	3.5	Aug 19/20	3	4.25	3.5	Sep 19/20	5	4.25	3.5	Oct 19/20	7	4.25	3.5	Nov 19/20	5	4.25	3.5	Dec 19/20	4	4.25	3.5	Jan 20/21	5	4.25	3.5	Feb 20/21	5	4.25	3.5	Mar 20/21	2	4.25	3.5	Apr 20/21	4	4.25	3.5	May 20/21	4	4.25	3.5	Jun 20/21	1	4.25	3.5	Jul 20/21	1	4.25	3.5	Aug 20/21	2	4.25	3.5	Sep 20/21	1	4.25	3.5	Oct 20/21	4	4.25	3.5	Nov 20/21	0	4.25	3.5	Dec 20/21	3	4.25	3.5	Jan 21/21	1	4.25	3.5	<b>Variance</b> Latest Month: Jan-21 Actual: 21 The data shows common cause variation, suggesting no significant changes in performance.
Month	Performance	Target	Mean																																																																																																															
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<b>What the chart tells us</b>	The control limits in the chart are very wide, suggesting that month to month the number of infections reported is quite inconsistent and variable. Although not a significant change, you can see that the number of infections reported since April 2020 has largely been lower than average. Performance for this metric is measured against a cumulative target for the year.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b> 1 clostridium difficile case during January	<b>Actions &amp; Mitigations:</b> RCA investigation has been undertaken and presented at HCAI panel. The case was deemed unavoidable																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>MRSA Infection Rate</b> Average number of MRSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MRSA infections compared to the rolling 12 month average number of bed days per 100,000.																																																																																																																																																																									
<b>Performance of this measure over time</b>	<table border="1"> <caption>MRSA Infection Rate Data</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> <th>Upper Control Limit</th> <th>Lower Control Limit</th> </tr> </thead> <tbody> <tr><td>Nov 18/19</td><td>0.45</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Dec 18/19</td><td>0.45</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jan 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Feb 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Mar 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Apr 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>May 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jun 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jul 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Aug 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Sep 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Oct 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Nov 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Dec 19/20</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jan 20/21</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Feb 20/21</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Mar 20/21</td><td>0.00</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Apr 20/21</td><td>0.48</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>May 20/21</td><td>0.50</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jun 20/21</td><td>0.52</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jul 20/21</td><td>1.05</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Aug 20/21</td><td>1.08</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Sep 20/21</td><td>1.10</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Oct 20/21</td><td>1.12</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Nov 20/21</td><td>1.15</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Dec 20/21</td><td>1.18</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> <tr><td>Jan 21/22</td><td>1.20</td><td>0.00</td><td>0.35</td><td>0.65</td><td>0.00</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Upper Control Limit	Lower Control Limit	Nov 18/19	0.45	0.00	0.35	0.65	0.00	Dec 18/19	0.45	0.00	0.35	0.65	0.00	Jan 19/20	0.00	0.00	0.35	0.65	0.00	Feb 19/20	0.00	0.00	0.35	0.65	0.00	Mar 19/20	0.00	0.00	0.35	0.65	0.00	Apr 19/20	0.00	0.00	0.35	0.65	0.00	May 19/20	0.00	0.00	0.35	0.65	0.00	Jun 19/20	0.00	0.00	0.35	0.65	0.00	Jul 19/20	0.00	0.00	0.35	0.65	0.00	Aug 19/20	0.00	0.00	0.35	0.65	0.00	Sep 19/20	0.00	0.00	0.35	0.65	0.00	Oct 19/20	0.00	0.00	0.35	0.65	0.00	Nov 19/20	0.00	0.00	0.35	0.65	0.00	Dec 19/20	0.00	0.00	0.35	0.65	0.00	Jan 20/21	0.00	0.00	0.35	0.65	0.00	Feb 20/21	0.00	0.00	0.35	0.65	0.00	Mar 20/21	0.00	0.00	0.35	0.65	0.00	Apr 20/21	0.48	0.00	0.35	0.65	0.00	May 20/21	0.50	0.00	0.35	0.65	0.00	Jun 20/21	0.52	0.00	0.35	0.65	0.00	Jul 20/21	1.05	0.00	0.35	0.65	0.00	Aug 20/21	1.08	0.00	0.35	0.65	0.00	Sep 20/21	1.10	0.00	0.35	0.65	0.00	Oct 20/21	1.12	0.00	0.35	0.65	0.00	Nov 20/21	1.15	0.00	0.35	0.65	0.00	Dec 20/21	1.18	0.00	0.35	0.65	0.00	Jan 21/22	1.20	0.00	0.35	0.65	0.00	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Jan-21</p> <p><b>Actual</b> 1.2</p> <p>The data shows special cause variation, indicated by values outside than the upper control limits.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b></p> <p>There is no target set for this metric.</p>
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Jan 20/21	0.00	0.00	0.35	0.65	0.00																																																																																																																																																																					
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Mar 20/21	0.00	0.00	0.35	0.65	0.00																																																																																																																																																																					
Apr 20/21	0.48	0.00	0.35	0.65	0.00																																																																																																																																																																					
May 20/21	0.50	0.00	0.35	0.65	0.00																																																																																																																																																																					
Jun 20/21	0.52	0.00	0.35	0.65	0.00																																																																																																																																																																					
Jul 20/21	1.05	0.00	0.35	0.65	0.00																																																																																																																																																																					
Aug 20/21	1.08	0.00	0.35	0.65	0.00																																																																																																																																																																					
Sep 20/21	1.10	0.00	0.35	0.65	0.00																																																																																																																																																																					
Oct 20/21	1.12	0.00	0.35	0.65	0.00																																																																																																																																																																					
Nov 20/21	1.15	0.00	0.35	0.65	0.00																																																																																																																																																																					
Dec 20/21	1.18	0.00	0.35	0.65	0.00																																																																																																																																																																					
Jan 21/22	1.20	0.00	0.35	0.65	0.00																																																																																																																																																																					
<b>What the chart tells us</b>	The chart shows that from January 2019 to March 2020 the Trust maintained a 0 infection rate for MRSA. April and July show a change as the infection rate increases at these two points.																																																																																																																																																																									
<b>Narrative</b>	<b>Issues:</b> No further cases since July 2020	<b>Actions &amp; Mitigations:</b> No actions to consider																																																																																																																																																																								



# Integrated Performance Report

<b>Measure</b>	<b>MRSA Infection Count</b> Total number of MRSA infections.	
<b>Performance of this measure over time</b>		<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Jan-21  <b>Actual</b> 0</p> <p>The data shows common cause variation, which suggests no significant changes in performance.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p> <b>Target</b></p> <p>There is no target for this metric.</p>
<b>What the chart tells us</b>	The chart shows that over much of the reporting period there are 0 MRSA infections. April and July 2020 show a change, with 1 infection reported in each of these months. There have been no further infections reported since then.	
<b>Narrative</b>	<b>Issues:</b> No further cases since July 2020	<b>Actions &amp; Mitigations:</b> No actions to consider



# Integrated Performance Report

<b>Measure</b>	<b>MSSA Infection Rate</b> Average number of MSSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MSSA infections compared to the rolling 12 month average number of bed days per 100,000.																																																																																																																	
<b>Performance of this measure over time</b>	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <table border="1"> <caption>MSSA Infection Rate Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Nov 18/19</td><td>5.1</td><td>6.2</td><td>6.2</td></tr> <tr><td>Dec 18/19</td><td>5.5</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jan 19/20</td><td>5.1</td><td>6.2</td><td>6.2</td></tr> <tr><td>Feb 19/20</td><td>6.0</td><td>6.2</td><td>6.2</td></tr> <tr><td>Mar 19/20</td><td>5.5</td><td>6.2</td><td>6.2</td></tr> <tr><td>Apr 19/20</td><td>4.7</td><td>6.2</td><td>6.2</td></tr> <tr><td>May 19/20</td><td>4.7</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jun 19/20</td><td>6.0</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jul 19/20</td><td>6.5</td><td>6.2</td><td>6.2</td></tr> <tr><td>Aug 19/20</td><td>6.0</td><td>6.2</td><td>6.2</td></tr> <tr><td>Sep 19/20</td><td>6.0</td><td>6.2</td><td>6.2</td></tr> <tr><td>Oct 19/20</td><td>6.5</td><td>6.2</td><td>6.2</td></tr> <tr><td>Nov 19/20</td><td>6.0</td><td>6.2</td><td>6.2</td></tr> <tr><td>Dec 19/20</td><td>5.6</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jan 20/21</td><td>7.5</td><td>6.2</td><td>6.2</td></tr> <tr><td>Feb 20/21</td><td>7.1</td><td>6.2</td><td>6.2</td></tr> <tr><td>Mar 20/21</td><td>7.1</td><td>6.2</td><td>6.2</td></tr> <tr><td>Apr 20/21</td><td>7.8</td><td>6.2</td><td>6.2</td></tr> <tr><td>May 20/21</td><td>7.5</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jun 20/21</td><td>6.2</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jul 20/21</td><td>5.8</td><td>6.2</td><td>6.2</td></tr> <tr><td>Aug 20/21</td><td>7.1</td><td>6.2</td><td>6.2</td></tr> <tr><td>Sep 20/21</td><td>7.2</td><td>6.2</td><td>6.2</td></tr> <tr><td>Oct 20/21</td><td>7.3</td><td>6.2</td><td>6.2</td></tr> <tr><td>Nov 20/21</td><td>6.9</td><td>6.2</td><td>6.2</td></tr> <tr><td>Dec 20/21</td><td>5.9</td><td>6.2</td><td>6.2</td></tr> <tr><td>Jan 20/21</td><td>3.59</td><td>6.2</td><td>6.2</td></tr> </tbody> </table> </div> <div style="flex: 0.5;"> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Jan-21</p> <p><b>Actual</b> 3.59</p> <p>The data shows special cause variation, indicated by a value below the lower control limits.</p> </div> <div style="flex: 0.5;"> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b></p> <p>There is no target for this metric.</p> </div> </div>		Month	Performance	Target	Mean	Nov 18/19	5.1	6.2	6.2	Dec 18/19	5.5	6.2	6.2	Jan 19/20	5.1	6.2	6.2	Feb 19/20	6.0	6.2	6.2	Mar 19/20	5.5	6.2	6.2	Apr 19/20	4.7	6.2	6.2	May 19/20	4.7	6.2	6.2	Jun 19/20	6.0	6.2	6.2	Jul 19/20	6.5	6.2	6.2	Aug 19/20	6.0	6.2	6.2	Sep 19/20	6.0	6.2	6.2	Oct 19/20	6.5	6.2	6.2	Nov 19/20	6.0	6.2	6.2	Dec 19/20	5.6	6.2	6.2	Jan 20/21	7.5	6.2	6.2	Feb 20/21	7.1	6.2	6.2	Mar 20/21	7.1	6.2	6.2	Apr 20/21	7.8	6.2	6.2	May 20/21	7.5	6.2	6.2	Jun 20/21	6.2	6.2	6.2	Jul 20/21	5.8	6.2	6.2	Aug 20/21	7.1	6.2	6.2	Sep 20/21	7.2	6.2	6.2	Oct 20/21	7.3	6.2	6.2	Nov 20/21	6.9	6.2	6.2	Dec 20/21	5.9	6.2	6.2	Jan 20/21	3.59	6.2	6.2
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<b>What the chart tells us</b>	The chart shows a period of reduced MSSA infection rate between Nov18 and Jun19 below the average for the reporting period. Other than an unusually higher rate in Apr20, performance across the whole reporting period does not change significantly until January 2020, where we see a significant drop in MSSA rates for the Trust.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b> Investigations not undertaken for MSSA infections to determine themes and trends	<b>Actions &amp; Mitigations:</b> Developing an RCA document to enable investigations to commence																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>E.Coli Infection Rate</b> Average number of E.Coli infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable E.Coli infections compared to the rolling 12 month average number of bed days per 100,000.																																																																																																																	
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<b>What the chart tells us</b>	The chart shows that there has been a steadily increasing E.Coli infection rate up until October 2019. The infection rate appears to stabilise, albeit at a new higher level and there has been no significant change in infection rates since that point.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b> Investigations not undertaken for E coli infections to determine themes and trends	<b>Actions &amp; Mitigations:</b> Developing an RCA document to enable investigations to commence																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>E.Coli Infection Count</b> Total number of E.Coli infections.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>E.Coli Infection Count Data</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Nov Q3 18/19</td><td>4</td><td>10</td><td>3.5</td></tr> <tr><td>Dec Q3 18/19</td><td>7</td><td>10</td><td>3.5</td></tr> <tr><td>Jan Q4 18/19</td><td>5</td><td>10</td><td>3.5</td></tr> <tr><td>Feb Q4 18/19</td><td>2</td><td>10</td><td>3.5</td></tr> <tr><td>Mar Q4 18/19</td><td>3</td><td>10</td><td>3.5</td></tr> <tr><td>Apr Q1 19/20</td><td>2</td><td>10</td><td>3.5</td></tr> <tr><td>May Q1 19/20</td><td>5</td><td>10</td><td>3.5</td></tr> <tr><td>Jun Q1 19/20</td><td>2</td><td>10</td><td>3.5</td></tr> <tr><td>Jul Q2 19/20</td><td>6</td><td>10</td><td>3.5</td></tr> <tr><td>Aug Q2 19/20</td><td>6</td><td>10</td><td>3.5</td></tr> <tr><td>Sep Q2 19/20</td><td>6</td><td>10</td><td>3.5</td></tr> <tr><td>Oct Q3 19/20</td><td>3</td><td>10</td><td>3.5</td></tr> <tr><td>Nov Q3 19/20</td><td>2</td><td>10</td><td>3.5</td></tr> <tr><td>Dec Q3 19/20</td><td>4</td><td>10</td><td>3.5</td></tr> <tr><td>Jan Q4 19/20</td><td>4</td><td>10</td><td>3.5</td></tr> <tr><td>Feb Q4 19/20</td><td>5</td><td>10</td><td>3.5</td></tr> <tr><td>Mar Q4 19/20</td><td>2</td><td>10</td><td>3.5</td></tr> <tr><td>Apr Q1 20/21</td><td>1</td><td>10</td><td>3.5</td></tr> <tr><td>May Q1 20/21</td><td>1</td><td>10</td><td>3.5</td></tr> <tr><td>Jun Q2 20/21</td><td>2</td><td>10</td><td>3.5</td></tr> <tr><td>Jul Q2 20/21</td><td>5</td><td>10</td><td>3.5</td></tr> <tr><td>Aug Q2 20/21</td><td>4</td><td>10</td><td>3.5</td></tr> <tr><td>Sep Q3 20/21</td><td>4</td><td>10</td><td>3.5</td></tr> <tr><td>Oct Q3 20/21</td><td>1</td><td>10</td><td>3.5</td></tr> <tr><td>Nov Q3 20/21</td><td>4</td><td>10</td><td>3.5</td></tr> <tr><td>Dec Q3 20/21</td><td>5</td><td>10</td><td>3.5</td></tr> <tr><td>Jan Q4 20/21</td><td>0</td><td>10</td><td>3.5</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Nov Q3 18/19	4	10	3.5	Dec Q3 18/19	7	10	3.5	Jan Q4 18/19	5	10	3.5	Feb Q4 18/19	2	10	3.5	Mar Q4 18/19	3	10	3.5	Apr Q1 19/20	2	10	3.5	May Q1 19/20	5	10	3.5	Jun Q1 19/20	2	10	3.5	Jul Q2 19/20	6	10	3.5	Aug Q2 19/20	6	10	3.5	Sep Q2 19/20	6	10	3.5	Oct Q3 19/20	3	10	3.5	Nov Q3 19/20	2	10	3.5	Dec Q3 19/20	4	10	3.5	Jan Q4 19/20	4	10	3.5	Feb Q4 19/20	5	10	3.5	Mar Q4 19/20	2	10	3.5	Apr Q1 20/21	1	10	3.5	May Q1 20/21	1	10	3.5	Jun Q2 20/21	2	10	3.5	Jul Q2 20/21	5	10	3.5	Aug Q2 20/21	4	10	3.5	Sep Q3 20/21	4	10	3.5	Oct Q3 20/21	1	10	3.5	Nov Q3 20/21	4	10	3.5	Dec Q3 20/21	5	10	3.5	Jan Q4 20/21	0	10	3.5	<div data-bbox="1783 331 2092 387" style="background-color: #800040; color: white; padding: 5px;"><b>Variance</b></div> <p><b>Latest Month</b> Jan-21</p> <p><b>Actual</b> 0</p> <p>The data shows common cause variation, suggesting no significant change in performance.</p> <div data-bbox="1783 584 2092 639" style="background-color: #800040; color: white; padding: 5px;"><b>Assurance</b></div> <p><b>Target</b></p> <p>The is no target for this metric.</p>
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<b>What the chart tells us</b>	The chart shows that across the whole reporting period, there has been no significant changes in the number of E.Coli infections across the Trust, although in January 2021 we can see the first time across the entire reporting period where no new E-Coli infections have been reported.																																																																																																																	
<b>Narrative</b>	<b>Issues:</b> Investigations not undertaken for E coli infections to determine themes and trends	<b>Actions &amp; Mitigations:</b> Developing an RCA document to enable investigations to commence																																																																																																																



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<b>Measure</b>	<b>Falls: Total Incidence of Inpatient Falls</b> Total number of Inpatient falls - excludes any patient falls in emergency department																																																																																					
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<b>What the chart tells us</b>	The chart shows that across much of the reporting period there have been no significant changes in the number of falls reported each month. Although the target for falls dropped in Apr20, there has not been a significant decrease in the number of falls since that point, with 5 months of the year so far being higher than the monthly target. January and February have taken our cumulative figure for the year over the target amount. Performance for this metric is measured against an cumulative target for the year.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Inconsistent recording of Lying and Standing BP and incomplete falls risk assessment documentation is a recurrent theme. The numbers of patients who are transferred multiple times between wards on admission to the trust concerning.</p> <p>The Covid-19 pandemic has significantly exacerbated this problem with a sharp increase in the number of transfers seen especially overnight during the past 6 months.</p> <p>Frequently, vulnerable patients in terms of frailty, cognitive impairment and those lacking mental capacity are transferred multiple times during their stay and includes transfers after 8pm. This increases the risk of patient falls.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Business groups to monitor compliance with documentation and incomplete risk assessments via quality metrics. This forms part of BG overarching action plans submitted to Deputy Chief Nurse for review at the Quality &amp; Safety Improvement Strategy Group.</p> <p>The request submitted for the development of a visual numerical indicator to be displayed on Advantis ward and plasma screen tracker patient moves was successful.</p> <p>'At a glance' ward moves/transfers made during current patient admission episode have now been introduced on the Advantis plasma screens, helping to support decision making around patient transfers</p> <p>Nursing and Therapy Teams are working collaboratively to support the work around falls prevention. Review of the falls policy is underway and the first draft is ready for further consultation/approval at Professional Advisory Group March 2021.</p> <p>Risk assessments tool to be developed/introduced for the use of double sided anti-slip socks for patients without suitable footwear. Procurement are supporting with obtaining samples and costings</p>																																																																																				



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<b>Measure</b>	<b>Falls: Causing Moderate Harm and Above</b> Total number of falls causing moderate harm and above. Excludes any patient falls in emergency department		
<b>Performance of this measure over time</b>		<b>Variance</b> Latest Month: Feb-21 Actual: 21 The data shows common cause variation, suggesting no significant changes in the data.	
<b>What the chart tells us</b>	The chart shows no significant change in the number of falls causing moderate harm and above across the whole reporting period. Performance for this metric is measured against a cumulative target for the year.		
<b>Narrative</b>	<b>Issues:</b> In February 2021 there were no falls which resulted in moderate harm or above within the inpatient wards areas.  A patient attended the Emergency Department following a fall and complained of right hip pain. Before the patient was had an Xray, he had another fall (leg gave way whilst standing). The subsequent Xray then showed a fracture to neck of femur. The incident was discussed at SIRG and it was agreed this incident would be categorised as severe harm and Level 1 investigation is to be undertaken.  Inconsistent recording of Lying and Standing BP continues to be a theme of the investigations presented at harm free care panel.	<b>Actions &amp; Mitigations:</b> Falls training provision is via E learning, the current compliance information available (end of Jan 2021) with Preventing Falls training is 90.96% .  Ongoing compliance of monitoring of L & S BP is captured via Quality Metrics and should form part of the Falls Action Plan for each BG. The overarching Business Group falls action plans are presented and discussed be at the Quality & Safety Improvement Strategy Group.  Re-establish 'Falls Sensors' programme (pilot suspended due to COVID-19)	



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<b>Measure</b>	<b>Pressure Ulcers: Hospital, Category 2</b> Total number of category 2 pressure ulcers in a hospital setting.																																																																																					
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<b>What the chart tells us</b>	The data shows that across the most of the reporting period there have been no significant changes in the number of category 2 pressure ulcers month to month. However, December 2020 sees a significant increase in the number of pressure ulcers reported, although the total reported pressure ulcers for the year is still consistently lower than the target amount. Performance for this metric is measured against a cumulative total for the year.																																																																																					
<b>Narrative</b>	<div style="background-color: #800040; color: white; padding: 5px;"><b>Issues:</b></div> <p>The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers (by 10% over the forthcoming 12 months. This month (January data) we have had 9 category 2 pressure ulcers reported, 2 category 3 and 0 category 4 pressure ulcers' reported. We are now at the 10% reduction threshold for total number of pressure ulcers reported. Staffing pressures and the clinical acuity is impacting on poor training and operational meeting attendance and the ability to implement action plans and quality initiatives.</p>	<div style="background-color: #800040; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>A Matrons post new pressure ulcer checklist has been drafted; with the aim to ensure pressure ulcers are verified, and any actions or learning can be identified quickly. The medical device task and finish group has re-convened in January with additional support from Consultants, outpatients and ED- an action plan with time frame is now in place. Increased engagement from the Business groups for Pre-HFC with weekly meetings between TV Matron and BG Matrons and AND's to review incidents and identify learning points. □ A Trust Wide Pressure Ulcer Reduction Strategy is in progress developing quality initiatives around the themes of training, equipment, guidelines and incident processes.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Pressure Ulcers: Hospital, Category 3</b> Total number of category 3 pressure ulcers in a hospital setting.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Chart Data: Category 3 Pressure Ulcers (Monthly)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Nov 18/19</td><td>1</td><td>1.5</td><td>1.5</td></tr> <tr><td>Dec 18/19</td><td>2</td><td>1.5</td><td>1.5</td></tr> <tr><td>Jan 19/20</td><td>1</td><td>1.5</td><td>1.5</td></tr> <tr><td>Feb 19/20</td><td>3</td><td>1.5</td><td>1.5</td></tr> <tr><td>Mar 19/20</td><td>0</td><td>1.5</td><td>1.5</td></tr> <tr><td>Apr 19/20</td><td>0</td><td>1.8</td><td>1.5</td></tr> <tr><td>May 19/20</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Jun 19/20</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Jul 19/20</td><td>2</td><td>1.8</td><td>1.5</td></tr> <tr><td>Aug 19/20</td><td>2</td><td>1.8</td><td>1.5</td></tr> <tr><td>Sep 19/20</td><td>0</td><td>1.8</td><td>1.5</td></tr> <tr><td>Oct 19/20</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Nov 19/20</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Dec 19/20</td><td>0</td><td>1.8</td><td>1.5</td></tr> <tr><td>Jan 20/21</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Feb 20/21</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Mar 20/21</td><td>1</td><td>1.8</td><td>1.5</td></tr> <tr><td>Apr 20/21</td><td>1</td><td>0.8</td><td>1.5</td></tr> <tr><td>May 20/21</td><td>1</td><td>0.8</td><td>1.5</td></tr> <tr><td>Jun 20/21</td><td>0</td><td>0.8</td><td>1.5</td></tr> <tr><td>Jul 20/21</td><td>1</td><td>0.8</td><td>1.5</td></tr> <tr><td>Aug 20/21</td><td>0</td><td>0.8</td><td>1.5</td></tr> <tr><td>Sep 20/21</td><td>1</td><td>0.8</td><td>1.5</td></tr> <tr><td>Oct 20/21</td><td>3</td><td>0.8</td><td>1.5</td></tr> <tr><td>Nov 20/21</td><td>1</td><td>0.8</td><td>1.5</td></tr> <tr><td>Dec 20/21</td><td>2</td><td>0.8</td><td>1.5</td></tr> <tr><td>Jan 21/22</td><td>2</td><td>0.8</td><td>1.5</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Nov 18/19	1	1.5	1.5	Dec 18/19	2	1.5	1.5	Jan 19/20	1	1.5	1.5	Feb 19/20	3	1.5	1.5	Mar 19/20	0	1.5	1.5	Apr 19/20	0	1.8	1.5	May 19/20	1	1.8	1.5	Jun 19/20	1	1.8	1.5	Jul 19/20	2	1.8	1.5	Aug 19/20	2	1.8	1.5	Sep 19/20	0	1.8	1.5	Oct 19/20	1	1.8	1.5	Nov 19/20	1	1.8	1.5	Dec 19/20	0	1.8	1.5	Jan 20/21	1	1.8	1.5	Feb 20/21	1	1.8	1.5	Mar 20/21	1	1.8	1.5	Apr 20/21	1	0.8	1.5	May 20/21	1	0.8	1.5	Jun 20/21	0	0.8	1.5	Jul 20/21	1	0.8	1.5	Aug 20/21	0	0.8	1.5	Sep 20/21	1	0.8	1.5	Oct 20/21	3	0.8	1.5	Nov 20/21	1	0.8	1.5	Dec 20/21	2	0.8	1.5	Jan 21/22	2	0.8	1.5	<div data-bbox="1783 331 2092 389" style="background-color: #800040; color: white; padding: 5px;"><b>Variance</b></div> <p><b>Latest Month</b> Jan-21  <b>Actual</b> 12</p> <p>The data show common cause variation, suggestion no significant changes in performance.</p> <div data-bbox="1783 584 2092 641" style="background-color: #800040; color: white; padding: 5px;"><b>Assurance</b></div> <p> <b>Target</b> &lt;= 9 (cumulative)</p> <p>So far there have been 12 pressure ulcers, against a cumulative target of 9 for the 10-month period.</p>
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<b>What the chart tells us</b>	The data shows that since September 2019 there have been no significant changes in the number of category 3 pressure ulcers month to month. However, since September 2020 we have regularly reported more category 3 pressure ulcers than average. Performance for this metric is measured against a cumulative total for the year.																																																																																																																	
<b>Narrative</b>	<div data-bbox="394 927 1256 984" style="background-color: #800040; color: white; padding: 5px;"><b>Issues:</b></div> <p>The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers (by 10% over the forthcoming 12 months. This month (January data) we have had 9 category 2 pressure ulcers reported, 2 category 3 and 0 category 4 pressure ulcers' reported. We are now at the 10% reduction threshold for total number of pressure ulcers reported. Staffing pressures and the clinical acuity is impacting on poor training and operational meeting attendance and the ability to implement action plans and quality initiatives.</p>	<div data-bbox="1256 927 2092 984" style="background-color: #800040; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>A Matrons post new pressure ulcer checklist has been drafted; with the aim to ensure pressure ulcers are verified, and any actions or learning can be identified quickly. The medical device task and finish group has re-convened in January with additional support from Consultants, outpatients and ED- an action plan with time frame is now in place. Increased engagement from the Business groups for Pre-HFC with weekly meetings between TV Matron and BG Matrons and AND's to review incidents and identify learning points. □ A Trust Wide Pressure Ulcer Reduction Strategy is in progress developing quality initiatives around the themes of training, equipment, guidelines and incident processes.</p>																																																																																																																



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<b>What the chart tells us</b>	The chart shows that between May 2019 and December 2019 there was a significant improvement in performance and 0 grade 4 pressure ulcers were reported during this 8 month period. This changes between January and May 2020. Since then we saw a further 6 month period where no grade 4 pressure ulcers were reported. Although there has been a reported grade 1 in December, we are still below the cumulative target. Performance for this metric is measured against a cumulative total for the year.																																																																																					
<b>Narrative</b>	<div style="background-color: #800040; color: white; padding: 5px;"><b>Issues:</b></div> <p>The Trust set a target to reduce the overall number of Hospital acquired pressure ulcers (by 10% over the forthcoming 12 months. This month (January data) we have had 9 category 2 pressure ulcers reported, 2 category 3 and 0 category 4 pressure ulcers' reported. We are now at the 10% reduction threshold for total number of pressure ulcers reported. Staffing pressures and the clinical acuity is impacting on poor training and operational meeting attendance and the ability to implement action plans and quality initiatives.</p>	<div style="background-color: #800040; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>A Matrons post new pressure ulcer checklist has been drafted; with the aim to ensure pressure ulcers are verified, and any actions or learning can be identified quickly. The medical device task and finish group has re-convened in January with additional support from Consultants, outpatients and ED- an action plan with time frame is now in place. Increased engagement from the Business groups for Pre-HFC with weekly meetings between TV Matron and BG Matrons and AND's to review incidents and identify learning points. □ A Trust Wide Pressure Ulcer Reduction Strategy is in progress developing quality initiatives around the themes of training, equipment, guidelines and incident processes.</p>																																																																																				



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<b>Measure</b>	<b>Emergency C-Section Rate</b> The number of patients having an emergency c-section, as a percentage of all patients having registerable births.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Emergency C-Section Rate Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>13.0</td><td>15.4</td></tr> <tr><td>Jan 19/20</td><td>18.0</td><td>15.4</td></tr> <tr><td>Feb 19/20</td><td>13.5</td><td>15.4</td></tr> <tr><td>Mar 19/20</td><td>16.5</td><td>15.4</td></tr> <tr><td>Apr 19/20</td><td>17.0</td><td>15.4</td></tr> <tr><td>May 19/20</td><td>17.0</td><td>15.4</td></tr> <tr><td>Jun 19/20</td><td>16.5</td><td>15.4</td></tr> <tr><td>Jul 19/20</td><td>17.0</td><td>15.4</td></tr> <tr><td>Aug 19/20</td><td>16.5</td><td>15.4</td></tr> <tr><td>Sep 19/20</td><td>20.0</td><td>15.4</td></tr> <tr><td>Oct 19/20</td><td>14.5</td><td>15.4</td></tr> <tr><td>Nov 19/20</td><td>13.5</td><td>15.4</td></tr> <tr><td>Dec 19/20</td><td>21.5</td><td>15.4</td></tr> <tr><td>Jan 20/21</td><td>16.5</td><td>15.4</td></tr> <tr><td>Feb 20/21</td><td>21.5</td><td>15.4</td></tr> <tr><td>Mar 20/21</td><td>16.0</td><td>15.4</td></tr> <tr><td>Apr 20/21</td><td>16.0</td><td>15.4</td></tr> <tr><td>May 20/21</td><td>20.0</td><td>15.4</td></tr> <tr><td>Jun 20/21</td><td>18.0</td><td>15.4</td></tr> <tr><td>Jul 20/21</td><td>20.0</td><td>15.4</td></tr> <tr><td>Aug 20/21</td><td>19.5</td><td>15.4</td></tr> <tr><td>Sep 20/21</td><td>23.0</td><td>15.4</td></tr> <tr><td>Oct 20/21</td><td>21.0</td><td>15.4</td></tr> <tr><td>Nov 20/21</td><td>18.0</td><td>15.4</td></tr> <tr><td>Dec 20/21</td><td>17.5</td><td>15.4</td></tr> <tr><td>Jan 21/22</td><td>15.0</td><td>15.4</td></tr> <tr><td>Feb 21/22</td><td>23.3</td><td>15.4</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	13.0	15.4	Jan 19/20	18.0	15.4	Feb 19/20	13.5	15.4	Mar 19/20	16.5	15.4	Apr 19/20	17.0	15.4	May 19/20	17.0	15.4	Jun 19/20	16.5	15.4	Jul 19/20	17.0	15.4	Aug 19/20	16.5	15.4	Sep 19/20	20.0	15.4	Oct 19/20	14.5	15.4	Nov 19/20	13.5	15.4	Dec 19/20	21.5	15.4	Jan 20/21	16.5	15.4	Feb 20/21	21.5	15.4	Mar 20/21	16.0	15.4	Apr 20/21	16.0	15.4	May 20/21	20.0	15.4	Jun 20/21	18.0	15.4	Jul 20/21	20.0	15.4	Aug 20/21	19.5	15.4	Sep 20/21	23.0	15.4	Oct 20/21	21.0	15.4	Nov 20/21	18.0	15.4	Dec 20/21	17.5	15.4	Jan 21/22	15.0	15.4	Feb 21/22	23.3	15.4	<div data-bbox="1783 331 2083 391" style="background-color: #800040; color: white; padding: 5px;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 23.3%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div data-bbox="1783 582 2083 641" style="background-color: #800040; color: white; padding: 5px;"><b>Assurance</b></div> <p><b>Target</b> ≤ 15.4%</p> <p>Performance against the target is inconsistent.</p>
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<b>What the chart tells us</b>	The data shows that across the reporting period there have been no significant changes in performance. In May 2020 there is a change in the data, which now shows more consistent performance with less variation, though at a higher rate of emergencies than the period before. The data for January 2021 shows that for the first time since November 2019, performance was lower than the target, but in February performance has reached the highest point for the whole reporting period.																																																																																					
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# Integrated Performance Report

<b>Measure</b>	<b>Friends &amp; Family Test: Response Rate</b> The percentage of eligible patients completing an FFT survey.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Nov Q3 18/19</td><td>25.5</td><td>22.0</td></tr> <tr><td>Dec Q3 18/19</td><td>24.0</td><td>22.0</td></tr> <tr><td>Jan Q4 18/19</td><td>24.5</td><td>22.0</td></tr> <tr><td>Feb Q4 18/19</td><td>24.0</td><td>22.0</td></tr> <tr><td>Mar Q4 18/19</td><td>25.0</td><td>22.0</td></tr> <tr><td>Apr Q1 19/20</td><td>20.0</td><td>22.0</td></tr> <tr><td>May Q1 19/20</td><td>21.0</td><td>22.0</td></tr> <tr><td>Jun Q1 19/20</td><td>23.0</td><td>22.0</td></tr> <tr><td>Jul Q1 19/20</td><td>22.0</td><td>22.0</td></tr> <tr><td>Aug Q1 19/20</td><td>22.0</td><td>22.0</td></tr> <tr><td>Sep Q1 19/20</td><td>21.5</td><td>22.0</td></tr> <tr><td>Oct Q1 19/20</td><td>22.0</td><td>22.0</td></tr> <tr><td>Nov Q1 19/20</td><td>22.0</td><td>22.0</td></tr> <tr><td>Dec Q1 19/20</td><td>21.5</td><td>22.0</td></tr> <tr><td>Jan Q4 19/20</td><td>22.5</td><td>22.0</td></tr> <tr><td>Feb Q4 19/20</td><td>22.5</td><td>22.0</td></tr> <tr><td>Mar Q4 19/20</td><td>19.5</td><td>22.0</td></tr> <tr><td>Apr Q4 19/20</td><td>16.5</td><td>22.0</td></tr> <tr><td>May Q4 19/20</td><td>18.5</td><td>22.0</td></tr> <tr><td>Jun Q4 19/20</td><td>18.0</td><td>22.0</td></tr> <tr><td>Jul Q4 19/20</td><td>17.5</td><td>22.0</td></tr> <tr><td>Aug Q4 19/20</td><td>17.5</td><td>22.0</td></tr> <tr><td>Sep Q4 19/20</td><td>18.0</td><td>22.0</td></tr> <tr><td>Oct Q4 19/20</td><td>18.5</td><td>22.0</td></tr> <tr><td>Nov Q4 19/20</td><td>20.5</td><td>22.0</td></tr> <tr><td>Dec Q4 19/20</td><td>20.5</td><td>22.0</td></tr> <tr><td>Jan Q4 20/21</td><td>18.6</td><td>22.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Nov Q3 18/19	25.5	22.0	Dec Q3 18/19	24.0	22.0	Jan Q4 18/19	24.5	22.0	Feb Q4 18/19	24.0	22.0	Mar Q4 18/19	25.0	22.0	Apr Q1 19/20	20.0	22.0	May Q1 19/20	21.0	22.0	Jun Q1 19/20	23.0	22.0	Jul Q1 19/20	22.0	22.0	Aug Q1 19/20	22.0	22.0	Sep Q1 19/20	21.5	22.0	Oct Q1 19/20	22.0	22.0	Nov Q1 19/20	22.0	22.0	Dec Q1 19/20	21.5	22.0	Jan Q4 19/20	22.5	22.0	Feb Q4 19/20	22.5	22.0	Mar Q4 19/20	19.5	22.0	Apr Q4 19/20	16.5	22.0	May Q4 19/20	18.5	22.0	Jun Q4 19/20	18.0	22.0	Jul Q4 19/20	17.5	22.0	Aug Q4 19/20	17.5	22.0	Sep Q4 19/20	18.0	22.0	Oct Q4 19/20	18.5	22.0	Nov Q4 19/20	20.5	22.0	Dec Q4 19/20	20.5	22.0	Jan Q4 20/21	18.6	22.0	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Jan-21</p> <p><b>Actual</b> 18.6%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b></p> <p>There is no target for this metric.</p>
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<b>What the chart tells us</b>	The charts shows that from April 2019 we see a new lower response rate that runs through to February 2020. March 2020 sees our overall response lower again. There have not been any significant changes in response rate since then.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Collection for FFT recommenced December 2020.</p> <p>The overall response rate for this month was 18.6% which compared to January 2020 which was 22.6%. show a clear dip in the number of responses. When this the decline was explored some areas suggested that they were unaware that collection had resumed.</p> <p>Of the 2598 of responses for the month of January 2021 92% rated their experience as very good or good. And 3% very poor or Poor.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Communications via the Stockport NHS FT Facebook and Twitter sites have been posted to prompt our patients about the importance of providing feedback.</p> <p>Emails have been sent to Matrons and Ward Managers reminding them to collect resources and poster to support the national new question format for FFT from Birch House promoting the new FFT information.</p> <p>An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. The Patient Experience website also has been reviewed and updated, with the development of a web-link to FFT.</p>																																																																																				



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<b>Measure</b>	<b>Friends &amp; Family Test: Inpatient</b> The percentage of surveyed inpatients who are extremely likely or likely to recommend the Trust for care.																																																																																					
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<b>What the chart tells us</b>	The chart shows that between September 2019 and March 2020 there is a run of lower than average performance, but this picks up in April as performance shows a run of performance on or above the average level, which could indicate a sustainable improvement in positive responses.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Collection for FFT recommenced December 2020.</p> <p>The number of responses for inpatient areas this month was 12 out of a possible 2474. When this the decline was explored some areas suggested that they were unaware that collection had resumed.</p> <p>Happily all responses indicated that patients rated their experience as very good or good.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Communications via the Stockport NHS FT Facebook and Twitter sites have been posted to prompt our patients about the importance of providing feedback.</p> <p>Emails have been sent to Matrons and Ward Managers reminding them to collect resources and poster to support the national new question format for FFT from Birch House promoting the new FFT information.</p> <p>An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. The Patient Experience website also has been reviewed and updated, with the development of a web-link to FFT.</p>																																																																																				



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<b>What the chart tells us</b>	The chart shows that between June 2019 and December 2019 there is a decreasing trend in positive response rates, but this picks up from January 2020, with a significant increase in positive response rates between April and June 2020. Response rates return to expected levels again from July onwards.																																																																																																																		
<b>Narrative</b>	<div style="background-color: #800040; color: white; padding: 5px;"><b>Issues:</b></div> <p>Collection for FFT recommenced December 2020.</p> <p>The overall response rate for this month was 21% which compared to January 2020 which was 17%. show a clear increase in the number of responses.</p> <p>Of the 4452 responses for the month of January 2021 89% rated their experience as very good or good. And 5% very poor or Poor.</p>	<div style="background-color: #800040; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>Communications via the Stockport NHS FT Facebook and Twitter sites have been posted to prompt our patients about the importance of providing feedback.</p> <p>Emails have been sent to Matrons and Ward Managers reminding them to collect resources and poster to support the national new question format for FFT from Birch House promoting the new FFT information.</p> <p>An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. The Patient Experience website also has been reviewed and updated, with the development of a web-link to FFT.</p>																																																																																																																	



# Integrated Performance Report

<b>Measure</b>	<b>Friends &amp; Family Test: Maternity</b> The percentage of surveyed maternity patients who are extremely likely or likely to recommend the Trust for care.		
<b>Performance of this measure over time</b>		<b>Variance</b> Latest Month: Jan-21 Actual: 96.6% The data shows common cause variation, indicating no significant changes in performance.	
<b>What the chart tells us</b>	The chart shows that through much of the reporting period, performance varies between 95% and 98%. July to September saw a run of unusually high performance where 100% of survey responses are positive.		
<b>Narrative</b>	<b>Issues:</b> Collection for FFT recommenced December 2020.  The overall response rate for this month was 3% which compared to January 2020 which was 22%. show a significant dip in the number of responses. When this the decline was explored it was suggested that the team were unaware that collection had resumed.  Of the 1108 of responses for the month of January 2021 97% rated their experience as very good or good. And 3% very poor or Poor. This above the Trust target of 90% overall satisfaction.	<b>Actions &amp; Mitigations:</b> Communications via the Stockport NHS FT Facebook and Twitter sites have been posted to prompt our patients about the importance of providing feedback.  Emails have been sent to Matrons and Ward Managers reminding them to collect resources and poster to support the national new question format for FFT from Birch House promoting the new FFT information.  An increased range of formats to complete FFT in line with Accessible Information standards will be available including: Pre-paid postal cards, SMS, voicemail, online and QR scan. The Patient Experience website also has been reviewed and updated, with the development of a web-link to FFT.	



