

COUNCIL OF GOVERNORS MEETING

5 DECEMBER 2019



Stockport
NHS Foundation Trust

Council of Governors bundle - 5 December 2019

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Meeting of the Council of Governors Thursday, 5 December 2019

Held at 3.00pm in the Lecture Theatres, Pinewood House, Stepping Hill Hospital

Please note the order of the day:

- 2.00pm – 2.50pm: *Information Exchange (session for Governors and Non-Executive Directors)*
- 2.50pm – 3.00pm: *Break for refreshments*
- 3.00pm – 5.00pm: *Council of Governors' Meeting*

AGENDA

Time		Enc	Presenting
1500	1. Apologies for Absence		
	2. Amendments to Declarations of Interests		
	3. Minutes of previous meeting: 7 October 2019	✓	A Belton
1505	4. End of Life (Presentation)		J Keyes
1520	5. Chair's Report	✓	A Belton
1525	6. Chief Executive's Report	✓	L Robson
1535	7. Performance Report	✓	S Goff
1550	8. Update on Preparations for CQC Inspection	<i>Verbal</i>	A Lynch
1600	9. Patient Experience Report	✓	E Rogers
1610	10. Quality Improvement Plan – Q2 Report	✓	A Lynch
1620	11. Trust Strategy – Values, Mission & Aims (Presentation)		A Bailey
1635	12. People Strategy		G Moores
	• People Strategy Half Yearly Report	✓	
	• NHS Interim People Plan and Trust People Strategy Update	✓	
1645	13. Lead Governor Communication	<i>Verbal</i>	E Brown
1650	14. Any Other Business		
	15. DATE, TIME & VENUE OF NEXT MEETING		
15.1	Wednesday, 12 February 2020, 2.00pm in the Lecture Theatres, Pinewood House.		

**A TEN-MINUTE FORUM FOR PRE-RECEIVED QUESTIONS WILL
FOLLOW AT THE CONCLUSION OF THE MEETING OF THE COUNCIL
OF GOVERNORS.**

STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting
Held on Monday, 7 October 2019,
3.00pm in the Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

Mr A Belton	Chair
Mrs E Brown	Public Governor
Cllr L Dowson	Public Governor
Prof C Galasko	Public Governor
Mrs K Glass	Staff Governor
Mr R Greenwood	Public Governor
Mrs J Keyes	Staff Governor
Mr R King	Public Governor
Dr T Kondratowicz	Public Governor
Mr C Lyons	Public Governor
Cllr J Wells	Appointed Governor
Mrs L Woodward	Public Governor
Mrs J Wragg	Public Governor
Mr G Wright	Public Governor

In attendance:

Mrs C Anderson	Non-Executive Director
Ms N Armitage	Director of Medicine & Clinical Support Services
Mrs C Barber-Brown	Non-Executive Director
Mr M Beaton	Non-Executive Director
Dr M Cheshire	Non-Executive Director
Ms T Coyle	Associate Director for Patient Access
Mrs S Curtis	Membership Services Manager
Mr J Graham	Director of Finance
Mr A Large	Associate Director of Finance
Dr M Logan-Ward	Non-Executive Director
Ms A Lynch	Chief Nurse
Mr S Lynch	Project Manager
Mr G Moores	Director of Workforce & OD
Mrs C Parnell	Interim Director of Corporate Affairs
Mrs L Robson	Chief Executive
Ms S Toal	Chief Operating Officer

ACTION

31/19 Apologies for absence

Apologies for absence were received from Dr Cryer, Mr Dawson, Mr Hopewell, Mr Morley, Mr Sugden and Dr Wasson.

32/19 Amendments to Declarations of Interests

Mr King declared that he was the Treasurer of Stockport Growing In Partnership, which was a voluntary gardening association.

Mr Wright noted that he was a Director of Healthwatch and that he would report his concerns about the suspension of Governor Committees to Healthwatch to seek their views on the matter.

33/19 Minutes of the Previous Meeting

The minutes of the previous meeting held on 17 July 2019 were agreed as a true and accurate record of the meeting, subject to the inclusion of Prof Galasko's objection regarding the suspension of Governor Committees. The action log was reviewed and annotated accordingly.

34/19 Update on Outpatients Improvement Activity

The Council of Governors welcomed Ms Coyle, Ms Armitage and Mr Lynch to the meeting and introductions were made. Ms Armitage and Ms Coyle delivered an Outpatients Improvement Activity presentation, which covered the following subject headings:

- Vision and Strategy
- Governance and Terms of Reference
- Deliverables in the last 12 months – Priority 2: Advice and Guidance (A&G)
- A&G Referrals Reviewed by a Clinician
- Deliverables in the last 12 months – Priority 3: Vetting
- Average over the last few months – 82.7% accepted and 17% rejected
- Deliverables in the last 12 months – Priority 4: Alternative Mechanisms
- Deliverables in the last 12 months – Priority 5: OP activity that can be stopped
- Deliverables in the last 12 months – Stockport Foundation Trust in-house OP efficiency programme
- Patient Perspective
- Next Steps.

In response to a question from Prof Galasko, Ms Coyle advised that the vast majority of the advice and guidance referral reviews were undertaken by consultants. In response to a question from Dr Cheshire, Ms Coyle and Ms Armitage provided an overview of the process in the event of a referral being rejected.

In response to a question from Dr Kondratowicz, who asked if there was a standard referral letter for GPs, Mr Lynch advised that a standard proforma had been designed by primary care. Dr Kondratowicz then asked if it would be useful to specify on the proforma whether a patient had been referred for advice or for an appointment. Ms Coyle noted that the national advice on choice did not allow this to be done in one process, and explained the process to Governors.

Dr Kondratowicz queried whether there was a risk if GPs did not have a uniform method to refer patients. He also asked whether audits were

undertaken to establish any patient harm caused by referral rejections. Ms Coyle agreed to take Dr Kondratowicz's comments to account and Mrs Robson briefed the Council on activities in the Greater Manchester, noting that a lot of these processes were being tested and audited. Ms Coyle commented that the electronic system was much safer than a manual one, and provided further clarity about the system.

Prof Galasko referred to the slide "Priority 4: Alternative Mechanisms" and asked how the telephone consultations and virtual clinics affected the hands-on experience of medical trainees. Ms Coyle advised that the majority of patients were still being seen face to face, and that the alternative mechanisms related to a small proportion of patients who did not necessarily need to come into hospital.