# Integrated Performance Report

<b>Measure</b>	<b>Complaints Rate</b> The total number of formal written complaints received compared with the whole time equivalent staff.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Complaints Rate Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Local Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>0.6</td><td>0.8</td></tr> <tr><td>Jan 19/20</td><td>0.5</td><td>0.8</td></tr> <tr><td>Feb 19/20</td><td>0.8</td><td>0.8</td></tr> <tr><td>Mar 19/20</td><td>0.9</td><td>0.8</td></tr> <tr><td>Apr 19/20</td><td>1.0</td><td>0.8</td></tr> <tr><td>May 19/20</td><td>0.7</td><td>0.8</td></tr> <tr><td>Jun 19/20</td><td>0.5</td><td>0.8</td></tr> <tr><td>Jul 19/20</td><td>0.9</td><td>0.8</td></tr> <tr><td>Aug 19/20</td><td>0.7</td><td>0.8</td></tr> <tr><td>Sep 19/20</td><td>0.8</td><td>0.8</td></tr> <tr><td>Oct 19/20</td><td>0.7</td><td>0.5</td></tr> <tr><td>Nov 19/20</td><td>0.5</td><td>0.5</td></tr> <tr><td>Dec 19/20</td><td>0.6</td><td>0.5</td></tr> <tr><td>Jan 20/21</td><td>0.5</td><td>0.5</td></tr> <tr><td>Feb 20/21</td><td>0.5</td><td>0.5</td></tr> <tr><td>Mar 20/21</td><td>0.2</td><td>0.5</td></tr> <tr><td>Apr 20/21</td><td>0.2</td><td>0.5</td></tr> <tr><td>May 20/21</td><td>0.3</td><td>0.5</td></tr> <tr><td>Jun 20/21</td><td>0.5</td><td>0.5</td></tr> <tr><td>Jul 20/21</td><td>0.5</td><td>0.5</td></tr> <tr><td>Aug 20/21</td><td>0.6</td><td>0.5</td></tr> <tr><td>Sep 20/21</td><td>0.6</td><td>0.5</td></tr> <tr><td>Oct 20/21</td><td>0.5</td><td>0.5</td></tr> <tr><td>Nov 20/21</td><td>0.5</td><td>0.5</td></tr> <tr><td>Dec 20/21</td><td>0.4</td><td>0.5</td></tr> <tr><td>Jan 21/22</td><td>0.5</td><td>0.5</td></tr> <tr><td>Feb 21/22</td><td>0.5</td><td>0.5</td></tr> </tbody> </table>	Month	Performance (%)	Local Target (%)	Dec 18/19	0.6	0.8	Jan 19/20	0.5	0.8	Feb 19/20	0.8	0.8	Mar 19/20	0.9	0.8	Apr 19/20	1.0	0.8	May 19/20	0.7	0.8	Jun 19/20	0.5	0.8	Jul 19/20	0.9	0.8	Aug 19/20	0.7	0.8	Sep 19/20	0.8	0.8	Oct 19/20	0.7	0.5	Nov 19/20	0.5	0.5	Dec 19/20	0.6	0.5	Jan 20/21	0.5	0.5	Feb 20/21	0.5	0.5	Mar 20/21	0.2	0.5	Apr 20/21	0.2	0.5	May 20/21	0.3	0.5	Jun 20/21	0.5	0.5	Jul 20/21	0.5	0.5	Aug 20/21	0.6	0.5	Sep 20/21	0.6	0.5	Oct 20/21	0.5	0.5	Nov 20/21	0.5	0.5	Dec 20/21	0.4	0.5	Jan 21/22	0.5	0.5	Feb 21/22	0.5	0.5	<div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p> <b>Latest Month</b> <b>Actual</b>                  Feb-21 <span style="margin-left: 20px;">0.5%</span> </p> <p>Data shows common cause variation, suggestion no significant changes in performance.</p> <div style="background-color: #800040; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p> <b>Target</b> </p> <p>There is currently no target set for this metric.</p>
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<b>What the chart tells us</b>	The chart shows that from October 2019 the Trust has seen a lower than average rate of complaints, reaching a low in March and April 2020. Rates return to normal levels from that point onward and there have been no significant changes in performance since.																																																																																					
<b>Narrative</b>	<b>Issues:</b> 25 formal complaints were received in February 2021: Integrated Care = 4, Medicine = 6, Surgery = 8, WCDS = 5 and Emergency Department = 2	<b>Actions &amp; Mitigations:</b> The PALS and Complaints Team continue to focus on resolving concerns informally where appropriate.  The top themes in formal complaints for February 2021.  Communication = 21 Clinical treatment = 15 Patient care = 15 Admin procedure and record management = 5 Admissions and discharges = 4  *please note the figures may total more than the number of complaints received as each complaint may raise numerous issues.																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Complaints: Timely response</b> The total number of formal complaints responded to within agreed timescales, as a percentage of all complaints responded to.		
<b>Performance of this measure over time</b>			<div data-bbox="1783 331 2089 582"> <p><b>Variance</b></p> <p><b>Latest Month</b> Feb-21  <b>Actual</b> 100%</p> <p>Data shows common cause variation, suggestion of significant improvement in performance.</p> </div> <div data-bbox="1783 582 2089 842"> <p><b>Assurance</b></p> <p> <b>Target</b> <math>\geq 95\%</math></p> <p>Performance is inconsistent against the target.</p> </div>
<b>What the chart tells us</b>	The chart shows that from December 2019 there is an improvement in performance and we are regularly achieving a much higher level of performance. Since that point there have been no significant changes in performance, and although we have achieved 100% in the last 3 months, it is too soon to say whether this is more than random variation.		
<b>Narrative</b>	<p><b>Issues:</b></p> <p>All of the 28 responses sent in February 2021 were sent to the complainant within the agreed timeframe.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Despite pressures on clinical staff due to the ongoing pandemic, the Trust has maintained the 100% response rate.</p>	



## Operations Highlight Report

### Matters of Concern or Key Risks to Escalate:

Significant challenges remain around the response to COVID19 wave three, which continues to impact on both the non-elective and elective work within the Trust.

There has been an Increase in 4 hour breaches associated with the Orthopaedic pathway and the Mental Health pathway.

Routine Endoscopy waiting times continue to impact General Surgery and Gastroenterology pathways.

The number of patients waiting beyond 52 weeks on their Referral to Treatment pathway has significantly increased this month, particularly within ENT and General Surgery.

Staffing levels remain challenging within Surgery which may impact the pace of elective recovery.

### Positive Assurances to Provide:

The Trust is on track to achieve the National 2ww Cancer standard in March.

Significant progress was made in month in discharging longer length of stay patients, particular those with more complex needs.

Early COVID swabbing in ED has facilitated much earlier diagnosis and transfer of patients to the appropriate ward, reducing the time spent within the department.

### Major Actions Commissioned / Work Underway:

Additional elective theatre capacity opened 01/03/21 and elective HDU admissions recommenced on site 15/03/21.

Theatre capacity will be used to address the longest waiting routine patients once all clinically urgent cases have been accommodated. Provision is also being made to support overnight paediatric cases within the Treehouse.

A contract is being agreed with the Independent Sector to offer appropriate long waiting patients the choice to transfer providers for General Surgery and Orthopaedics cases post April.

Radiology are looking to extend the contract with DHC to help address the DEXA scan waiting list.

The Endoscopy team are identifying suitable patients for transfer to the Fairfield Hospital, facilitating quicker access to diagnostic procedures.

Recruitment is underway for 2 additional ENT Consultants.

A workforce review is planned across all Business Groups to identify and address resource gaps.

### Decisions Made:

Patients waiting significantly extended times (ie over 52 weeks) for routine surgery will be prioritised and accommodated alongside the more clinically urgent patients.



# Integrated Performance Report

<b>Measure</b> <b>A&amp;E: 4hr Standard</b> The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival.																																																																																																																		
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Local Target (%)</th> <th>National Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>72</td><td>95</td><td>95</td></tr> <tr><td>Jan 19/20</td><td>68</td><td>95</td><td>95</td></tr> <tr><td>Feb 19/20</td><td>72</td><td>95</td><td>95</td></tr> <tr><td>Mar 19/20</td><td>81</td><td>90</td><td>95</td></tr> <tr><td>Apr 19/20</td><td>74</td><td>78</td><td>95</td></tr> <tr><td>May 19/20</td><td>75</td><td>80</td><td>95</td></tr> <tr><td>Jun 19/20</td><td>74</td><td>80</td><td>95</td></tr> <tr><td>Jul 19/20</td><td>76</td><td>80</td><td>95</td></tr> <tr><td>Aug 19/20</td><td>68</td><td>80</td><td>95</td></tr> <tr><td>Sep 19/20</td><td>67</td><td>80</td><td>95</td></tr> <tr><td>Oct 19/20</td><td>67</td><td>80</td><td>95</td></tr> <tr><td>Nov 19/20</td><td>61</td><td>80</td><td>95</td></tr> <tr><td>Dec 19/20</td><td>59</td><td>80</td><td>95</td></tr> <tr><td>Jan 20/21</td><td>64</td><td>80</td><td>95</td></tr> <tr><td>Feb 20/21</td><td>66</td><td>80</td><td>95</td></tr> <tr><td>Mar 20/21</td><td>72</td><td>80</td><td>95</td></tr> <tr><td>Apr 20/21</td><td>88</td><td>95</td><td>95</td></tr> <tr><td>May 20/21</td><td>95</td><td>95</td><td>95</td></tr> <tr><td>Jun 20/21</td><td>89</td><td>95</td><td>95</td></tr> <tr><td>Jul 20/21</td><td>82</td><td>95</td><td>95</td></tr> <tr><td>Aug 20/21</td><td>71</td><td>95</td><td>95</td></tr> <tr><td>Sep 20/21</td><td>71</td><td>95</td><td>95</td></tr> <tr><td>Oct 20/21</td><td>65</td><td>95</td><td>95</td></tr> <tr><td>Nov 20/21</td><td>66</td><td>95</td><td>95</td></tr> <tr><td>Dec 20/21</td><td>67</td><td>95</td><td>95</td></tr> <tr><td>Jan 21/22</td><td>69</td><td>95</td><td>95</td></tr> <tr><td>Feb 21/22</td><td>75</td><td>95</td><td>95</td></tr> </tbody> </table>	Month	Performance (%)	Local Target (%)	National Target (%)	Dec 18/19	72	95	95	Jan 19/20	68	95	95	Feb 19/20	72	95	95	Mar 19/20	81	90	95	Apr 19/20	74	78	95	May 19/20	75	80	95	Jun 19/20	74	80	95	Jul 19/20	76	80	95	Aug 19/20	68	80	95	Sep 19/20	67	80	95	Oct 19/20	67	80	95	Nov 19/20	61	80	95	Dec 19/20	59	80	95	Jan 20/21	64	80	95	Feb 20/21	66	80	95	Mar 20/21	72	80	95	Apr 20/21	88	95	95	May 20/21	95	95	95	Jun 20/21	89	95	95	Jul 20/21	82	95	95	Aug 20/21	71	95	95	Sep 20/21	71	95	95	Oct 20/21	65	95	95	Nov 20/21	66	95	95	Dec 20/21	67	95	95	Jan 21/22	69	95	95	Feb 21/22	75	95	95	<div data-bbox="1783 338 2089 582"> <p><b>Variance</b></p> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 75%</p> <p>The data shows common cause variation, indicating no significant changes in performance.</p> </div> <div data-bbox="1783 582 2089 839"> <p><b>Assurance</b></p> <p><b>Target</b> &gt;= 85%</p> <p>Performance consistently falls short of the target value.</p> </div>
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<b>What the chart tells us</b>	The chart shows that performance is significantly higher between April and June 2020, but returns to expected levels of performance from July onwards. Performance appears to have stabilised from August onwards at a lower than average level. Performance between Oct20 and Feb21 does appear to show an improving trend.																																																																																																																	
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Patients allocated a specialty bed direct from ED require a Senior review prior to transfer.</p> <p>Increase in 4 hour breaches associated with the Orthopaedic pathway and Mental Health pathway.</p> <p>Increased sickness levels within the department in month.</p> <p>An increase in Paediatric attendances is anticipated as children return to school.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>The Frailty unit relocated to D4 as planned in March, expanding the footprint.</p> <p>Timely swabbing has facilitated early diagnosis and transfer to appropriate ward.</p> <p>Implementation of a rapid handover process between NWS and ED has improved ambulance turnaround times. This is continually monitored between respective partners.</p>																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>A&amp;E: 12hr Trolley Wait</b> Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Chart Data Summary</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Local Target</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>0</td><td>0</td></tr> <tr><td>Jan 19/20</td><td>10</td><td>0</td></tr> <tr><td>Feb 19/20</td><td>5</td><td>0</td></tr> <tr><td>Mar 19/20</td><td>0</td><td>0</td></tr> <tr><td>Apr 19/20</td><td>40</td><td>0</td></tr> <tr><td>May 19/20</td><td>15</td><td>0</td></tr> <tr><td>Jun 19/20</td><td>20</td><td>0</td></tr> <tr><td>Jul 19/20</td><td>15</td><td>0</td></tr> <tr><td>Aug 19/20</td><td>25</td><td>0</td></tr> <tr><td>Sep 19/20</td><td>20</td><td>0</td></tr> <tr><td>Oct 19/20</td><td>65</td><td>0</td></tr> <tr><td>Nov 19/20</td><td>90</td><td>0</td></tr> <tr><td>Dec 19/20</td><td>200</td><td>0</td></tr> <tr><td>Jan 20/21</td><td>175</td><td>0</td></tr> <tr><td>Feb 20/21</td><td>0</td><td>0</td></tr> <tr><td>Mar 20/21</td><td>15</td><td>0</td></tr> <tr><td>Apr 20/21</td><td>0</td><td>0</td></tr> <tr><td>May 20/21</td><td>0</td><td>0</td></tr> <tr><td>Jun 20/21</td><td>0</td><td>0</td></tr> <tr><td>Jul 20/21</td><td>0</td><td>0</td></tr> <tr><td>Aug 20/21</td><td>0</td><td>0</td></tr> <tr><td>Sep 20/21</td><td>0</td><td>0</td></tr> <tr><td>Oct 20/21</td><td>35</td><td>0</td></tr> <tr><td>Nov 20/21</td><td>10</td><td>0</td></tr> <tr><td>Dec 20/21</td><td>10</td><td>0</td></tr> <tr><td>Jan 21/22</td><td>20</td><td>0</td></tr> <tr><td>Feb 21/22</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Performance	Local Target	Dec 18/19	0	0	Jan 19/20	10	0	Feb 19/20	5	0	Mar 19/20	0	0	Apr 19/20	40	0	May 19/20	15	0	Jun 19/20	20	0	Jul 19/20	15	0	Aug 19/20	25	0	Sep 19/20	20	0	Oct 19/20	65	0	Nov 19/20	90	0	Dec 19/20	200	0	Jan 20/21	175	0	Feb 20/21	0	0	Mar 20/21	15	0	Apr 20/21	0	0	May 20/21	0	0	Jun 20/21	0	0	Jul 20/21	0	0	Aug 20/21	0	0	Sep 20/21	0	0	Oct 20/21	35	0	Nov 20/21	10	0	Dec 20/21	10	0	Jan 21/22	20	0	Feb 21/22	0	0	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 0</p> <p>The data shows common cause variation, which suggests no significant changes in performance.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 0</p> <p>Performance inconsistently achieves the target.</p>
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Feb 20/21	0	0																																																																																				
Mar 20/21	15	0																																																																																				
Apr 20/21	0	0																																																																																				
May 20/21	0	0																																																																																				
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Oct 20/21	35	0																																																																																				
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Dec 20/21	10	0																																																																																				
Jan 21/22	20	0																																																																																				
Feb 21/22	0	0																																																																																				
<b>What the chart tells us</b>	The chart shows that between April 2019 and March 2020 there is a significant increasing trend in the number of 12-hour trolley waits. In April, May, June and August 2020 we managed to achieve the target of 0 trolley waits, but we are still not consistently achieving on a regular basis. February shows the first time in 5 months we have managed to have 0 trolley waits.																																																																																					
<b>Narrative</b>	<b>Issues:</b> There were no 12 hour trolley waits reported in February.	<b>Actions &amp; Mitigations:</b> None required.																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Diagnostics: 6 Week Standard</b> The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Local Target (%)</th> <th>National Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>Jan 19/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>Feb 19/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>Mar 19/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>Apr 19/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>May 19/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>Jun 19/19</td><td>1</td><td>34</td><td>1</td></tr> <tr><td>Jul 19/19</td><td>2</td><td>34</td><td>1</td></tr> <tr><td>Aug 19/19</td><td>3</td><td>34</td><td>1</td></tr> <tr><td>Sep 19/19</td><td>4</td><td>34</td><td>1</td></tr> <tr><td>Oct 19/19</td><td>5</td><td>34</td><td>1</td></tr> <tr><td>Nov 19/19</td><td>6</td><td>34</td><td>1</td></tr> <tr><td>Dec 19/19</td><td>10</td><td>34</td><td>1</td></tr> <tr><td>Jan 20/20</td><td>12</td><td>34</td><td>1</td></tr> <tr><td>Feb 20/20</td><td>10</td><td>34</td><td>1</td></tr> <tr><td>Mar 20/20</td><td>12</td><td>34</td><td>1</td></tr> <tr><td>Apr 20/20</td><td>35</td><td>34</td><td>1</td></tr> <tr><td>May 20/20</td><td>63.6</td><td>34</td><td>1</td></tr> <tr><td>Jun 20/20</td><td>58</td><td>34</td><td>1</td></tr> <tr><td>Jul 20/20</td><td>53</td><td>34</td><td>1</td></tr> <tr><td>Aug 20/20</td><td>57</td><td>34</td><td>1</td></tr> <tr><td>Sep 20/20</td><td>56</td><td>34</td><td>1</td></tr> <tr><td>Oct 20/20</td><td>48</td><td>34</td><td>1</td></tr> <tr><td>Nov 20/20</td><td>48</td><td>34</td><td>1</td></tr> <tr><td>Dec 20/20</td><td>51</td><td>34</td><td>1</td></tr> <tr><td>Jan 20/21</td><td>53</td><td>34</td><td>1</td></tr> <tr><td>Feb 20/21</td><td>50.8</td><td>34</td><td>1</td></tr> </tbody> </table>	Month	Performance (%)	Local Target (%)	National Target (%)	Dec 18/19	1	34	1	Jan 19/19	1	34	1	Feb 19/19	1	34	1	Mar 19/19	1	34	1	Apr 19/19	1	34	1	May 19/19	1	34	1	Jun 19/19	1	34	1	Jul 19/19	2	34	1	Aug 19/19	3	34	1	Sep 19/19	4	34	1	Oct 19/19	5	34	1	Nov 19/19	6	34	1	Dec 19/19	10	34	1	Jan 20/20	12	34	1	Feb 20/20	10	34	1	Mar 20/20	12	34	1	Apr 20/20	35	34	1	May 20/20	63.6	34	1	Jun 20/20	58	34	1	Jul 20/20	53	34	1	Aug 20/20	57	34	1	Sep 20/20	56	34	1	Oct 20/20	48	34	1	Nov 20/20	48	34	1	Dec 20/20	51	34	1	Jan 20/21	53	34	1	Feb 20/21	50.8	34	1	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 50.8%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 34%</p> <p>Performance has consistently exceeded the target since July 2019.</p>
Month	Performance (%)	Local Target (%)	National Target (%)																																																																																																															
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Feb 20/21	50.8	34	1																																																																																																															
<b>What the chart tells us</b>	The charts shows that since July 2019 there was a steady deterioration in performance through to November. Performance significantly worsened again in April and May to a high of 63.6% of diagnostics breaching the 6 week target. Performance appears to have stabilised, with no significant changes or improvements since May 2020.																																																																																																																	
<b>Narrative</b>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Issues:</b></div> <p>Endoscopy capacity remains the key concern in terms of diagnostic recovery.</p> <p>Increase in DEXA waiting list in month as Radiology staff are flexed to cover more priority imaging areas.</p>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>Radiology are looking to extend the contract with DHC with respect to DEXA scanning.</p> <p>CTC lists are being introduced on weekdays now that staffing is more robust.</p> <p>Productivity gains have been realised within Endoscopy. Suitable patients are also being identified and contacted for transfer to the GM asset at Fairfield Hospital.</p>																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>Cancer: 62 Day Standard</b> The percentage of patients on a cancer pathway that have received their first treatment within 62 days of GP referral. Screening referrals are not reported as not statistically viable due to low number received	
<b>Performance of this measure over time</b>		<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 54.3%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> &gt;= 79.7%</p> <p>Performance consistently falls short of the target value.</p>
<b>What the chart tells us</b>	The chart shows that performance began to deteriorate in May 2019. October 2019 sees performance becoming more variable, indicated by the new wider control limits in the chart. A trajectory/recovery target was introduced in November 2020 in order to help improve performance.	
<b>Narrative</b>	<b>Issues:</b> Limited in-patient elective operating capacity in January due to COVID pressures affected the ability to treat patients within the 62 day timeframe.  A high number of patients commenced treatment in February, a significant proportion of which were beyond day 62 of their pathway and is therefore reflected in the performance metric.  Loss of Independent Sector capacity for cancer patients (incl. HDU) from April 2021 may be of concern if the required level of elective capacity cannot be sustained on site due to future COVID-19 pressures.	<b>Actions &amp; Mitigations:</b> Additional elective theatre capacity opened 01/03/21 and elective HDU admissions recommenced w/c 15/03/21.  The ENT pathway has been reviewed with a one stop biopsy clinic being introduced. A dedicated neck lump clinic is also in train once a Radiologist in post.  Additional CTC lists are being implemented now that CT staffing is more robust.  The Trust will continue to use I.S capacity until end of March and utilise GM Cancer hub for appropriate patients.



# Integrated Performance Report

<b>Measure</b>	<b>Cancer: 14 day standard</b> The percentage of patients on a cancer pathway that have attended their first outpatient appointment within 14 days of their GP referral. This indicator excludes Breast Symptomatic referrals.		
<b>Performance of this measure over time</b>		<b>Variance</b> <b>Latest Month</b> Feb-21  <b>Actual</b> 90.3% The data shows special cause variation, indicated by a run of performance below the average.	
<b>What the chart tells us</b>	The chart shows that between July 2019 and February 2020 there is run of what appears to be an improved level of performance with values above the average. August and October 2020 do show significantly reduced levels of performance, which appears to be the start of a new trend of lower than average performance - which is highlighted as a cause for concern.		
<b>Narrative</b>	<b>Issues:</b> Endoscopy capacity continues to be the key reason for non-compliance against the 2ww standard in Upper G.I, although this is indicated to be much improved in March.  All other services continue to achieve the 2ww standard.	<b>Actions &amp; Mitigations:</b> Mutual aid continues at the Christie for Endoscopy procedures and an agreement is also now in place with the Fairfield Hospital.  Endoscopy have returned to pre-COVIDI list productivity from the beginning of March.  Performance in March is forecast to improve with the Trust on track to achieve the 93% national standard.	



# Integrated Performance Report

<b>Measure</b>	<b>Cancer: 31 Day 1st Treatment</b> The percentage of patients on a cancer pathway that have received their first treatment within 31 days of their diagnosis.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Local Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>97.0</td><td>96.0</td></tr> <tr><td>Jan 19/20</td><td>98.0</td><td>96.0</td></tr> <tr><td>Feb 19/20</td><td>98.0</td><td>96.0</td></tr> <tr><td>Mar 19/20</td><td>99.0</td><td>96.0</td></tr> <tr><td>Apr 19/20</td><td>98.0</td><td>96.0</td></tr> <tr><td>May 19/20</td><td>98.0</td><td>96.0</td></tr> <tr><td>Jun 19/20</td><td>97.0</td><td>96.0</td></tr> <tr><td>Jul 19/20</td><td>96.0</td><td>96.0</td></tr> <tr><td>Aug 19/20</td><td>99.0</td><td>96.0</td></tr> <tr><td>Sep 19/20</td><td>94.0</td><td>96.0</td></tr> <tr><td>Oct 19/20</td><td>98.0</td><td>96.0</td></tr> <tr><td>Nov 19/20</td><td>94.0</td><td>96.0</td></tr> <tr><td>Dec 19/20</td><td>97.0</td><td>96.0</td></tr> <tr><td>Jan 20/21</td><td>96.0</td><td>96.0</td></tr> <tr><td>Feb 20/21</td><td>97.0</td><td>96.0</td></tr> <tr><td>Mar 20/21</td><td>99.0</td><td>96.0</td></tr> <tr><td>Apr 20/21</td><td>100.0</td><td>96.0</td></tr> <tr><td>May 20/21</td><td>95.0</td><td>96.0</td></tr> <tr><td>Jun 20/21</td><td>72.0</td><td>96.0</td></tr> <tr><td>Jul 20/21</td><td>87.0</td><td>96.0</td></tr> <tr><td>Aug 20/21</td><td>90.0</td><td>96.0</td></tr> <tr><td>Sep 20/21</td><td>91.0</td><td>96.0</td></tr> <tr><td>Oct 20/21</td><td>98.0</td><td>96.0</td></tr> <tr><td>Nov 20/21</td><td>97.0</td><td>96.0</td></tr> <tr><td>Dec 20/21</td><td>95.0</td><td>96.0</td></tr> <tr><td>Jan 21/22</td><td>95.0</td><td>96.0</td></tr> <tr><td>Feb 21/22</td><td>81.2</td><td>96.0</td></tr> </tbody> </table>	Month	Performance (%)	Local Target (%)	Dec 18/19	97.0	96.0	Jan 19/20	98.0	96.0	Feb 19/20	98.0	96.0	Mar 19/20	99.0	96.0	Apr 19/20	98.0	96.0	May 19/20	98.0	96.0	Jun 19/20	97.0	96.0	Jul 19/20	96.0	96.0	Aug 19/20	99.0	96.0	Sep 19/20	94.0	96.0	Oct 19/20	98.0	96.0	Nov 19/20	94.0	96.0	Dec 19/20	97.0	96.0	Jan 20/21	96.0	96.0	Feb 20/21	97.0	96.0	Mar 20/21	99.0	96.0	Apr 20/21	100.0	96.0	May 20/21	95.0	96.0	Jun 20/21	72.0	96.0	Jul 20/21	87.0	96.0	Aug 20/21	90.0	96.0	Sep 20/21	91.0	96.0	Oct 20/21	98.0	96.0	Nov 20/21	97.0	96.0	Dec 20/21	95.0	96.0	Jan 21/22	95.0	96.0	Feb 21/22	81.2	96.0	<b>Variance</b> <b>Latest Month</b> Feb-21 <b>Actual</b> 81.2% The data shows special cause variation, indicated by a significantly lower performance value.
Month	Performance (%)	Local Target (%)																																																																																				
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<b>What the chart tells us</b>	The chart shows Jun20 to Sep20 there is significant deterioration of performance. This does appear to return to expected performance levels between Oct20 and Jan21, but another significant drop in performance is seen for February. This metric has not achieved the target for the last 3 months.																																																																																					
<b>Narrative</b>	<b>Issues:</b> Limited in-patient elective operating capacity in January due to COVID pressures affected the ability to treat patients within the 31 day timeframe.  A high number of patients were treated as In-patient operating resumed in February.  The number of patients waiting for surgery has decreased significantly this month, however this is reflected adversely against the performance standard.	<b>Actions &amp; Mitigations:</b> Additional elective theatre capacity opened 01/03/21 and elective HDU admissions recommenced on site from w/c 15/03/21.  The Trust will continue to use I.S capacity until end of March and utilise GM Cancer hub for appropriate patients.																																																																																				

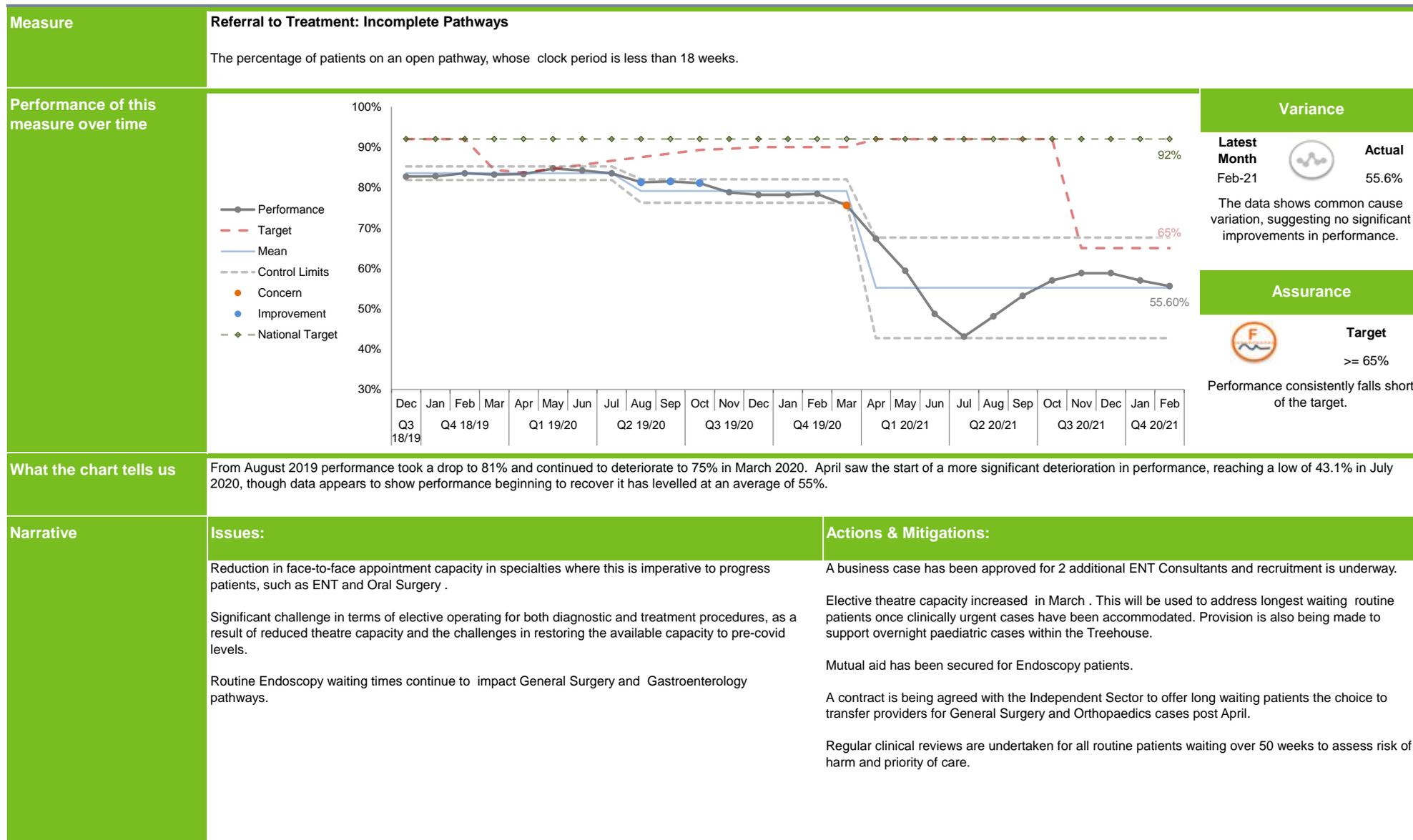


# Integrated Performance Report

<b>Measure</b>	<b>Cancer: 104 Day Breaches</b> The number of patients that have pathway length of 104 days or more at the point of treatment.																																																																																																																																													
<b>Performance of this measure over time</b>	<table border="1"> <caption>Chart Data Summary</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> <th>Control Limits</th> </tr> </thead> <tbody> <tr><td>Nov 18/19</td><td>4</td><td>2</td><td>2.5</td><td>10</td></tr> <tr><td>Dec 18/19</td><td>3</td><td>2</td><td>2.5</td><td>10</td></tr> <tr><td>Jan 19/20</td><td>6</td><td>2</td><td>2.5</td><td>10</td></tr> <tr><td>Feb 19/20</td><td>1</td><td>2</td><td>2.5</td><td>10</td></tr> <tr><td>Mar 19/20</td><td>7</td><td>2</td><td>2.5</td><td>10</td></tr> <tr><td>Apr 19/20</td><td>1</td><td>2</td><td>2.5</td><td>10</td></tr> <tr><td>May 19/20</td><td>6</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Jun 19/20</td><td>4</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Jul 19/20</td><td>3</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Aug 19/20</td><td>4</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Sep 19/20</td><td>4</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Oct 19/20</td><td>6</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Nov 19/20</td><td>8</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Dec 19/20</td><td>8</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Jan 20/21</td><td>4</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Feb 20/21</td><td>5</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Mar 20/21</td><td>10</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Apr 20/21</td><td>4</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>May 20/21</td><td>3</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Jun 20/21</td><td>17</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Jul 20/21</td><td>17</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Aug 20/21</td><td>8</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Sep 20/21</td><td>6</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Oct 20/21</td><td>4</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Nov 20/21</td><td>6</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Dec 20/21</td><td>2</td><td>2</td><td>6</td><td>14.5</td></tr> <tr><td>Jan 21/22</td><td>2</td><td>2</td><td>6</td><td>14.5</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Control Limits	Nov 18/19	4	2	2.5	10	Dec 18/19	3	2	2.5	10	Jan 19/20	6	2	2.5	10	Feb 19/20	1	2	2.5	10	Mar 19/20	7	2	2.5	10	Apr 19/20	1	2	2.5	10	May 19/20	6	2	6	14.5	Jun 19/20	4	2	6	14.5	Jul 19/20	3	2	6	14.5	Aug 19/20	4	2	6	14.5	Sep 19/20	4	2	6	14.5	Oct 19/20	6	2	6	14.5	Nov 19/20	8	2	6	14.5	Dec 19/20	8	2	6	14.5	Jan 20/21	4	2	6	14.5	Feb 20/21	5	2	6	14.5	Mar 20/21	10	2	6	14.5	Apr 20/21	4	2	6	14.5	May 20/21	3	2	6	14.5	Jun 20/21	17	2	6	14.5	Jul 20/21	17	2	6	14.5	Aug 20/21	8	2	6	14.5	Sep 20/21	6	2	6	14.5	Oct 20/21	4	2	6	14.5	Nov 20/21	6	2	6	14.5	Dec 20/21	2	2	6	14.5	Jan 21/22	2	2	6	14.5	<b>Variance</b> Latest Month: Jan-21 Actual: 2 The data shows common cause variation, suggesting no significant changes in performance.
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Mar 19/20	7	2	2.5	10																																																																																																																																										
Apr 19/20	1	2	2.5	10																																																																																																																																										
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Jun 19/20	4	2	6	14.5																																																																																																																																										
Jul 19/20	3	2	6	14.5																																																																																																																																										
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Jan 21/22	2	2	6	14.5																																																																																																																																										
<b>What the chart tells us</b>	The chart shows that in May 2019 the control limits widened, suggesting that the number of cancer breaches being reported became more inconsistent and variable. As a result it is difficult to determine any real trends in the data. There is a significantly higher number of breaches in June and July 2020, but the latest data sees a return to just below the average for the reporting period. Data for Dec20 and Jan21 reports the lowest performance since April 2019, with just 2 104 breaches reported in each month.																																																																																																																																													
<b>Narrative</b>	<b>Issues:</b> Two patients commenced treatment beyond day 104 of their cancer pathway in January.  1. A Urology patient who was initially transferred in late from Leighton on day 73, surgery was then delayed due to COVID pressures. Patient was treated on day 121.  2. A Lung patient with a complex pathway involving multiple diagnostic procedures which are performed at external provider sites. Patient was then transferred from Stockport to the Christie on day 73 for radiotherapy. Patient commenced treatment on day 125	<b>Actions &amp; Mitigations:</b>  The Trust will continue to transfer suitable patients to the GM Cancer hub to access earlier treatment dates  Elective operating capacity is prioritised for cancer patients.  GM cancer is working on a system-wide recovery plan and equity of access to services to which the Trust is closely linked in to.																																																																																																																																												



# Integrated Performance Report



# Integrated Performance Report

<b>Measure</b>	<b>Referral to Treatment: Incomplete Waiting List Size</b> The total number of patients on an open pathway. Please note: This indicator is measured against January 2020 level as per NHSI/E Planning Guidance	
<b>Performance of this measure over time</b>		<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 30972</p> <p>Data shows special cause variation, with performance near to the upper control limits.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 24637</p> <p>Performance consistently exceeds the target amount.</p>
<b>What the chart tells us</b>	The chart shows that trajectory targets have been set in an attempt to reduce waiting list size, but there has been no significant changes in waiting list size between October 2018 and May 2020, other than a spike in waiting list size in February 2020. April shows the start of an increasing trend in list size, which is significantly larger in June and continues to increase in size month on month through to December.	
<b>Narrative</b>	<b>Issues:</b> Reduction in face-to-face appointment capacity in specialties where this is imperative to progress patients, such as ENT and Oral Surgery .  Significant challenge in terms of elective operating for both diagnostic and treatment procedures, as a result of reduced theatre capacity and the challenges in restoring the available capacity to pre-covid levels.  Routine Endoscopy waiting times continue to impact General Surgery and , Gastroenterology pathways.	<b>Actions &amp; Mitigations:</b>  A business case has been approved for 2 additional ENT Consultants and recruitment is underway.  Elective theatre capacity increased in March . This will be used to address longest waiting routine patients once clinically urgent cases have been accommodated. Provision is also being made to support overnight paediatric cases within the Treehouse.  Mutual aid has been secured for Endoscopy patients.  A contract is being agreed with the Independent Sector to offer long waiting patients the choice to transfer providers for General Surgery and Orthopaedics cases post April.  Regular clinical reviews are undertaken for all routine patients waiting over 50 weeks to assess risk of harm and priority of care.



# Integrated Performance Report

<b>Measure</b>	<b>Referral to Treatment: 52 Week Breaches</b> The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Chart Data: 52 Week Breaches</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> <th>Mean</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Aug 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Sep 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Oct 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Nov 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Dec 19/20</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan 20/21</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb 20/21</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar 20/21</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Apr 20/21</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May 20/21</td><td>~200</td><td>0</td><td>~1800</td></tr> <tr><td>Jun 20/21</td><td>~400</td><td>0</td><td>~1800</td></tr> <tr><td>Jul 20/21</td><td>~600</td><td>0</td><td>~1800</td></tr> <tr><td>Aug 20/21</td><td>~1000</td><td>0</td><td>~1800</td></tr> <tr><td>Sep 20/21</td><td>~1500</td><td>0</td><td>~1800</td></tr> <tr><td>Oct 20/21</td><td>~2000</td><td>0</td><td>~1800</td></tr> <tr><td>Nov 20/21</td><td>~2500</td><td>0</td><td>~1800</td></tr> <tr><td>Dec 20/21</td><td>~3000</td><td>0</td><td>~1800</td></tr> <tr><td>Jan 21/22</td><td>~3500</td><td>0</td><td>~1800</td></tr> <tr><td>Feb 21/22</td><td>4524</td><td>7500</td><td>~1800</td></tr> </tbody> </table>	Month	Performance	Target	Mean	Dec 18/19	0	0	0	Jan 19/20	0	0	0	Feb 19/20	0	0	0	Mar 19/20	0	0	0	Apr 19/20	0	0	0	May 19/20	0	0	0	Jun 19/20	0	0	0	Jul 19/20	0	0	0	Aug 19/20	0	0	0	Sep 19/20	0	0	0	Oct 19/20	0	0	0	Nov 19/20	0	0	0	Dec 19/20	0	0	0	Jan 20/21	0	0	0	Feb 20/21	0	0	0	Mar 20/21	0	0	0	Apr 20/21	0	0	0	May 20/21	~200	0	~1800	Jun 20/21	~400	0	~1800	Jul 20/21	~600	0	~1800	Aug 20/21	~1000	0	~1800	Sep 20/21	~1500	0	~1800	Oct 20/21	~2000	0	~1800	Nov 20/21	~2500	0	~1800	Dec 20/21	~3000	0	~1800	Jan 21/22	~3500	0	~1800	Feb 21/22	4524	7500	~1800	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 4524</p> <p>The data shows special cause, with values far outside the control limits.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 7500</p> <p>Current performance exceeds the national target of 0. However, performance is still below the trajectory target of 7500.</p>
Month	Performance	Target	Mean																																																																																																															
Dec 18/19	0	0	0																																																																																																															
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<b>What the chart tells us</b>	The chart shows that the number of 52 week breaches was maintained within expected levels until January 2020. From that point a trend of worsening performance can be seen, which continues through to the current month.																																																																																																																	
<b>Narrative</b>	<p><b>Issues:</b></p> <p>February saw the biggest month on month rise in 52 week breaches, with an increase of more than a thousand.</p> <p>The increase in ENT and General Surgery are of particular note; the former due to waits for first Outpatient appointments as well as routine surgery, the latter being impacted by extended waits for routine and planned Endoscopy procedures.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>A business case has been approved for 2 additional ENT Consultants and recruitment is underway. Theatre capacity will be used to address longest waiting routine patients once clinically urgent cases have been accommodated. Provision is also being made to support overnight paediatric cases within the Treehouse.</p> <p>Mutual aid has been secured for Endoscopy patients.</p> <p>A contract is being agreed with the Independent Sector to offer long waiting patients the choice to transfer providers for General Surgery and Orthopaedics cases post April.</p> <p>Regular clinical reviews are undertaken for all routine patients waiting over 50 weeks to assess risk of harm and priority of care.</p>																																																																																																																



# Integrated Performance Report

<b>Measure</b>	<b>Length of Stay: Non-Elective (UoR)</b> The average length of a patient spell, from admission to discharge. Calculated using non-elective admissions only. Excludes Obstetrics/Maternity. Excludes admissions of 0 and 1 days length of stay. Reported by month of discharge.																																																																																					
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<b>What the chart tells us</b>	The chart shows no significant change in the average non-elective length of stay across most of the reporting period. March 2020 shows a spike above 13 days, which significantly improves through to July 2020. August onwards show a return to normal levels of length of stay.																																																																																					
<b>Narrative</b>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Issues:</b></div> <p>Increased acuity associated with wave 3 COVID19 patients is contributing to increased length of stay.</p> <p>Experience has shown that COVID19 patients have a longer length of stay due to the nature of the disease.</p>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>The Frailty Assessment Unit moved to D4 in March as planned supporting early discharge and admission avoidance for this patient group.</p> <p>Weekly patient flow meeting in place with system partners focusing on patients without a criteria to reside and those with more complex needs.</p> <p>Community Nursing Team working towards supporting COVID vaccination administration to the housebound in the community.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Length of Stay: Elective (UoR)</b> The average length of a patient spell, from admission to discharge. Calculated using elective admissions only. Excludes day case admissions with length of stay of 0 days. Excludes Obstetrics/Maternity. Reported by month of discharge.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Length of Stay: Elective (UoR) Data</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>2.8</td><td>2.60</td></tr> <tr><td>Jan 19/20</td><td>2.5</td><td>2.60</td></tr> <tr><td>Feb 19/20</td><td>3.6</td><td>2.60</td></tr> <tr><td>Mar 19/20</td><td>2.5</td><td>2.60</td></tr> <tr><td>Apr 19/20</td><td>2.7</td><td>2.60</td></tr> <tr><td>May 19/20</td><td>2.5</td><td>2.60</td></tr> <tr><td>Jun 19/20</td><td>2.2</td><td>2.60</td></tr> <tr><td>Jul 19/20</td><td>2.3</td><td>2.60</td></tr> <tr><td>Aug 19/20</td><td>2.9</td><td>2.60</td></tr> <tr><td>Sep 19/20</td><td>2.2</td><td>2.60</td></tr> <tr><td>Oct 19/20</td><td>2.3</td><td>2.60</td></tr> <tr><td>Nov 19/20</td><td>2.1</td><td>2.60</td></tr> <tr><td>Dec 19/20</td><td>2.4</td><td>2.60</td></tr> <tr><td>Jan 20/21</td><td>2.6</td><td>2.60</td></tr> <tr><td>Feb 20/21</td><td>2.4</td><td>2.60</td></tr> <tr><td>Mar 20/21</td><td>2.5</td><td>2.60</td></tr> <tr><td>Apr 20/21</td><td>2.6</td><td>2.60</td></tr> <tr><td>May 20/21</td><td>1.1</td><td>2.60</td></tr> <tr><td>Jun 20/21</td><td>1.6</td><td>2.60</td></tr> <tr><td>Jul 20/21</td><td>1.9</td><td>2.60</td></tr> <tr><td>Aug 20/21</td><td>1.9</td><td>2.60</td></tr> <tr><td>Sep 20/21</td><td>2.1</td><td>2.60</td></tr> <tr><td>Oct 20/21</td><td>2.0</td><td>2.60</td></tr> <tr><td>Nov 20/21</td><td>2.3</td><td>2.60</td></tr> <tr><td>Dec 20/21</td><td>2.0</td><td>2.60</td></tr> <tr><td>Jan 21/22</td><td>2.1</td><td>2.60</td></tr> <tr><td>Feb 21/22</td><td>1.34</td><td>2.60</td></tr> </tbody> </table>	Month	Performance	Target	Dec 18/19	2.8	2.60	Jan 19/20	2.5	2.60	Feb 19/20	3.6	2.60	Mar 19/20	2.5	2.60	Apr 19/20	2.7	2.60	May 19/20	2.5	2.60	Jun 19/20	2.2	2.60	Jul 19/20	2.3	2.60	Aug 19/20	2.9	2.60	Sep 19/20	2.2	2.60	Oct 19/20	2.3	2.60	Nov 19/20	2.1	2.60	Dec 19/20	2.4	2.60	Jan 20/21	2.6	2.60	Feb 20/21	2.4	2.60	Mar 20/21	2.5	2.60	Apr 20/21	2.6	2.60	May 20/21	1.1	2.60	Jun 20/21	1.6	2.60	Jul 20/21	1.9	2.60	Aug 20/21	1.9	2.60	Sep 20/21	2.1	2.60	Oct 20/21	2.0	2.60	Nov 20/21	2.3	2.60	Dec 20/21	2.0	2.60	Jan 21/22	2.1	2.60	Feb 21/22	1.34	2.60	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21  <b>Actual</b> 1.34</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p> <b>Target</b> &lt;= 2.6</p> <p>Performance consistently achieves the target.</p>
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<b>What the chart tells us</b>	The chart indicates that in September 2019 a change process lead to reduced length of stay for elective patients. Other than a dip in overall length of stay in May 2020, most likely due to the reduction in elective activity, there are no other significant changes in elective length of stay across the reporting period.																																																																																					
<b>Narrative</b>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Issues:</b></div> <p>The low length of stay reported in February reflects the higher percentage of day-case activity that ws undertaken due to the in-patient bed capacity constraints.</p> <p>Urgent major cases are being undertaken at the Independent Sector or GM Cancer hub as appropriate.</p>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>None required.</p>																																																																																				



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<b>Measure</b>	<b>Long Length of Stay 7 Days</b> Patients that have had a length of stay of 7 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Chart Data Summary</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> <th>Mean (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>50</td><td>32</td><td>50</td></tr> <tr><td>Jan 19/20</td><td>52</td><td>32</td><td>50</td></tr> <tr><td>Feb 19/20</td><td>48</td><td>32</td><td>50</td></tr> <tr><td>Mar 19/20</td><td>52</td><td>32</td><td>50</td></tr> <tr><td>Apr 19/20</td><td>52</td><td>32</td><td>50</td></tr> <tr><td>May 19/20</td><td>49</td><td>32</td><td>50</td></tr> <tr><td>Jun 19/20</td><td>49</td><td>32</td><td>50</td></tr> <tr><td>Jul 19/20</td><td>50</td><td>32</td><td>50</td></tr> <tr><td>Aug 19/20</td><td>49</td><td>32</td><td>50</td></tr> <tr><td>Sep 19/20</td><td>52</td><td>32</td><td>50</td></tr> <tr><td>Oct 19/20</td><td>49</td><td>32</td><td>50</td></tr> <tr><td>Nov 19/20</td><td>50</td><td>32</td><td>50</td></tr> <tr><td>Dec 19/20</td><td>52</td><td>32</td><td>50</td></tr> <tr><td>Jan 20/21</td><td>50</td><td>32</td><td>50</td></tr> <tr><td>Feb 20/21</td><td>50</td><td>32</td><td>50</td></tr> <tr><td>Mar 20/21</td><td>38</td><td>32</td><td>42</td></tr> <tr><td>Apr 20/21</td><td>38</td><td>32</td><td>42</td></tr> <tr><td>May 20/21</td><td>33</td><td>32</td><td>42</td></tr> <tr><td>Jun 20/21</td><td>40</td><td>32</td><td>42</td></tr> <tr><td>Jul 20/21</td><td>40</td><td>32</td><td>42</td></tr> <tr><td>Aug 20/21</td><td>39</td><td>32</td><td>42</td></tr> <tr><td>Sep 20/21</td><td>43</td><td>32</td><td>42</td></tr> <tr><td>Oct 20/21</td><td>47</td><td>32</td><td>42</td></tr> <tr><td>Nov 20/21</td><td>48</td><td>32</td><td>42</td></tr> <tr><td>Dec 20/21</td><td>44</td><td>32</td><td>42</td></tr> <tr><td>Jan 21/22</td><td>52</td><td>32</td><td>42</td></tr> <tr><td>Feb 21/22</td><td>44.7</td><td>32</td><td>42</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Mean (%)	Dec 18/19	50	32	50	Jan 19/20	52	32	50	Feb 19/20	48	32	50	Mar 19/20	52	32	50	Apr 19/20	52	32	50	May 19/20	49	32	50	Jun 19/20	49	32	50	Jul 19/20	50	32	50	Aug 19/20	49	32	50	Sep 19/20	52	32	50	Oct 19/20	49	32	50	Nov 19/20	50	32	50	Dec 19/20	52	32	50	Jan 20/21	50	32	50	Feb 20/21	50	32	50	Mar 20/21	38	32	42	Apr 20/21	38	32	42	May 20/21	33	32	42	Jun 20/21	40	32	42	Jul 20/21	40	32	42	Aug 20/21	39	32	42	Sep 20/21	43	32	42	Oct 20/21	47	32	42	Nov 20/21	48	32	42	Dec 20/21	44	32	42	Jan 21/22	52	32	42	Feb 21/22	44.7	32	42	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 44.7%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 32%</p> <p>Performance consistently exceeds the target amount.</p>
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<b>What the chart tells us</b>	The chart shows that from March 2020 there is a new lower level of performance, indicating an improved position. September onwards shows a number of values above the average, but at this stage no significant trend has been identified by the chart.																																																																																																																	
<b>Narrative</b>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Issues:</b></div> <p>Longer length of stay has reduced in February for both 7 day and 21 day stay patients.</p> <p>Out of area complex discharges to Derbyshire and East Cheshire continue to be an issue in terms of delaying discharge.</p>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>Maintain COVID virtual ward</p> <p>Maintain flow through available community beds and continue to work with partners regarding facilitating transfer/discharge of patients without Criteria to Reside, utilising available community capacity in a timely manner</p> <p>The Frailty unit moved to D4 as planned in March.</p>																																																																																																																



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<b>Measure</b>	<b>Long Length of Stay 21 Days</b> Patients that have had a length of stay of 21 days or more, as a percentage of all open general & acute beds. Calculated using snapshot data from the last Monday of the reporting month.																																																																																					
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# Integrated Performance Report

<b>Measure</b>	<b>Medical Optimised Awaiting Transfer (MOAT)</b> Total number of patients each day who have been medically optimised. This is an average number calculated using daily snapshot data. 'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting.																																																																																						
<b>Performance of this measure over time</b>	<table border="1"> <caption>MOAT Performance Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>102</td><td>40</td></tr> <tr><td>Jan 19/20</td><td>105</td><td>40</td></tr> <tr><td>Feb 19/20</td><td>107</td><td>40</td></tr> <tr><td>Mar 19/20</td><td>100</td><td>40</td></tr> <tr><td>Apr 19/20</td><td>100</td><td>40</td></tr> <tr><td>May 19/20</td><td>80</td><td>40</td></tr> <tr><td>Jun 19/20</td><td>85</td><td>40</td></tr> <tr><td>Jul 19/20</td><td>75</td><td>40</td></tr> <tr><td>Aug 19/20</td><td>50</td><td>40</td></tr> <tr><td>Sep 19/20</td><td>70</td><td>40</td></tr> <tr><td>Oct 19/20</td><td>65</td><td>40</td></tr> <tr><td>Nov 19/20</td><td>78</td><td>40</td></tr> <tr><td>Dec 19/20</td><td>85</td><td>40</td></tr> <tr><td>Jan 20/21</td><td>102</td><td>40</td></tr> <tr><td>Feb 20/21</td><td>105</td><td>40</td></tr> <tr><td>Mar 20/21</td><td>102</td><td>40</td></tr> <tr><td>Apr 20/21</td><td>60</td><td>40</td></tr> <tr><td>May 20/21</td><td>45</td><td>40</td></tr> <tr><td>Jun 20/21</td><td>48</td><td>40</td></tr> <tr><td>Jul 20/21</td><td>60</td><td>40</td></tr> <tr><td>Aug 20/21</td><td>60</td><td>40</td></tr> <tr><td>Sep 20/21</td><td>78</td><td>40</td></tr> <tr><td>Oct 20/21</td><td>78</td><td>40</td></tr> <tr><td>Nov 20/21</td><td>70</td><td>40</td></tr> <tr><td>Dec 20/21</td><td>72</td><td>40</td></tr> <tr><td>Jan 21/22</td><td>88</td><td>40</td></tr> <tr><td>Feb 21/22</td><td>107</td><td>40</td></tr> </tbody> </table>		Month	Performance	Target	Dec 18/19	102	40	Jan 19/20	105	40	Feb 19/20	107	40	Mar 19/20	100	40	Apr 19/20	100	40	May 19/20	80	40	Jun 19/20	85	40	Jul 19/20	75	40	Aug 19/20	50	40	Sep 19/20	70	40	Oct 19/20	65	40	Nov 19/20	78	40	Dec 19/20	85	40	Jan 20/21	102	40	Feb 20/21	105	40	Mar 20/21	102	40	Apr 20/21	60	40	May 20/21	45	40	Jun 20/21	48	40	Jul 20/21	60	40	Aug 20/21	60	40	Sep 20/21	78	40	Oct 20/21	78	40	Nov 20/21	70	40	Dec 20/21	72	40	Jan 21/22	88	40	Feb 21/22	107	40	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 107</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 40</p> <p>Performance consistently exceeds the target amount.</p>
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<b>What the chart tells us</b>	The chart shows that from May 2019 there is a new lower level of MOAT patients which continues through to December 2019. January to March 2020 see an unusually high number of MOAT patients reported, though this drops to significantly lower levels in May and June. From July onwards you can see a return to normal variation in the levels of MOAT patients. Although the number of patients for January and February have sharply increased, the chart does not identify this as significant at this stage.																																																																																						
<b>Narrative</b>	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Issues:</b></div> Out of area patients constitute a significant percentage of MOAT patients.	<div style="background-color: #4CAF50; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> Continue to work with system partners to facilitate timely transfer of patients out of hospital																																																																																					



## Workforce Highlight Report

### Matters of Concern or Key Risks to Escalate:

The current appraisal rate for Stockport FT stands at 78.5% rising from last month's compliance rate of 73.28% meaning that performance has increased by 5.22%. Although improvements have been made in each Business Group, all remain below the Trust target of 95%.

Agency shifts above cap continue to increase.

### Major Actions Commissioned / Work Underway:

Additional sessions are required for face to face training to enable increased classroom spaces to manage the reduction in capacity and restrictions on training places due to social distancing.

Additional providers of resuscitation training have been drawn on, and additional weekend sessions also scheduled to facilitate more sessions to ensure essential training can be delivered.

### Positive Assurances to Provide:

NHSPi International Recruitment Update – We have now deployed 32 nurses. Our next cohort of 14 nurses is due to arrive on the 19th March with a future cohort of 15 in April and a further 7 in May, bringing our total within this campaign to 68 nurses.

HCA's recruitment – progressing at pace; with, 54 started in since January and 43 offers going through clearances; bespoke induction and additional funding for pastoral support.

As at 01-Mar-21 the Pinewood Vaccination hub had performed a total of 20,899 vaccinations, 76.68% of the staff working directly for the Trust have received the vaccination, this includes 43.8% who have had one vaccine and 33% who have received both doses of the vaccine.

Since Lateral Flow testing commenced, a total of 57,964 tests have been reported by staff. So far 182 of these tests were positive (0.31%), 41 of these have subsequently been tested by Occupational Health, of which 25 have been confirmed as positive.

### Decisions Made:

A new cascade method has been agreed with NHSP to restrict the approval of off-framework use to Exec on-call for use in exceptional circumstances.



# Integrated Performance Report

<b>Measure</b>	<b>Substantive Staff-in-Post</b> Total whole-time-equivalent (wte) staff-in-post, as a percentage of the current establishment.																																																																																																																	
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> <th>Mean (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>90.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jan 19/20</td><td>91.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Feb 19/20</td><td>91.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Mar 19/20</td><td>91.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Apr 19/20</td><td>91.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>May 19/20</td><td>91.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jun 19/20</td><td>91.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jul 19/20</td><td>91.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Aug 19/20</td><td>90.8</td><td>90.0</td><td>91.0</td></tr> <tr><td>Sep 19/20</td><td>90.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Oct 19/20</td><td>91.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Nov 19/20</td><td>92.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Dec 19/20</td><td>92.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jan 20/21</td><td>92.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Feb 20/21</td><td>92.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Mar 20/21</td><td>92.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Apr 20/21</td><td>94.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>May 20/21</td><td>94.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jun 20/21</td><td>95.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jul 20/21</td><td>94.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Aug 20/21</td><td>94.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Sep 20/21</td><td>93.5</td><td>90.0</td><td>91.0</td></tr> <tr><td>Oct 20/21</td><td>94.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Nov 20/21</td><td>94.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Dec 20/21</td><td>91.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Jan 21/22</td><td>93.0</td><td>90.0</td><td>91.0</td></tr> <tr><td>Feb 21/22</td><td>93.0</td><td>90.0</td><td>91.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Mean (%)	Dec 18/19	90.5	90.0	91.0	Jan 19/20	91.5	90.0	91.0	Feb 19/20	91.5	90.0	91.0	Mar 19/20	91.5	90.0	91.0	Apr 19/20	91.5	90.0	91.0	May 19/20	91.5	90.0	91.0	Jun 19/20	91.5	90.0	91.0	Jul 19/20	91.0	90.0	91.0	Aug 19/20	90.8	90.0	91.0	Sep 19/20	90.5	90.0	91.0	Oct 19/20	91.0	90.0	91.0	Nov 19/20	92.0	90.0	91.0	Dec 19/20	92.0	90.0	91.0	Jan 20/21	92.0	90.0	91.0	Feb 20/21	92.0	90.0	91.0	Mar 20/21	92.5	90.0	91.0	Apr 20/21	94.0	90.0	91.0	May 20/21	94.5	90.0	91.0	Jun 20/21	95.0	90.0	91.0	Jul 20/21	94.5	90.0	91.0	Aug 20/21	94.5	90.0	91.0	Sep 20/21	93.5	90.0	91.0	Oct 20/21	94.0	90.0	91.0	Nov 20/21	94.0	90.0	91.0	Dec 20/21	91.0	90.0	91.0	Jan 21/22	93.0	90.0	91.0	Feb 21/22	93.0	90.0	91.0	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 93%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> &gt;= 90%</p> <p>The target is consistently achieved and is below the control limits, which suggests there are stable processes in place regarding this metric.</p>
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<b>What the chart tells us</b>	October 2019 shows a significant shift in performance levels and an increasing trend that peaks in June 2020 with a performance above the normal levels of variation. Performance continues to be above average through to November. There is an unusual drop to 91% in December, though this returns to expected levels again for January and February 2021.																																																																																																																	
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The Trust staff in post figure for February 2021 is 93.02% of the current establishment, an increase from 92.9% in January. Actual FTE staff in post increased by 24.07 FTE. There have been no significant changes to any staff groups.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>NHSPI International Recruitment Update – We have now deployed 32 nurses. Our next cohort of 14 nurses is due to arrive on the 19th March. With a future cohort of 15 in April and a further 7 in May. Bringing our total within this campaign to 68 nurses.</p> <p>HCA's recruitment – progressing at pace; with, 54 started in since January and 43 offers going through clearances; bespoke induction and additional funding for pastoral support.</p>																																																																																																																



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<b>Measure</b>	<b>Sickness Absence: Monthly Rate (UoR)</b> The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Sickness Absence Monthly Rate (UoR) Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>4.8</td><td>3.5</td></tr> <tr><td>Jan 19/20</td><td>5.4</td><td>3.5</td></tr> <tr><td>Feb 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Mar 19/20</td><td>4.3</td><td>3.5</td></tr> <tr><td>Apr 19/20</td><td>4.7</td><td>3.5</td></tr> <tr><td>May 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Jun 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Jul 19/20</td><td>4.4</td><td>3.5</td></tr> <tr><td>Aug 19/20</td><td>4.2</td><td>3.5</td></tr> <tr><td>Sep 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Oct 19/20</td><td>4.7</td><td>3.5</td></tr> <tr><td>Nov 19/20</td><td>5.2</td><td>3.5</td></tr> <tr><td>Dec 19/20</td><td>4.8</td><td>3.5</td></tr> <tr><td>Jan 20/21</td><td>4.5</td><td>3.5</td></tr> <tr><td>Feb 20/21</td><td>4.4</td><td>3.5</td></tr> <tr><td>Mar 20/21</td><td>5.7</td><td>3.5</td></tr> <tr><td>Apr 20/21</td><td>8.0</td><td>4.2</td></tr> <tr><td>May 20/21</td><td>5.4</td><td>4.2</td></tr> <tr><td>Jun 20/21</td><td>4.9</td><td>4.2</td></tr> <tr><td>Jul 20/21</td><td>4.3</td><td>4.2</td></tr> <tr><td>Aug 20/21</td><td>4.0</td><td>4.2</td></tr> <tr><td>Sep 20/21</td><td>4.3</td><td>4.2</td></tr> <tr><td>Oct 20/21</td><td>5.2</td><td>4.2</td></tr> <tr><td>Nov 20/21</td><td>6.0</td><td>4.2</td></tr> <tr><td>Dec 20/21</td><td>5.5</td><td>4.2</td></tr> <tr><td>Jan 21/22</td><td>5.9</td><td>4.2</td></tr> <tr><td>Feb 21/22</td><td>5.0</td><td>4.2</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	4.8	3.5	Jan 19/20	5.4	3.5	Feb 19/20	4.8	3.5	Mar 19/20	4.3	3.5	Apr 19/20	4.7	3.5	May 19/20	4.6	3.5	Jun 19/20	4.5	3.5	Jul 19/20	4.4	3.5	Aug 19/20	4.2	3.5	Sep 19/20	4.5	3.5	Oct 19/20	4.7	3.5	Nov 19/20	5.2	3.5	Dec 19/20	4.8	3.5	Jan 20/21	4.5	3.5	Feb 20/21	4.4	3.5	Mar 20/21	5.7	3.5	Apr 20/21	8.0	4.2	May 20/21	5.4	4.2	Jun 20/21	4.9	4.2	Jul 20/21	4.3	4.2	Aug 20/21	4.0	4.2	Sep 20/21	4.3	4.2	Oct 20/21	5.2	4.2	Nov 20/21	6.0	4.2	Dec 20/21	5.5	4.2	Jan 21/22	5.9	4.2	Feb 21/22	5.0	4.2	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 5%</p> <p>The shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 4.2%</p> <p>Performance consistently exceeds the target amount, and is unlikely to achieve consistently without a review of processes related to this metric.</p>
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<b>What the chart tells us</b>	Data shows that on average sickness levels have been maintained throughout the reporting period. A period of improvement can be seen between March and October 2019, but this is not sustained beyond that. April 2020 saw an unusually high spike in sickness absence levels, but this returns to normal levels the following month, dropping to a new low of 4% in August. Sickness levels then significantly increase again November to January, but return to normal levels for February 2021.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The in-month sickness absence figure for February 2021 is 5.00%; a decrease of 0.82% compared to the previous month's adjusted figure of 5.82%. COVID-related sickness has also decreased from 1.32% to 0.98%.</p> <p>The cost of sickness absence in February 2021 is £554K; a decrease of 221K from the previous month.</p> <p>The number of Covid related absence episodes increased from 140 in December, increased to 221 in January and decreased to 117 in February.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>It has been identified there has been a 0.75% increase in sickness absence across the Trust due to mental health and other underlying patterns. Increased H&amp;WB interventions are currently being discussed and implemented.</p> <p>To date a total of 5,039 workplace risk assessments have been undertaken, 91.15% of substantive staff - have been completed / recorded within the Trust - (62.59% of staff who have declined an assessment*) These include 211 at risk groups (age/pregnancy) – 100% have been reviewed and 932 BAME – (94.64% of BAME staff) – 83.45% have been reviewed. Managers are encouraged to regularly review any workplace risk assessments.</p> <p>As at 01-Mar-21 the Pinewood Vaccination hub had performed a total of 20,899 vaccinations, 76.68% of the staff working directly for the Trust have received the vaccination, this includes 43.8% who have had one vaccine and 33% who have received both doses of the vaccine.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Sickness Absence: Rolling 12-Month Rate (UoR)</b> The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Chart Data Summary</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>4.3</td><td>3.5</td></tr> <tr><td>Jan 19/20</td><td>4.4</td><td>3.5</td></tr> <tr><td>Feb 19/20</td><td>4.4</td><td>3.5</td></tr> <tr><td>Mar 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Apr 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>May 19/20</td><td>4.5</td><td>3.5</td></tr> <tr><td>Jun 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Jul 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Aug 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Sep 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Oct 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Nov 19/20</td><td>4.6</td><td>3.5</td></tr> <tr><td>Dec 19/20</td><td>4.7</td><td>3.5</td></tr> <tr><td>Jan 20/21</td><td>4.6</td><td>3.5</td></tr> <tr><td>Feb 20/21</td><td>4.6</td><td>3.5</td></tr> <tr><td>Mar 20/21</td><td>4.7</td><td>4.2</td></tr> <tr><td>Apr 20/21</td><td>5.0</td><td>4.2</td></tr> <tr><td>May 20/21</td><td>5.1</td><td>4.2</td></tr> <tr><td>Jun 20/21</td><td>5.1</td><td>4.2</td></tr> <tr><td>Jul 20/21</td><td>5.1</td><td>4.2</td></tr> <tr><td>Aug 20/21</td><td>5.0</td><td>4.2</td></tr> <tr><td>Sep 20/21</td><td>5.0</td><td>4.2</td></tr> <tr><td>Oct 20/21</td><td>5.1</td><td>4.2</td></tr> <tr><td>Nov 20/21</td><td>5.2</td><td>4.2</td></tr> <tr><td>Dec 20/21</td><td>5.2</td><td>4.2</td></tr> <tr><td>Jan 21/22</td><td>5.3</td><td>4.2</td></tr> <tr><td>Feb 21/22</td><td>5.3</td><td>4.2</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	4.3	3.5	Jan 19/20	4.4	3.5	Feb 19/20	4.4	3.5	Mar 19/20	4.5	3.5	Apr 19/20	4.5	3.5	May 19/20	4.5	3.5	Jun 19/20	4.6	3.5	Jul 19/20	4.6	3.5	Aug 19/20	4.6	3.5	Sep 19/20	4.6	3.5	Oct 19/20	4.6	3.5	Nov 19/20	4.6	3.5	Dec 19/20	4.7	3.5	Jan 20/21	4.6	3.5	Feb 20/21	4.6	3.5	Mar 20/21	4.7	4.2	Apr 20/21	5.0	4.2	May 20/21	5.1	4.2	Jun 20/21	5.1	4.2	Jul 20/21	5.1	4.2	Aug 20/21	5.0	4.2	Sep 20/21	5.0	4.2	Oct 20/21	5.1	4.2	Nov 20/21	5.2	4.2	Dec 20/21	5.2	4.2	Jan 21/22	5.3	4.2	Feb 21/22	5.3	4.2	<div data-bbox="1783 331 2092 387" style="background-color: #f4a460; padding: 5px;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 5.3%</p> <p>The data shows common cause variation, indicating no significant changes in performance.</p> <div data-bbox="1783 584 2092 639" style="background-color: #f4a460; padding: 5px;"><b>Assurance</b></div> <p><b>Target</b> ≤ 4.2%</p> <p>Performance consistently exceeds the target amount.</p>
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<b>What the chart tells us</b>	Data shows that performance has been on an increasing trend across the reporting period. From April 2020 we see a spike in sickness absence above the normal levels which has continued through to January 2021 without any significant variation. The chart suggests that as the target is below the control limits that it is unlikely that we will achieve it consistently without a review of current processes around sickness absence.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The 12-month rolling sickness percentage for the period March 2020 to February 2021 is 5.3%.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Since Lateral Flow testing commenced, a total of 57,964 tests have been reported by staff. So far 182 of these tests were positive (0.31%), 41 of these have subsequently been tested by Occupational Health, of which 25 have been confirmed as positive.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Workforce Turnover (UoR)</b> The percentage of employees leaving the Trust and being replaced by new employees.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Workforce Turnover (UoR) Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>13.8</td><td>13.8</td></tr> <tr><td>Jan 19/20</td><td>13.2</td><td>13.8</td></tr> <tr><td>Feb 19/20</td><td>13.2</td><td>13.8</td></tr> <tr><td>Mar 19/20</td><td>13.2</td><td>13.8</td></tr> <tr><td>Apr 19/20</td><td>13.8</td><td>13.8</td></tr> <tr><td>May 19/20</td><td>13.8</td><td>13.8</td></tr> <tr><td>Jun 19/20</td><td>14.2</td><td>13.8</td></tr> <tr><td>Jul 19/20</td><td>14.0</td><td>13.8</td></tr> <tr><td>Aug 19/20</td><td>14.4</td><td>13.8</td></tr> <tr><td>Sep 19/20</td><td>14.4</td><td>13.8</td></tr> <tr><td>Oct 19/20</td><td>14.8</td><td>13.8</td></tr> <tr><td>Nov 19/20</td><td>14.4</td><td>13.8</td></tr> <tr><td>Dec 19/20</td><td>14.4</td><td>13.8</td></tr> <tr><td>Jan 20/21</td><td>14.8</td><td>12.6</td></tr> <tr><td>Feb 20/21</td><td>14.8</td><td>12.6</td></tr> <tr><td>Mar 20/21</td><td>14.4</td><td>12.6</td></tr> <tr><td>Apr 20/21</td><td>14.2</td><td>12.6</td></tr> <tr><td>May 20/21</td><td>14.2</td><td>12.6</td></tr> <tr><td>Jun 20/21</td><td>13.8</td><td>12.6</td></tr> <tr><td>Jul 20/21</td><td>13.8</td><td>12.6</td></tr> <tr><td>Aug 20/21</td><td>13.2</td><td>12.6</td></tr> <tr><td>Sep 20/21</td><td>12.6</td><td>12.6</td></tr> <tr><td>Oct 20/21</td><td>12.2</td><td>12.6</td></tr> <tr><td>Nov 20/21</td><td>12.2</td><td>12.6</td></tr> <tr><td>Dec 20/21</td><td>12.2</td><td>12.6</td></tr> <tr><td>Jan 21/22</td><td>12.2</td><td>12.6</td></tr> <tr><td>Feb 21/22</td><td>12.1</td><td>12.6</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	13.8	13.8	Jan 19/20	13.2	13.8	Feb 19/20	13.2	13.8	Mar 19/20	13.2	13.8	Apr 19/20	13.8	13.8	May 19/20	13.8	13.8	Jun 19/20	14.2	13.8	Jul 19/20	14.0	13.8	Aug 19/20	14.4	13.8	Sep 19/20	14.4	13.8	Oct 19/20	14.8	13.8	Nov 19/20	14.4	13.8	Dec 19/20	14.4	13.8	Jan 20/21	14.8	12.6	Feb 20/21	14.8	12.6	Mar 20/21	14.4	12.6	Apr 20/21	14.2	12.6	May 20/21	14.2	12.6	Jun 20/21	13.8	12.6	Jul 20/21	13.8	12.6	Aug 20/21	13.2	12.6	Sep 20/21	12.6	12.6	Oct 20/21	12.2	12.6	Nov 20/21	12.2	12.6	Dec 20/21	12.2	12.6	Jan 21/22	12.2	12.6	Feb 21/22	12.1	12.6	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 12.1%</p> <p>Data shows special cause variation, with a value below the control limits, indicating a potential improvement in performance.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 12.6%</p> <p>Performance has against target is inconsistent.</p>
Month	Performance (%)	Target (%)																																																																																				
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<b>What the chart tells us</b>	The charts shows that between June 2019 and May 2020 there is a run of values above the average, indicating a level of worsening performance. May 2020 onwards shows performance on an improving trend, with October to February showing the lowest percentage of workforce turnover across the whole reporting period, below the target amount for the first time since May 2019.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The rolling 12-month unadjusted permanent headcount turnover figure is 12.1% (adjusted is 9.27%), which is a 0.17% decrease from last month. The top known leaving reasons are: Voluntary Resignation – Work Life Balance (14.89%), Relocation (13.21%) and Retirement Age (12.73%). □</p> <p>Registered nursing turnover has decreased by 0.61% to a 12 month rate of 11.80%. Additional Clinical Services turnover has also decreased from last month (13.81%).</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>The Trust has recently commenced a programme of work with NHSE/I on supporting further retention improvement. This work is focusing on health and wellbeing support and offering increased flexibility within clinical rosters to avoid unnecessary leavers.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Staff Friends &amp; Family Test: Recommend for Work</b> The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.																																																																										
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Year</th> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>13/14</td><td>Mar</td><td>58</td></tr> <tr><td>14/15</td><td>Jun</td><td>54</td></tr> <tr><td>14/15</td><td>Sep</td><td>50</td></tr> <tr><td>14/15</td><td>Dec</td><td>50</td></tr> <tr><td>15/16</td><td>Mar</td><td>50</td></tr> <tr><td>15/16</td><td>Jun</td><td>59</td></tr> <tr><td>15/16</td><td>Sep</td><td>53</td></tr> <tr><td>15/16</td><td>Dec</td><td>54</td></tr> <tr><td>16/17</td><td>Mar</td><td>54</td></tr> <tr><td>16/17</td><td>Jun</td><td>51</td></tr> <tr><td>16/17</td><td>Sep</td><td>52</td></tr> <tr><td>16/17</td><td>Dec</td><td>52</td></tr> <tr><td>17/18</td><td>Mar</td><td>51</td></tr> <tr><td>17/18</td><td>Jun</td><td>55</td></tr> <tr><td>17/18</td><td>Sep</td><td>55</td></tr> <tr><td>17/18</td><td>Dec</td><td>51</td></tr> <tr><td>18/19</td><td>Mar</td><td>52</td></tr> <tr><td>18/19</td><td>Jun</td><td>52</td></tr> <tr><td>18/19</td><td>Sep</td><td>52</td></tr> <tr><td>18/19</td><td>Dec</td><td>55</td></tr> <tr><td>19/20</td><td>Mar</td><td>55</td></tr> <tr><td>19/20</td><td>Jun</td><td>55</td></tr> <tr><td>19/20</td><td>Sep</td><td>51.2</td></tr> </tbody> </table>		Year	Month	Performance (%)	13/14	Mar	58	14/15	Jun	54	14/15	Sep	50	14/15	Dec	50	15/16	Mar	50	15/16	Jun	59	15/16	Sep	53	15/16	Dec	54	16/17	Mar	54	16/17	Jun	51	16/17	Sep	52	16/17	Dec	52	17/18	Mar	51	17/18	Jun	55	17/18	Sep	55	17/18	Dec	51	18/19	Mar	52	18/19	Jun	52	18/19	Sep	52	18/19	Dec	55	19/20	Mar	55	19/20	Jun	55	19/20	Sep	51.2	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> <b>Actual</b>                  Sep-20 <span style="float: right;">51.2%</span></p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p> <b>Target</b></p> <p>There is no target set for this metric.</p>
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<b>What the chart tells us</b>	The chart suggests that performance of this quarterly metric fluctuates between 45% and 60%. There have been no significant changes in performance outside of this normal variation.																																																																										
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The most current data we possess for staff recommending Stockport FT as a place to work comes from the 2019 Staff Survey and stands at 54.9% up 0.4% from the previous year's survey.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>During the Covid19 pandemic there has been a suspension of data collection. The Trust however has continued with staff engagement through focus groups, pulse check/check ins and through survey monkey questionnaires. The OD team is supporting individual business groups to engage with staff and review their latest data in order to action plan and make improvements within their areas. An FFT was launched on 10th September 2019.</p>																																																																									



# Integrated Performance Report

<b>Measure</b>	<b>Staff Friends &amp; Family Test: Recommend for Care</b> The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust for care.																																																		
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2017/18	Mar	62																																																	
2017/18	Jun	62																																																	
2017/18	Sep	64.8																																																	
<b>What the chart tells us</b>	The chart suggests that this quarterly metric fluctuates between 62% and 79%. Although the data does at first appear to show a deteriorating trend across the reporting period, the chart suggests that this is still within the expected range of variation.																																																		
<b>Performance of this measure over time</b>	<b>Issues:</b> The most current data we possess for staff recommending Stockport FT as a place for care comes from the 2019 Staff Survey and stands at 61.8%. Whilst this percentage has decreased since September the data was collated at the end of 2019 during the NHS Staff Survey.	<b>Actions &amp; Mitigations:</b> The Covid19 Pandemic has suspended data collection for Staff Friends and Family and therefore there is no current Friends and Family data.  We have continued to support staff to engage and improve their personal and professional development through leadership programmes, staff engagement, focus groups, and team development which will impact on and improve patient care.																																																	

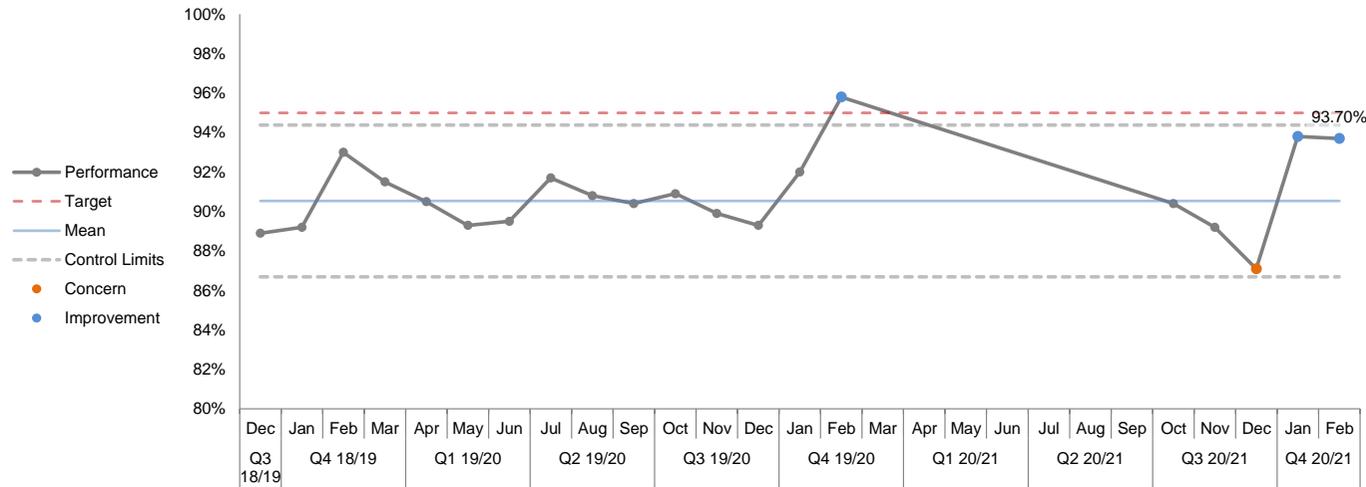


# Integrated Performance Report

## Appraisal Rate: Medical

The percentage of medical staff that have been appraised within the last 15 months.