Mr Wright commented that he had received enquiries from members of the public about an out of service telephone number included in outpatient letters. Ms Coyle noted that the content of the outpatient letters was being reviewed, but that she would be happy to look at specific issues outside of the meeting.

In response to a question from Mr Wright, Ms Coyle advised that the Outpatients Improvement Programme had been implemented, but that embedding of the programme was still required in some areas.

In response to a question from Mr King, Ms Armitage briefed the Council on the various methods for gaining patient feedback. In response to a question from Dr Kondratowicz, who queried whether the Trust would consider e-booking, Ms Armitage advised that it was a possibility and noted that the Trust was taking learning from other trusts in this area.

In response to a question from Dr Cheshire, Mrs Robson advised that the Trust was looking at a Digital Strategy which would incorporate electronic feedback requests.

In response to a comment from Mr Greenwood regarding the use of primary care to raise the programme's profile, Ms Armitage confirmed that the Did Not Attend rates had decreased as a consequence.

In response to a question from Mr Belton, who asked how the Council of Governors could support the programme, Ms Armitage welcomed Governor involvement with the Trust's patient feedback groups. Mr Greenwood suggested that this work should link in with the primary care patient user groups.

The Council of Governors:

- Received and noted the Outpatients Improvement Activity presentation.

Ms Armitage, Ms Coyle and Mr Lynch left the meeting.

35/19 Emergency Care & Winter Planning

Ms Toal briefed the Council of Governors on the emergency care and winter position and noted that August and September had been particularly challenging months with regard to operational performance. She reported that performance against the Accident & Emergency four-hour standard had been adversely affected by staffing shortages, issues with flow and an increase in the number of non-admitted and overnight breaches. Ms Toal commented that patient safety and staff welfare remained the Trust's top priority during these challenging times.

Ms Toal reported that, as a consequence of the significant operational challenges, it had been necessary to expedite some of the winter schemes early, including opening a winter escalation ward. She noted that the Trust was working with partners to establish ways to create additional capacity.

In response to a question from Dr Cheshire, Ms Toal provided an overview of the significantly high attendance figures in the Trust's Accident & Emergency department. She noted ongoing work to educate people to avoid unnecessary attendances and advised the Council of primary streaming. In response to a question from Mr Wright, Ms Toal confirmed that GPs were assisting with patient streaming in the Emergency Department.

In response to a question from Prof Galasko, Ms Toal and Mrs Robson provided an overview of the ambulance divert process. Mrs Robson advised that the Board of Directors had taken a very unusual step in rejecting the system-wide winter plan as it did not feel the plan was sufficient to cope with the winter demands. She noted ongoing discussions with partners to address the challenges.

In response to a question from Mrs Barber-Brown, who queried how the Trust's Emergency Department performance compared with Greater Manchester peer trusts, Ms Toal advised that the Trust's August performance had been particularly poor but once the staffing issues had begun to resolve, other organisations were equally challenged regarding attendance and performance figures.

In response to a question from Mrs Robson, Ms Toal advised the Council that the Trust was running a 'Perfect Week' initiative this week, which was an exercise to continually review and assess the management of patient flow and identify potential areas for improvement.

The Council of Governors:

- Noted the Emergency Care & Winter Planning verbal update.

36/19 Chair's Report

Mr Belton presented a report advising the Council of the Chair's activities and issues pertinent to the operation of the Trust. In addition to the report content, he briefed the Council on the following subject areas:

- The Trust had received an information request from the Care Quality Commission (CQC) in preparation for their regular inspection of the Trust and its services. He advised that Mr David Holden, who was observing the meeting, was assisting the Trust in its preparations for the Well-Led review. He noted that the CQC would be looking to interview a number of Governors as part of the review and he welcomed any Governors wishing to seek guidance in this area to speak to Mr Holden.
- Mr Belton reported that Dr Catlow had resigned from the Council of Governors following his successful election to the Council of Governors of Manchester University NHS Foundation Trust. He recorded his thanks to Dr Catlow and wished him well for the future.

Mrs Parnell advised the Council of the results of the recent Governor elections:

Bramhall & Cheadle

- Robert Cryer
- Michelle Slater
- Toni Leden
- John Pantall

Marple & Stepping Hill

- Julie Wragg
 - David Rowlands
 - Richard King
 - Zahida Ikram
- Mr Belton noted that the next Governor drop-in session was scheduled for Thursday, 10 October 2019, and asked any Governors planning attend the session to advise him in advance.

The Council of Governors:

- Received and noted the Chair's Report.

37/19 Chief Executive's Report

Mrs Robson presented a report providing an update on national and local strategic and operational developments. She briefed the Council

on the content of the report and made particular reference to the following subject areas:

- CQC Inspection
- System working
- Strategy development, including the development of clinical service strategies
- Annual Safety Conference
- Consultant engagement sessions
- Establishment of a Senior Leadership Group
- New team briefing arrangements
- £30.5m capital funding on the development of an emergency care campus
- Transfer of Breast Services
- NHS Oversight Framework
- NHS Providers Conference – showcase of the Trust’s work to support veterans.

Cllr Dowson asked what procedures had been put in place to ensure the various developments detailed in the Chief Executive’s report were also benefiting High Peak & Dales residents. Mrs Robson advised that the Trust was working closely with the Stockport Clinical Commissioning Group (CCG) to ensure the developments were also delivered by other commissioners.

Mrs Woodford queried whether there was a possibility for the breast services to be brought back to Stepping Hill Hospital, noting the limited public transport from the High Peak area. Ms Toal advised the Council that the Trust was no longer commissioned to delivery breast surgery, and that the closest providers were Manchester University NHS Foundation Trust (in Wythenshawe) and East Cheshire NHS Trust. She reported that the Trust was in discussions with Manchester University NHS Foundation Trust to establish whether they could provide some of their breast services on this Trust’s site. She also confirmed that the Trust had never provided breast screening.

In response to a question from Cllr Dowson regarding vulnerabilities of services, Mrs Robson suggested that this could be a topic at a future Governors’ meeting to provide an overview of plans for sustainable services. In response to a comment from Mr Greenwood, Mrs Robson agreed that the item could also include information about clinical commissioning decisions and how it all fits together.