### Performance of this measure over time



### Variance

**Latest Month**  
Feb-21

**Actual**  
93.7%

The data shows special cause variation, indicated by a value near the upper control limit.

### Assurance

**Target**  
>= 95%

Performance consistently falls short of the target.

### What the chart tells us

The chart shows that for much of the reporting period, performance varies just above and just below the average of 90%. Due to the pandemic, no data was made available between February and September 2020. Performance in January and February shows a significant improvement, just below the 95% target.

### Narrative

**Issues:**  
The medical appraisal rate has decreased from 93.80% in January to 93.73% in February, and is below the Trust target of 95%. This reflects the pause of medical revalidation during the pandemic

**Actions & Mitigations:**  
Due to ESR's inability to appropriately record the extended national timeframe to undertake medical appraisal, the figures for February have been taken from the PREP system in order to show compliance across the 2 year timeframe.



# Integrated Performance Report

<b>Measure</b>	<b>Appraisal Rate: Non-medical</b> The percentage of non-medical staff that have been appraised within the last 15 months.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Appraisal Rate Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>91</td><td>95</td></tr> <tr><td>Jan 19/20</td><td>90</td><td>95</td></tr> <tr><td>Feb 19/20</td><td>89</td><td>95</td></tr> <tr><td>Mar 19/20</td><td>91</td><td>95</td></tr> <tr><td>Apr 19/20</td><td>92</td><td>95</td></tr> <tr><td>May 19/20</td><td>93</td><td>95</td></tr> <tr><td>Jun 19/20</td><td>92</td><td>95</td></tr> <tr><td>Jul 19/20</td><td>91</td><td>95</td></tr> <tr><td>Aug 19/20</td><td>92</td><td>95</td></tr> <tr><td>Sep 19/20</td><td>90</td><td>95</td></tr> <tr><td>Oct 19/20</td><td>91</td><td>95</td></tr> <tr><td>Nov 19/20</td><td>91</td><td>95</td></tr> <tr><td>Dec 19/20</td><td>91</td><td>95</td></tr> <tr><td>Jan 20/21</td><td>90</td><td>95</td></tr> <tr><td>Feb 20/21</td><td>90</td><td>95</td></tr> <tr><td>Mar 20/21</td><td>83</td><td>95</td></tr> <tr><td>Apr 20/21</td><td>74</td><td>95</td></tr> <tr><td>May 20/21</td><td>72</td><td>95</td></tr> <tr><td>Jun 20/21</td><td>74</td><td>95</td></tr> <tr><td>Jul 20/21</td><td>74</td><td>95</td></tr> <tr><td>Aug 20/21</td><td>74</td><td>95</td></tr> <tr><td>Sep 20/21</td><td>75</td><td>95</td></tr> <tr><td>Oct 20/21</td><td>75</td><td>95</td></tr> <tr><td>Nov 20/21</td><td>74</td><td>95</td></tr> <tr><td>Dec 20/21</td><td>74</td><td>95</td></tr> <tr><td>Jan 21/22</td><td>73</td><td>95</td></tr> <tr><td>Feb 21/22</td><td>78.5</td><td>95</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	91	95	Jan 19/20	90	95	Feb 19/20	89	95	Mar 19/20	91	95	Apr 19/20	92	95	May 19/20	93	95	Jun 19/20	92	95	Jul 19/20	91	95	Aug 19/20	92	95	Sep 19/20	90	95	Oct 19/20	91	95	Nov 19/20	91	95	Dec 19/20	91	95	Jan 20/21	90	95	Feb 20/21	90	95	Mar 20/21	83	95	Apr 20/21	74	95	May 20/21	72	95	Jun 20/21	74	95	Jul 20/21	74	95	Aug 20/21	74	95	Sep 20/21	75	95	Oct 20/21	75	95	Nov 20/21	74	95	Dec 20/21	74	95	Jan 21/22	73	95	Feb 21/22	78.5	95	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 78.5%</p> <p>Data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> &gt;= 95%</p> <p>Performance consistently falls short of the target throughout the reporting period.</p>
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<b>What the chart tells us</b>	The chart shows performance varies between 90% and 95% until August 2019. December 2019 sees the start of a slow decline in performance, with a significantly worsened performance from March onwards. Performance has since been maintained since then through to February 2021.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The current appraisal rate for Stockport FT stands at 78.5% rising from last month's compliance rate of 73.28% meaning that performance has increased by 5.22%. Although improvements have been made in each Business Group, all are below the Trust target of 95%.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>The OD Team continue to deliver Performance Appraisal training as part of the Leadership Development Programme and Preparing for Your Performance Appraisal to support staff to hold quality development conversations. Business Groups are given detailed reports to help them identify which order appraisals should be completed to help increase their compliance rate.</p> <p>Improvement trajectories are currently being agreed with business groups.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Statutory &amp; Mandatory Training</b> The percentage of statutory & mandatory training modules showing as compliant.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>91.2</td><td>90.0</td></tr> <tr><td>Jan 19/20</td><td>90.8</td><td>90.0</td></tr> <tr><td>Feb 19/20</td><td>91.3</td><td>90.0</td></tr> <tr><td>Mar 19/20</td><td>88.0</td><td>90.0</td></tr> <tr><td>Apr 19/20</td><td>89.5</td><td>90.0</td></tr> <tr><td>May 19/20</td><td>90.5</td><td>90.0</td></tr> <tr><td>Jun 19/20</td><td>91.0</td><td>90.0</td></tr> <tr><td>Jul 19/20</td><td>91.1</td><td>90.0</td></tr> <tr><td>Aug 19/20</td><td>91.8</td><td>90.0</td></tr> <tr><td>Sep 19/20</td><td>91.0</td><td>90.0</td></tr> <tr><td>Oct 19/20</td><td>91.0</td><td>90.0</td></tr> <tr><td>Nov 19/20</td><td>91.0</td><td>90.0</td></tr> <tr><td>Dec 19/20</td><td>91.5</td><td>90.0</td></tr> <tr><td>Jan 20/21</td><td>92.3</td><td>90.0</td></tr> <tr><td>Feb 20/21</td><td>91.5</td><td>90.0</td></tr> <tr><td>Mar 20/21</td><td>91.4</td><td>90.0</td></tr> <tr><td>Apr 20/21</td><td>90.8</td><td>90.0</td></tr> <tr><td>May 20/21</td><td>91.4</td><td>90.0</td></tr> <tr><td>Jun 20/21</td><td>90.5</td><td>90.0</td></tr> <tr><td>Jul 20/21</td><td>90.2</td><td>90.0</td></tr> <tr><td>Aug 20/21</td><td>92.8</td><td>90.0</td></tr> <tr><td>Sep 20/21</td><td>93.5</td><td>90.0</td></tr> <tr><td>Oct 20/21</td><td>93.0</td><td>90.0</td></tr> <tr><td>Nov 20/21</td><td>93.1</td><td>90.0</td></tr> <tr><td>Dec 20/21</td><td>93.0</td><td>90.0</td></tr> <tr><td>Jan 21/22</td><td>93.2</td><td>90.0</td></tr> <tr><td>Feb 21/22</td><td>93.5</td><td>90.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	91.2	90.0	Jan 19/20	90.8	90.0	Feb 19/20	91.3	90.0	Mar 19/20	88.0	90.0	Apr 19/20	89.5	90.0	May 19/20	90.5	90.0	Jun 19/20	91.0	90.0	Jul 19/20	91.1	90.0	Aug 19/20	91.8	90.0	Sep 19/20	91.0	90.0	Oct 19/20	91.0	90.0	Nov 19/20	91.0	90.0	Dec 19/20	91.5	90.0	Jan 20/21	92.3	90.0	Feb 20/21	91.5	90.0	Mar 20/21	91.4	90.0	Apr 20/21	90.8	90.0	May 20/21	91.4	90.0	Jun 20/21	90.5	90.0	Jul 20/21	90.2	90.0	Aug 20/21	92.8	90.0	Sep 20/21	93.5	90.0	Oct 20/21	93.0	90.0	Nov 20/21	93.1	90.0	Dec 20/21	93.0	90.0	Jan 21/22	93.2	90.0	Feb 21/22	93.5	90.0	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 93.5%</p> <p>The data shows special cause variation, indicated by the run of values above the average.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> &gt;= 90%</p> <p>Performance consistently exceeds the target value.</p>
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<b>What the chart tells us</b>	The chart that from May 2019 onwards a more stable process around Statutory and Mandatory training has been established, and variation in performance ranges between 91% and 92% through to June 2020. July 2020 saw a dip in performance to just above the target level, but performance appears to have improved from August and is currently showing a run above the average.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Overall compliance has risen month-on-month with 9 out of 10 topics now exceeding the 90% target, by a considerable amount, and only Information Governance &amp; Data Security lower than the 90% target at 88.26%</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Each Business Group is exceeding 90%, with Corporate Services, Integrated Care, Medicine &amp; Clinical Support and Womens, Children's &amp; Diagnostics all exceeding 95%. Targetted action for bespoke 1:1 supported e-learning sessions is in place for Estates &amp; facilities, particularly to support completion of Information Governance &amp; Data Security. This is monitored by senior staff within the business group, and reported during regular monthly performance meetings.</p> <p>Where teaching is face to face, social distancing has impacted on class capacity, such as Resus &amp; Manual Handling and more sessions are scheduled to make up for this reduced capacity including delivery at weekends and in-situ training.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Bank &amp; Agency Costs</b> The total bank & agency cost as percentage of the total pay costs																																																																																																																																													
<b>Performance of this measure over time</b>	<table border="1"> <caption>Bank &amp; Agency Costs Performance Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> <th>Mean (%)</th> <th>Control Limits (%)</th> </tr> </thead> <tbody> <tr><td>Dec Q3 18/19</td><td>13.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Jan Q4 18/19</td><td>13.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Feb Q4 18/19</td><td>13.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Mar Q4 18/19</td><td>18.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Apr Q1 19/20</td><td>10.5</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>May Q1 19/20</td><td>11.5</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Jun Q1 19/20</td><td>11.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Jul Q1 19/20</td><td>11.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Aug Q2 19/20</td><td>12.0</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Sep Q2 19/20</td><td>11.5</td><td>5.0</td><td>12.5</td><td>9.0 - 14.5</td></tr> <tr><td>Oct Q3 19/20</td><td>14.0</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Nov Q3 19/20</td><td>12.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Dec Q3 19/20</td><td>12.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Jan Q4 19/20</td><td>14.0</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Feb Q4 19/20</td><td>14.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Mar Q4 19/20</td><td>17.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Apr Q1 20/21</td><td>15.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>May Q1 20/21</td><td>17.0</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Jun Q1 20/21</td><td>14.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Jul Q2 20/21</td><td>15.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Aug Q2 20/21</td><td>16.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Sep Q2 20/21</td><td>16.0</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Oct Q3 20/21</td><td>16.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Nov Q3 20/21</td><td>17.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Dec Q3 20/21</td><td>18.0</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Jan Q4 20/21</td><td>18.5</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> <tr><td>Feb Q4 20/21</td><td>18.30</td><td>5.0</td><td>12.5</td><td>9.0 - 19.0</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Mean (%)	Control Limits (%)	Dec Q3 18/19	13.0	5.0	12.5	9.0 - 14.5	Jan Q4 18/19	13.0	5.0	12.5	9.0 - 14.5	Feb Q4 18/19	13.0	5.0	12.5	9.0 - 14.5	Mar Q4 18/19	18.0	5.0	12.5	9.0 - 14.5	Apr Q1 19/20	10.5	5.0	12.5	9.0 - 14.5	May Q1 19/20	11.5	5.0	12.5	9.0 - 14.5	Jun Q1 19/20	11.0	5.0	12.5	9.0 - 14.5	Jul Q1 19/20	11.0	5.0	12.5	9.0 - 14.5	Aug Q2 19/20	12.0	5.0	12.5	9.0 - 14.5	Sep Q2 19/20	11.5	5.0	12.5	9.0 - 14.5	Oct Q3 19/20	14.0	5.0	12.5	9.0 - 19.0	Nov Q3 19/20	12.5	5.0	12.5	9.0 - 19.0	Dec Q3 19/20	12.5	5.0	12.5	9.0 - 19.0	Jan Q4 19/20	14.0	5.0	12.5	9.0 - 19.0	Feb Q4 19/20	14.5	5.0	12.5	9.0 - 19.0	Mar Q4 19/20	17.5	5.0	12.5	9.0 - 19.0	Apr Q1 20/21	15.5	5.0	12.5	9.0 - 19.0	May Q1 20/21	17.0	5.0	12.5	9.0 - 19.0	Jun Q1 20/21	14.5	5.0	12.5	9.0 - 19.0	Jul Q2 20/21	15.5	5.0	12.5	9.0 - 19.0	Aug Q2 20/21	16.5	5.0	12.5	9.0 - 19.0	Sep Q2 20/21	16.0	5.0	12.5	9.0 - 19.0	Oct Q3 20/21	16.5	5.0	12.5	9.0 - 19.0	Nov Q3 20/21	17.5	5.0	12.5	9.0 - 19.0	Dec Q3 20/21	18.0	5.0	12.5	9.0 - 19.0	Jan Q4 20/21	18.5	5.0	12.5	9.0 - 19.0	Feb Q4 20/21	18.30	5.0	12.5	9.0 - 19.0	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 18.3%</p> <p>The data shows special cause variation, indicated by a value at the edge of the upper control limits.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 5%</p> <p>Performance consistently exceeds the target value across the reporting period.</p>
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<b>What the chart tells us</b>	The chart shows that up to September 2019, normal performance varies between 10% and 13%. In October 2019 shows the start of a new higher level of bank & agency costs. Through to September 2020 there are no significant changes in performance, but there has been an increasing trend since then, with a peak in January 2021. The target of 5% is below the control limits, which suggests that it is unlikely to be achievable without a review of current processes.																																																																																																																																													
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The total bank and agency spend in February was £4.17M, which represents 18.61% of the total pay bill within the month. The business group with the highest bank &amp; agency spend in February was M&amp;CS (£1.57M) which is an increase of £47K compared to January.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>The total number of agency shifts worked in this period, including shifts under cap, was 2994 – an average of 748.5 per week. This is an average decrease of 31.9 shifts per week compared to January. There were a total of 213 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 53.25 shifts per week, compared to 64 shifts per week in January.</p>																																																																																																																																												



# Integrated Performance Report

<b>Measure</b>	<b>Agency Shifts Above Capped Rates</b> Number of agency shifts above above the provider spend cap.		
<b>Performance of this measure over time</b>		<b>Variance</b> <b>Latest Month</b> Feb-21 <b>Actual</b> 2483 The data shows special cause variation, indicated by a value close to the upper control limit.	
<b>What the chart tells us</b>	The chart shows that from July 2018 to October 2019, normal performance varies between 500 to 1000 shifts. Due to the erratic and variable nature of performance month to month, the limits of variation increase from October 2019. Although there does appear to be an increasing trend, the chart does not show any significant changes month to month until February 2021. The target of 0 shifts above the capped rates is below the control limits, which suggests that it is unlikely to be achievable without a review of current processes.		
<b>Narrative</b>	<b>Issues:</b> There were a total of 2,483 agency shifts paid above the NHSI cap rate during the 4 week period from 1st February 2021 to 28th February 2021. This equates to an average of 620.75 shifts per week, which is an increase of 145.35 shifts per week compared to January's figures and an increase compared to the 282.75 shifts per week in February 2020. The highest number of agency breaches were in M&CS, Surgery and Integrated Care with a weekly average of 286.75, 173 and 78 shifts respectively, including medical and AHP shifts.	<b>Actions &amp; Mitigations:</b> Within this period there were 789 cap breaches relating to non-framework agencies – Nutrix (341), Elevation Healthcare (308), Nursing 24 (93), Raven (44) and Thornberry (3). A new cascade method has been agreed with NHSP to restrict the approval of off-framework use to Exec on-call for use in exceptional circumstances.	



# Integrated Performance Report

<b>Measure</b>	<b>Agency Spend: Distance From Ceiling (UoR)</b> The percentage variance between Trusts expenditure on agency and external locums across all staff groups and the cap set by NHSi.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Agency Spend: Distance From Ceiling (UoR) Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>12</td><td>3</td></tr> <tr><td>Jan 19/20</td><td>10</td><td>3</td></tr> <tr><td>Feb 19/20</td><td>8</td><td>3</td></tr> <tr><td>Mar 19/20</td><td>8</td><td>3</td></tr> <tr><td>Apr 19/20</td><td>-15</td><td>3</td></tr> <tr><td>May 19/20</td><td>-12</td><td>3</td></tr> <tr><td>Jun 19/20</td><td>-13</td><td>3</td></tr> <tr><td>Jul 19/20</td><td>-14</td><td>3</td></tr> <tr><td>Aug 19/20</td><td>-14</td><td>3</td></tr> <tr><td>Sep 19/20</td><td>-14</td><td>3</td></tr> <tr><td>Oct 19/20</td><td>-10</td><td>3</td></tr> <tr><td>Nov 19/20</td><td>-8</td><td>3</td></tr> <tr><td>Dec 19/20</td><td>-6</td><td>3</td></tr> <tr><td>Jan 20/21</td><td>-4</td><td>3</td></tr> <tr><td>Feb 20/21</td><td>-2</td><td>3</td></tr> <tr><td>Mar 20/21</td><td>0</td><td>3</td></tr> <tr><td>Apr 20/21</td><td>30</td><td>3</td></tr> <tr><td>May 20/21</td><td>60</td><td>3</td></tr> <tr><td>Jun 20/21</td><td>55</td><td>3</td></tr> <tr><td>Jul 20/21</td><td>50</td><td>3</td></tr> <tr><td>Aug 20/21</td><td>52</td><td>3</td></tr> <tr><td>Sep 20/21</td><td>52</td><td>3</td></tr> <tr><td>Oct 20/21</td><td>55</td><td>3</td></tr> <tr><td>Nov 20/21</td><td>60</td><td>3</td></tr> <tr><td>Dec 20/21</td><td>65</td><td>3</td></tr> <tr><td>Jan 21/22</td><td>68</td><td>3</td></tr> <tr><td>Feb 21/22</td><td>70</td><td>3</td></tr> </tbody> </table>	Month	Performance (%)	Target (%)	Dec 18/19	12	3	Jan 19/20	10	3	Feb 19/20	8	3	Mar 19/20	8	3	Apr 19/20	-15	3	May 19/20	-12	3	Jun 19/20	-13	3	Jul 19/20	-14	3	Aug 19/20	-14	3	Sep 19/20	-14	3	Oct 19/20	-10	3	Nov 19/20	-8	3	Dec 19/20	-6	3	Jan 20/21	-4	3	Feb 20/21	-2	3	Mar 20/21	0	3	Apr 20/21	30	3	May 20/21	60	3	Jun 20/21	55	3	Jul 20/21	50	3	Aug 20/21	52	3	Sep 20/21	52	3	Oct 20/21	55	3	Nov 20/21	60	3	Dec 20/21	65	3	Jan 21/22	68	3	Feb 21/22	70	3	<div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Variance</b></div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 68%</p> <p>The data shows special cause variation, indicated by an increasing trend over the last 6 months.</p> <div style="background-color: #f4a460; padding: 5px; text-align: center;"><b>Assurance</b></div> <p><b>Target</b> ≤ 3%</p> <p>Since April 2020, performance consistently exceeds the target amount.</p>
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<b>What the chart tells us</b>	The chart shows that throughout 2019/20 we managed to maintain agency expenditure below the capped levels set by NHSi. April 2020 saw a sharp increase in expenditure against the cap, and a further increasing trend is now visible looking at expenditure between August and February 2021.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The total bank and agency spend in February was £4.17M, which represents 18.61% of the total pay bill within the month. The business group with the highest bank &amp; agency spend in February was M&amp;CS (£1.57M) which is an increase of £47K compared to January.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>The total number of agency shifts worked in this period, including shifts under cap, was 2994 – an average of 748.5 per week. This is an average decrease of 31.9 shifts per week compared to January. There were a total of 213 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 53.25 shifts per week, compared to 64 shifts per week in January.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>Flu Vaccination Uptake</b> The percentage of staff receiving the flu vaccination.																													
<b>Performance of this measure over time</b>	<table border="1"> <caption>Flu Vaccination Uptake Data</caption> <thead> <tr> <th>Month</th> <th>2019/20 (%)</th> <th>2020/21 (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>60.40%</td> <td>67.70%</td> <td>80%</td> </tr> <tr> <td>Nov</td> <td>70.40%</td> <td>75.90%</td> <td>80%</td> </tr> <tr> <td>Dec</td> <td>75.60%</td> <td>79.00%</td> <td>80%</td> </tr> <tr> <td>Jan</td> <td>75.40%</td> <td>79.10%</td> <td>80%</td> </tr> <tr> <td>Feb</td> <td>77.20%</td> <td>79.20%</td> <td>80%</td> </tr> <tr> <td>Mar</td> <td>80.00%</td> <td>-</td> <td>80%</td> </tr> </tbody> </table>		Month	2019/20 (%)	2020/21 (%)	Target (%)	Oct	60.40%	67.70%	80%	Nov	70.40%	75.90%	80%	Dec	75.60%	79.00%	80%	Jan	75.40%	79.10%	80%	Feb	77.20%	79.20%	80%	Mar	80.00%	-	80%
Month	2019/20 (%)	2020/21 (%)	Target (%)																											
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Mar	80.00%	-	80%																											
<b>What the chart tells us</b>	The chart shows that the January 2021 position for Flu Vaccination uptake for all eligible staff continues to show improvement against the position this time last year.																													
<b>Narrative</b>	<b>Issues:</b> A total of 4,755 staff have been vaccinated as at 28/02/21, this represents 79% of front line staff.	<b>Actions &amp; Mitigations:</b> The flu campaign for 20/21 has now closed.																												



## Finance Highlight Report

### Matters of Concern or Key Risks to Escalate:

NHS/E recognise that some accounting, reporting and funding arrangements for year end 2020/21 have not yet been agreed. However they have begun to release informal and formal guidance in respect of these arrangements. Then non-NHS income support received in month is part of a number of changes which will be made as part of the year end accounts process within the national system.

The Trust continues to closely monitor the year-end forecast out-turn position to ensure full utilisation of resources within the current year financial envelope.

The annual NHS finance and operational planning rounds will be delayed into Q1 of next financial year and system funding envelopes are to be issued in late March 2021. Financial block contracts will roll-over to Q1 of 2021/22, and are likely to be based on 2019/20 Q3 actuals. Full planning guidance has not yet been received from the national team.

### Major Actions Commissioned / Work Underway:

Planning has started for 2021/22 although limited national guidance has been issued.

The Trust have taken an internal approach to develop an expenditure plan to ensure agreed establishments and budgets are in place for 1st April 2021. The focus has been on building a clear expenditure position taking into account of inflation, pay awards and agreed investments – linking to the balance of decisions on activity and CIP plans. A process has been undertaken to review all risks and pressures with recommendations presented to the Executive Team. Some contracting issues will require local agreement with commissioners in the absence of a national position on financial allocations/ contracts

External focus has begun to shift to the recovery of services and associated performance trajectories post Covid-19. The recurrent deficit for the Trust has increased during the Covid-19 pandemic.

### Positive Assurances to Provide:

The Trust has delivered the planned financial position in February 2021, and maintained sufficient cash to operate despite the current increased run rate of expenditure.

The Board is given significant assurance on delivery of the 2020/21 forecast out-turn position.

The Trust continues to closely monitor the year-end forecast out-turn position to ensure full utilisation of resources within the current year financial envelope.

### Decisions Made:

The Trust Executive Team have reviewed potential 2021/22 planning scenarios and are progressing with internal planning whilst awaiting formal guidance.



# Integrated Performance Report

<b>Measure</b>	<b>Financial Controls: I&amp;E Position</b> The actual financial position, displayed as a percentage variance from the planned financial position. Negative values indicate a financial position above the planned amount.	
<b>Performance of this measure over time</b>		<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Variance</div> <p><b>Latest Month</b> <b>Actual</b> Feb-21 -1.4%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Assurance</div> <p> <b>Target</b> ≤ 0%</p> <p>Performance is consistently below the target amount.</p>
<b>What the chart tells us</b>	The data shows that there has been no variance from plan for the I&E Position between January and October 2020 - this is because the Trust was required to break even. Performance since October shows a negative variance from the planned amount, which means that the Trust's I&E position is higher than the planned amount.	
<b>Narrative</b>	<b>Issues:</b> Key points to note within this financial position are: <ul style="list-style-type: none"> <li>•The planned deficit of £1.3m in February 2021 excluding external support has been delivered. □</li> <li>•The Trust has received £2.0m central support for non-NHS income loss in Q3 and Q4 (H2), and therefore reported 5/6ths of this in February's position totalling £1.7m, as required by NHS England/Improvement (NHSE/I). This is part of a number of changes which will be made as part of the year end accounts process within the national system.</li> <li>•The Trust has received £328.5m of income to date, through a combination of block payments from commissioners, central support, income from non-NHS sources (including Stockport Council (SMBC), Health Education England (HEE), Research and Innovation (R&amp;I), and the Pharmacy Trading Units.</li> <li>•Total pay costs are £22.8m in February, 73% of the Trust's total costs in month. Reliance on premium nursing spend, including for acuity, recovery, winter and Covid-19 are a key driver of the Trust's financial forecast and deficit position.</li> </ul>	<b>Actions &amp; Mitigations:</b> The committee is given significant assurance on the delivery of the financial year-end forecast position.  NHSE/I recognise that some accounting, reporting and funding arrangements for year end 2020/21 have not yet been agreed. However they have begun to release informal and formal guidance in respect of these arrangements. Then non-NHS income support received in month is part of a number of changes which will be made as part of the year end accounts process within the national system.  The Trust continues to closely monitor the year-end forecast out-turn position to ensure full utilisation of resources within the current year financial envelope.



# Integrated Performance Report

<b>Measure</b>	<b>Cash Balance</b> The amount of cash balance in Trust accounts, measured against a planned amount. Planned amount is represented by the target. Please note: April to September 2020 planned amount = actual amount. Figures displayed are millions per month.																																																																																					
<b>Performance of this measure over time</b>	<table border="1"> <caption>Cash Balance Performance Data (Millions per month)</caption> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>7</td><td>2</td></tr> <tr><td>Jan 19</td><td>9</td><td>2</td></tr> <tr><td>Feb 19</td><td>7</td><td>2</td></tr> <tr><td>Mar 19</td><td>9</td><td>3</td></tr> <tr><td>Apr 19</td><td>9</td><td>3</td></tr> <tr><td>May 19</td><td>7</td><td>3</td></tr> <tr><td>Jun 19</td><td>9</td><td>3</td></tr> <tr><td>Jul 19</td><td>8</td><td>3</td></tr> <tr><td>Aug 19</td><td>12</td><td>3</td></tr> <tr><td>Sep 19</td><td>8</td><td>4</td></tr> <tr><td>Oct 19</td><td>9</td><td>4</td></tr> <tr><td>Nov 19</td><td>9</td><td>4</td></tr> <tr><td>Dec 19</td><td>15</td><td>4</td></tr> <tr><td>Jan 20</td><td>17</td><td>4</td></tr> <tr><td>Feb 20</td><td>18</td><td>4</td></tr> <tr><td>Mar 20</td><td>19</td><td>4</td></tr> <tr><td>Apr 20</td><td>45</td><td>45</td></tr> <tr><td>May 20</td><td>55</td><td>55</td></tr> <tr><td>Jun 20</td><td>53</td><td>53</td></tr> <tr><td>Jul 20</td><td>51</td><td>51</td></tr> <tr><td>Aug 20</td><td>51</td><td>51</td></tr> <tr><td>Sep 20</td><td>55</td><td>55</td></tr> <tr><td>Oct 20</td><td>46</td><td>48</td></tr> <tr><td>Nov 20</td><td>44</td><td>48</td></tr> <tr><td>Dec 20</td><td>47</td><td>47</td></tr> <tr><td>Jan 21</td><td>48</td><td>45</td></tr> <tr><td>Feb 21</td><td>50.3</td><td>17.5</td></tr> </tbody> </table>	Month	Performance	Target	Dec 18/19	7	2	Jan 19	9	2	Feb 19	7	2	Mar 19	9	3	Apr 19	9	3	May 19	7	3	Jun 19	9	3	Jul 19	8	3	Aug 19	12	3	Sep 19	8	4	Oct 19	9	4	Nov 19	9	4	Dec 19	15	4	Jan 20	17	4	Feb 20	18	4	Mar 20	19	4	Apr 20	45	45	May 20	55	55	Jun 20	53	53	Jul 20	51	51	Aug 20	51	51	Sep 20	55	55	Oct 20	46	48	Nov 20	44	48	Dec 20	47	47	Jan 21	48	45	Feb 21	50.3	17.5	<div data-bbox="1783 331 2083 580"> <p><b>Performance</b></p> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 50.3</p> </div> <div data-bbox="1783 580 2083 842"> <p><b>Assurance</b></p> <p><b>Target</b> <math>\geq 17.5</math></p> <p>Performance against the target is inconsistent.</p> </div>
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<b>What the chart tells us</b>	The data shows that throughout the reporting period, the Trusts Cash Balance has been maintained above the planned amount. October and November 2020 see a dip below the planned amount, but from December onwards there is a return to an expected position above the planned amount.																																																																																					
<b>Narrative</b>	<p><b>Issues:</b></p> <p>Cash in the bank on 28th February 2021 was £52.4m, which is £4.4m more than last month.</p> <p>Although the Trust has maintained sufficient cash balances under the interim regime, the current run rate of expenditure is higher than in previous years. This is particularly challenging to manage as significant capital schemes mobilise.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>In the context of the expected overall cash mandate for 2020/21 and the system envelopes it is expected there will be an estimated overall provider cash balance at the end of March 2021 similar to last year. Net cash borrowing requirements for all organisations are therefore expected to be low.</p> <p>To facilitate this provider year end cash position, providers will be reimbursed for COVID-19 related costs outside envelopes a payment on account in March 2021. Confirmation of Covid-19 capital and Memorandums of Understanding (MoUs) are expected imminently, with cash made available during March 2021. Guidance explaining the arrangements has not yet been released but will be issued shortly.</p>																																																																																				



# Integrated Performance Report

<b>Measure</b>	<b>CIP Cumulative Achievement</b> The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement. Positive values indicate a CIP achievement above the planned amount.	
<b>Performance of this measure over time</b>		<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Variance</div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> 0%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Assurance</div> <p><b>Target</b> &gt;= 0%</p> <p>Performance consistently achieves the target amount.</p>
<b>What the chart tells us</b>	The data shows no variance between actual and planned from September 2020 to date. This is because there was no CIP requirement. CIP requirement was reinstated from October 2020 and the Trust has delivered 100% on the planned amount so far.	
<b>Narrative</b>	<p><b>Issues:</b></p> <p>The Trust efficiency target of 1.1% for October to March equates to a target of £0.334m requirement each month, so £1.7m to date. As the Trust has delivered the required financial position the Cost Improvement Programme (CIP) has been delivered. This is being managed technically on a non-recurrent basis to allow operational focus on recurrent delivery and planning for 2021/22.</p>	<p><b>Actions &amp; Mitigations:</b></p> <p>Regionally and nationally the priority is service pressures and vaccine delivery, and therefore the Trust has taken a corporate position on delivering the in-year efficiency requirement.</p>



# Integrated Performance Report

<b>Measure</b>	<b>Capital Expenditure</b> The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount. Negative values indicate a expenditure lower than the planned amount. Capital expenditure includes such things as buildings and equipment.																																																									
<b>Performance of this measure over time</b>	<table border="1"> <caption>Capital Expenditure Performance Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Dec 18/19</td><td>-25</td></tr> <tr><td>Jan 19/20</td><td>-15</td></tr> <tr><td>Feb 19/20</td><td>-12</td></tr> <tr><td>Mar 19/20</td><td>-20</td></tr> <tr><td>Apr 19/20</td><td>-70</td></tr> <tr><td>May 19/20</td><td>-55</td></tr> <tr><td>Jun 19/20</td><td>-20</td></tr> <tr><td>Jul 19/20</td><td>-12</td></tr> <tr><td>Aug 19/20</td><td>-15</td></tr> <tr><td>Sep 19/20</td><td>-28</td></tr> <tr><td>Oct 19/20</td><td>-15</td></tr> <tr><td>Nov 19/20</td><td>-18</td></tr> <tr><td>Dec 19/20</td><td>-25</td></tr> <tr><td>Jan 20/21</td><td>-30</td></tr> <tr><td>Feb 20/21</td><td>-20</td></tr> <tr><td>Mar 20/21</td><td>-28</td></tr> <tr><td>Apr 20/21</td><td>0</td></tr> <tr><td>May 20/21</td><td>-28</td></tr> <tr><td>Jun 20/21</td><td>-45</td></tr> <tr><td>Jul 20/21</td><td>-35</td></tr> <tr><td>Aug 20/21</td><td>-35</td></tr> <tr><td>Sep 20/21</td><td>-28</td></tr> <tr><td>Oct 20/21</td><td>-22</td></tr> <tr><td>Nov 20/21</td><td>-12</td></tr> <tr><td>Dec 20/21</td><td>-25</td></tr> <tr><td>Jan 21/22</td><td>-32</td></tr> <tr><td>Feb 21/22</td><td>-33.5</td></tr> </tbody> </table>	Month	Performance (%)	Dec 18/19	-25	Jan 19/20	-15	Feb 19/20	-12	Mar 19/20	-20	Apr 19/20	-70	May 19/20	-55	Jun 19/20	-20	Jul 19/20	-12	Aug 19/20	-15	Sep 19/20	-28	Oct 19/20	-15	Nov 19/20	-18	Dec 19/20	-25	Jan 20/21	-30	Feb 20/21	-20	Mar 20/21	-28	Apr 20/21	0	May 20/21	-28	Jun 20/21	-45	Jul 20/21	-35	Aug 20/21	-35	Sep 20/21	-28	Oct 20/21	-22	Nov 20/21	-12	Dec 20/21	-25	Jan 21/22	-32	Feb 21/22	-33.5	<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Variance</div> <p><b>Latest Month</b> Feb-21</p> <p><b>Actual</b> -33.5%</p> <p>The data shows common cause variation, suggesting no significant changes in performance.</p> <div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;">Assurance</div> <p><b>Target</b> ≤ 10%</p> <p>Performance is consistently below the target amount.</p>
Month	Performance (%)																																																									
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<b>What the chart tells us</b>	Performance of this metric is quite variable, ranging from -13% to -43%. This makes it very difficult to identify special causes and to indicate unusual patterns in performance. Currently, the chart shows that for the whole reporting period Capital Expenditure is below the planned amount.																																																									
<b>Narrative</b>	<div style="background-color: #0070C0; color: white; padding: 5px;"><b>Issues:</b></div> <p>The Trust's original capital programme for 2020/21 was £22.0m. Further external sources of PDC funding have subsequently been received – offset by Healthier Together funding being re-profiled from 2021/22, plus GM &amp; NHSE/I approval to bring forward 2021/22 capital proposals increasing the total planned spend to £24.7m.</p> <p>System capital envelopes will be issued and system-led capital plans will be required for the year 2021/22 as a whole. At a national level, the quantum for system operational capital, including emergency finance, will be similar to 2020/21, and allocated with a similar methodology. There will be separate national funding available in addition to system envelopes for A&amp;E schemes started in 2020/21. All available funding for backlog maintenance/ critical infrastructure risk “will be baked into system envelopes for 2021/22”.</p>	<div style="background-color: #0070C0; color: white; padding: 5px;"><b>Actions &amp; Mitigations:</b></div> <p>After eleven months of the financial year, the Trust has invested £9.7m through the capital programme. In order to utilise available funds of £24.7m in 2020/21, steps are being taken to ensure orders are in place and goods received by 31st March 2021.</p> <p>Across Greater Manchester, the overall capital envelope is being reviewed, and the Trust is engaging with other providers to confirm expenditure plans for the remainder of the year.</p> <p>Capital Programme Management Group (CPMG) continues to manage the capital programme to ensure full utilisation of the Trust's internal resources, and externally funded schemes. □</p>																																																								



# Nursing & Midwifery Staffing Update Report Board of Directors

Presenter: Nicola Firth, Chief Nurse

# Purpose of report

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- To inform the Trust Board of the latest position in relation to key care staffing assurances
- To advise Trust Board of current challenges regarding maintaining safe staffing levels, and of the actions being taken to mitigate risks identified.
- To inform Trust Board of measures being taken to enable employees to safely remain in work by supporting their health and wellbeing .
- To provide assurance in relation to the Covid-19 vaccination programme.

# Executive Summary

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- Maintaining safe staffing levels to meet the current demands of services continues as a result of Covid - 19 escalation , acuity , sickness and absence continues to be a significant challenge.
- The NMC temporary register is being expanded to once again enable overseas nurses awaiting objective structured clinical examination (OSCE) to join the register, whilst continuing preparation to join the permanent register. This is relevant for our recently recruited overseas nurses and will have operational impact in registered nurses being available sooner than anticipated.
- Significant recruitment of registered nurses including international resulting in a decrease in the number of vacant posts.
- Baseline establishments review of Nurse staffing now complete.
- There is a continued focus on scrutiny of all types of incidents, complaints and patient feedback to triangulate & provide support where needed.

# Nursing & Midwifery Staffing

# Nursing & Midwifery Staffing

## Current situation and challenges:

- Maintaining safe staffing levels to meet current demands across the organisation continues to be a challenge, a position which reflects both the regional and national picture, with non-established areas being opened in response, and an increase in acuity.
- Ensuring a leadership focus on safe staffing throughout these sustained and significant operational pressures is a significant necessity. This is being constantly and consistently managed and demonstrated by senior nursing and midwifery leaders, who continually have oversight, insight and foresight to confirm that the risk is being controlled and mitigated to ensure that this does not impact on the care, quality and safety of the patients within the organisation.
- The NMC temporary register has been expanded to once again enable overseas nurses awaiting objective structured clinical examination (OSCE) to join the register.
- 18 international nurses have been recruited through the initial agreement with Wrightington, Wigan and Leigh.
- In partnership with NHSP, 46 nurses have now commenced placement with a further 22 expected to commence in April. Supportive measures will be implemented and monitored to maintain quality and safety
- A virtual Nursing recruitment event took place on 13 February 2021. The Trust are also actively engaged in a national Health Care Support Worker Recruitment and Retention Campaign.

## Specific actions to mitigate risk and to ensure oversight, Insight and foresight

- The full establishment review is complete with the paper being presented to Board of Directors
- The action plan has been developed following the NHSE/I review with a number of actions completed and actions in place to mitigate risks.
- 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.
- Continuous oversight of our position is appraised in collaboration with regional colleagues and National Directors of Nursing regarding skill mix, ratio and guidance. The GM Chief Nurses group review this for consistency.
- A total of 86 International nurses have been recruited and a trajectory for commencement during the year in place
- ~~We have recruited to all current vacancies for Health Care Assistants.~~

# Nursing and Midwifery Staffing

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## Specific actions to mitigate risk and to ensure oversight, Insight and foresight

- There is ongoing validation of reported or expressed staffing incidents to identify themes and trends, enabling appropriate and timely actions to be taken, alongside care and well-being checks for staff on duty when an incident has been submitted. Staff wellbeing checks are extremely important where staff moves have occurred which has been identified to impact negatively on staff morale.
- The development of the Stockport Accreditation & Recognition System (StARS) designed to measure the quality of nursing care provided by individuals and teams throughout the Trust. It incorporates key clinical indicators and supports the standards in providing evidence for the Care Quality Commission's Fundamental Standards.
- Planned roll out of StARS on target for April 2021.

# Safe Care

## Patient and family experience

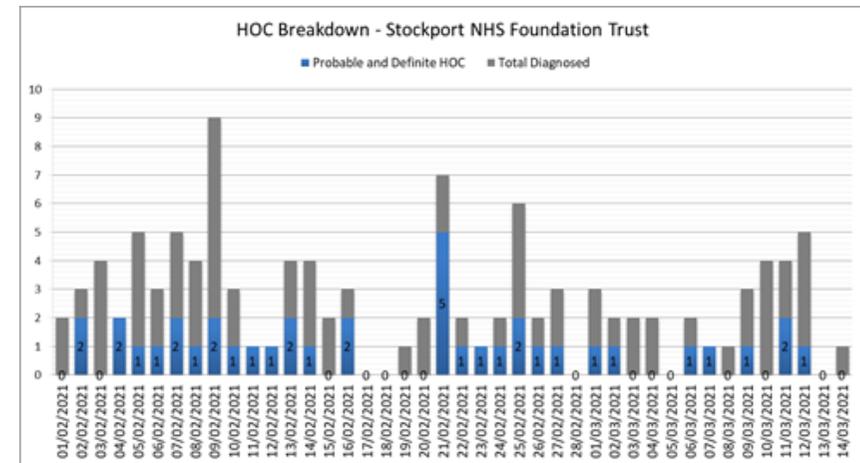
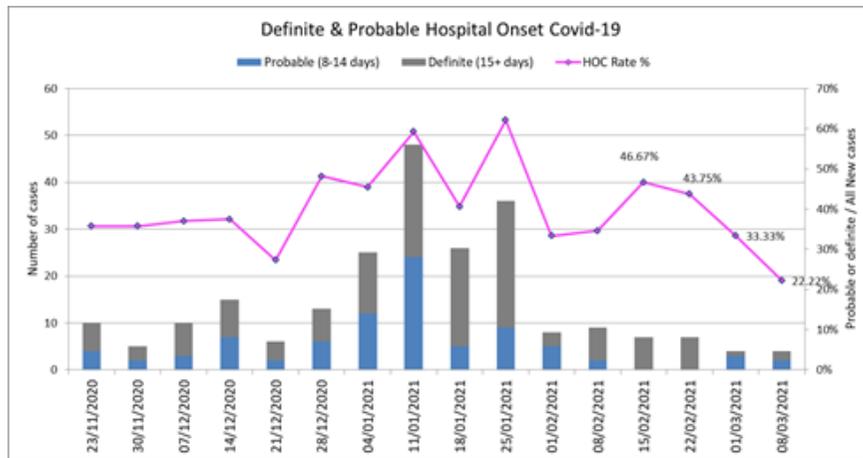
- Visiting remains restricted, which is difficult for patients, relatives and staff. Providing regular updates is extremely important. Wards and departments are supported by the patient Liaison team and by use of technology such as ipads for face time conversations. The plans will be frequently reviewed in line with national and GM guidance.
- In order to maintain a compassionate and caring approach risk assessments are made to allow an element of visiting for those patients with particular needs, such as those who are the end of life, or who have a learning disability, dementia etc. These visits are with full infection prevention precautions.

## Safe Care Indicators

- Quality metrics and areas of harm are triangulated with incidents, complaints, patient experience feedback, acuity and dependency, capacity and staffing levels. These are discussed at department level safety huddles, directorate and business group governance meetings, through the integrated performance review, and the board assurance committees.
- Falls prevention work continues, with incidents being robustly investigated, themes identified, a revision of the falls policy, a review of the enhanced care policy, and an target aim for improvement identified in the 2021/22 Trust objectives
- Tissue Viability improvement work is a key priority with all incidents undergoing a robust review, and Trust wide themes being discussed and learning shared. An increase in device related pressure ulcers due to the wearing of CPAP masks in COVID-19 patients has been identified. Investigations will identify if there are lapses in care, and identify actions to prevent further occurrence.

# Infection Prevention and Control

- The Trust Infection Prevention Control (IPC) Team continue to lead the organisation response to Covid-19. If an outbreak is suspected a meeting is convened chaired by the Director of Infection Prevention and Control (DIPC) to confirm an outbreak.
- Key messages and learning are shared to meeting members to cascade to teams. In addition to this Silver Command communications remains the main repository for new and updated messages to all staff to reduce infection risk and to keep staff informed of any changes to practice. These communications are then reinforced through other internal communication channels and meetings.
- The Trust has seen a significant reduction in nosocomial infections over the last weeks as demonstrated below:



# Staff COVID-19 Vaccination Programme



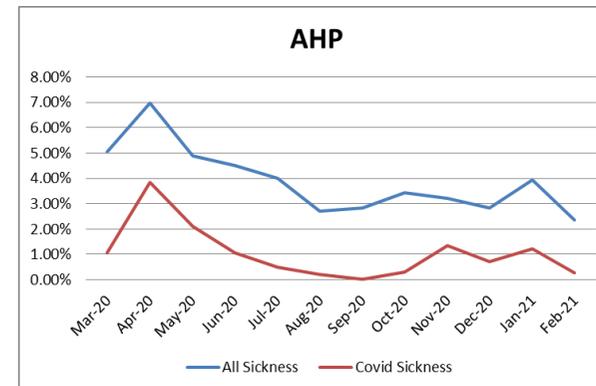
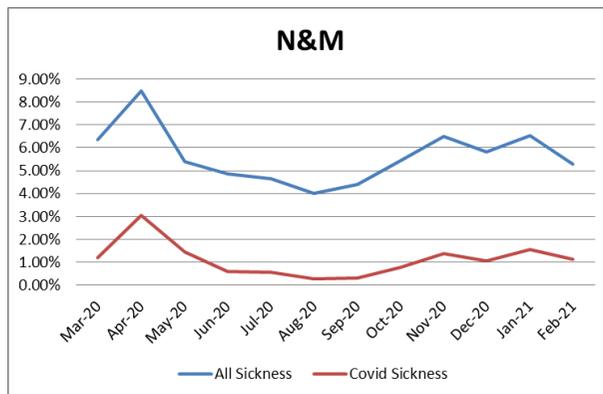
# COVID-19 Vaccination

- Stockport NHS FT was one of the first 50 organisations to become a COVID 19 vaccination hub
- Pinewood House Education Centre continues to be the vaccine hub.
- Staff uptake of the vaccine-First dose: 78.14 %  
Second Dose: 74.2%
- BAME uptake of the vaccine-First Dose: 70%  
Second Dose: 36.8%
- Pfizer vaccination is currently in use in the vaccine hub.
- To date approximately 24,000 vaccines have been given.
- Roll out of the vaccine to inpatients has commenced.
- We have received positive feedback regarding the Trust vaccination programme protecting our population in Stockport.

# Staff Sickness & Absence

# Staff sickness/absence

- Sickness overall decreased in February 2021 by 0.94% to 4.99%.
- COVID related sickness also decreased by 0.34% to 0.98% across the Trust.
- According to the trend data, sickness in February 2021 is 0.52% higher than February 2020 (when there was no COVID 19 related sickness recorded).
- COVID sickness accounted for 0.98% and non COVID 4.01%. The number of COVID related absence episodes has decreased from 221 in January 164 to 117 in February. Over 5000 lateral flow tests have been given out.
- All Business Groups have seen a decrease in sickness in month with the exception of Estates & Facilities.



# Health & Well Being



# Staff Health & Wellbeing

- There is a continued awareness of the immense pressure staff are under currently and how their usual support mechanisms may be impacted upon . Their health and wellbeing remains a priority.
- The Trust has supported the clinical psychology teams to provide support to teams.
- Senior Nurse walk around continues to have a focus on staff wellbeing.
- The GM Resilience Hub provides differing levels of psychological support from advice and support, to trauma interventions. The Trust has been proactively advertising and signposting staff to these services.
- Lateral flow testing for Covid-19 has been rolled out to staff across the organisation.
- The staff Covid-10 vaccination programme has commenced with excellent uptake.
- Thank you February and marvellous March continue with individual and team awards presented by Karen James

# Staff Wellbeing

We care  
We respect  
We listen

## Staff Wellbeing Support

Stockport  
NHS Foundation Trust



For further information visit the Health and Wellbeing and Learning and Development Microsites.  
Or email [healthandwellbeing@stockport.nhs.uk](mailto:healthandwellbeing@stockport.nhs.uk) or [OD@stockport.nhs.uk](mailto:OD@stockport.nhs.uk)

Making a difference every day [www.stockport.nhs.uk](http://www.stockport.nhs.uk)

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Risk Report		
<b>Report of:</b>	Interim Director of Governance & Risk Assurance	<b>Prepared by:</b>	Deputy Director of Quality Governance

### REPORT FOR ASSURANCE

<b>Corporate objective ref:</b>	N/A	<p><b>Summary of Report</b> This report:</p> <ul style="list-style-type: none"> <li>• Updates the Board of Directors on the progress to review existing risk registers;</li> <li>• Updates the Board of Directors on proceedings of the Risk Management Committee</li> <li>• Outlines to the Board of Directors an aggregate account of significant risk exposures valid at the time of writing;</li> <li>• Provides an indication to the Board of Directors of potential future strategic risk considerations.</li> </ul> <p>The Board of Directors are invited to consider the report and:</p> <ul style="list-style-type: none"> <li>• Note significant risk exposures as outlined, advising on any further actions required for control or assurance requirements;</li> <li>• Note the proceedings of the Risk Management Committee;</li> <li>• Consider and agree the recommendations; and</li> <li>• Advise on preferences for tolerance and any further actions required to enable the Trust to achieve prudent control of risk.</li> </ul>
<b>Board Assurance Framework ref:</b>	SO5	
<b>CQC Registration Standards ref:</b>	17	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

<b>Attachments:</b>
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee	<input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input checked="" type="checkbox"/> Other (Risk Committee)
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**10.2**

**1. INTRODUCTION**

- 1.1 The purpose of this report is to:
- i. update the Board of Directors on the progress to review existing risk registers;
  - ii. provide an aggregate account of current significant risk exposures valid at the time of writing;
  - iii. update the Board of Directors on the proceedings of the Risk Management Committee; and
  - iv. to provide an indication to the Board of Directors of potential future risk considerations.

**2. RISK REGISTER**

2.1 The Trust has implemented a simplified risk process to improve the quality of risk registers and drive discussions and accountability for control. There is a rolling programme of reviews established to ensure detailed examination of reportable risks from each Business Group and major corporate function. This rolling programme is in its third planned cycles as part of an annual plan of work for operational Business Groups and in its second cycle for corporate functions.

**3. OPERATIONAL RISK ANALYSIS**

3.1 Based on analysis by the Interim Director of Governance and Risk Assurance and evidence submitted to the Risk Management Committee, for the immediate and shorter-term horizon, the Trust is attempting to mitigate a set of risks which, when combined, represent a material threat to the achievement of objectives for the remainder of 2020/21. These can be summarised as follows:

- acute shortages of clinical workforce;
- workforce fatigue;
- insufficient exit flow to pathway 1 and 2 D2A facilities;
- Standards of clinical practice not meeting expectations; *alongside*
- control of infection constraints arising from guidance requirements and associated management of Covid-19 pandemic; *leading to*
- capacity constraints which may, if not mitigated, adversely impact on patient flows and/or effective recovery of elective care priorities; *exacerbating*
- an unsustainable financial position.

**4 SIGNIFICANT RISK EXPOSURE (valid as at 01/03/2021)**

4.1 At the time of writing, there are 378 live risks on the Trust’s risk register, an increase of 6 since last month. Using impact and likelihood markers, these risks are distributed as follows:

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain	Total
1 - Negligible	4	3	1	0	2	10
2 - Minor	4	23	16	11	10	64
3 - Moderate	15	57	66	32	2	172
4 - Major	30	39	39	7	1	116
5 - Catastrophic	4	5	6	1	0	16
Total	57	127	128	51	15	379

Table 1 Distribution of risks using impact and likelihood markers

4.2 On the spectrum of possible residual risk scores, the distribution of risk exposure is as follows:

42%						53%				5%			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
4	7	16	53	6	73	50	66	15	71	8	7	2	0

Table 2: Distribution of risk using residual scores

4.3 A significant risk is understood as a risk where the exposure [after risk treatment] is rated 15 or more using the Trust’s grading matrix. 17 risks, which equates to 5% of all live risks, are currently rated as significant. At the time of writing the aggregate profile of current significant risks is as follows:

Rank	Nature of Risk Exposure	No. of Risks in Scope	Risk Identified	Residual risk
1	Staffing Levels	6	Nursing staffing, ENT, TVN,	(15-20)
1	Restoration	4	4-Hour access target; Surgical waiting times, Urology, 18 weeks access target,	(15-20)
2	Finance	1	Cost of temporary staff,	(16)
3	Compliance	2	Regulatory Reform (Fire Safety) Order; CQC Ratings;	(15 -16)
4	Health and Safety	3	Prevention of exposure to Covid 19; Training compliance, staff wellbeing	(15)
4	Critical IT System Failure	1	Telepath system outage	(15)
	<b>Total</b>	<b>17</b>		

Table 3: Significant risk profile

4.4 These risks are being mitigated but are not yet under the level of control required by the Trust Board in accordance with the Board’s appetite for exposure. Risk owners are being supported and encouraged to explore all options to enhance control accordingly. The Risk Management Committee will lead and provide direction to senior leaders, including engagement with system partners, to assist control.

**5. RISK MANAGEMENT COMMITTEE**

5.1 The Risk Management Committee met on the 10 March 2021. The key decisions and actions agreed are summarised below:

5.2 The significant risk profile was examined and challenged by the Executive. The review resulted

- **(Risk 1845)** This risk describes the loss of income and poor family experience as not meeting national standards for Neonatal Transitional Care. The Committee felt that this risk was scored too high and that a residual score of 9 would reflect the risk more accurately. It was also requested that the risk was reworded to ensure it captured the risk of quality of care, rather than the loss of income. The risk was not approved.
- **(Risk 78)** The risk associated with patient safety due to a registered nurse deficit in Medicine and Clinical Support was raised with regard to the length of time it has been on the risk register. The Business Group described that the risk had been reduced in the

past but reassessed as significant during the pandemic. It was agreed that the Business Group would review.

5.3 The following risk registers were reviewed in detail:

- Emergency Department Business Group
- Medicine and Clinical Support Services Business Group
- Communications Team

5.4 The following reports were received:

- A deep dive into Results Governance was presented. It was explained that there is an issue with reviewing pathology results. A diagnostic into the issue has been completed and the first step will be turning off paper results so that all results are viewed using the electronic system. The issue will be reported monthly to the Patient Safety and Quality Group until the project is completed.
- The draft Board Assurance Framework was presented. It was noted that the members of the Executive team were having individual meetings to ensure their portfolios are reflected appropriately. The document is to be reviewed by the Audit Committee in the next few weeks. The Committee noted the contents of the report.
- The Emergency Preparedness Resilience and Response (EPRR) report was received. It was identified that there was a requirement for a self-assessment to be completed independently from the EPRR Manager. It has been identified that there is capability within the organisation to complete this work which will be reported back to the Risk Management Committee in due course.
- The HSE Health and Safety Covid-19 risk assessment was updated and received for approval. The assessment had been reviewed and no changes had been made during the month. The Committee agreed to keep this item under a three monthly review.
- The draft Duty Holders Matrix was presented. It was noted that the Executives with accountability for different aspects of health and safety were being consulted on their areas. It was agreed that the final document will be presented at the next meeting.
- The Health and Safety Policy was approved with minor amends and noted that it would need to be approved by the Board of Directors.

## 6. STRATEGIC RISK ANALYSIS

6.1 An understanding of potential future risk is crystallising. Six primary risk scenarios have been developed that may illustrate the risks facing Stockport NHS Foundation Trust. These risk scenarios stand in the future and give an indication of potential prospective risk. Based on the Trust Board's strategy, Covid-19 recovery ambition and taking into account current internal and system-wide challenges, the future risk scenarios which are interlinked are currently expressed as follows:

- A. **Unsatisfactory standard of patient care** (resulting in *multiple incidents of severe, avoidable harm, sub-optimal clinical outcomes, poor patient experience*);
- B. **Growth in demand for care that exceeds available capacity** (expanding waiting lists and unsatisfactory delays for care internally and across the local health system);
- C. **A critical shortage of clinical workforce** (arising from increased competition for staff, attractiveness as an employer, adequacy of attendance and rota management, and staff satisfaction at work);
- D. **An impactful major incident which results in severe and prolonged disruption across Business Groups** (such as utility failure, penetrating cyber-attack, persistent pandemic, fire/flood or security event, critical infrastructure failure, extreme weather

events, supply chain failure/interruption or collapse of care home provider);

- E. **A loss of stakeholder confidence** (as a consequence of ineffective strategic relationships, material breach of compliance with regulations and standards of care, sustained adverse publicity, leadership instability, prolonged regulatory intervention and/or ability to meet public expectations);
- F. **Expanding financial deficit**, income volatility or financial loss on a scale which puts at risk long term financial sustainability.

## 7. RECOMMENDATIONS

7.1 It is recommended that:

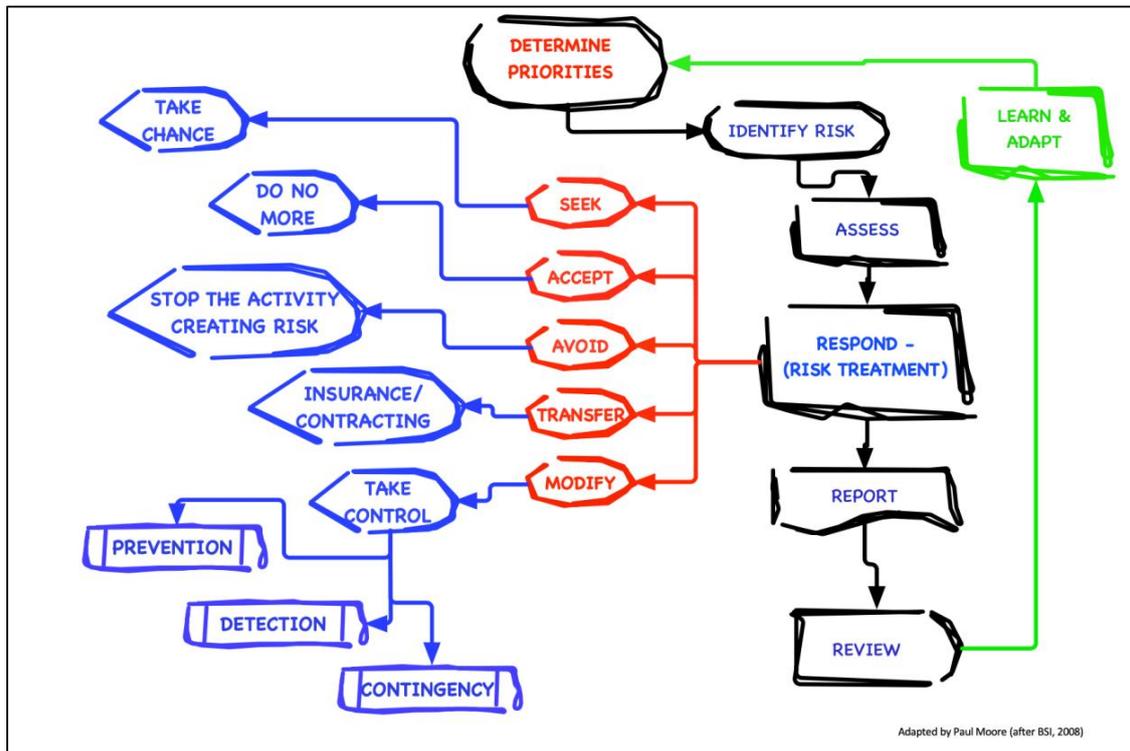
- i. The Board consider the extent to which the risk profile continues to reflect the Board's view of the primary risks facing Stockport NHS Foundation Trust for the foreseeable future.

## 8. ACTION/ DECISION REQUIRED

8.1 The Board of Directors are invited to consider the report and:

- i. note significant risk exposures as outlined, advising on any further actions required for control or assurance requirements;
- ii. note the proceedings of the Risk Management Committee;
- iii. consider and agree the recommendations; and
- iv. advise on preferences for tolerance and any further actions required to enable the Trust to achieve prudent control of risk.

Appendix 1  
Risk Treatment



Ratings

SEVERITY MARKERS		LIKELIHOOD MARKERS	
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely Very good control; or < 1 in 1000 chance (or less) within 12 months

10.2

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## HEALTH & SAFETY POLICY

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**HEALTH & SAFETY POLICY STATEMENT OF INTENT 2021-2024**

**Health and Safety Policy  
Statement of Intent 2021-2024  
Stockport NHS Foundation Trust**

DRAFT

10.2

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**Statement of Intent 2021**

The Chief Executive and Board of Stockport NHS Foundation Trust are committed to providing and maintaining a healthy and safe environment for all employees, patients, visitors, contractors and any others who may be affected by its work activities and environment. The Health & Safety Policy is intended to outline the management arrangements which, so far as reasonably practicable, ensure the Health & Safety of anyone who could be adversely affected by the work activities of the Trust and fulfil its obligations imposed under the Health & Safety at Work Act 1974 and its subordinate legislation.

The Trust recognises that the only effective approach to the prevention of injury and loss is the promotion and continuous improvement of health, safety and welfare as a fundamental objective for management and employees at all levels. The Assurance and Governance Framework and all related Health & Safety policies provide for a robust, structured and systematic approach to identification, prioritisation and management of all risks, along with the allocation of necessary resources, ensuring that Health & Safety is fully integrated into philosophies, practices, business planning and operational systems.

Whilst overall responsibility to provide and maintain safe and healthy working conditions, safe equipment and systems of work rests at the highest level of management, every individual has a responsibility to prevent personal injury and damage to property and to protect everyone from foreseeable hazards, including the public, as they come into contact with Trust premises and activities. Advice and support is provided from the Trust’s Health & Safety and Risk Manager, Occupational Health Services, Infection Control, Risk, Fire Safety and Estates & Facilities.

Management fully accepts its responsibilities under Health & Safety legislation and recognizes that these cannot be fully discharged without co-operation and consultation of employees at all levels. To enable this, the Trust has a Health & Safety Joint Consultative Group which comprises management, trade union, staff representatives and, where required, site partners to ensure good and effective communication.

To maintain and promote the implementation of this policy and enable employees to fulfil their obligations with regard to Health and safety; information, instruction, training and supervision will be provided in accordance with identified needs.

The policy will be reviewed annually or when legislation, codes of practice and official guidance dictate.

This policy is endorsed by the Trust Board

Signed:

Date:

Chief Executive

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## EXECUTIVE SUMMARY

Stockport NHS Foundation Trust (SNHSFT) is committed to providing and maintaining a safe and healthy environment for its staff, patients, contractors and visitors. It will ensure that there are; provisions and maintenance of safe plant and systems of work, adequate welfare facilities including safe means of access and egress, safe use, handling, storage and transport of articles and substances and will provide; suitable resources, information, instruction, training and supervision, robust operational policies and procedures to all persons that may be affected on Health & Safety matters.

The Trust, as a caring and responsible employer seeks to achieve high standards in the management of Health & Safety. The Trust does not pursue this aim simply to achieve compliance with current legislation, but to exceed Health & Safety performance in the best interests of patients, staff, visitors and other stakeholders.

The Board of Directors accepts that Health & Safety management is a key and integral part of its Governance agenda, and that the identification, assessment, control of Health & Safety and other associated risks is a managerial responsibility.

The Trust actively promotes a positive Health & Safety culture. It encourages ownership and the involvement of employees and safety representatives in Health & Safety matters that may affect them and will provide them with information to allow full and effective participation in consultation.

It will endeavour to allocate realistic resources to implement and support Health & Safety and Risk Management and identify priorities and set objectives, whereby risks are eliminated or reduced to as low as reasonably practicable by the correct selection and design of facilities, equipment and processes.

The Trust is committed to continuously improve its Health & Safety performance, and through the development of robust policies, operating procedures, planning and implementation of safe systems of work with active and reactive monitoring, review and audit will provide demonstrable evidence to employees and others, that the Trust is doing its reasonable best to achieve a safe working environment that supports, and is conducive to the provision and delivery of safer and better services for the people of Stockport and the wider community.

**Chief Executive**

**10.2**

## SCOPE AND PURPOSE

This policy applies to all those working in the Trust, in whatever capacity.

In establishing this policy, due regard will be given to current and emerging applicable legislation and other requirements.

A signed copy of the Statement of Intent for the Trust is at the start of this document.

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This document describes the organisational responsibilities, arrangements, implementation and monitoring process of this Health & Safety Policy. It details the principles of effective integrated Health & Safety management and outlines the commitment, aims and objectives of the Trust in making continuous progress in the development of a positive Health & Safety culture.

This is the Trust's enabling policy which all other Health & Safety and Risk related policies and procedures will refer to. It sets out in broad terms how the Trust intends to manage its Health & Safety obligations within the workplace as mandated by the Health & Safety at Work Act 1974, and subordinate legislation.

## ROLES AND RESPONSIBILITIES

### Board of Directors

In the context of effective corporate governance, management of Health & Safety risks are a key priority for the Board, who have a collective role in providing committed leadership in the continuous improvement of Health & Safety performance. The Board will ensure that their actions and decisions always reinforce this commitment, and that they will review the effectiveness of the Health & Safety management system and performance, at least annually.

The Board has a specific responsibility under the Health & Safety at Work Act, to prepare a General Policy statement that all staff is expected to comply with. This is outlined in the Policy statement and the Board has a monitoring, review and policy setting role within it.

The Board of Directors is liable for the Trust's acts and/or omissions and has a responsibility to ensure the Trust discharges the obligations imposed upon it by Health & Safety law.

This role will include:

- Ensuring clear lines of accountability for Health & Safety throughout the Trust;
- Ensuring the Board is informed of and, where necessary, consulted upon Trust Health & Safety risks and associated treatment plans on a regular basis, particularly where there is the potential for significant impact on staff, patients and Trust objectives;
- Ensuring Health & Safety and associated risks are continuously and systematically identified, recorded and aggregated into Trust Wide Risk Registers, in order to provide a comprehensive Health and Safety/Risk profile;
- Ensuring there are sufficient 'competent persons' to provide Health & Safety assistance to Trust Directors, Managers and Staff;
- Ensuring systems in place for Health & Safety risk management arrangements are monitored and reviewed by Managers so that continuous improvements to the Trust's systems can be made;
- Ensuring that the Trust's Internal Audit function includes periodic audits to provide assurances to the Board of Directors that the Health & Safety risk management system is fit for purpose and conforms to the requirements placed on the Trust;
- Ensuring the provision of sufficient resources that will enable the Trust to show it is doing its reasonable best to implement, support and manage Health & Safety and other risks.

### Chief Executive

The Chief Executive is ultimately responsible for Health & Safety compliance. The Chief Executive will ensure:

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- Appropriate management arrangements exist for the Trust to comply with the requirements of Health & Safety legislation in maintaining and implementing this policy;
- That adequate resources will be provided to meet the requirements;
- All managers identified within this policy understand and discharge their specific Health & Safety responsibilities.
- Priorities are set against identified risks and the allocation of resources to eliminate or suitably control the risk;
- Review all significant Trust reports on Health and Safety;
- That an Executive Director is delegated responsibility for the management of all Health & Safety organisational and indirect patient care risks created by the activities of the Trust.

**Chief Nurse**

The Chief Nurse is the delegated, nominated, Executive Director of the Trust with responsibility for the management of all Health & Safety organisational and indirect patient care risks created by the activities of the Trust and will:

- Ensure that this policy is available to stakeholders as part of the Trust’s commitment to continual improvement;
- Chair the Health & Safety Joint Consultative Group Meetings;
- Ensure that the Trust has effective management structures and arrangements in place for delivering this policy;
- Ensure that Health & Safety issues are reported to the Board of Directors;
- Ensure that the Trust, maintains a planned and systematic approach to minimising all Health & Safety risks, and that any shortcomings are identified and documented following the Trust’s Risk Register Procedures;
- Measure Health & Safety performance through active and reactive monitoring, measures performance against agreed standards;
- Ensure that the Trust audits, monitors and reviews the effectiveness of control measures put in place to minimise the associated risks and takes corrective action where necessary;
- Have line management responsibility for the Deputy Director of Quality Governance

**Medical Director**

Is the delegated nominated Director with responsibility for integrating Health & Safety Management into the Clinical Governance of the Trust and is responsible for ensuring that the Trust’s Health & Safety and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible

Also is responsible for:

- Ensure the Trust has a Clinical Audit Strategy to provide assurance of patient safety and opportunities for improving patient care;
- Ensure there is a process for reviewing NICE guidance and level of compliance.

**Director of Estates and Facilities**

Is the delegated nominated Director for the management of the estate, its facilities and associated assets. They will:

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- Monitor and review the Trust organisational Estates and Facilities related policies procedures, plans and rules to ensure they are up to date and compliant with regulatory and industry best practice;
- Ensure that statutory and NHS requirements are met;
- Ensure that the Trust provides facilities and an appropriate working environment that will eliminate, reduce or minimise the risk of injury and ill-health;
- Will be responsible for ensuring that the Trust’s Health & Safety and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible;
- Will ensure contractors are competent and comply with current legislative requirements and approved codes of practice and that they are informed of Trust policies, safe systems of work and site rules which must be adhered to.

**Director of Information and IT**

Will:

- Facilitate the implementation and integration of this Policy within the Trust IM&T Strategy;
- Ensure systems of information (and the technology used) provide adequate support to the Trust’s managed environment;
- Be responsible for ensuring that the Trust’s Health & Safety and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible.

**Director of Finance**

The Director of Finance is responsible for ensuring;

- That there is a suitably funded Internal Audit provision that verifies a system of internal control exists with respect to Health & Safety Risk Management;
- That the Trust, through its Business Groups/Directorates and Departments allocates resources to the management and control of identified Health & Safety related risks;
- Is responsible for ensuring that the Trust’s Health & Safety and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible.

**Director of Workforce and Organisational Development**

The Director of Workforce and Organisational Development is responsible for ensuring;

- Staff are recruited in accordance with relevant statutory employment legislation, mandatory NHS requirements;
- That the recruitment process ensures the selection of staff with the necessary Health & Safety capabilities for the area of Trust employment for which they are being selected;
- That there is access to a confidential occupational health service;
- That there is access to a confidential counselling service;
- That the Trust’s Health & Safety and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible.

**Deputy Director of Quality Governance**

The Deputy Director of Quality Governance will, on behalf of the Chief Nurse

- monitor and review the Trust’s Health & Safety and Risk Management systems;

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- Ensure that the Trust is prepared for external risk management reviews e.g. Health & Safety Executive (HSE), and risk aspects of Care Quality Commission Standards;
- Facilitate monitoring of progress against action plans generated as a result of identified risks;
- Ensure that the Trust Risk Register is maintained in accordance with the Trust’s Risk Register Procedure;
- Organise regular reports to the Risk Management Committee and the Quality Committee on risk management activity with focus on exceptions;
- Assist in setting the strategic direction for the management of risk across the Trust;
- Have line management responsibility for the Trust’s Corporate Risk Management Team.

**Associate Medical Directors / Clinical Directors / Associate Nurse Directors**

Are responsible within their areas of control and will:-

- Ensure staff including Medical Staff and Locums is not exposed to a foreseeable risk of injury or ill-health;
- Facilitate the implementation, integration and communication of this policy within clinical teams;
- Ensure that the Trust’s Health & Safety and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible.

**The Governance Teams**

Will:

- Manage and co-ordinate all Trust activity in the preparation for external risk management reviews, e.g. HSE and CQC;
- Support the Deputy Director of Quality Governance in the liaison with external bodies and individuals including the Health & Safety Executive, Medical Devices Agency and other NHS Stakeholders on Health & Safety matters;
- Formulate, develop and produce Health & Safety Risk Management Policies, Procedures and Guidelines for the management of existing and future risks affecting the Trust;
- Provide advice to the Trust operational and functional Managers and staff on matters of safety, health and welfare;
- Proactively support all levels of management with the development of comprehensive, extensive risk assessments, safe systems of work and their review and monitoring of current arrangements;
- Produce the Annual Risk Management Report for presentation to Patient Safety and Quality Group, the Quality Committee and the Trust Board of Directors;
- Report to the various Health and Safety/Risk Management related Committees and sub-groups;
- Produce the monthly Risk Register.
- Ensure the maintenance of Health and Safety/Risk information flows within the Trust;
- Ensure that in the management of Safety and Health, there is consultation and participation of staff side safety representatives;
- To work with and consult other key personnel such as Consultant in Occupational Medicine, Consultant Microbiologist, Lead Nurse Infection Prevention where there is an overlap of interests;
- To ensure an effective and timely dissemination of written communication to all levels of the organisation on Health & Safety matters;

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- Co-ordinate the Trust’s Incident Reporting Procedures ensuring accurate and timely reporting of incidents to the Clinical Commissioning Group (CCG) National Reporting and Learning System (NRLS) and other External Stakeholders;
- Ensure the monitoring and interrogation of all incident reports, including Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and MHRA reportable incidents to identify trends and key issues and ensure that robust investigations and action plans are in place to eliminate or reduce occurrence and ensure appropriate management reports are provided to the Risk Management Committee and Medical Devices Committee.