HM

The Council of Governors:

- Received and noted the Chief Executive’s Report
- Agreed that vulnerabilities of services and clinical commissioning decisions would be considered at a future meeting.

38/19 Performance Report

Mr Belton noted that Governors and Non-Executive Directors had discussed performance issues at the earlier informal session. Ms Toal introduced the report and welcomed comments from Governors on the new report format. Ms Toal briefed the Council on the content of the report and provided an overview of performance in the following areas:

- Referral to Treatment (RTT)
- Activity v Income
- Urgent Care
- Cancer

In response to a question from Prof Galasko, Ms Toal provided further clarity regarding the headings in the Summary Dashboard section of the report.

The Council of Governors:

- Received and noted the Performance Report and commended the clear format of the report.

39/19 Update on Preparations for next CQC Inspection

Ms Lynch provided a verbal update on the preparations for the next Care Quality Commission (CQC) inspection. She advised that the Trust had received a formal notification of the inspection on 2 October 2019, when it had received a Provider Information Request, and she briefed the Council on the Trust's preparations ahead of the unannounced visit, the Use of Resources assessment and the announced inspection. Ms Lynch welcomed continued Governor involvement with the Patient Safety walk rounds.

Ms Lynch reiterated the earlier comments made by Mr Belton and Mrs Robson in encouraging Governors to link in with Mr David Holden with regard to the CQC inspection preparations.

In response to a question from Mr Greenwood, Ms Lynch and Mrs Robson updated the Board on the Stockport-system CQC review undertaken in 2018, noting that the areas highlighted by the review were being worked on with system partners and fed into the Health & Wellbeing Board.

The Council of Governors:

- Received and noted the verbal update.

40/19 Appointment of External Auditors

Mr Large tabled a report on the Appointment of External Auditors outlining the recommendation of the working group, which had been established to work with members of the Audit Committee to

undertake the External Audit appointment process. He noted that this approach had been agreed by the Council of Governors at its meeting on 17 July 2019, and that the final decision of the working group was being recommended to the Council of Governors for approval.

He briefed the Council on the content of the report and advised that Mrs Brown and Mr Jenkins had provided Governor input into the process. He reported that three Audit firms had bid for the contract and he briefed the Council on the evaluation process, which had been weighted as follows: 50% on quality, 40% on cost and 10% on presentation.

Mr Large advised that the recommendation of the working group was to award the contract to Mazars LLP. Following further comments from Mrs Brown regarding the panel's deliberations, The Council of Governors unanimously approved the recommendation.

The Council of Governors:

- Received and noted the Appointment of External Auditors report.
- Approved the recommendation to appoint Mazars LLP as the Trust's External Auditors with effect from 1 October 2019 for an initial term of office of three years, with the option to extend for a further two x 12 month periods thereafter.

41/19 Review of Standing Orders

Mrs Parnell presented a report seeking Council of Governors' approval to its Standing Orders. She briefed the Council on the content of the report and advised that the proposed amendments to sections 1.3, 4.2.2, 5, and 10.9 of the Standing Orders reflected the changes to the Health & Social Care Act.

The Council of Governors:

- Received and noted the report.
- Approved the changes to the Standing Orders sections 1.3, 4.2.2, 5, and 10.9.

42/19 Review of Governors' Meeting Attendance

Mrs Parnell advised she had been asked to review Governors' attendance at Council meetings. She presented a report detailing individual Governors' attendance at meetings in 2018-19 and noted overall good attendance. She advised that a review of Governor attendance would be reported to the Council of Governors on an annual basis.

The Council of Governors:

- Received and noted the report.

- Supported the recommendation that Mrs Parnell should write to the Governors with low attendance to remind them of their responsibility to attend a minimum of three Council meetings in any full year, and seek assurances that their attendance will improve.

43/19 Lead Governor Communication

Mrs Brown briefed the Council of Governors on her Lead Governor activities since the previous meeting, including one to one meetings with the Chair and the Chief Executive, attending and chairing meetings requiring Lead Governor presence, attending meetings with stakeholders, attending the Healthwatch Annual General Meeting, attending Board meetings, involvement with the External Audit appointment, involvement with PLACE inspections, supporting Governors when required and attending the Trust's Annual Members' Meeting.

The Council of Governors:

- Received and noted the verbal report.

44/19 Date, time and venue of next meeting.

The next meeting of the Council of Governors was scheduled to be held on Thursday, 5 December 2019, in the Lecture Theatres, Pinewood House, commencing at 3.00pm.

Signed: _____ Date: _____

COUNCIL OF GOVERNORS: ACTION TRACKING LOG

Ref.	Meeting	Minute Ref	Subject	Action	Responsible
07/18	5 Dec 18	58/18	Council of Governors – Collective Performance	<p>Mr P Buckingham commented that the Governor Role & Responsibilities document had been agreed and adopted by the Council some time ago and suggested that an initial review of the content by the Governance Committee would be useful.</p> <p>Update 17 July 19 – Governance Committee has not met due to quoracy issues.</p> <p>Update 7 Oct 19 – Action closed.</p>	P Buckingham (Director of Corporate Affairs)
01/19	17 Jul 19	24/19	Report of the Chief Executive	<p>In response to a question from Dr Catlow, who queried post-demolishment plans for the sites of ward A12 and A15, Mrs Robson provided a brief overview of the Trust’s Capital Plan and suggested that this could be an area for further consideration by Governors as the site plans progressed.</p> <p>Update 7 Oct 19 – Included in forward plan for early 2020.</p>	H Mullen (Director of Strategy, Planning and Partnerships)
02/19	17 Jul 19	24/19	Report of the Chief Executive	<p>In response to a question from Mr Belton, Dr Cheshire briefed the Council on the End of Life event held earlier in the afternoon, noting positive developments in this area. It was suggested that end of life care could be a topic for a future presentation to Governors.</p> <p>Update 7 Oct 19 – Included in forward plan for December 2019.</p>	C Wasson (Medical Director)
03/19	17 Jul 19	24/19	Governor Committee Review	<p>In response to a comment from Mr Johnson, who noted the need to review Governor attendance at meetings and establish reasons for any instances of regular non-attendance, Mrs Parnell agreed to undertake a review in this area.</p> <p>Update 7 Oct 19 – Report on agenda. Action complete.</p>	C Parnell (Interim Director of Corporate Affairs)