**Head of Learning & Organisational Development**

Is the nominated competent person to provide advice and support for all training and development issues to all staff, and will:

- Identify training needs and provide advice and support on matters relating to risk management training;
- Develop a Health & Safety Risk Management related training programme, so that all employees, including Managers and the Board of Directors are provided with appropriate Health & Safety Risk Management information, instruction and training;
- Provide advice and support to managers and staff on matters relating to patient manual handling;
- Ensure Trust staff receive appropriate patient manual handling training and instruction which will include the completion of manual handling risk assessments;  
Ensure that significant risks and trends in relation to training are reported to the Safety and Risk Group.

**The Health & Safety and Risk Manager**

Is the nominated person to provide advice and support to all staff and will;

- Fulfil the role of Health & Safety Advisor;
- Fulfil the role of the Trust’s Laser Safety Co-ordinator;
- Support the provision of authoritative and independent advice and have a direct reporting line to Directors on matters of policy and the authority to stop work if it contravenes agreed standards and puts patients, staff and other stakeholders at risk of injury;
- Formulate, develop and produce Health & Safety Risk Management Policies, Procedures and Guidelines for the management of existing and future risks affecting the Trust;
- Ensure Trust staff receive appropriate Health & Safety training and instruction which will include the completion of risk assessments.

**Deputy Directors/ Business Group Directors/ Governance Leads/ Business Group Managers**

will:

- Ensure Trust employees are not exposed to a foreseeable risk of injury;
- Develop, implement and communicate Trust Policy and local Business Group / Directorate / Department Procedures, Rules and Plans;
- Ensure individual Business Groups/Directorates/Departments have Health & Safety Risk Management Systems which are compatible with this Health & Safety Policy;
- Ensure all new staff prior to commencing employment undergoes a thorough Health & Safety induction and existing staff undergo periodic mandatory refresher training, and that all training is recorded in their personal files;

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- Ensure staff have had a pre-employment/pre-placement Occupational Health Assessment and been declared fit to undertake the work they do prior to commencement of regular duties;
- Ensure staff has access to appropriate Personal Protective Equipment (PPE) determined by risk assessment;
- Monitor both Trust and Business Group Policies, Procedures and Plans, and allocate resources for any new measures required;
- Ensure the active and reactive monitoring, audit and review of systems is put in place at local level to control risks, and evaluate their effectiveness in eliminating or reducing risk;
- Ensure that an inventory of all equipment and maintenance arrangement records are kept with the Business Group/Directorate – whether centrally or at Ward and Department level;
- Ensure that any member of staff, where there is, or a suspicion of, a change in fitness for work, is referred to the Occupational Health Service;
- Facilitate consultation on Health & Safety with staff and Safety Representatives;
- Ensure that the Trust’s Health and Safety, and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible.

**Departmental Managers, Matrons, Ward Managers, Supervisors**

Will:

- Share the responsibilities with Directors/Governance Leads/Business Group Managers.
- Ensure that training techniques identified in safe systems of work are applied and used by staff;
- Keep records of training;
- Be responsible for ensuring that the Trust’s Health and Safety, and Risk Management policies and procedures are implemented in the areas, and by the staff for which they are responsible.

**The Occupational Health Service**

The Occupational Health Service is responsible for:-

- Pre-employment Health Screening.
- Monitoring, auditing and reviewing the occurrence of work related musculoskeletal disorders, ill health, manual handling injuries, and needle stick injuries within the Trust.
- Providing the Trust’s Staff Counselling Service.
- Advising on RIDDOR in relation to Disease.
- Assisting Managers in workplace assessments where there is an identified specific health related issue.

**Safety Representatives**

- Roles and Responsibilities see **Appendix 1**

**Employees**

It is the employee’s responsibility to:-

- Take reasonable care for their own safety and that of colleagues and patients or others while carrying out their work activities.
- Use equipment, devices and systems provided, in accordance with training and instructions received.

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- Comply with existing policies, procedures, rules and protocols and co-operate with the implementation of any new policies/written systems of work.
- Follow written individual risk assessments where appropriate
- Alert Managers to any situation at work which might present a serious and imminent danger.
- Inform management of any shortcomings in existing arrangements for Health & Safety Risks.

**Contractors**

All Contractors contracted by the Trust must receive a copy of this policy in accordance with the Trust ‘Safe Control of Non Clinical Contractors Procedure’ found on the Trust’s Intranet.

Contractors must ensure goods and services are fit for the purpose for which they were designed, specified or contracted and that their activities do not pose a risk to patients, staff, others, their own employees or the objectives of the Trust.

All contractors must comply with current legislative requirements, Trust policies, safe systems of work and their own industry Approved Codes of Practice and Standards.

**Other Employers (i.e. not Stockport NHS Foundation Trust)**

Other Employers sharing the Trust’s Sites and Facilities are expected to co-operate with regard to Health and Safety.

They will be expected to ensure that their employees behave in a manner that does not pose a risk to themselves, colleagues, Trust Staff, patients and visitors, or the objectives of the Trust, and comply with the Trust’s Health & Safety instruction.

**Others**

The roles and responsibilities of members of staff who have been nominated to have specific Health & Safety roles are included in the subject specific policies and procedures and guidelines found on the Trust Intranet, for example:

- Manual Handling Co-ordinators
- Fire Wardens
- Union Safety Representatives
- Resilience officers
- Emergency first aiders

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## CONSULTATION

### Risk Management Committee

The Risk Management Committee is chaired by the Chief Executive and is responsible for providing assurance to the Board of Directors that the organisation's Health & Safety issues are addressed and escalated appropriately..

### Audit Committee

The Audit Committee is chaired by a Non-Executive Director and is responsible for providing assurance to the Board of Directors that the organisation's Health & Safety management systems and financial controls are effective. An essential element of this assurance will include a review of the Trust's risk management framework.

The Internal Audit department will annually undertake an assessment of the Trust's financial management, governance, and Health and Safety/Risk Management arrangements

### Consultation and Co-Operation with Health & Safety Joint Consultative Group

Management fully accepts its responsibilities under Health & Safety legislation and recognises that these cannot be fully discharged without co-operation of employees at all levels.

The Overall aim of the Health & Safety Joint Consultative Group is to:

- Develop and promote health and safety, patient safety and risk management strategies in the Trust.
- Provide assurances that the key risks associated with health and safety, patient safety and risk management strategies are managed.
- Provide a forum for consultation between safety representatives and managers on all risk related issues.
- Ensuring that where the Trust shares accommodation or provides joint services, there is demonstrable evidence of co-operation and co-ordination of Health & Safety measures.
- Discuss Health & Safety matters identified by individual Safety Representatives and Management which have not been resolved through the appropriate Divisional structure.
- Comment on draft Health & Safety Trust policies and procedures. Trust policies are approved by the Joint Consultative Team and Health & Safety policies will have benefited from comments by this committee.
- Consider any matters of a general nature affecting the Health & Safety of Trust employees.
- Review the effectiveness of Health & Safety training for employees.
- Consider the impact of new legislation, Codes of Practice and Guidance which may affect Health & Safety matters in the Trust.
- Act as a communication channel for increasing awareness of Health & Safety matters and promoting employee's responsibilities in safety and accident prevention.

The meeting **will not** consider or discuss issues which may be the subject of individual or collective grievances, or disciplinary matters.

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## ARRANGEMENTS FOR MANAGING HEALTH AND SAFETY

### Policies, Procedures and Codes of Practice

All policies and procedures approved by the Trust Executive, Quality Committee, Risk Management Committee, the Health & Safety Joint Consultative Group Committee are accessible on the Trust intranet as each policy or procedure is reviewed. Managers will ensure that each member of staff is made aware of and understands those documents that apply to them.

### Health & Safety Strategy

A Health & Safety Annual Strategy will be devised to identify the key performance indicators to be met by all operational business groups and corporate services. The KPI's will be monitored through the Health & Safety JCC and report to the Risk Management Committee

### Identifying Hazards, and Assessing, Controlling & Monitoring Risks

Each area of the Trust is inspected at regular intervals to identify hazards in the workplace. The hazards that cannot be immediately eliminated are subjected to risk assessment.

Assessments are carried out by the persons responsible for the specific business area or other competent person. Assessments are recorded and should be produced in consultation with persons directly affected.

Trust wide Hazard Inventories are completed at local level every 2 years and reviewed and held by the Corporate Quality Governance Team

Risk assessments are reviewed regularly and supported by a programme of safety inspections. Reports are presented to the Health & Safety Joint Consultative Group for consideration and follow up where required.

Safety Management system audits are carried out on a 12 month programme, executive summaries are presented to the Health & Safety Joint Consultative Group for consideration and follow up where required. Follow up inspections are carried out to monitor progress.

### Accident, Incident and Hazard Reporting

All accidents, incidents, hazards, near misses and violent occurrences, which occur on Trust premises, are to be reported on the Datix incident reporting system.

It is the responsibility of the Manager in whose area the accident occurred to ensure that an adequate report is made and followed up where appropriate. The SoP for investigating accidents, complaints and claims must be followed at all times. Accidents/Incidents & serious events involving clinical risk are reviewed under the Trust's Clinical Governance arrangements.

Accidents that fall under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are reported by the Risk and Safety team on behalf of the Trust. Accidents and diseases that arise out of or in connection with work must be reported to the Health & Safety Executive (HSE). The HSE has laid down criteria for these types of accidents and some of these are given below:

- **Deaths and injuries**

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If someone has died or has been injured because of a work-related accident this may have to be reported. Not all accidents need to be reported, other than for certain gas incidents, a RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable

• **Specified injuries to workers**

Specified injuries are

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - o covers more than 10% of the body
  - o causes significant damage to the eyes, respiratory system or other vital organs
- any scalding requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - o leads to hypothermia or heat-induced illness
  - o requires resuscitation or admittance to hospital for more than 24 hours

• **Over-seven-day incapacitation of a worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

• **Over-three-day incapacitation**

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.

• **Non-fatal accidents to non-workers (e.g. members of the public)**

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute ‘treatment’ in such circumstances.

• **Occupational diseases**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;

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any disease attributed to an occupational exposure to a biological agent

**Training and Information**

Training is an essential component of an effective Health & Safety Management system and it is essential that all levels of staff are trained to perform their job effectively and safely.

All managers will identify the Health & Safety training needs of their staff as part of their personal development. All staff identified with specific roles e.g. COSHH Assessors, Fire Marshalls and Safety Representatives will attend Health & Safety training specific to their needs.

General Health & Safety awareness will be included in the Trust Induction Programme, reinforced with more specific training as part of Department induction. Additional training will be provided when staff is exposed to new or increased risks, if there is a change in responsibilities or place of work. Refresher training will be provided as appropriate and in line with the Trust Mandatory Training.

**First Aid**

The Trust maintains suitable numbers of first aid personnel to deal with minor accidents and emergencies at the workplace. These personnel have sufficient training in accordance with statutory requirements.

**Emergency Procedures**

The Chief Executive will ensure that arrangements are in place for the development of robust plans to deal with all situations which may present serious and imminent danger to the Health & Safety of staff, patients, contractors, visitors and the wider community. These include for example:

- Major incident and Internal Disaster Plans
- Fire Evacuation Plans
- Estates continuity plans for loss of utilities and services
- Bomb threats
- Radiation and chemical release

Managers will ensure that business continuity plans are completed for areas of their responsibility, that they are maintained and communicated to their staff teams.

**Occupational Health Service**

The Trust recognises the benefit of having an Occupational Health Service in assisting managers in monitoring the work environment of all staff, in providing health surveillance as required based on assessment of staff as is appropriate to risks identified in making periodic inspections of all departments, at the request of the manager, and in drawing the attention of the managers to any Health & Safety hazards.

**10.2**

**MONITORING THIS POLICY**

The Director of Quality Governance will ensure that the Health & Safety and Risk Manager reviews this policy on an annual basis. The effectiveness of the policy and arrangements are monitored by the Health & Safety Joint Consultative Group by reviewing the following Key Performance indicators:

- Health & Safety Audit and Inspection reports
- Statutory and Mandatory Health & Safety training compliance
- Risk assessments
- Health & safety performance feedback from Business Groups

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- Incident reports and incident trend analysis including Violence and aggression trends and patterns
- Claims

## DOCUMENT LAUNCH AND DISSEMINATION

### Launch

Once approved the policy will be accessible via the Trust Policy Microsite and launched through the management cascade.

### Implementation

The implementation of systems for management of Health & Safety and reporting of risks is covered in the relevant policies and procedures found on the Trust's Intranet Site, for example:

- Incident Reporting and Management Policy/Risk Assessment SOP
  - Inpatient Falls SOP/Staff Falls SOP
  - Medical Devices
  - Security/ Violence at Work Policy/ Lone worker Policy
  - Fire Safety Policy
  - Control of Substances Hazardous to Health (COSHH)
  - Manual Handling Policy
  - Asbestos and safe work Policy
  - Display Screen Equipment Policy, WorkStation Assessment
  - Legionella Policy
  - Control of Contractors
- (this list is not exhaustive)

### Dissemination

Policy will be disseminated to via members of the management cascade route and published on the Trust Intranet.

## MONITORING COMPLIANCE

The Trust will monitor, review and audit its Health & Safety performance and systems.

All identified Health & Safety risks and the effectiveness of implemented risk treatments must be monitored and reviewed on a continuous basis. To enable this, risk treatments plans must include completion or review dates and nominated responsibilities.

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The monitoring of Risk Assessment Reviews and Incident Reporting Systems will be undertaken by the Trust’s Safety and Risk Group.

**Audit**

This will involve the structured process of collecting independent information on the efficiency, effectiveness and reliability of the total Trust Health & Safety risk management system and drawing up plans for corrective action.

This will be undertaken by the Internal Audit Department and monitored by the Trust’s Audit Committee.

**Process for monitoring compliance with this policy**

CQC Regulated Activities	Process monitoring for e.g.	Responsible individual/group/committee	Frequency of monitoring	Responsible individual/group/committee for review of results	Responsible individual/group/committee for development of action plan	Responsible individual/group/committee for monitoring action and implementation
17	Annual Safety Report	Risk & Safety Department	Annual	<ul style="list-style-type: none"> <li>R5isk Management Committee</li> <li>Trust Board</li> </ul>	Risk & Safety Department	<ul style="list-style-type: none"> <li>Risk &amp; Safety Department</li> <li>Risk Management Committee</li> </ul>
17	Monitor and Review Corporate Risk Register	Risk & Safety Department	Monthly	<ul style="list-style-type: none"> <li>Risk Management Committee</li> <li>Trust Board</li> </ul>	Business Group / Directorate Departmental Managers	<ul style="list-style-type: none"> <li>Business Group / Directorate</li> <li>Departmental Managers</li> <li>Risk Management Committee</li> </ul>
17	Monitor and Review Assurance Reports	Quality Governance Group	Monthly	<ul style="list-style-type: none"> <li>Risk Management Committee</li> </ul>	Business Group / Directorate Departmental Managers	<ul style="list-style-type: none"> <li>Business Group / Directorate</li> <li>Departmental Managers</li> <li>Risk Management Committee</li> </ul>
18	Internal Audit	Internal Auditors	Annual Rolling Programme	<ul style="list-style-type: none"> <li>Business Group / Directorate</li> <li>Ward / Departmental Managers</li> </ul>	Business Group / Directorate Departmental Managers	Non-Executive Directors

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## REFERENCES AND ASSOCIATED DOCUMENTATION

### PRINCIPLE LEGISLATION/GUIDANCE

- The Health & Safety at Work Act 1974
- The Management of Health & Safety at Work Regulations 1999 (amended)
- The Workplace (Health, Safety and Welfare) Regulations 1992 (amended)
- ISO 45001:2018 – Occupational Health & Safety management systems – Requirements and guidance for use
- Successful Health & Safety Management HSG 65 (HSE Guidance)

### Additional Legislation (this is not an exhaustive list):

- The Personal Protective Equipment Regulations 1992 as amended by the (Miscellaneous Amendments) Regulations 2002
- The Work at Height Regulations 2005
- The Regulatory Reform (Fire Safety) Order 2005
- Control of Noise at Work Regulations 2005
- The Control of Substances Hazardous to Health Regulations 2002.
- Health & Safety (Display Screen Equipment) Regulations 1992 (as amended 2013)
- Manual Handling Operations Regulations 1992 as amended by the (Miscellaneous Amendments) Regulations 2002
- Provision and Use of Work Equipment Regulations 1998
- Health & Safety (First Aid) Regulations 1981 (amended 2013)
- Employers’ Liability (Compulsory Insurance) Act 1969
- Electricity at Work Regulations 1989
- Construction (Design and Management) Regulations 2015
- Gas Safety (Installation and Use) Regulations 1994
- Dangerous Substances and Explosive Atmospheres Regulations 2002
- Equality Act 2010
- Ionising Radiations Regulations 1999
- Lifting Operations and Lifting Equipment Regulations 1998
- Health & Safety (Consultation with Employees) Regulations 1996
- Safety Representatives and Safety Committees Regulations 1977
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

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## EQUALITY IMPACT ASSESSMENT

**Office Use Only**

Submission Date:	03/03/2021
Approved By:	A Hussain
Full EIA needed:	Yes/No

**Equality Impact Assessment – Policies, SOP’s and Services not undergoing re-design**

1	<b>Name of the Policy/SOP/Service</b>	Health & Safety Policy	
2	<b>Department/Business Group</b>	Governance	
3	<b>Details of the Person responsible for the EIA</b>	<b>Name:</b> <b>Job Title:</b> <b>Contact Details:</b>	Andrew Clarke Health & Safety and Risk Manager 0161 419 4315
4	<b>What are the main aims and objectives of the Policy/SOP/Service?</b>	This document describes the Organisational responsibilities, the arrangements, the implementation and the monitoring process of this Health & Safety Policy providing the principles of effective integrated Health & Safety management and to outline the commitment, aims and objectives of the Trust in making continuous progress in the development of a positive Health & Safety culture.	

For the following question, please use the EIA Guidance document for reference:

**10.2**

5	<b>A) IMPACT</b>	<b>B) MITIGATION</b>
	<p>Is the policy/SOP/Service likely to have a <u>differential</u> impact on any of the protected characteristics below?</p> <p>Please state whether it is positive or negative. What data do you have to evidence this?</p> <p><b>Consider:</b></p>	<p>Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?</p> <ul style="list-style-type: none"> <li>✓ Think about reasonable adjustment and/or positive action</li> <li>✓ Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints.</li> </ul>

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	<ul style="list-style-type: none"> <li>• What does existing evidence show? E.g. consultations, demographic data, questionnaires, equality monitoring data, analysis of complaints.</li> <li>• Are all people from the protected characteristics equally accessing the service?</li> </ul>	<ul style="list-style-type: none"> <li>✓ Assign a responsible lead.</li> <li>✓ Produce action plan if further data/evidence needed</li> <li>✓ Re-visit after the designated time period to check for improvement.</li> </ul> <p><b>Lead</b></p>
<b>Age</b>	<p>Positive Impact</p> <p>Workforce Data: Average age 44.5</p> <p>Stockport Population Data: Largest age band 40 – 49</p> <p>Trust Workforce: No Data</p>	<p>Age related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce the likelihood of any perceived harm so far as is reasonably practicable.</p>
<b>Carers</b>	<p>Positive Impact</p> <p>The 2011 Census showed there are 31,982 unpaid carers in Stockport. 6,970 (22% of all carers) provide 50+ hours of care per week. Signpost for Carers estimate the total value of unpaid care in Stockport is £570 million a year.</p> <p>Trust Workforce: No Data</p>	<p>Employees who also act as carers should be considered as part of this process and suitable and sufficient arrangements made to reduce the likelihood of any perceived harm so far as is reasonably practicable.</p>
<b>Disability</b>	<p>Positive Impact</p> <p>The 2011 census indicates that 18.4% of Stockport residents are living with a limiting long-term illness</p> <p>Trust Workforce: 3.32% report disability.</p> <p>11.94% not declared</p>	<p>Ability related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce the likelihood of any perceived harm so far as is reasonably practicable.</p>
<b>Race / Ethnicity</b>	<p>Positive Impact</p> <p>Stockport's Black &amp; Minority Ethnic (BME) population has risen from just 4.3% in 2001</p>	<p>Race related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce</p>

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	to around 8% at the 2011 Census  Trust Workforce: BAME make up 16.18%	the likelihood of any perceived harm so far as is reasonably practicable.	
<b>Gender</b>	Positive Impact  Stockport's population is split almost equally by gender (51.1% female, 48.9% male), which mirrors the national trend.  Trust Workforce: 79.9% female	It is not anticipated that implementation of this policy will be an issue within the realm of this characteristic.	
<b>Gender Reassignment</b>	Positive Impact  It is estimated that 1% of the UK population is gender variant, based on referrals to and diagnoses of people at gender identity clinics. This would equate to 3,000 people in the borough  Trust Workforce: No Data	Gender related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce the likelihood of any perceived harm so far as is reasonably practicable.	
<b>Marriage &amp; Civil Partnership</b>	Positive Impact  38% married  0.2% of people in the 2011 census were in a civil partnership – a figure which is consistent across Stockport, the North West and nationally.  Trust Workforce: 54.9% married & 0.7% Civil Partnership	Personal circumstance related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce the likelihood of any perceived harm so far as is reasonably practicable.	
<b>Pregnancy &amp; Maternity</b>	Positive Impact  2% fertility rate  On average there are over 3,300 births to Stockport resident mothers each year.	New or expecting mother related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce the likelihood of	

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	Trust Workforce: 2.14% on maternity or adoption leave*	any perceived harm so far as is reasonably practicable.	
<b>Religion &amp; Belief</b>	<p>Positive Impact</p> <p>The majority of Stockport residents are Christian (63.2% - down from 75% at the last census), which is 4% greater than the national average.</p> <p>Trust Workforce: 52.47% Christian</p>	Belief related issues are an inclusive part of this process and require suitable and sufficient arrangements made to reduce the likelihood of any perceived harm so far as is reasonably practicable	
<b>Sexual Orientation</b>	<p>Positive Impact</p> <p>It is estimated that 5-7% of the UK population is LGB, which would equate to 15-21,000 people in the borough.</p> <p>Trust Workforce: 2.12% LGBT</p> <p>20.09% did not want to declare</p>	It is not anticipated that implementation of this policy will be an issue within the realm of this characteristic.	
<b>General Comments across all equality strands</b>	<p>The Health and Safety at Work etc. Act places a statutory duty on the Trust to ensure the health and safety of all those affected by its undertaking. By undertaking suitable and sufficient localised risk assessments, all equality issues should be identified and adequately mitigated.</p> <p>General risk assessments must consider all persons to whom the Trust owes a duty of care under health and safety law.</p>	<p>Through continual review and promotion of the safety culture by active engagement with all employees, it is anticipated that any issues which may arise will be dealt with appropriately and expediently.</p> <p>The equality analysis will form part of the published policy which will be made available to all employees and stakeholders.</p>	

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**Action Plan**

**What actions have been identified to ensure equal access and fairness for all?**

Action	Lead	Timescales	Review & Comments

<b>EIA Sign-Off</b>	<p><b>Your completed EIA should be sent to Safina Nadeem , Equality, Diversity &amp; Inclusion Manager for approval:</b></p> <p><a href="mailto:equality@stockport.nhs.uk">equality@stockport.nhs.uk</a></p> <p><b>0161 419 4784</b></p>
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DRAFT

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## DOCUMENT INFORMATION

Type of Document	Policy			
Title	Health & Safety			
Version Number	8			
Consultation	Health & Safety Joint Consultative Group Business Group Quality Boards			
Recommended By:	Risk and Safety Department			
Approved By:	1. Risk Management Committee 2. Trust Board			
Approval Date	1. 10.03.2021 2.			
Next Review Date	June 2023			
Document Author	Health & Safety Risk Manager Deputy Director of Quality Governance			
Document Director	Chief Nurse			
For use by:	All Trust employees			
Specialty / Ward / Department (if local procedure document)	All areas			
Version	Date of change	Date of release	Changed by	Reason for change
V8	March 2021		Health & Safety and Risk Manager	Refresh & Update of content
V7	March 2019		Deputy Director of Quality Governance	Refresh & Update of content

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## Appendix 1 – Role & Function of Safety Representatives

### ROLE AND FUNCTION OF SAFETY REPRESENTATIVES

#### INTRODUCTION

The purpose of this document is to outline the following in relation to Safety Representatives:-

- (i) Roles and Responsibilities
- (ii) Consultation
- (iii) Access to information

This is covered by the following regulations:

- The Safety Representatives and Safety Committees Regulations 1977
- The Health & Safety (Consultation with Employees) Regulations 1996
- The Management of Health & Safety at Work Regulations 1999

#### Roles of Safety Representatives:

Under the ‘The Safety Representatives and Safety Committees Regulations 1977’ the roles of Union Safety Representatives are:-

- To investigate possible dangers at work, the causes of accidents there and general complaints by employees on Health & Safety and Welfare issues and to take these matters up with the employer
- To carry out inspections of the workplace particularly following accidents, diseases or other events
- To represent employees in discussions with Health & Safety inspectors and to receive information from those inspectors
- To attend safety meetings

It is important to note that the above are ‘functions’ not duties, therefore a safety representative does not take any legal responsibility for a course of action agreed with a manager/supervisor.

#### **Consultation:**

The Health & Safety (Consultation with Employees) Regulations 1996 says that consultation with employees is not simply the provision of information but involves listening to, and taking account of views before a decision is taken. Consultation should take place on: -

- The introduction of any measure at the workplace which may substantially affect Health and Safety
- The arrangements for appointing competent people to assist with implementing procedures for serious and imminent risk
- Any Health & Safety information the employer is required to provide
- The planning and organisation of Health & Safety Training

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- The Health & Safety implications of the introduction (or planning) of any new technology

**Access to Information:**

The Health & Safety (Consultation with Employees) Regulations 1996 require employers to provide enough information to allow Safety Representatives to take a full and effective part in consultation and to enable them to carry out their functions. This is qualified with the statement “information within the employer’s knowledge”.

The approved code of practice for these regulations sets out the type of information that should be made available:-

- Plans, performance and any changes proposed which may affect health and safety.
- Technical information about hazards and necessary precautions, including information provided by manufacturers, suppliers, inspectors etc.
- Information and statistical records on accidents, dangerous occurrences and notifiable industrial diseases
- Any other information specifically related to matters affecting the Health & Safety at work of employees such as measures to check the effectiveness of Health & Safety arrangements
- Information on articles and substances issued to home workers

There are exceptions to the requirement on information disclosure. These are:-

- Where disclosure of such information would be "against the interests of national security".
- Where it would contravene a prohibition imposed by law.
- Any information relating to an individual (unless consent has been given).
- Information that would damage the employer's undertaking.
- Information obtained for the sole purpose of bringing, prosecuting or defending legal proceedings.

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<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Stockport System Improvement Programme		
<b>Report of:</b>	Chief Executive	<b>Prepared by:</b>	Chief Executive

## REPORT FOR INFORMATION

<b>Corporate objective ref:</b>	N/A	<b>Summary of Report</b>  The following report is a revised improvement programme which was presented to Stockport System Improvement Board (SSIB) on 18 March 2021.  The programme summarises the key improvements delivered since the CQC inspection in January 2020 and addresses the compliance requirements for the organisation.  The Board of Directors are recommended to: <ul style="list-style-type: none"> <li>• note the content of the programme</li> <li>• support the key aims and next steps set out; and</li> <li>• receive assurance that the programme will address all aspects of compliance</li> </ul>
<b>Board Assurance Framework ref:</b>	N/A	
<b>CQC Registration Standards ref:</b>	N/A	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

<b>Attachments:</b>	Annex A – System Improvement Programme
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee <input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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# Stockport System Improvement Programme to address compliance requirements

## March 2021

Making a difference every day

1	Summary of Improvements Delivered
2	Improvement to Serious Incidents
3	Ward Accreditation
4	CQC Section 29A Warning Notice Assurance
5	CQC Action Plan
6	Governance Development
7	Mortality
8	Ongoing System Support Requirements
9	Taking External Assurance
	Questions

# 1. Summary of Improvements Delivered

	<b>Cleared backlog of overdue Patient Safety Alerts</b>		<b>Cleared backlog of overdue serious incident investigations</b>		<b>Reduced exposure to serious incidents</b>
	<b>Board visibility of material risks enhanced Improved compliance with blood tracking and traceability</b>		<b>Enhanced inquest handling, Reduction in maternity divers</b>		<b>Reduction in 12 hour ED breaches</b>
	<b>Reduction in falls</b>		<b>Reduction in infections including Clostridium Difficile</b>		<b>Reduction in PFDs from HM Coroner</b>
	<b>Improvements in provision for mental health patients in ED</b>		<b>Improvements in safe staffing levels</b>		<b>Zero failures to implement CAS Alerts</b>
		<b>Positive outcome following re-inspection of ED by CQC in August</b>			
				<b>Positive outcome following HSE Inspection of Covid-19 Security</b>	

2

## Improvement to Serious Incidents

### Key Aims

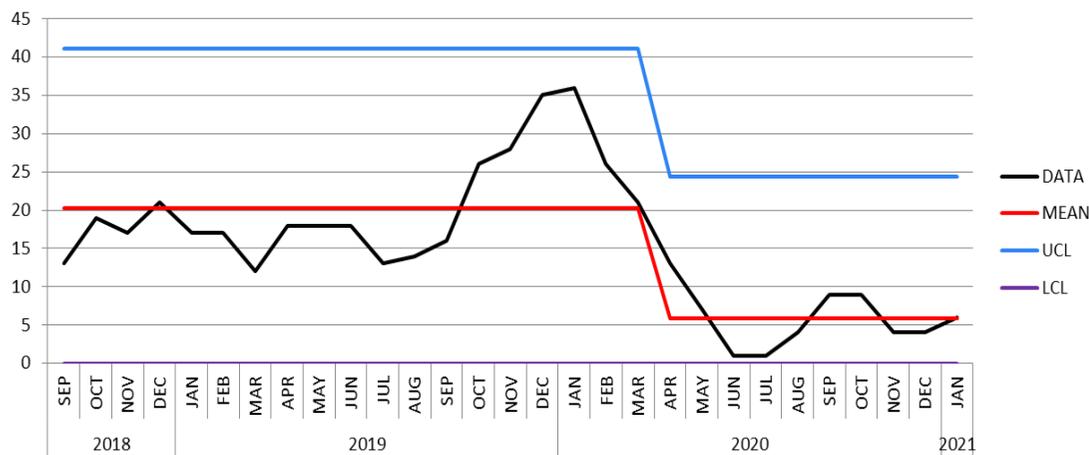
- a) Apply and comply with NHS England's Serious Incident Framework 2015 Reduce the risk of serious harm by promoting a culture of reporting and learning by **31<sup>st</sup> March 2022**
- b) Reduce the frequency of serious incidents in those categories that account for 80% of serious events by **31<sup>st</sup> March 2022**
- c) Achieve zero never events for at least 12 consecutive months or more by end of **2021/22**

# 2a. Incident Reporting – Current Position

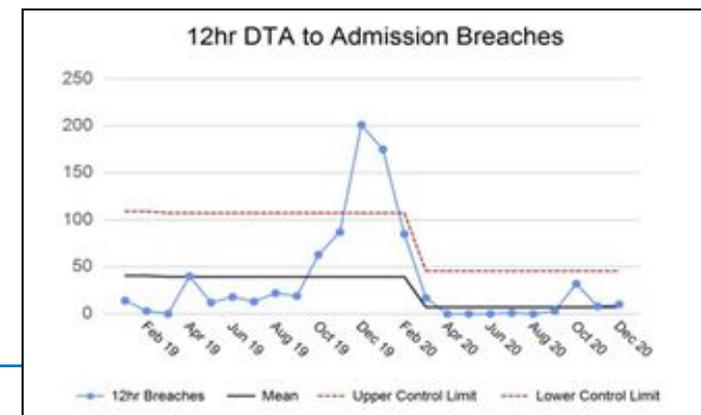
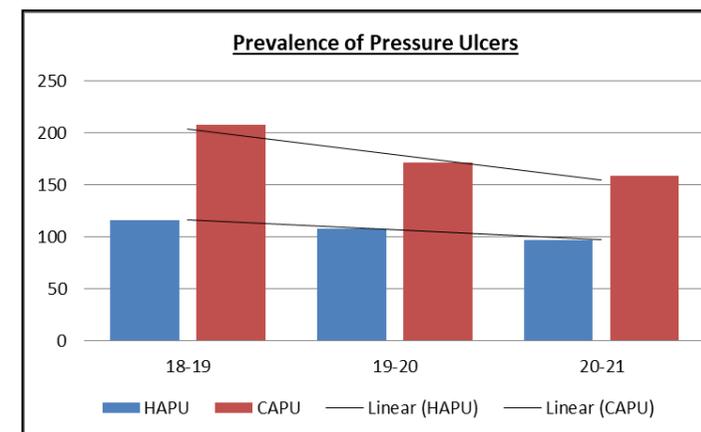
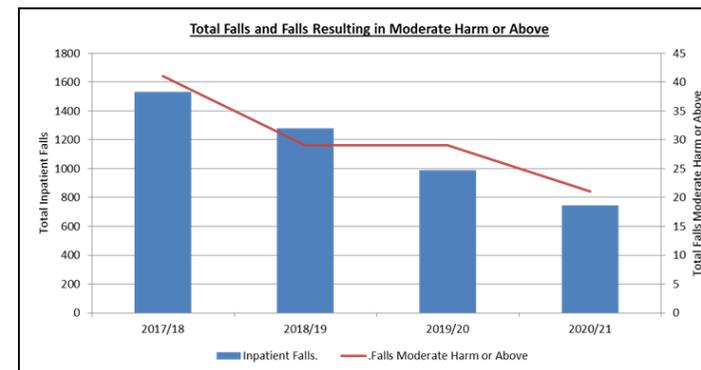


Stockport  
NHS Foundation Trust

SFT: SI Frequency Sept 2018-Jan 2021



- Exposure to serious incidents has significantly reduced during the course of 2020/21; the need for further improvement is understood.
- Driven largely by improvements in 12-hour trolley breaches and Maternity Diverts, alongside attention to pressure ulcer and falls management
- The Trust is forecasting an outturn of no more than 74 serious incidents by close of 2020/21, this equates to 195 fewer serious incidents than 2019/20.



## 2b. Action on Falls

**Aims:** Reduce all falls by 10% by end March 2022  
Reduce falls with moderate harm/above by end March 2022

### Next Steps:

- Focus on **minimising unwarranted inter-hospital patient transfers.**
- Utilise patient-level tracking tool to challenge and monitor patient transfers during episode of care
- Re-establish **'Falls Sensors' programme** – (pilot had been unavoidably postponed due to COVID-19 )
- Close monitoring of intentional rounding
- Reality rounding by senior nursing team
- Overarching **Falls Action Plan for each directorate** will be monitored at the Quality & Safety Improvement Strategy Group
- Ward to board assurance through the Quality Committee

## 2c. Action on Pressure Ulcers

**Aims:** Reduce pressure ulcers by 20% by end March 2022

### Next Steps:

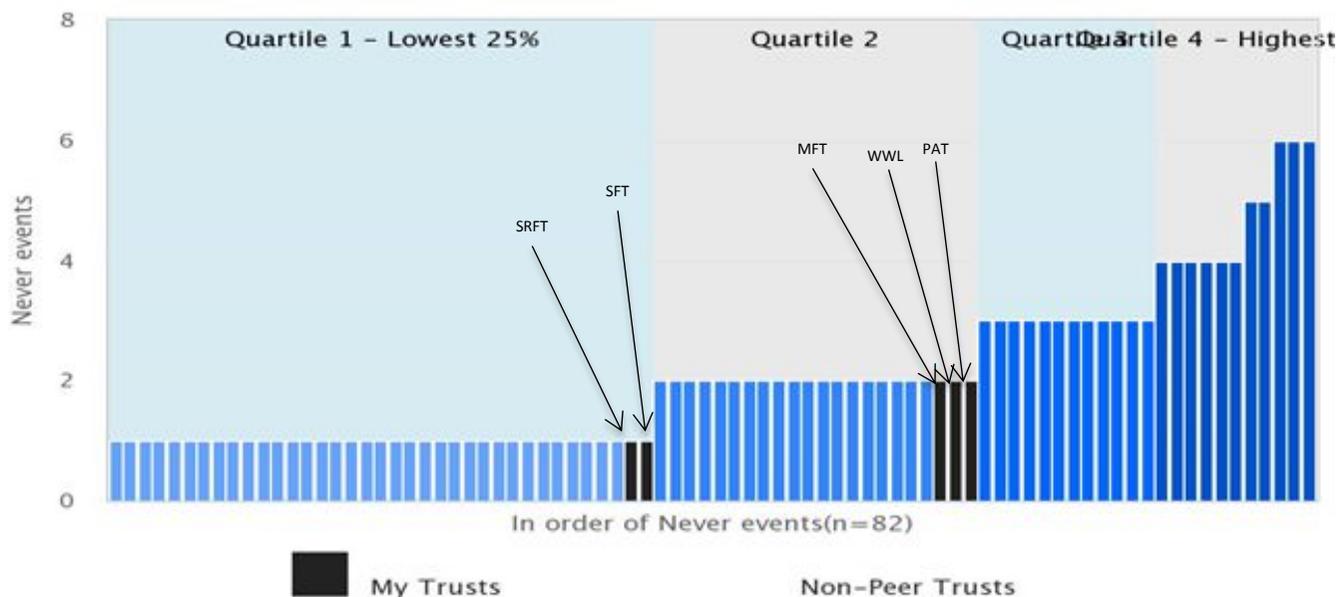
- Bespoke training for Health Care Assistants
- Develop a training package for Doctors
- Monitor intentional rounding compliance
- Weekly harm free care panels for scrutiny and shared learning
- Reality rounding by senior nursing/midwifery/AHP team
- Ward to Board assurance through the Quality Committee

# 2d. Never Events

**Aims:** Zero never events over 12 month period

**Comparatively low risk** compared to peers, data source Model Hospital

Never events , National Distribution



**Historical Performance**

- Sep 2020 Wrong patient procedure
- Nov 2019 Retained FB post procedure
- Sep 2019 Overdose of insulin due to abbreviations or incorrect device
- Oct 2018 Retained FB post procedure

3

## Ward Accreditation

### Key Aims

- a) Establish a clear line of sight from ward to Board of Directors for key care metrics
- b) To be developed and launched by April 2021
- c) All wards to be accredited, ratings published and action plan in place by 31st March 2022

## 3a. Progress to Date

- **Ward Accreditation Programme in development.** Being aligned to the Northern Care Alliance approach to and extended at Stockport to include community maternity and paediatrics.
- **Launch** date for new programme **planned for April 2021**
- Quality team leading the programme
- Associate Nurse Directors involved in assessments
- All wards and areas to be assessed during 2021/22

4

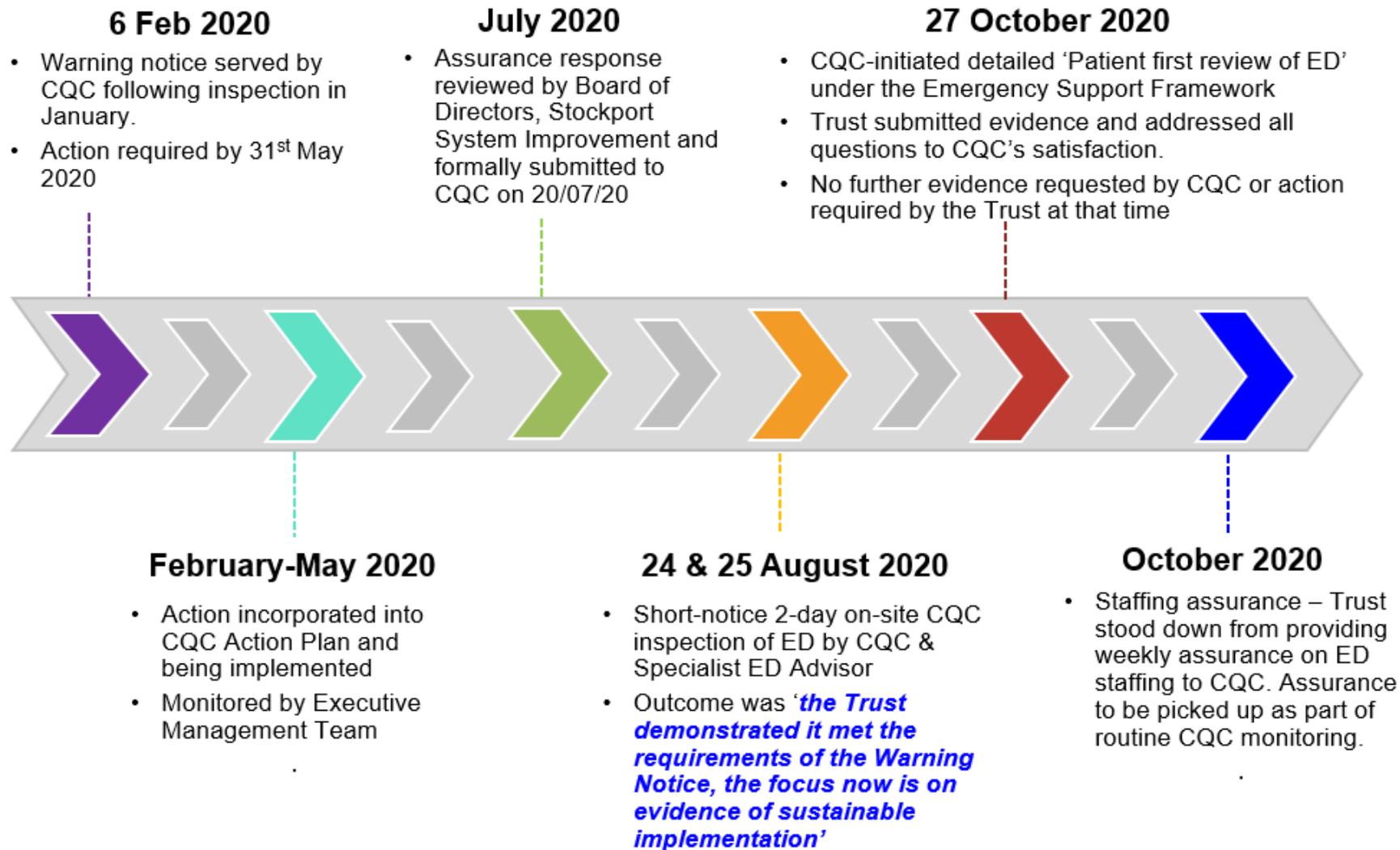
## CQC Section 29A Warning Notice Assurance

### Key Aims

To address the issues raised relating to

- a) Safety in the Emergency Department & flow
- b) Levels of safe nurse staffing
- c) Governance & assurance framework

# 4a. Section 29a Timeline



## 4b. ED Improvement Plan

### Summary of Evidence of Implementation

Staffing numbers	<ul style="list-style-type: none"> <li>Establishment increased by 2.81WTE</li> <li>Vacancies now 16.94 (was 40.06 in April 2020).</li> <li>6 week electronic rota in place</li> <li>Time allocated within rotas for training</li> <li>Alcohol Nurse and Clinical Practice Facilitator commenced in post</li> </ul>
Safeguarding children training completion	<p>As at 4<sup>th</sup> February 2021 compliance is:</p> <ul style="list-style-type: none"> <li>Level 1 100%</li> <li>Level 2 91.3%</li> <li>Level 3 77.98% - management now requested to complete. Training being delivered 05 February 2021</li> </ul>
Quality metrics	<ul style="list-style-type: none"> <li>9 out of 12 ED quality standards being met</li> <li>Areas for improvement are pain management, falls assessment and catheter care</li> </ul>
Governance	<ul style="list-style-type: none"> <li>ED Quality Meeting established to oversee and drive accountability</li> <li>Risk register rebuilt and reviewed by Executive-led Risk Management Committee</li> <li>ED Quality dashboard in place reviewed each month at Executive-led Patient Safety &amp; Quality Group meeting and on behalf of the Board at Quality Committee</li> </ul>
Mental health support	<ul style="list-style-type: none"> <li>Enhanced partnership working with Pennine Care Trust</li> <li>Mental Health Board monthly</li> <li>SOP to govern Mental Health Risk Assessment and supervision in operation in ED</li> <li>SOP audited – compliance 83%</li> </ul>
Patient feedback	<ul style="list-style-type: none"> <li>94% positive feedback for people using ED service</li> </ul>
Next steps	<ul style="list-style-type: none"> <li>Continue to develop dementia-friendly care environment within ED footprint</li> <li>Action underway to drive improvement in those quality metrics not yet met</li> </ul>

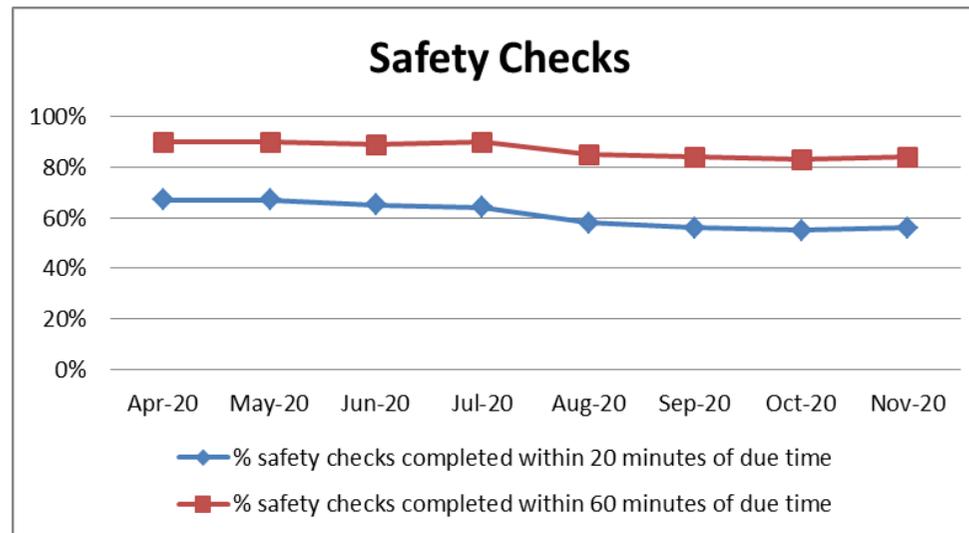
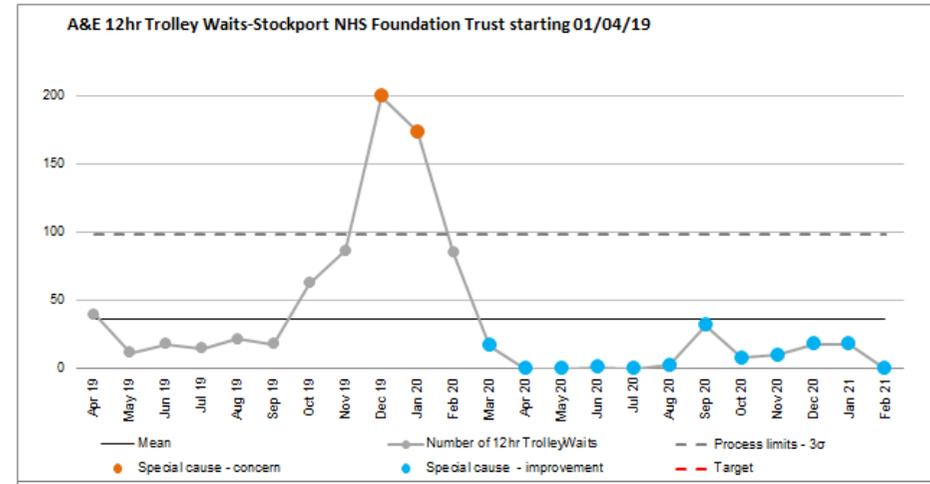
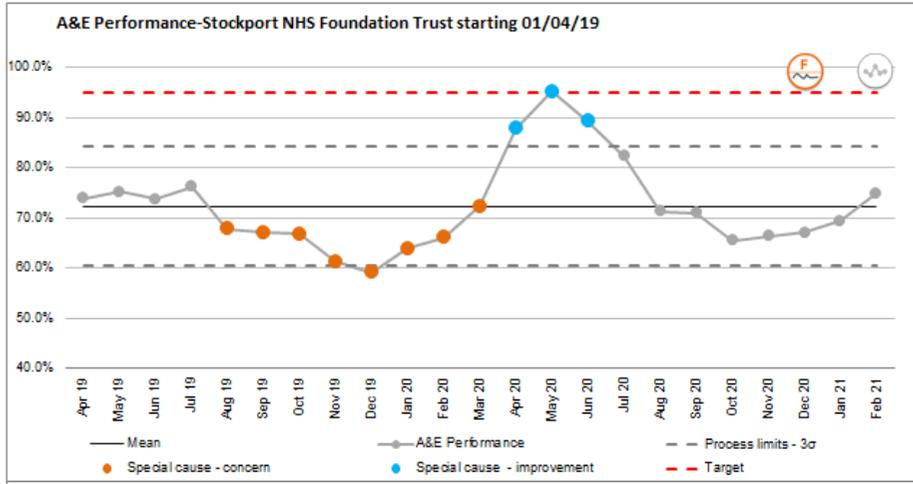
## 4c. ED Improvement

Assurance reports have been kept under review by the Executive Team, Patient Safety & Quality Group and Quality Committee on behalf of the Board.

The data shows that after a period of good compliance during Aug/Sep/Oct, there was a deterioration in performance in Nov 2020 which has subsequently improved against all measures.

Measure of Improvement	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Trend
Catheter Care	80%	95%	94%	74%	76%	85%	
Discharge	96%	98%	100%	95%	89%	93%	
Documentation	91%	100%	100%	77%	100%	100%	
Falls Assessment	74%	92%	84%	55%	68%	81%	
Infection Prevention	88%	98%	93%	88%	85%	96%	
Medication Assessment	93%	97%	96%	92%	92%	96%	
Nutrition	94%	100%	90%	79%	89%	90%	
Pain	85%	82%	89%	62%	67%	71%	
Patient Observations	89%	97%	95%	74%	86%	91%	
Privacy & Dignity	96%	95%	96%	84%	96%	98%	
Tissue Viability	86%	94%	71%	40%	85%	89%	
<b>Aggregate Performance</b>	<b>88%</b>	<b>95%</b>	<b>92%</b>	<b>75%</b>	<b>85%</b>	<b>90%</b>	

# 4d. ED Performance – Current Data



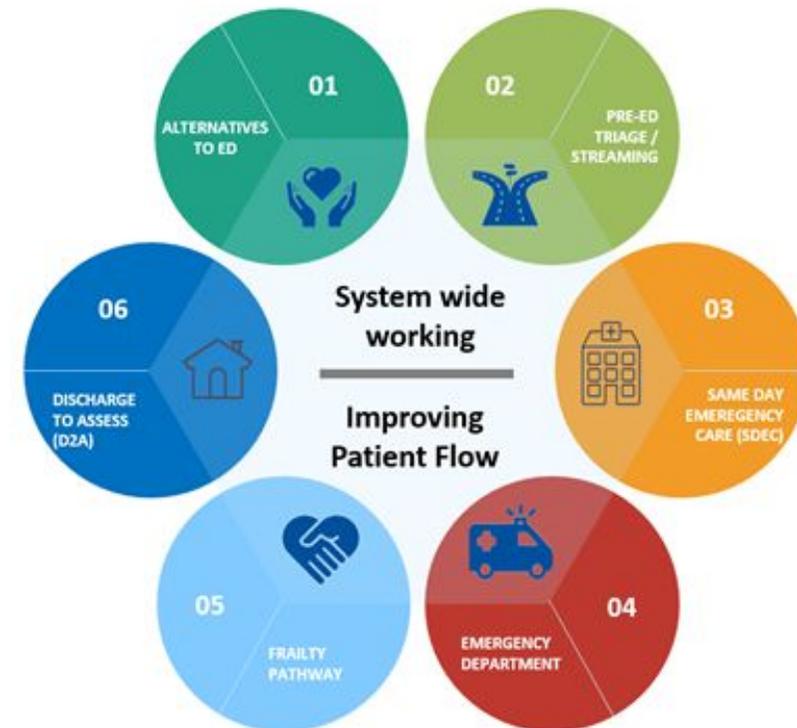
### Ongoing actions to deliver improvements include:

- Be clear of patients in scope of the audit and improve data quality by March 2021.
- Reset trajectory to 100% of those in scope by April 2022.
- Advantis™ training is to be updated. This is currently being tested prior to roll out.
- The roles and responsibilities for the Shift Coordinator for Majors Area.
- A daily audit by senior nurses of daily checks to support compliance.
- Review of medical rotas to ensure 7 day sustainability
- Review of medical bed base allocation and senior decision making

## 4f. Improving Patient Flow

**System Leadership - Working in partnership to manage patients safely with minimal delays in their pathway through care .** We are working with our systems partners on a number of initiatives to improve patient flow in order to ensure safe and effective care, improved patient and staff experience.

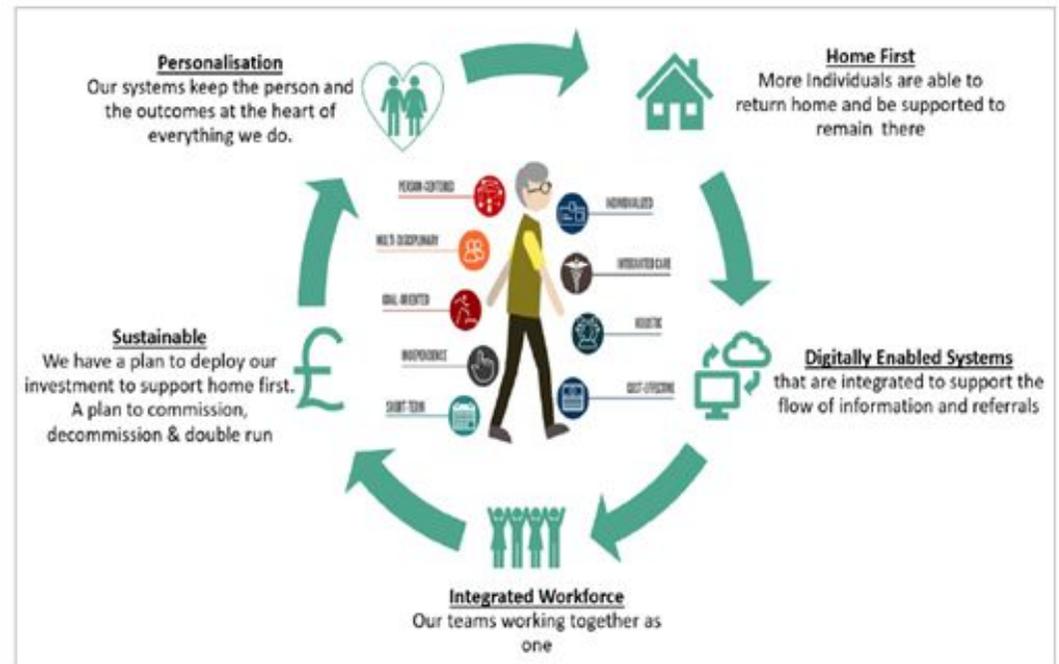
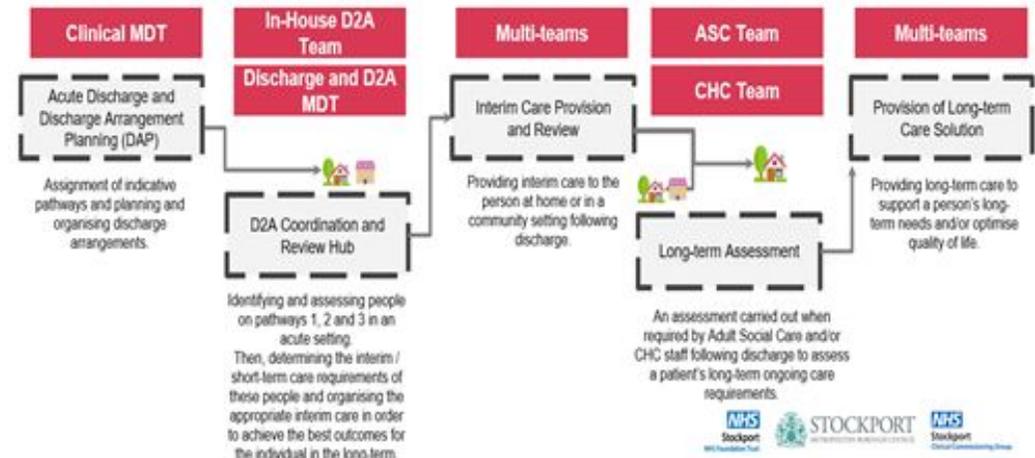
There is a significant amount of skills, knowledge and experience in the Stockport health and care system. By leading our own system change we are continuing to build trust, and further develop relationships, making the cultural changes that are required for the future. Our own front line teams are owning the changes and taking forward the plans we have agreed, and have worked tirelessly through difficult times of late. As system leaders we are jointly fully supportive and will provide the necessary leadership and governance to ensure successful delivery of our programme.



# 4g. Discharge to Assess

The operating model for D2A at Stockport details how the Stockport system will operate in order to achieve its desired vision or purpose of **getting people onto the right pathways**, and delivering the best possible outcomes for their lives.

The overall operating model functions have been defined with the purpose of **maximising outcomes and patient experience**, with the overall aim of **improving and bettering the way Stockport undertakes Discharge and D2A**, aligning with policy, reducing handoffs, and improving outcomes for our people and our staff.



## 4h. Impact of Model

### Staff Feedback

- ✓ Relationships are continuing to build and develop.
- ✓ SMBC colleagues feel that they have a better understanding of the pressures faced by SFT.
- ✓ Colleagues from across the system are actively coming together to problem solve in a productive way.
- ✓ **516** complex discharges took place in January.
- ✓ LOS from when an individual becomes MOAT to leaving has reduced from **11 days** to on average **4 days**\*
- ✓ There were more P1 than P2 on the MOAT list one day last week – first time for this! We need to see this consistently, it's a green shoot.

### Model in Practice

#### Case Study 1 :- Team Work

- The hub reported to the MDT that they were at capacity.
- As a result of this conversation REaCH were able to provide support for 9 cases by looking at the longest stayers.
- This helped the hub to free up capacity and take more discharges.

#### Case Study 2 :- Virtual Social Worker

- During critical escalation a social worker had a virtual presence in the hospital all day via the big screen.
- She joined in the huddle and then was available for any questions and to provide support throughout the day.
- All felt that this worked well and is something we want to do more and so this is being trialled this week.

# 4i. Next Steps

## Workstream 1 : Lessons Learnt & Next Steps

### Critical Escalation:-

- ✓ The MDT's were implemented at the weekend, initially in an afternoon.
  - ✓ These are now taking place in the morning to allow time for the work to be done after.
- ✓ Colleagues have reported that the MDT feels more productive at the weekend:-
  - ✓ we need to understand more about this and roll it out during the week.
- ✓ The major incident approach worked well, the team came together to support the overall objective.
- ✓ To support discharges at the weekend we need to ensure we have the right people into support:-
  - ✓ Business Support have provided some cover
  - ✓ ASC front door colleagues stood in on Saturday
- ✓ The use of Whatsapp groups has helped people to stay in touch in an efficient way.

### Next Steps:-

- ✓ Continue to embed the use of the dashboard, help us to see on a daily basis the number of admissions v discharges.
- ✓ Work together to understand what has had an impact on the days where we have high numbers of discharges (and vice versa).
- ✓ How as a system can we do this consistently?
  - ✓ Look back to the 48 moats from Christmas:- what stopped us maintaining this level?
  - ✓ How can we get back to that number?
- ✓ Reflective session with SFT colleagues.
- ✓ A session to be held with MDT chairs to capture their reflections and develop the role.
- ✓ Trackers to attend the MDT from week commencing 15<sup>th</sup> February to develop full system understanding.
- ✓ Electronic recording and monitoring of sitreps.
- ✓ Look to define our Opal response policy.
- ✓ Consider the role of virtual wards in future.
- ✓ Sustainability workstream: pick up with finance directors.



5

## CQC Action Plan Implementation

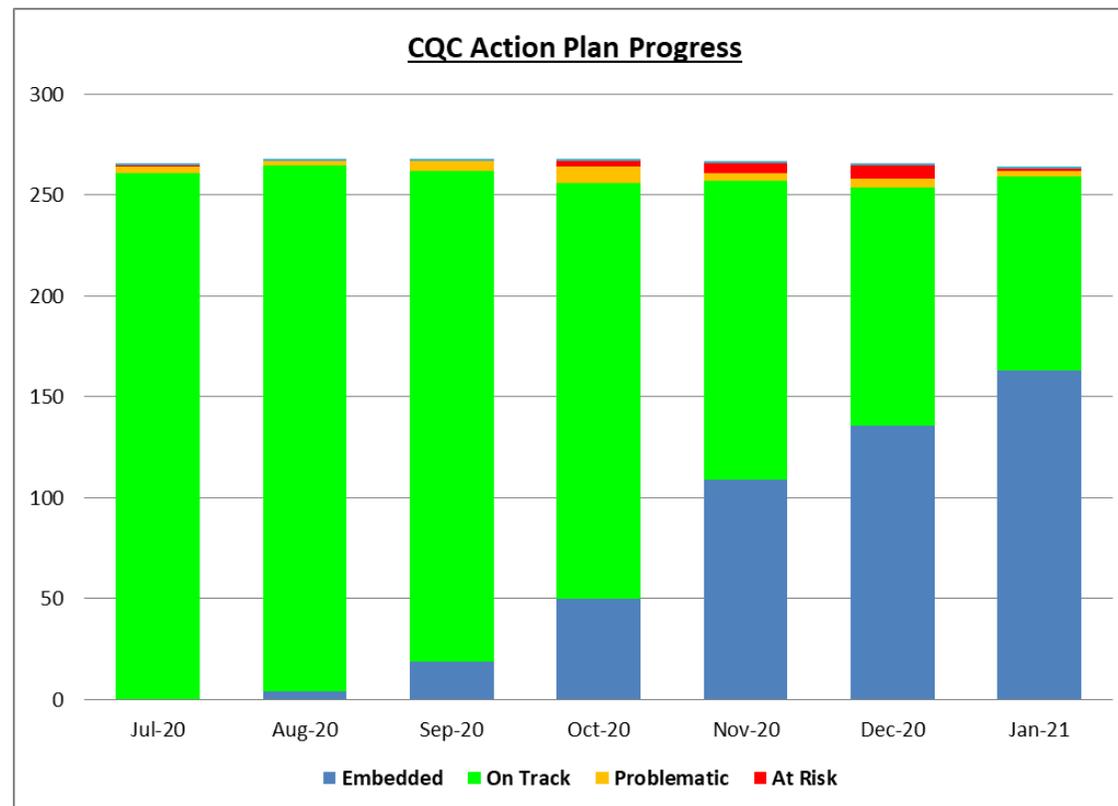
### Key Aims

To address the issues raised relating to

- a) Safety in the Emergency Department & flow
- b) Levels of safe nurse staffing
- c) Governance & assurance framework

# 5a. Action Plan Delivery

CQC Action Plan on track to be concluded by 31/03/21. Demonstrable progress made with 98% of actions embedded or on track



## 5b. Mental Health Actions

- A multi-agency Improvement approach between PCFT, SFT and the CCG to implement a recovery plan to address issues in relation to patients presenting to ED with a mental health crisis
- Support from North West NHSE/I Regional Team to SFT with its improvement work around care and treatment of people attending with mental health needs and to ensure compliance with RCEM and PLAN guidance / standards
- This improvement programme has achieved significant positive changes in operational relationships, behaviours and processes which have established a solid foundation for the next phase of urgent and emergency care transformation

# 5c. Mental Health Actions

Action	Service	Narrative	BRAG Status
All patient level risk assessments as appropriate are carried out and documented in the patient record (Sepsis; Falls; VTE; Pain; Metal Health etc.)	Urgent & Emergency Care	The Emergency Department have developed and implemented a daily safety checklist to review completion of patient level risk assessments within the department. A point prevalence audit is completed and reviewed at the monthly Business Group quality, safety and performance groups.	Regular review
Establish monthly point-prevalence audits of patient records focusing on completion of patient level risk assessments	Urgent & Emergency Care	The Emergency Department have developed and implemented a daily safety checklist to review completion of patient level risk assessments within the department. A point prevalence audit is completed and reviewed at the monthly Business Group quality, safety and performance groups.	Regular review
To complete TNA review for role specific training to include dementia, learning disabilities, autism and mental health.	All core services	All TNAs have been completed for both role specific and core competencies. These have been submitted to the central Training Department to establish further training opportunities.	
Reciprocal Training programmes with Mental Health Organisations – Partnership working	Services for Children and young people	Training programme has been developed and implemented in partnership with Pennine. In addition, Mental Health Partnership Board has now commenced with agreed terms or reference and Memorandum of understanding	
<p>- The trust to enrol with the 'We Can Talk' programme. The intro of the 'We Can Talk' Children and Young People's Mental Health (CYP MH) as a pilot project produced in collaboration with hospital staff, young people and mental health experts, together with a competency framework for hospital staff.</p> <p>- Triumvirate to lead on staff engagement (surveying, raising awareness of project, working with Trust communication teams)</p> <p>- Work with the 'We Can Talk' CAMHS lead to identify skills transfer and shared learning opportunities between mental health and acute care.</p>	Services for Children and Young People	<p>Successful enrolment onto the 'We Can Talk' programme. Development of clear pathways, Memorandum of understanding in and regular meetings established with partners including HYMS/Paediatric Interface Meeting and Mental Health Partnership Board established.</p> <p>Appointment to a fixed term, proof of concept, Children's Mental Health Practice Educator to focus on training attached training proposal, supported by a band 6 Team Leader participating in the "We can talk program".</p>	
<p>Working in partnership with Pennine Care:</p> <p>-All risk assessments to be reviewed to ensure they are age appropriate and meet the needs of the individual.</p> <p>-Ensure the staff have knowledge and skills to provide safe care to CYP with mental health concerns.</p> <p>-Development of a staff competency framework to measure knowledge and skills against.</p> <p>-Regular reporting of compliance audit shared in BG, to ET and to Board to demonstrate risk assessments are completed on the children's wards and in a timely manner.</p>	Services for Children and Young People	Reviews taken place in partnership with Pennie. TNA completed for the Services for Children and Young People. Memorandum of understanding in place and regular meetings established with partners including HYMS/Paediatric Interface Meeting and Mental Health Partnership Board established.	
Develop training programme in partnership with Pennine Care, to meet specific training needs of individual staff caring for these CYP. Support with training planning i.e. room booking/training set up, emails to delegates etc. Good robust attendance of senior team at Mental Health Liaison meetings - both for paediatrics and Trust wide.	Services for Children and Young People	Training programme has been developed and implemented in partnership with Pennine. In addition, Mental Health Partnership Board has now commenced with agreed terms or reference and Memorandum of understanding	

## 5d. Mental Health Actions

Further opportunities have been identified for next phase of improvement work; these include:

- Review opportunities for diverting/streaming patients safely to a non ED alternative setting for assessment and treatment
- Move mental health input to earlier stage of patient journey through ED to expedite assessment, care and treatment
- Strengthen community crisis responsiveness to avoid ED attendances
- Strengthen the confidence and competence of SFT and PCFT staff in supporting specific patient cohorts e.g. patients with eating disorders, personality disorder.
- Undertake a focused piece of work on High intensity Users of ED known to Secondary Care mental health services to reduce attendances
- Strengthen the integration of the Acute and crisis pathway across the wider system and explore opportunities for VCSE service delivery.

## 5e. Mental Health – aims and outcomes

High level aims and outcomes from the next stage of the improvement plan include:

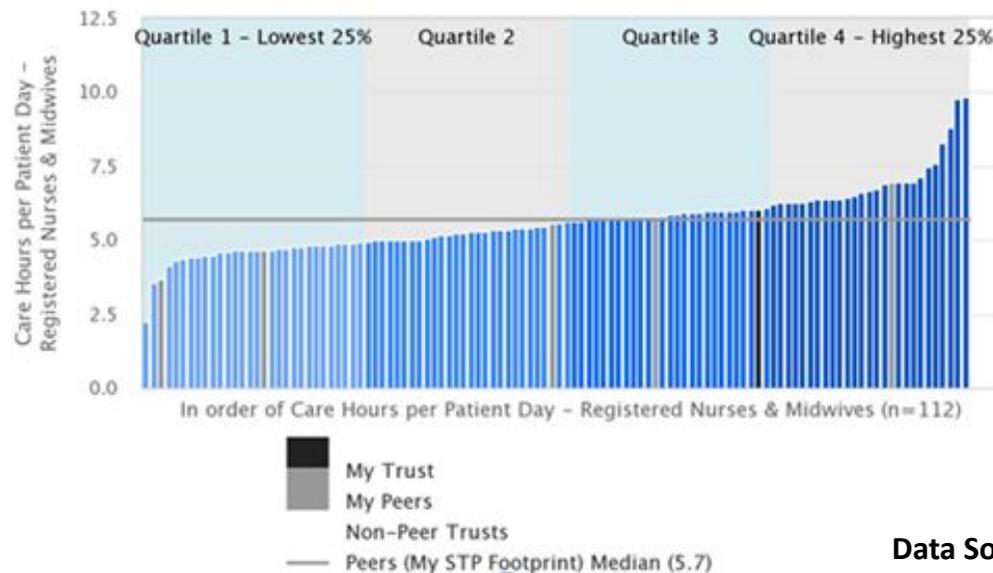
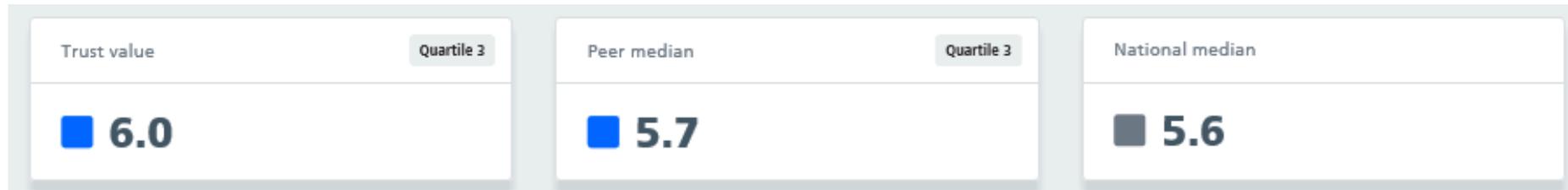
- Reduce attendances at ED for people presenting with mental health crisis
- Reduce re- attendance at ED for people diverted to alternative non ED setting
- Improve patient experience and satisfaction
- Reduce numbers of attendances at ED by patients known to Secondary Care
- Identify the top 5 HIU for review by the complex cases panel within a rolling 12 month period and track attendance
- Peer inspection as part of the PLAN accreditation process
- Business case for core fidelity developed and taken through CCG and PCFT governance processes for approval
- Increased out of hospital crisis offers available

# Nurse Staffing

# 5f. Care Hours per Patient Day vs GM Peer

### Aims:

- To continue to deliver the national standards for care hours per patient day
- To have an RN vacancy rate better than the national average of <10% by Summer 2021



Data Source: Model Hospital (Dec-20)

## 5g. Nurse Staffing – Current Position

- The Trusts overall RN vacancy rate is 11.41%, slightly higher than the National average of 11%.
- **117.16 wte RNs currently in the recruitment process.** Upon fulfilment, this will take the vacancies down to 70.53wte, reducing further the registered nurse vacancy level to 4.29%.
- **95 overseas recruits:** 30 RNs have started work, an additional 33 arriving over next four months. A further 32 have been offered positions and are awaiting start dates.
- Virtual recruitment event held on 13<sup>th</sup> February 2021.
- Recruitment campaign in progress to fill all 59 HCA vacancies with 40 offers made and interviews ongoing.
- ED, maternity, paediatrics, stroke – all established in accordance with national guidelines

## 5h. Nurse Staffing – Next Steps

- Complete inpatient ward establishment review by end March 2021
- Work with NHSE/I to enable reduce non framework agency usage **by end Quarter 2 2021**
- Recruit to new PBE posts to ensure support and education to new staff **by Summer 2021**
- Fully implement e-rostering including acuity module and embed **by end March 2022**

6

## Governance Development

### Key Aims

- a) To address the issues raised relating to the governance & assurance framework

## 6a. Governance

- Chief Executive, Director of Operations, Chief Nurse & Medical Director new in post – Nov 2020, Dec 2020 and Jan 2021 respectively
- Board review of progress against the NHSE/I Governance Review - February 2021
- BAF in development scheduled for end of March 2021
- Review of Governance Team structure by April 2021
- Review of Business Group structures and their governance processes by April 2021
- Review and develop further governance meeting structures by April 2021

## 6b. National & Regional Support

- IPC National Support – sufficient progress to allow NHSE/I **stepped down support from Dec 2020**
- Maternity Support Programme – sufficient progress to allow NHSE/I to **step down support from Dec 2020**
- **Continue to have support** from Caroline Griffiths (Intensive Support Director), Nick Wade (Improvement Manager) re mental health care in ED – working with Pennine Care, and Ann Casey (Senior Clinical Workforce Lead)

## 6c. Development : Progress to Date

- **Re-engineered meeting structures** with a proactive emphasis on forward planning safety and quality assurances for all relevant registration regulations. Annual review and further development scheduled to conclude April 2022
- **Built and established a 12-month CPD programme** for governance staff in the corporate team and business groups. Started Jan '21 and will use learning sets and remotely facilitated training events to cover identified competencies – 12 month programme concludes Jan 2022
- **Built a register of external visits/licencing accreditation inspections** to enable oversight and increase preparedness for external scrutiny – in use from September 2020
- **Standards for report writing have been drafted** with input from NHSE/I's national Quality Governance Lead. Templates in production. **Re-purposed the Integrated Performance Report** with input from the Making Data Count Team from NHSE/I
- **Implemented Risk Management System**

## 6d. Governance – Next Steps

- Ongoing **refinement to the meeting structures** in light of preferences of new Board members
- **Health & Safety** Duty Holder's matrix, legal register and performance measures being developed at pace -due by end of March 2021
- Refresh and update the **Quality Strategy** - refine and align key quality indicators to drive improvement that better reflects the Board's ambition for quality. Due April 2021
- Continue to drive implementation and assure **delivery of the CQC Action Plan** which remains ongoing. Scheduled to conclude end March 2021
- Ensuring **incidents are reviewed by management, acted upon and closed in line with standards**. Aiming for <4% by end March 2021
- Ensure potential SI's have facts established and a **decision on seriousness made within 48 hours of the discovery**. Discovery to Decision Time - aiming for >95% compliance by end March 2021

7

## Mortality

### Key Aim

- a) To assure the Board of Directors & regulators that actions taken are having the desired effect

## 7. Mortality Data

- The Trust's SHMI (Summary Hospital- level Mortality Indicator) is 0.9796 which is 'as expected'.
- The Trust's HSMR (Hospital Standardised Mortality Rate) is currently 109.2, which is 'worse than expected'. An investigation, as to the causes of the raised index, is under way.
- It is worth noting that the two mortality indices are dealing with COVID activity differently. SHMI excludes all COVID activity whilst Dr Foster's HSMR includes COVID activity not in the primary position. The effects of these changes are yet to be determined.
- All patient deaths with a COVID positive result are reviewed in accordance with the Greater Manchester agreed review framework (ongoing).
- Mortality review and lessons learnt processes are all in place and implemented by April 2021.

## 8. Ongoing System Support Requirements

- The continuation of support from the Local Authority (LA) and commissioners (CCG) to embed D2A best practice standards and complex discharges.
- LA support with respect to Derbyshire residents to avoid out of area delays.
- LA and CCG ongoing support to review the future intermediate community bed base and to commission an agreed future model and required bed base.
- CCG support to review the number and reasons for ambulance conveyances both from NWS and EMAS.
- Pennine Care support to embed best practice standards to prevent emergency presentation from those individuals suffering mental health issues and for those patients attending A&E in order to support their initial assessment and plan of care.