04/19	17 Jul 19	33/19	Quarterly Report on Quality Improvement Plan	<p>In response to a comment from Prof Galasko, who noted that the pie charts in the report were illegible, Ms Lynch agreed to email a clearer copy of the pie charts to Governors.</p> <p>Update 7 Oct 19 – Pie charts emailed to Governors. Action complete.</p>	A Lynch (Chief Nurse & Director of Quality Governance)
05/19	7 Oct 19	37/19	Chief Executive's Report	<p>In response to a question from Cllr Dowson regarding vulnerabilities of services, Mrs Robson suggested that this should be a topic at a future Governors' meeting to provide an overview of plans for sustainable services. In response to a comment from Mr Greenwood, Mrs Robson agreed that the item could also include information about clinical commissioning decisions and how it all fits together.</p>	H Mullen (Director of Strategy, Planning & Partnerships)

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Report to:	Council of Governors	Date:	5 December 2019
Subject:	Chair's Report		
Report of:	Chair	Prepared by:	Mrs C Parnell

REPORT FOR INFORMATION

Corporate objective ref: N/A	Summary of Report This report advises the Council of Governors of the Chair's activities over the last month in relation to: <ul style="list-style-type: none"> Caring for carers Governance Nominations Committee Out and about National news
Board Assurance Framework ref: N/A	
CQC Registration Standards ref: 17	
Equality Impact Assessment: <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:

This subject has previously been reported to:	<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&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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1. PURPOSE OF THE REPORT

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

- Caring for carers
- Governance
- Nominations Committee
- Out and about
- National news.

2. CARING FOR CARERS

In my role as Board champion for equality, diversity and inclusion (EDI), I recently had the pleasure of the first of what will be regular meetings with our lead for EDI, Annela Hussain. Annela has recently taken over the role from Safina Nadeem, who has taken up a similar but bigger role at the Care Quality Commission.

It was good to hear about the progress the organisation is making on the workforce race equality standard, as well as work on disabilities, accessible information, and the development of a range of networks. Annela also described a new network being formed for carers, and the more I reflected on this, the more I could see how powerful and relevant to us this is. After all, we are an organisation that cares for others, the work we have done around values shows that we care for each other, and in many cases we provide care for our own families, especially elderly relatives.

I believe we should be promoting and supporting the family friendly policies that we have in place to enable any of our colleagues who have carer responsibilities to be able to undertake them. The more we can support our colleagues to provide good care for their loved ones, the less likely their relatives are to need a visit to hospital. So everyone gains.

During a recent meeting with Coun. Jude Wells, Portfolio Holder for Adult Care and Health at Stockport Metropolitan Council, I heard about a new initiative the local authority is introducing to better support carers. Given the sheer number of people who work at the Council and the Trust, there must be numerous family members who could potentially be spared an unnecessary trip to hospital if we all did more to promote family friendly carer policies and support networks.

And reflecting on some of the feedback we have had on our values, the sense of family about our Trust came through very strongly. I am therefore looking forward to further developments that we can review as we strive for a culture that is truly inclusive, celebrates diversity, is fair to everyone, and reflects our values. I am therefore also keen that we encourage as full participation as possible in the NHS Staff Survey and, more importantly, we follow up, listen, respect, care, and act on what our colleagues tell us.

Our colleagues are working extremely hard right across the Trust and if we are to support them to continue to provide the best possible care to patients, we have to do all we can to support them in all aspects of their lives, whether its caring for their relatives or looking after their own health and wellbeing.

2. GOVERNANCE

The appointment of Dr Marisa Logan-Ward and Mr Mark Beaton as non-executive directors has given us the opportunity to review the make-up of our Board committees. Each committee will now have the following non-executive director members:

Audit	Quality	Finance & Performance	People Performance	Charity
D Hopewell (chair)	M Cheshire (chair)	M Sugden (chair)	C Barber-Brown (chair)	D Hopewell
M Sugden	D Hopewell	D Hopewell	M Cheshire	M Logan-Ward
M Beaton	C Barber-Brown	C Anderson	C Anderson	A Belton
M Logan-Ward	M Logan-Ward	M Beaton	M Beaton	

Mrs Anderson will also be the chair of the new Health & Safety Committee, and the non-executive director representative on the Risk Committee once they are established in the new financial year.

3. NOMINATIONS COMMITTEE

The Council of Governor's Nominations Committee plays a key role in the Trust's governance structure as it leads on the recruitment of Non-Executive Directors. We currently have two vacancies on that Committee, and we had asked governors to nominate themselves for those key roles.

The next meeting of the Committee in January will consider new national guidance around the Chair's annual appraisal, as well as consider future arrangements for three Non-Executives, who reach the end of their current terms of office in 2020.

The Nominations Committee will make recommendations for the Council of Governors to discuss at its next meeting in February.

4. OUT AND ABOUT

This month I've spent time both inside and outside the Trust meeting colleagues and partners. It was good to have an introductory meeting with Andrea Green, the new accountable officer at Stockport Clinical Commissioning Group, and also to attend the local Health and Wellbeing Board where we approved the locality plan for Stockport.

I have continued to attend regular meetings with the chairs of local partner organisations as we all work more closely together to formulate a local system plan to deliver the best care we can over the winter with the available resources we have between us. The Trust has already implemented many of our winter schemes as the sustained demand we have seen over the summer months are likely to be exacerbated by winter illnesses.

I would like to pay tribute to all colleagues who are already working so hard to keep patient safe and well cared for, and I know that despite what is likely to be a difficult winter they will continue to do their utmost for the people in their care.

This is the message that I hope I convey face-to-face to colleagues when visiting our services, and this month I enjoyed a really interesting afternoon with our maternity teams, as well as a fascinating clinical services review as part of our preparations for the forthcoming CQC inspection.

Our governors play such an important role in the life of the Trust so it is always good to meet up with Eve Brown, our lead governor, as I did recently to discuss how we can continue to strengthen the relationship between the Council of Governors and Board of Directors, and plans for this meeting.

5. NATIONAL NEWS

The “purdah” period on the run up to the General Election means that there have been few national announcements in relation to the NHS this month.