9

## Taking External Assurance

### Key Aim

- a) To assure the Board of Directors & regulators that actions taken are having the desired effect

## 9. Taking External Assurance

- Commission independent well-led review of the Board **by Summer 2021**
- Commission independent review against Royal College of Emergency Medicine (RCEM) Standards **by Summer 2021**



# Questions



## Board of Directors' Key Issues Report

<b>Report Date:</b>	<b>Report of:</b> Quality Committee	
<b>Date of last meeting:</b> 23 <sup>rd</sup> March 2021	<b>Membership Numbers:</b> Quorate	
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Patient Story: Discharge to Assess</li> <li>• Business Group update: Surgery</li> <li>• Patient Safety and Quality Group Chair's Assurance Report             <ul style="list-style-type: none"> <li>○ Audit of Resus trolley checks</li> <li>○ Infection Prevention and Control Report</li> <li>○ Notification of Serious Incidents</li> <li>○ Safeguarding Assurance</li> </ul> </li> <li>• IPR – Safety and Experience Quality Metrics</li> <li>• CQC Action Plan and Delivery Assurance</li> <li>• IPC Board Assurance Report</li> <li>• Stockport Accreditation and Recognition Scheme (StARS)</li> <li>• Audit Committee Workplan</li> <li>• Waiting List Harms</li> </ul>
	<b>Assurance</b>	<p><b>Serious Incident/Failure to send GPs letters.</b> Mixed assurance was received in relation to the where 5410 letters that were copied to GPs failed to send to practices between 2020 and December 2020. 3000+ letters have now been sent and of the 400+ letters clinically reviewed only a small number have raised a concern.</p> <p><b>Pathology Test Results Processes.</b> The Committee was satisfied that the Task and Finish Group was making good progress but noted that % results viewed/signed off would remain low until new electronic system was in place.</p> <p><b>Resus Trolley Checks.</b> The Committee report provided negative assurance in relation to resus trolley checks following a ligature incident. There are risks relating to: checking of trolleys as per policy, clarity on who should check trolleys and frequency of audit. The Committee were satisfied that this was receiving appropriate level of focus from the Medical Director and that the Resus Group would be monitoring compliance and escalation.</p> <p><b>Notification of Serious Incidents (SIs).</b> Mixed assurance was received in relation to SI exposure as there were 5 Serious Incidents declared in March including 1 Never Event (wrong site block). No reports were overdue to the CCG. 15 action plans were overdue. The Medical Director has requested that all overdue actions are closed and assurances provided to the PSQG in May.</p>

		<p><b>Infection Prevention (IPC BAF and Report of IPC Group):</b> The Committee received mixed assurance in relation to IPC. Quarterly data on surveillance organisms provided positive assurance but there remained concerns around hand hygiene audits and blood culture contaminants. Antimicrobial stewardship continues to be a concern.</p> <p>Hospital Onset Covid (HOC) rate was 27% (mid-March) against a NW Provider average rate of 20%, however, improvement in ranking by 3 places since February. The IPC BAF is currently being updated with 24 new key lines of enquiry</p> <p><b>Falls.</b> The Committee received mixed assurance and has requested further assurance on performance and on overall organisational approach going forward.</p> <p><b>CQC Improvement Plan:</b> Mixed assurance was received in relation to the CQC Improvement Delivery Plan. 263 actions in total. Overall good progress continues to be made.</p> <ul style="list-style-type: none"> <li>• 196 (75%) of actions received assurances supported by evidence confirming three consecutive months of compliance - an increase of 4% on the reported position for February 2021.</li> <li>• 63 (24%) of actions are on-track (Green – satisfactory progress); a decrease of 3% on the February reported position.</li> <li>• 4 (1.5%) actions are problematic (Amber – concern regarding delivery, an increase of 1 action as compared to the February position. Amber actions are related to patient flow through ED, hospital and wider system..</li> <li>• 0 of actions are overdue for completion (breached target date RED) a decrease of 1 from the January report.</li> </ul> <p>The Action plan is due to be concluded by the end of April. Based on a risk assessment of 6 actions anticipated to be delayed the Committee made the following judgements:</p> <ul style="list-style-type: none"> <li>• More time to be granted to embed of Safe Staffing competency framework.</li> <li>• Bring forward production of 21/22 BAF with the expectation that this is signed off by the Board in May.</li> <li>• The implementation timetable for the Ward Accreditation tool should be supported.</li> <li>• Further assurances be provided to demonstrate improved system working.</li> </ul> <p><b>Stockport Accreditation &amp; Recognition System (STARS).</b> Positive assurance was received in relation to the new accreditation programme to be implemented across acute and community settings. Baseline assessments to be concluded between September and October 2021. The Committee recommended that that the accreditation process be added to Audit Committee work programme Q4 2021/22.</p> <p><b>Waiting List Harms.</b> Assurance was received in relation to the oversight and management of harm of patients waiting on elective and cancer waiting lists. The Committee was assured that:</p> <ul style="list-style-type: none"> <li>• There was line of sight of patients by category on the waiting list. The Trust was not able to fully meet waiting times targets other than for the most urgent groups. Patients requiring most urgent surgery are receiving it and those with extremely long waits are prioritised alongside the P2 categories.</li> </ul>
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11.1

		<ul style="list-style-type: none"> <li>There is a clear process for how harm is being assessed but system-wide assessment and management (inc primary care) is not in place.</li> </ul> <p>The Committee requested further information on GM approach and agreed to have regularly reporting on harms to come through the Committee.</p>		
	<b>Alert</b>	<ul style="list-style-type: none"> <li></li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>The Committee recommends to the Board that completion of the 21/22 BAF be brought forward to before the end April 2021 for approval at first Board meeting thereafter.</li> <li>The Quality Committee agreed several areas for internal audit to be considered for the 21/22 Audit Committee Workplan.</li> </ul>		
2.	Risks Identified	<ul style="list-style-type: none"> <li></li> </ul>		
3.	Actions to be considered at the <i>(insert appropriate place for actions to be considered)</i>			
4.	Report Compiled by	Marisa Logan-Ward	Minutes available from:	Committee Secretary

## Board of Directors Key Issues Report

<b>Report Date:</b> 01/04/21		<b>Report of:</b> Finance & Performance Committee
<b>Date of last meeting:</b> 18/03/21		<b>Membership Numbers:</b> The meeting was quorate.
1.	<b>Agenda</b>	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Operational Performance</li> <li>• Financial Performance</li> <li>• Nursing Establishment Proposal</li> <li>• Planning (presentation)</li> <li>• Agency Utilisation</li> <li>• Policies for approval:             <ul style="list-style-type: none"> <li>- Information Classification Policy</li> <li>- Information Lifecycle Records Management Policy</li> <li>- Information Sharing Transfer of Records Policy</li> <li>- Network Security Policy</li> <li>- Information Governance Policy</li> </ul> </li> <li>• Key Issues from Reporting Groups:             <ul style="list-style-type: none"> <li>- Capital Programme Management Group</li> </ul> </li> </ul>
	<b>Alert</b>	<ul style="list-style-type: none"> <li>• Operational Performance: the Committee noted pressure on key performance targets.             <ul style="list-style-type: none"> <li>- The Trust continues to perform significantly below the national targets against all of the core operating standards.</li> <li>- Drop in cancer 62-day performance in month is reflective of resuming elective in-patient operating and the ability to treat those patients waiting beyond day 62.</li> <li>- Position relating to diagnostics and 18-weeks remains challenged.</li> <li>- Potential impact of third wave of Covid to be noted.</li> </ul> </li> <li>• Context set out relating to financial year end accounting estimates, and national funding allocations anticipated during M12 likely to impact the forecast outturn.</li> <li>• Nursing establishment proposal setting out staffing requirements and approach to substantive appointment. Committee requested updates to the report to further explore and capture risks. The proposal was recommended to Board for approval.</li> <li>• Operational Plan presentation to be provided to the Board, ahead of updates</li> </ul>

		following planning guidance anticipated on 26 March 2021.		
	<b>Assurance</b>	<ul style="list-style-type: none"> <li>• Operational Performance Report:                             <ul style="list-style-type: none"> <li>- Good progress seen with regard to the ED 4-hour standard.</li> <li>- Improvement trajectories relating to the core operating standards have been developed.</li> </ul> </li> <li>• Significant assurance received regarding 2020/21 financial performance to year end based on current forecasts.</li> <li>• The Committee received 2021/22 Operational Planning update.</li> </ul> <p>The Committee acknowledged assurance received in respect of the development of plans – including headline financial assumptions, investment decisions and resulting scenario modelling.</p> <p>The Committee noted financial landscape from 2021/22 remains uncertain and financial arrangements to roll over to at least Q1 of 2021/22.</p> <p>The Committee acknowledged that guidance now anticipated on 26 March 2021.</p> <ul style="list-style-type: none"> <li>• Review of agency usage received. Noted that the forecast outturn for 2020/21 has further reduced during M11.</li> </ul>		
	<b>Advise</b>	<ul style="list-style-type: none"> <li>•</li> </ul>		
2.	<b>Risks Identified</b>	<ul style="list-style-type: none"> <li>• Wave 3 of Covid – impact noted under Operational Performance Report.</li> <li>• Financial landscape from 2021/22 remains uncertain.</li> </ul>		
3.	<b>Report Compiled by</b>	Malcolm Sugden	Minutes available from:	Deputy Company Secretary



Stockport  
NHS Foundation Trust

## Board of Directors' Key Issues Report

<b>Report Date:</b> 11/03/2021	<b>Report of:</b> People Performance Committee
<b>Date of last meeting:</b> 11/02/2021	<b>Membership Numbers:</b> Quorate
1.	<p><b>Agenda</b></p> <p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> <li>• Staff Story – Health and Wellbeing</li> <li>• Workforce Risks</li> <li>• Workforce KPI Report</li> <li>• Committee Work Plan</li> <li>• EDI Duty Assurance Report</li> <li>• Respect Campaign</li> <li>• Agency Expenditure Report</li> <li>• Our Approach to Workforce Transformation</li> <li>• Health and Wellbeing Diagnostic</li> </ul>
	<p><b>Alert</b></p> <p><b>The Committee would like to alert the Board to the following:</b></p> <p><b>Workforce KPI Report:</b></p> <p>Concern was raised about the low % of RESUS training. The Medical Director has met with the lead on this and the problem is the high level of “do not attends” for the courses held. This is not acceptable and further work to improve this situation is being undertaken. The Committee requested a report on this to be presented to the next meeting.</p> <p><b>Agency Spend:</b></p> <p>Monthly agency spend is still high but is once again lower than forecast outturn is still expected to be circa £18million.</p> <p>Work is taking place with our partners in Tameside and East Cheshire to explore a bank share system.</p> <p>Bank and Agency expenditure is under continual scrutiny not just from a financial perspective but also in relation to safety and quality.</p>
	<p><b>Assurance</b></p> <p>The Committee would like to assure the Board of the following:</p> <p><b>Health and Wellbeing:</b></p> <p>The Committee received a detailed presentation from Dr Jo Black who is a Clinical Psychologist and has been seconded into the OD team 1 day per week to support</p>

11.1

this agenda.

The purpose of the presentation was to identify the psychological phases that our staff will have experienced during the pandemic. That rather than a theoretical linear process the current reality indicated that this was a circular one particularly in the NW due to the 3 waves experienced.

The most critical period is once a traumatic incident is over and the Trust was now entering the Recovery Phase.

What will help our staff in this phase:

1. Activities that bring people together to make sense of what has happened.
2. Space to reflect and heal.
3. Use existing structures such as team meetings, informal social activity and new activities such as listening events, spaces to reflect, celebrations.
4. Balancing the need for social distancing with the need for social interaction to aid recovery.
5. Post operational stress management (POSM)

It needs to be a whole trust project.

- 'Culture' of recovery - Tone matters. We could risk alienating an exhausted workforce.
- Expect this to take years.
- Visible leadership
- Proactively addressing post-covid needs
- Managers are best placed – but it is a big ask– helpful to have psychology/mental health resource offer training, support, consultation.
- It's all about relationships (from our experience so far)

Most people will recover but its difficult to predict who won't.

Figure 2 In the aftermath of any disaster, people will experience varying degrees of psychosocial distress



**Around 75 per cent**  
no disorder, transient stress,  
worry, feeling upset

This means that out of a workforce of 5,700 we can expect 1,450 to have mild to moderate symptoms and 200 with severe symptoms.

Next steps:

- Leadership support
- Bid to NHS Charities together for a staff psychological support service (2 staff for 18 months)

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		<ul style="list-style-type: none"> <li>• Plan to deliver: the funding for casework, individual support and signposting services.</li> <li>• The positive benefit should be that the Trust is a better place to work.</li> </ul> <p><b>Vaccination update:</b></p> <p>The vaccination rate for our BAME staff has seen an increase in month from 53% to 68%. This is a welcome change however it is still well below the average rate for all our staff of 83%. This hesitancy is being addressed through information campaigns using a range of media including You Tube and confidential one to one discussions with a live virtual Q&amp;A session being held on the 24 March.</p> <p>The Oxford/AstraZeneca vaccine is available to those who have a contra-indication to the Pfizer vaccine.</p> <p>Lateral flow testing – the positive rate is currently 0.12%. Analysis of the location of these positive results takes place and follow up action is taken as appropriate.</p>
	<p><b>Advise</b></p>	<p>The Committee would like to advise the Board of the following:</p> <p><b>Recruitment:</b></p> <p>A successful appointment has been made to the post of Freedom to Speak Up Guardian. Mr Paul Elms will be joining the Trust next month.</p> <p>The development of leadership training for medical leaders is taking place and it is proposed to introduce the role of Deputy MD. A progress report will be brought before the next meeting.</p> <p>68 international nurses have now been recruited to date of which, 32 have commenced working in the trust, 14 will start on the 19 March, 15 in April and 7 in May.</p> <p>There has been further successful recruitment of HCAs with 43 more offers made last month.</p> <p><b>Staff Recognition and Morale:</b></p> <p>Following some negative feedback on our staff Facebook page regarding the way the Trust was failing to recognise long service in a consistent and fair way this is now being addressed.</p> <p>MADE Awards (Make a Difference Every Day) have been introduced and have proven to be very successful. The next awards will be in April and will be followed every quarter thereafter.</p> <p>The announcement of the proposed 1% pay award for NHS staff is likely to affect the morale of staff and increases the importance of our recognition systems in countering this.</p> <p><b>Respect Campaign:</b></p> <p>The Committee received the final report from the Task and Finish Group. All actions have been completed.</p>

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		<p>Phase 1 of the training programme delivered to senior staff has been completed. Phase 2, the recruitment of 30 Respect Ambassadors takes place in March. Phase 3 the rolling programme of training for line managers and all staff will commence in May.</p> <p><b>Health and Wellbeing Framework</b></p> <p>The Committee received a presentation on the new framework which has been developed by NHSE/I and partners. It brings together best practice, research and insights into one place so that it is accessible for all. It is interactive and flexible so that it can meet the needs of different NHS organisations.</p> <p>It identifies:</p> <p>3 enablers - Leadership and Management, Data and Communications and a Healthy Working Environment, and</p> <p>3 Interventions – Mental Health, Musculoskeletal Health and Healthy Lifestyles.</p> <p>The Health and Wellbeing Steering Group in collaboration with the Health and Wellbeing Guardian will use the framework to build on our current practice and it will report regularly to PPC and the Board on progress.</p> <p>PPC have requested that a presentation be brought to Board combining Dr Jo Black’s insights, the results of the Trust’s self-assessment against the Health and Wellbeing Framework and actions identified by the Health and Wellbeing Steering Group.</p> <p><b>Workforce Transformation Delivery Plan:</b></p> <p>The 5 main themes of the plan are:</p> <ul style="list-style-type: none"> <li>• Supply of the workforce to support recruitment.</li> <li>• Up-skilling the existing workforce</li> <li>• Developing and supporting new roles</li> <li>• Establishing new ways of working, and</li> <li>• Supporting leadership development to enable transformation.</li> </ul> <p>The delivery plan has the following key objectives:</p> <ul style="list-style-type: none"> <li>• To establish the rightsized and skilled workforce</li> <li>• Continue to implement and develop new roles.</li> <li>• To ensure service improvement through innovation and transformation</li> </ul> <p>KPI have been identified and achievement and delivery will be reported to PPC on a regular basis.</p>
2.	Risks Identified	<p>The high level of Bank and Agency usage may compromise the quality and safety of patient care.</p> <p>The need to ensure the health and wellbeing of staff whilst at the same time responding to the recovery and restoration of service will require careful management.</p>
3.	Actions to be	

	considered at the <i>(insert appropriate place for actions to be considered)</i>			
4.	Report Compiled by	Mrs C Anderson	Minutes available from:	Committee Secretary

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Fit and Proper Persons' Declarations		
<b>Report of:</b>	Director of Communications & Corporate Affairs	<b>Prepared by:</b>	Mrs C Parnell

### REPORT FOR APPROVAL

<b>Corporate objective ref:</b>	N/A	<b>Summary of Report</b>  The purpose of this report is to facilitate a decision by the Board of Directors relating to the Fit and Proper Persons' Test.
<b>Board Assurance Framework ref:</b>	N/A	
<b>CQC Registration Standards ref:</b>	N/A	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

<b>Attachments:</b>	
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<b>This subject has previously been reported to:</b>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Board of Directors</td> <td><input type="checkbox"/> PP Committee</td> </tr> <tr> <td><input type="checkbox"/> Council of Governors</td> <td><input type="checkbox"/> Charitable Funds Committee</td> </tr> <tr> <td><input type="checkbox"/> Audit Committee</td> <td><input type="checkbox"/> Nominations Committee</td> </tr> <tr> <td><input type="checkbox"/> Executive Team</td> <td><input type="checkbox"/> Remuneration Committee</td> </tr> <tr> <td><input type="checkbox"/> Exec Management Group</td> <td><input type="checkbox"/> Joint Negotiating Council</td> </tr> <tr> <td><input type="checkbox"/> Quality Committee</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> F&amp;P Committee</td> <td></td> </tr> </table>	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> PP Committee	<input type="checkbox"/> Council of Governors	<input type="checkbox"/> Charitable Funds Committee	<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Nominations Committee	<input type="checkbox"/> Executive Team	<input type="checkbox"/> Remuneration Committee	<input type="checkbox"/> Exec Management Group	<input type="checkbox"/> Joint Negotiating Council	<input type="checkbox"/> Quality Committee	<input type="checkbox"/> Other	<input type="checkbox"/> F&P Committee	
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**12.1**

## **1. PURPOSE OF THE REPORT**

The purpose of this report is to facilitate a decision by the Board of Directors relating to Executive and Non-Executive Directors compliance with the Fit and Proper Persons Tests.

## **2. BACKGROUND**

Since November 2014 the Trust has been required to ensure all director level appointments meet the Fit and Proper Persons Test set out in Regulations 5 of the 2014 Regulations, which were integrated into the Care Quality Commission's registration, monitoring and inspection requirements.

The Trust's Fit and Proper Persons' Policy, developed in line with the regulations, requires every Executive and Non-Executive Director to make an annual Fit and Proper Persons' declaration. The Trust also ensures their details are checked annual against the Insolvency and Bankruptcy Register and Register of Disqualified Directors.

## **3. CURRENT POSITION**

All Executive and Non-Executive Directors have completed the required Fit and Proper Persons' declarations and the signed forms are retained on individuals' personal files.

On 18 March 2021 the Director of Communications & Corporate Affairs also carried out a search of the Insolvency and Bankruptcy Register and Register of Disqualified Directors, and can confirm a nil return for each of the Trust's Executive and Non-Executive Directors.

## **4. RECOMMENDATION**

The Board of Directors is recommended to:

- Confirm that all Executive and Non-Executive Directors have complied with the Trust's Fit and Proper Persons' Test.

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Independence of Non-Executive Directors		
<b>Report of:</b>	Director of Communications & Corporate Affairs	<b>Prepared by:</b>	Mrs C Parnell

**REPORT FOR APPROVAL**

<b>Corporate objective ref:</b> -----	<b>Summary of Report</b>  The purpose of the report is to facilitate a decision by the Board of Directors relating to the independence of Non-Executive Directors.
<b>Board Assurance Framework ref:</b> -----	
<b>CQC Registration Standards ref:</b> -----	
<b>Equality Impact Assessment:</b> <input type="checkbox"/> Completed <input type="checkbox"/> Not required	

<b>Attachments:</b>	Nil
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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## 1. INTRODUCTION

- 1.1 The purpose of the report is to facilitate a decision by the Board of Directors relating to the independence of Non-Executive Directors.

## 2. BACKGROUND

- 2.1 Provision B.1.1 of the NHS Foundation Trust Code of Governance requires the Board of Directors to identify in the Annual Report each Non-Executive Director that it considers to be independent. The provision states that:

*“The Board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director’s judgement”*

- 2.2 The Board of Directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination. The Code of Governance sets out relevant criteria as follows:

- Whether the individual had been an employee of the Trust within the last five years
- Whether the individual has, or has had within the last three years, a material business relationship with the Trust either directly or as a partner, shareholder, Director or senior employee of a body that has such a relationship with the Trust
- Whether the individual has received, or receives, remuneration from the Trust in addition to a Director’s fee, participates in a performance-related pay scheme or is a member of the Trust’s pension scheme
- Whether the individual has close family ties with any of the Trust’s advisers, Directors or senior employees
- Whether the individual holds cross-directorships or has significant links with other Directors through involvement in other companies or bodies
- Whether the individual has served on the Board of the Trust for more than six years from the date of their first appointment
- Whether the individual is an appointed representative of the Trust’s university, medical or dental school.

## 3. CURRENT SITUATION

- 3.1 Declarations of Independence, based on the criteria detailed at s2.2 of the report have been completed by the Chairman and each Non-Executive Director. Copies of the completed declaration forms are held by the Director of Communications & Corporate Affairs. All Non-Executive Directors have declared that they do not meet the criteria and therefore would consider themselves to be independent.
- 3.2 In reaching a conclusion on Non-Executive Director independence, the Board should take into account the outcomes of the declaration process together with the content of the Register of Interests and observations on the independent nature of colleagues’ performance. The conclusion of the Board of Directors will support an appropriate

statement in the Annual Report 2020/21.

**4. LEGAL IMPLICATIONS**

4.1 There are no direct legal implications associated with the content of this report.

**5. RECOMMENDATIONS**

5.1 The Board of Directors is recommended to:

- Confirm that it considers the Chairman and Non-Executive Directors to be independent.

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Register of Directors' Interests – Annual Review		
<b>Report of:</b>	Director of Communications & Corporate Affairs	<b>Prepared by:</b>	Mrs C Parnell

**REPORT FOR APPROVAL**

<b>Corporate objective ref:</b> -----	<p><b>Summary of Report</b>  <i>Identify key facts, risks and implications associated with the report content.</i></p> <p>The purpose of the report is to present the Board of Directors Register of Interests for annual review.</p>
<b>Board Assurance Framework ref:</b> -----	
<b>CQC Registration Standards ref:</b> -----	
<b>Equality Impact Assessment:</b> <input type="checkbox"/> Completed <input type="checkbox"/> Not required	

<b>Attachments:</b>	Annex A: Register of Directors' Interests
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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**12.3**

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**1. INTRODUCTION**

1.1 The purpose of the report is to present the Board of Directors Register of Interests for annual review.

**2. BACKGROUND**

2.1 There is a legal requirement for the Trust to maintain a Register of Directors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution. In addition, the Annual Reporting Manual requires that the annual report should disclose details of company directorships or other material interests in companies held by Directors where those companies or related parties are likely to do business with the NHS Foundation Trust. An alternative disclosure is to state how members of the public can gain access to the Register of Directors' Interests rather than listing all interests in the annual report. The Trust has adopted this latter form of disclosure.

**3. CURRENT SITUATION**

3.1 The Register of Directors' Interests is maintained by the Director of Communications & Corporate Affairs and is updated to reflect any amendments which may from time to time be declared during the normal course of business. In this way, an up to date register should always be available.

3.2 The current Register of Directors' Interests is included for reference at Annex A to this report. Board members are requested to review the Register and confirm that current content is accurate and up to date.

**4. LEGAL IMPLICATIONS**

4.1 There are no direct legal implications associated with the content of this report.

**5. RECOMMENDATIONS**

5.1 The Board of Directors is recommended to:

- Review the Register of Directors' Interests at Annex A of the report and confirm that the content is accurate and up to date.

Date Declared	Interest Type	Employee	Date Incurred	Year	Firstname	Lastname	Role	Decision Making Groups	Interest Description (Abbreviated)	Provider
10/15/2019	Loyalty Interests	Catherine Anderson	10/15/2019	2019/20	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Chair	North West Region - Institute of Hospitality
10/29/2019	Outside Employment	Catherine Anderson	8/1/2014	2015/16 & before	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Partner in Management Consultancy Business	Anderson Power Consulting
10/29/2019	Outside Employment	Catherine Anderson	1/18/2010	2015/16 & before	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Chair and Trustee	South Liverpool Education trust
10/29/2019	Outside Employment	Catherine Anderson	8/1/2014	2015/16 & before	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Partner and Director of Building Construction Company	Birchenough Construction
10/29/2019	Outside Employment	Catherine Anderson	7/4/2017	2017/18	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Director and Hon Secretary	Lake District Boat Club
10/29/2019	Outside Employment	Catherine Anderson	9/14/2019	2019/20	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Director	Emmaus Catholic Academy Trust
10/29/2019	Outside Employment	Catherine Anderson	10/11/2019	2019/20	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Director	St Teresa of Calcutta Catholic Academy Trust
10/29/2019	Outside Employment	Catherine Anderson	10/29/2019	2019/20	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Director	Emmaus Catholic Academy Trust
3/11/2021	Outside Employment	Catherine Anderson	3/11/2021	2020/21	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Foundation Director and Acting Chair	St Teresa of Calcutta Catholic Academy Trust
3/11/2021	Outside Employment	Catherine Anderson	3/11/2021	2020/21	Catherine	Anderson	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Foundation Director	Emmaus Catholic Academy Trust
10/23/2019	Outside Employment	Catherine Barber-Brown	4/2/2016	2016/17	Catherine	Barber-Brown	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Director and Joint Founder, Consultancy business working with public and private sector clients	Barber-Brown Strategic Consulting Limited
10/23/2019	Outside Employment	Catherine Barber-Brown	6/1/2018	2018/19	Catherine	Barber-Brown	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Peer Associate, reviewing health systems as part of a peer review team	Local Government Association
10/23/2019	Outside Employment	Catherine Barber-Brown	9/3/2018	2018/19	Catherine	Barber-Brown	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Associate with this consultancy doing OD work in public and private sector	Prospect Business Consulting
3/15/2021	Outside Employment	Catherine Barber-Brown	1/20/2020	2019/20	Catherine	Barber-Brown	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Associate with this organisation undertaking consultancy work in the public and private sectors	Campbell Tickell
3/15/2021	Outside Employment	Catherine Barber-Brown	9/17/2018	2018/19	Catherine	Barber-Brown	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Associate with this Organisation undertaking consultancy in the public and private sectors	Well North Enterprises CIC
10/25/2019	Loyalty Interests	Adrian Belton	1/1/2017	2016/17	Adrian	Belton	Trust Chairman	Board of Directors,	Wife	Helen Phillips - Chair Chesterfield NHS Foundation Trust
10/25/2019	Outside Employment	Adrian Belton	1/1/2017	2016/17	Adrian	Belton	Trust Chairman	Board of Directors,	Lay Member	Sheffield University Council
10/25/2019	Outside Employment	Adrian Belton	1/1/2017	2016/17	Adrian	Belton	Trust Chairman	Board of Directors,	Chair	Sefence Science & Technoogy Laboratory
10/7/2019	End of Year Nil Declaration	Gillian Burrows	3/31/2019	2018/19	Gillian	Burrows	Consultant	Board of Directors,		
1/21/2021	Nil Declaration	Nicola Firth	1/21/2021	2020/21	Nicola	Firth	Other	Board of Directors,		
10/14/2019	Nil Declaration	John Graham	10/14/2019	2019/20	John	Graham	Director of Finance	Board of Directors,		
10/14/2019	Loyalty Interests	John Graham	5/20/2019	2019/20	John	Graham	Director of Finance	Board of Directors,	Have recorded these from the date I started substantively with the Trust - I have served on these for a number of years  Lydiate Learning Trust - I am chair of the Multi School Academy Trust - Schools in Liverpool I Chair CIMAs NW Area and am a member of CIMAs Council	Lydiate Learning Trust & CIMA

11/11/2019	Outside Employment	John Graham	5/20/2019	2019/20	John	Graham	Director of Finance	Board of Directors,	Have entered date from when I started at Stockport I sit on the Management Committee of Las Calas, Lanzarote - who get management services from RSL - this is unpaid - expenses only reimbursed	Resort Solutions Limited
6/13/2020	Loyalty Interests	John Graham	5/20/2019	2019/20	John	Graham	Director of Finance	Board of Directors,	Have recorded these from the date I started substantively with the Trust - I have served on these for a number of years Lydiate Learning Trust - I am chair of the Multi School Academy Trust - Schools in Liverpool I Chair CIMAs NW Area and am a member of CIMAs Council I sit on the Management Committee of Las Calas, Lanzarote - who get management services from RSL - this is unpaid - expenses only reimbursed	CIMA, Lydiate Learning Trust & Las Calas
12/1/2020	Loyalty Interests	John Graham	5/20/2019	2019/20	John	Graham	Director of Finance	Board of Directors,	20/05/2019 - Loyalty Interests Have recorded these from the date I started substantively with the Trust - I have served on these for a number of years Lydiate Learning Trust - I am chair of the Multi School Academy Trust - Schools in Liverpool I Chair CIMAs NW Area and am a member of CIMAs Council I sit on the Management Committee of Las Calas, Lanzarote - who get management services from RSL - this is unpaid - expenses only reimbursed	Stockport FT
10/30/2019	Nil Declaration	David Hopewell	10/30/2019	2019/20	David	Hopewell	Non Executive Director	Board of Directors,,Audit and Risk Committee,		
3/10/2021	Outside Employment	David Hopewell	12/31/2020	2020/21	David	Hopewell	Non Executive Director	Board of Directors,,Audit and Risk Committee,	Consultancy assignment relating to strategy and governance of University Hospital of North Midlands charitable activity.  A declaration of interest was made at the meeting of Stockport Hospital Charity Corporate Trustee (i.e. the Stockport NHS Foundation Trust Board of Directors) on 7th January 2021.	University Hospital of North Midlands
2/24/2021	Outside Employment	Karen James	11/8/2020	2020/21	Karen	James	Other	Board of Directors,	Chief Executive	Tameside & Glossop Integrated Care Organisation
2/24/2020	Outside Employment	Marisa Logan-Ward	7/1/2019	2019/20	Marisa	Logan-Ward	Non Executive Director	Board of Directors,	Management Consultancy	Kingsbridge Health Ltd
6/15/2020	Nil Declaration	Alison Lynch	6/15/2020	2020/21	Alison	Lynch	Chief Nurse & Director of Quality Governance	Board of Directors,		
1/20/2021	Nil Declaration	Jackie McShane	1/20/2021	2020/21	Jackie	McShane	Other	Board of Directors,		
3/12/2021	Shareholdings and other ownership interests	Mary Moore	12/7/2020	2020/21	Mary	Moore	Non-Executive Director	Board of Directors,	Nil to date	Scenario Health
3/29/2021	Shareholdings and other ownership interests	Mary Moore	12/7/2020	2020/21	Mary	Moore	Non Executive Director	Board of Directors,	1 share of 1	Scenario Health
10/9/2019	Loyalty Interests	Gregory Moores	6/3/2019	2019/20	Gregory	Moores	Director Of Workforce & Organisational Development	Board of Directors,	Chartered Fellow	Chartered Institute of Personnel and Development (CIPD)

10/9/2019	Outside Employment	Caroline Parnell	4/1/2018	2018/19	Caroline	Parnell	Other	Board of Directors,	Founding partner of a communications consultancy specialising in crisis communications and supporting organisations with major change programmes	Sentry PR
6/13/2020	Outside Employment	Caroline Parnell	6/13/2020	2020/21	Caroline	Parnell	Director of Corporate Affairs	Board of Directors,	Founding partner of a communications consultancy specialising in crisis communications and supporting organisations with major change programmes	Sentry PR
11/26/2019	Nil Declaration	Louise Robson	10/31/2019	2019/20	Louise	Robson	Chief Executive	Board of Directors,		
3/24/2021	Outside Employment	Louise Sell	6/24/2018	2018/19	Louise	Sell	Non-Executive Director	Board of Directors,	Consultant Psychiatrist	Pennine Care NHS FT
3/24/2021	Outside Employment	Louise Sell	10/1/2019	2019/20	Louise	Sell	Non-Executive Director	Board of Directors,	Chair Alcohol Clinical Guidelines Group	Public Health England
3/24/2021	Outside Employment	Louise Sell	6/9/2019	2019/20	Louise	Sell	Non-Executive Director	Board of Directors,	RO Appraiser	NHSE/I
3/24/2021	Outside Employment	Louise Sell	3/1/2020	2019/20	Louise	Sell	Non-Executive Director	Board of Directors,	Treasurer Addiction Faculty	Royal College Psychiatrists
3/24/2021	Outside Employment	Louise Sell	12/1/2019	2019/20	Louise	Sell	Non-Executive Director	Board of Directors,	Charitable Trustee	Early Break
2/26/2020	Outside Employment	Malcolm Sugden	3/1/2017	2016/17	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Chair of ENW Group of ESPS	Electricity North West
2/26/2020	Outside Employment	Malcolm Sugden	9/1/2017	2017/18	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Director. Also chair of Novus Cambria as part of this employment.	LTE Group
2/26/2020	Outside Employment	Malcolm Sugden	9/1/2016	2016/17	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Governor	Ashton Sixth Form College
6/19/2020	Outside Employment	Malcolm Sugden	6/19/2020	2020/21	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Director. Also chair of Novus Cambria as part of this employment.	LTE Group
6/19/2020	Outside Employment	Malcolm Sugden	6/19/2020	2020/21	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Chair of ENW Group of ESPS	Electricity North West
6/19/2020	Outside Employment	Malcolm Sugden	6/19/2020	2020/21	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Governor	Ashton Sixth Form College
3/17/2021	Outside Employment	Malcolm Sugden	3/17/2021	2020/21	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Director. Also chair of Novus Cambria as part of this employment.	LTE Group
3/17/2021	Outside Employment	Malcolm Sugden	3/17/2021	2020/21	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Chair of ENW Group of ESPS	Electricity North West
3/17/2021	Outside Employment	Malcolm Sugden	3/17/2021	2020/21	Malcolm	Sugden	Non Executive Director	Audit and Risk Committee,,Board of Directors,	Governor	Stamford Park Academy Trust
10/18/2019	Nil Declaration	Susan Toal	10/18/2019	2019/20	Susan	Toal	Chief Operating Officer	Board of Directors,		
10/14/2019	Clinical Private Practice	Colin Wasson	10/15/2002	2015/16 & before	Colin	Wasson	Medical Director	Board of Directors,	Anaesthesia. General and regional anaesthesia that fully aligns with my NHS practice.	wasson medical services
10/14/2019	Shareholdings and other ownership interests	Colin Wasson	9/9/2014	2015/16 & before	Colin	Wasson	Medical Director	Board of Directors,	50 shares	wasson medical services
	Declaration Outstanding	Andrew Loughney			Andrew	Loughney	Medical Director	Board of Directors,		
3/29/2021	Outside Employment	Paul Moore	6/13/2013	2015/16 &	Paul	Moore	Director of Governance and Risk Assurance	Board of Directors,	Directorship	PM Governance Ltd
3/29/2021	Shareholdings and other ownership interests	Paul Moore	6/13/2013	2015/16 &	Paul	Moore	Director of Governance and Risk Assurance	Board of Directors,	50 Ordinary Shares	PM Governance Limited

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Appointment of Deputy Chair		
<b>Report of:</b>	Chair	<b>Prepared by:</b>	Mrs C Parnell

**REPORT FOR APPROVAL**

<b>Corporate objective ref:</b>	N/A	<p><b>Summary of Report</b></p> <p>This paper sets out a proposal to appoint Dr Marisa Logan-Ward as Deputy Chair after Mr Sugden reaches the end of his tenure as a Non-Executive Director.</p> <p>The Nominations Committee has endorsed the proposal and recommends to the Council of Governors and Board of Directors that Dr Logan-Ward be appointed as Deputy Chair from 1 April 2021.</p>
<b>Board Assurance Framework ref:</b>	N/A	
<b>CQC Registration Standards ref:</b>	17	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

<b>Attachments:</b>
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Exec Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee	<input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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### **1. PURPOSE OF THE REPORT**

The purpose of this report is seek the Board of Directors support for a proposal to appoint Dr Marisa Logan-Ward as successor to Mr Sugden as Deputy Chair after he reaches the end of his tenure as a Non-Executive Director. The proposal was endorsed by the Nominations Committee when it met on 18 March 2021 and presented to the Council of Governors on 24 March 2021.

### **2. CURRENT POSITION**

Mr Sugden, who is currently fulfilling the role of Deputy Chair, reached the end of the maximum nine year tenure as a Non-Executive Director at the end of March 2021.

The Nominations Committee has taken the view that the role of Deputy Chair should be filled by someone who is currently a Non-Executive Director with the Trust, rather than any new appointment, and asked the Chair to discuss this opportunity with fellow Non-Executive Directors.

### **3. RECOMMENDATION**

Dr Logan-Ward has expressed a willingness to undertake the role and the Nominations Committee is recommending to both the Council of Governors and Board of Directors that they should approve the appointment of Dr Logan-Ward to the role from 1 April 2021.

<b>Report to:</b>	Board of Directors	<b>Date:</b>	1 April 2021
<b>Subject:</b>	Use of Common Seal		
<b>Report of:</b>	Director of Communications & Corporate Affairs	<b>Prepared by:</b>	Mrs C Parnell

**REPORT FOR NOTING**

<b>Corporate objective ref:</b> -----	<p><b>Summary of Report</b> <i>Identify key facts, risks and implications associated with the report content.</i></p> <p>The purpose of this report is to report the use of the Common Seal to the Board of Directors during 2020/21.</p>
<b>Board Assurance Framework ref:</b> -----	
<b>CQC Registration Standards ref:</b> -----	
<b>Equality Impact Assessment:</b> <input type="checkbox"/> Completed <input type="checkbox"/> Not required	

<b>Attachments:</b>	Nil
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<b>This subject has previously been reported to:</b>	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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**1. INTRODUCTION**

1.1 The purpose of this report is to report the use of the Common Seal to the Board of Directors during 2020-21.

**2. USE OF COMMON SEAL**

2.1 Authority to apply the Seal to relevant documents is detailed at Section 38 of the Trust’s Scheme of Reservation and Delegation. Section 38 identifies that authority to apply the Seal is delegated to the Chair / Chief Executive or two Executive Directors. It is recognised good practice to report the occasions of use of the Seal to the Board of Directors on an annual basis.

2.2 During the period 1 April 2020 – 31 March 2021, the Trust’s Common Seal was applied on a total of one occasion. This was:

Reg No	Date	Reason
137	20/11/2020	Colposcopy and birthing room refurbishment works

2.3 A Register of Use of the Common Seal is maintained by the Director of Communications and Corporate Affairs and includes both authorisation signatures and details of the final distribution of the relevant documentation. The Director of Communications and Corporate Affairs is responsible for the safe custody of the Common Seal. The Board of Directors can be assured that compliance with the requirements of Section 38 of the Scheme of Reservation & Delegation is being maintained.

**3. LEGAL IMPLICATIONS**

3.1 There are no direct legal implications associated with the content of this report.

**4. RECOMMENDATIONS**

4.1 The Board of Directors is recommended to:

- Note the occasions of use of the Common Seal as detailed at s2 of the report.