However NHSI/E has published *Transforming imaging services in England: a national strategy for imaging networks*, which sets out a proposal for the implementation of collaborative imaging networks across the country. Under the proposal these networks would be developed in two phases starting with the creation of 24 networks by 2022 and consolidating to 18 networks by 2023.

6. NEXT MEETING

As we agreed earlier this year the Council of Governors will now meet five times in any 12 month period, and this means an extra meeting in February 2020. The next meeting will be held on Wednesday, 12 February 2019. The current forward plan for that meeting is included with the papers but if you would like to see any other items on the February meeting or future meetings then please do let me know.

7. RECOMMENDATIONS

The Council of Governors is recommended to receive this report.

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Council of Governors

Meeting plan 2019-20

	October 2019	December 2019	February 2020	April 2020
Development session	Emergency care & winter planning	End of Life Care	Community services, including primary care networks	Frailty network
Standing agenda items	Update on outpatients improvement activity	Quality improvement plan – quarter 3 update	Patient safety walkabout feedback	Quality improvement plan – end of year report
Chair’s report	Quality improvement plan – quarter 2 report	Update on Trust’s People Strategy	Estates strategy update	Patient experience
Chief Executive’s report	Update on preparations for next CQC inspection	Patient experience annual report	Planning for CoG review of effectiveness	Operational plan for 2020-21
Integrated performance report	Appointment of external auditors	Feedback from values and behaviours engagement work	Chair appraisals – paper from Nominations Committee	CoG review of effectiveness
	Review of standing orders	Update on preparations for next CQC inspection	Recommendations re future of 3 Non-Executive Director roles – paper from Nominations Committee	NHS Staff Survey results
	Review of governors’ meeting attendance		Communications & engagement strategy	

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Report to:	Council of Governors	Date:	5 December 2019
Subject:	Chief Executive's Report		
Report of:	Chief Executive	Prepared by:	Mrs C Parnell

REPORT FOR NOTING

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

Attachments:

This subject has previously been reported to:	<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&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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1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Council of Governors of national and local strategic and operational developments.

2. PERFORMANCE PRESSURES

The pressure on our emergency department and our performance against the four hour standard continues to dominate our daily lives. Despite the best efforts of our staff in the department our performance against the standard is frequently at the bottom of the table across Greater Manchester.

This is due to a number of factors including a rise in demand for emergency care, the acuity of the patients who come to us, and difficulties in keeping the flow of patients moving through the health and care system quickly enough to free up space in the emergency department.

Despite the early implementation of a range of schemes we had planned for winter, including opening more than 40 extra beds which we had not originally expected to do, we are still seeing almost a ward's worth of patients being cared for in our emergency department every day while they wait for a bed or package of care elsewhere.

Staff in the department are doing their utmost to ensure patients in the department are safe and cared for, and patients still continue to report that the care they receive is good. But this is not the experience we would want for our patients or our staff.

We are not the only organisation regionally or nationally facing unprecedented demand for emergency care and the challenge of maintaining flow. Recently, national figures have been published demonstrating the worst ever national performance against the four hour target.

As a result there has been increased scrutiny, both regionally and nationally, of emergency department performance with systems regularly being held to account for delivery against the standard. In Stockport we have introduced weekly Grand Rounds with our partner organisations with a particular focus on improving patient flow, and I meet with my Chief Executive colleagues on a weekly basis to maintain a drum beat around actions to improve the current situation.

In the last week we have been awarded £2.2m by NHSI/E to help with winter pressures by focusing on opening extra beds and increasing staffing to help the A&E position, as well as long length of stay patients.

Within the Trust, we are beginning a programme of work focusing on "reducing patient's days away from home" in four pilot ward areas, taking a coaching approach with staff to help them understand the need to help people leave hospital after they no longer need acute care and work on unblocking the barriers to prompt discharge. We are also exploring the implementation of the Realistic Medicine approach, which we will be bringing more information to the Board about at our December meeting.

I have also been talking to Chief Executives across the country to learn from the actions they have implemented to address similar challenges, and recently myself and the Chief Operating Officer visited West Sussex NHS Trust. It is now rated as “outstanding” by the Care Quality Commission, but in the recent past faced very similar challenges to those in Stockport and have taken a consistent and sustained approach to transforming services and helping staff to focus on a small number of key priorities. My executive colleagues and I are looking to establish a very similar approach in 2020-21.

These, and other initiatives, are all aimed at addressing the current and future challenges of providing effective emergency care to a local population with a high proportion of elderly people. At the same time we have also invested in extra staff through international nurse recruitment to help fill key vacancies and support our teams across the hospital, who are under immense pressure every day. We hope to see the first of these new nurses early in January, but in the meantime we are spending more than we originally planned on bank and agency staff to ensure our services can continue to provide safe care to the patients who need our services.

3. CARE QUALITY COMMISSION

As we manage the impact of unprecedented demand on our services, we know that the Care Quality Commission is likely to visit us shortly for their regularly inspection of our services, as well as forthcoming Well-Led and Use of Resources inspections.

These inspections are always a great opportunity for us to take stock and reflect on our journey so far, as well as share the many things we are proud of about this organisation. We have begun to share information with our staff about what to expect from the CQC visits, and a programme of clinical services reviews are also underway with teams of staff from across the Trust visiting different wards and departments to identify examples of the progress that has been made, as well as areas where we still have more to do.

4. STRATEGY AND VALUES

Today we will be discussing our developing Strategy along with our new values that have come directly from a major piece of engagement work with our staff. Over 1,000 people got involved in telling us what they were proud of about working in the organisation, and we gathered over 3,700 pieces of feedback.

I am looking forward to sharing those values with our staff at our next Team Brief, and beginning to see how we use them in recruitment and appraisals, as well as the development of a behavioural compact.

5. SENIOR LEADERSHIP ENGAGEMENT

In recent months we have implemented a number of initiatives to more effectively engage with our senior clinicians and management.

We have held a series of engagement events with the consultants from each of our business groups. We have already completed one round of those events in recent months and are now well on with the second round. They have been a great way for the executive team to engage with clinical colleagues informally to listen to the challenges facing us all, and share ideas for how we can continue to improve our services and the Trust as a whole.

We also created the Senior Leadership Group as a way of bringing both clinical and managerial leaders together to address key strategic themes. Meeting on a monthly basis the group has already looked at a wide range of issues from outpatient waiting lists to our business group and corporate risk registers, serious incidents to digital optimisation. We have had very positive feedback about this group that will continue to develop as we go into 2020-21.

6. NEWS AND EVENTS

- **MBE for dedication** – Consultant anaesthetist Dr. Sengottiyan Chandrasekaran – known as Dr Chandra to his colleagues – last week received an MBE for his dedication and efforts following the Manchester Arena bombing. He was at the arena to collect his daughter and a friend from the concert when the bomb exploded and he helped many injured concert goers. Finding his daughter and friend unharmed he took them home and then went to Stepping Hill Hospital, where he worked through the night to treat casualties from the bombing without telling his colleagues that he had been caught up in the atrocity.
- **Hip and knee replacement surgery** – National Joint Registry figures released recently show that Stepping Hill Hospital is one of safest and best places in the country for hip and knee replacement surgery. Our revision rates for knee replacements are just 1.62% compared to the national average of 3.59%, and just 3.84% of our hip replacements need to be revised within ten years compared to the 5.16% national average.
- **Community nursing** - congratulations to our children's community nursing team for being finalists in Manchester University's Recognising Excellence and Achievement Awards.
- **Health days** – Adult Safeguarding Day, World Prematurity Day, European Anti-biotic Awareness Day were just three of the health days celebrated in the Trust recently with staff right across the organising raising awareness of these important issues.
- **Anti-bullying Week** – a host of events were held in the Trust to mark this important week in the calendar, including staff donning odd socks for the day and making pledges to take a stand against bullying.
- **Frailty Intervention Team** – there was a really well attended launch event on 21st November, underlining the importance of delivering our frailty services and approach to patients presenting to our Emergency Department.

7.RECOMMENDATION

The Council of Governors is recommended to receive this report.

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Report to:	Council of Governors	Date:	5 December 2019
Subject:	Operational Performance Report: to the end of October 2019 (2019/20 Month 7)		
Report of:	Sue Toal, Chief Operating Officer	Prepared by:	Jo Pemrick Performance Manager

REPORT FOR INFORMATION

Corporate objective ref: C3b, C5b, C5c, C5d	Summary of Report The Council of Governors is asked to note progress against the performance objectives for the Trust as at the end of October (month 7).
Board Assurance Framework ref: SO3, SO5	
CQC Registration Standards ref: CQC Responsive	
Equality Impact Assessment: <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:

This subject has previously been reported to:	<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 Assurance Committee <input checked="" 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 – Operational Performance Group
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1. INTRODUCTION

The Council of Governors are asked to note the progress and assurance against the performance objectives of the Trust as at the end of October 2019 (month 7).

2. BACKGROUND

This report sets out the operational position and key performance issues for the Trust in 2019/20. The outlook for the Trust against the performance objectives within the single oversight framework remains challenging; particularly in respect of the urgent care performance and referral to treatment standards.

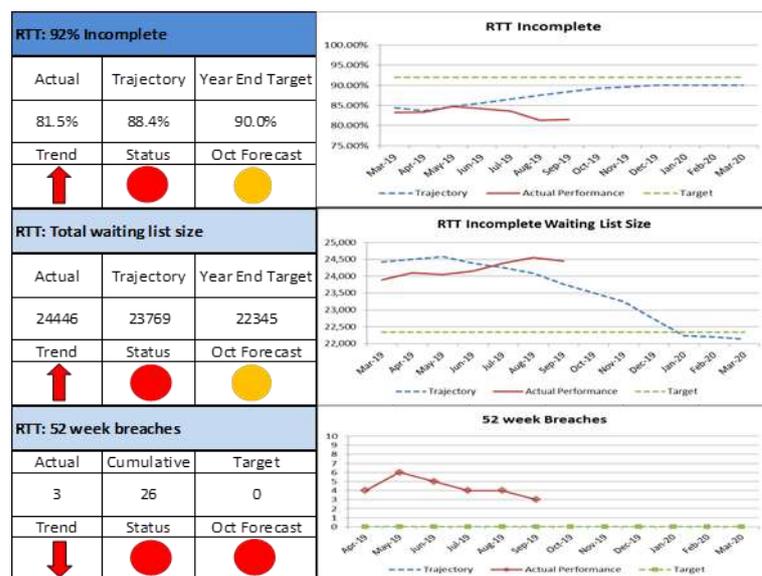
3. REPORTS

A summary of all the indicators reviewed by the Operational Performance Group can be found in Appendix 1.

3.1 RTT

The prediction for RTT Incomplete Performance for October 2019 is 81.1% against a trajectory of 89.3%. However, it should be noted that 6 specialties are achieving 92% RTT and 5 are achieving their baseline waiting list size.

The most challenged specialties in terms of waiting list size growth are Gastroenterology & Oral Surgery.



Based on the specialties current forecast, the waiting list size at the end of Q3 is predicted to be 526 above the March '18 baseline, which reduces to 218 by the end of Q4.

However, further opportunities have been identified as part of the financial recovery plan, which are not reflected in the Q4 position below. The expectation is that we will meet baseline levels for waiting list, but are not predicting to achieve the 90% Incomplete performance as per our Operational Plan submission.

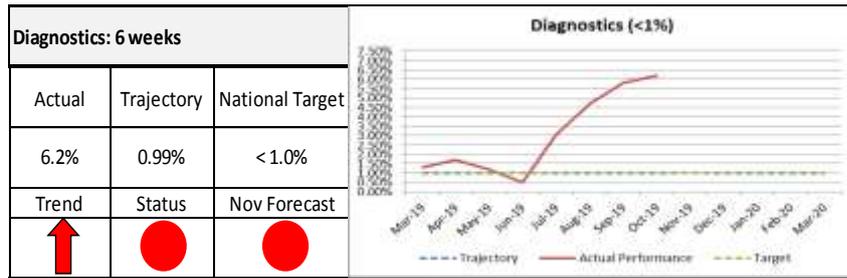
	Target	Q3	Q4	Q4 - Expected
Waiting list size	22345	23254	22563	22345
Incomplete performance	90%	82.90%	85.20%	85.20%
Var to WL size		526	218	0

To enable delivery as detailed above, the following actions will be taken:

- Weekly monitoring of specialty position to ensure individual recovery trajectories are being met
- Plan a 'Perfect Validation' week with the intention being to cleanse the PTL data and identify opportunities for fast tracking patients.
- Challenge achieving specialties to establish if they can further over-perform.

3.2 Diagnostics

The diagnostic standard was not achieved in October due to the backlog associated with Endoscopy surveillance patients becoming overdue. A recovery paper has been written and this identifies the plans to recover this situation.

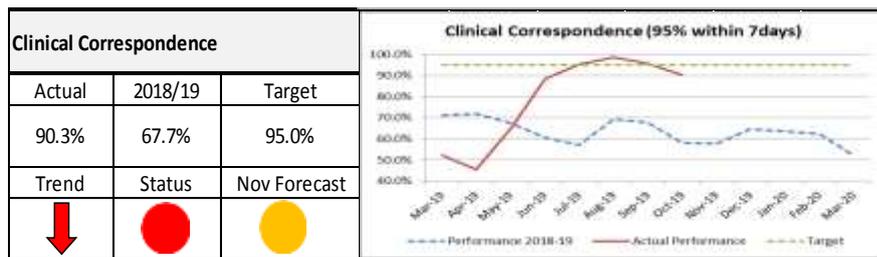


Expected recovery of the diagnostic standard is March 2020.

It should be noted that although the 6 week standard is being achieved for Radiological investigations, there has been a sizable increase in the number of CT requests which has had a negative impact on the availability of capacity for cancer and RTT relevant patients. The largest increase in requests is from the Emergency Department.

3.3 Clinical Correspondence

Performance against the clinical correspondence target has not hit the expected target of 95.0% and final performance came in at 90.3%



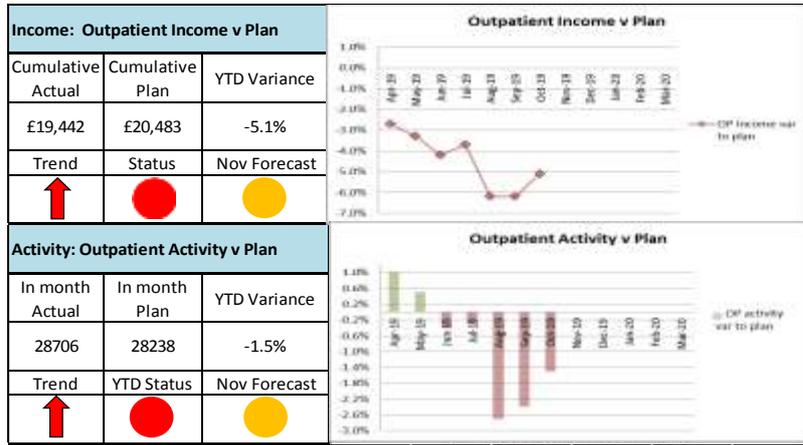
It has been reported that this decline was due to holidays and sickness within the secretariat. The expectation is that this will achieve in November 19.

3.4 Activity v Income

Outpatients

Although Out-Patient attendances were over-plan by 468 in month, this was mainly driven by significant over-performance in AHP-Physio and Clinical Physiology.

Out-patient income is indicated to be £66k adverse in month and £1.125m adverse YTD.



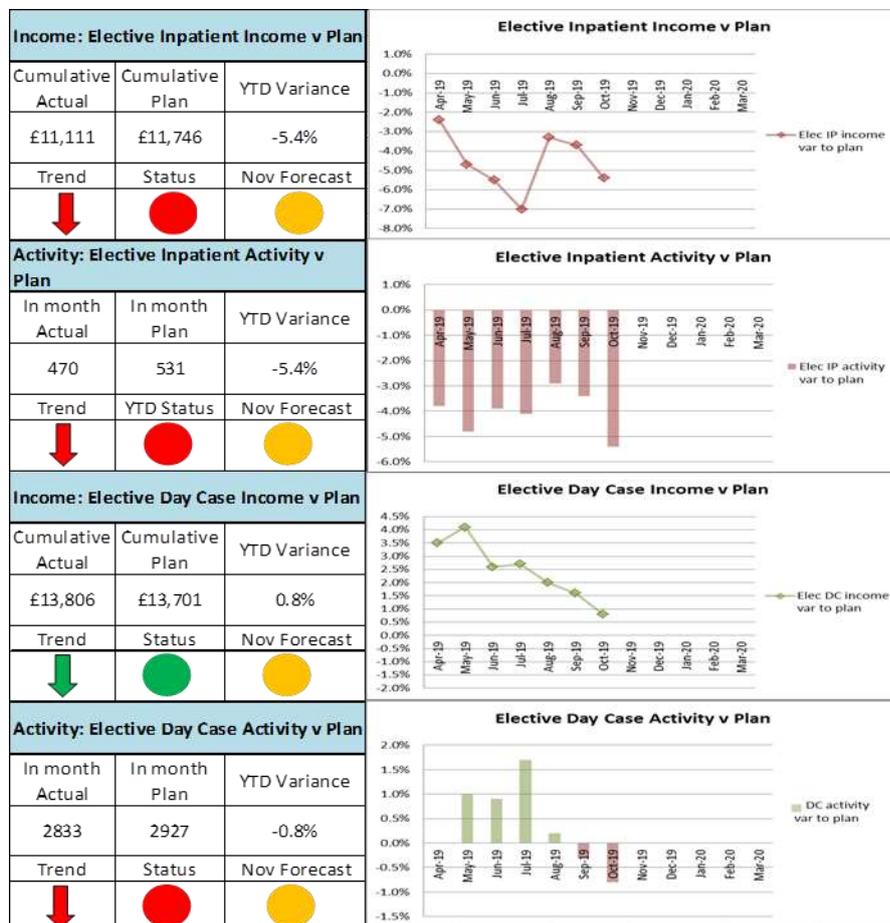
Elective

Total Elective activity was 155 cases adverse in month (-61 Inpt, -94 Daycase) which brings the YTD position to 309 behind plan.

Income was adverse in month by -£344k. YTD, day-case income remains above plan by £ 135k, whilst In-Pt income is adverse by £666.6k.

The cessation of elective operating in response to severe Urgent Care pressures in part contributed to this under-performance in month.

The Business Groups have provided recovery plans as part of the overall Trust financial recovery plan. The impact of these from both an operational and financial performance perspective is currently being evaluated.



3.5 Urgent Care

Overall attendances in October were 7.2% up against the same time last year. With an average attendance of 286 patients per day (In October 2018 the average attendance was 267 per day). Cumulatively attendances are 0.95% above that predicted at the start of the year.

Performance deteriorated again in October, falling well short of the 80% improvement trajectory, with an increase in non-admitted breaches in month. The non-admitted breaches were again the result of a congested ED, due to the high demand and reduced flow. During the month of October there was the equivalent of a ward bedded down in the emergency department at 7.00am every day despite an additional 31 escalation/winter beds opened during the course of October. There were also 63 no harm on initial assessment 12 hour trolley waits due to lack of flow.

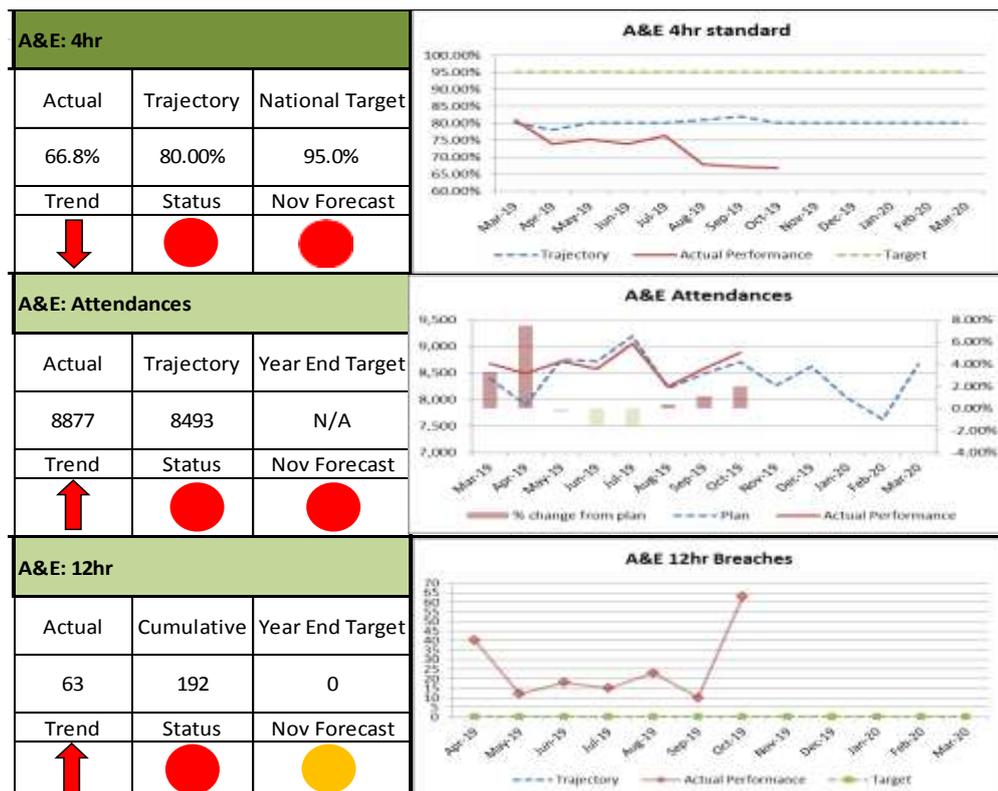
High medical bed occupancy rates (>98%) have been experienced as a result of a high number of Medically Optimised patients Awaiting Transfer, Delayed Transfers of Care and a drop in the number of patients fit for discharge. It should be noted that there has been a large increase in the number of paediatric attends and admissions with a large number of Paediatric HDU cases resulting in having to open extra Paediatric HDU capacity at the end of October 2019.

A workshop has been held in collaboration with GM/ECIST to focus on LLOS and a planned schedule of improvement work using QI methodology and learning from another Trust that has seen a marked improvement in LLOS is being drafted. The first paper is being taken the Stockport FT Executive Team meeting for sign off on 12th November 2019 with a view to immediate implementation of the actions. The main steering group team are to attend a LLOS national programme in early December.

The SAFER metrics are to be included in the Ward ACE accreditation to continue to raise the profile of this initiative.

Further primary care enhancement to streaming and deflection is being led by SCCG with a view to implementing a Urgent Treatment Centre (UTC) model for winter.

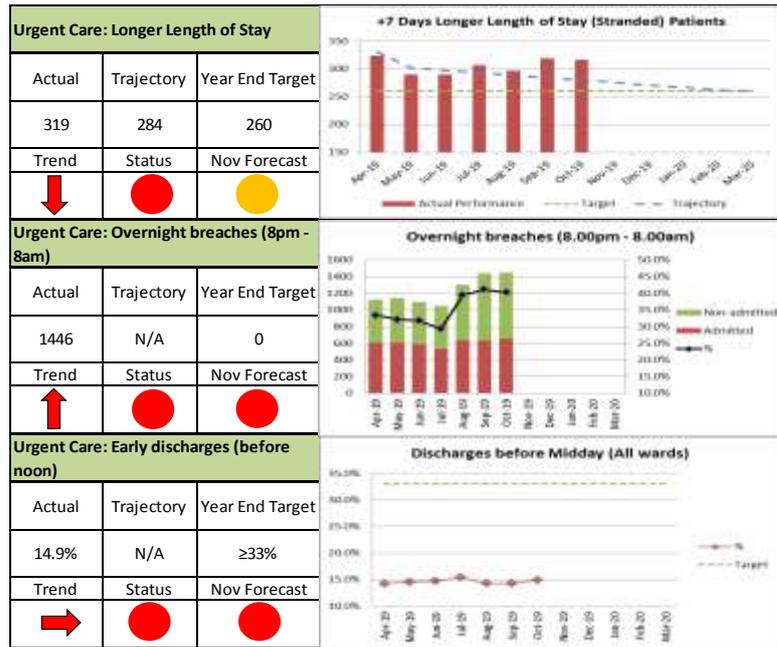
Development of plans to redesign the Urgent Care footprint following the award of Wave 4 capital continues and further information will be given at the next F&P meeting.



The +7, +14 and +21 days LLOS all remain above trajectory and it is anticipated that the collaboration as described above will improve this situation. Discharges before noon continue to be a challenge with only 15% achieving this against a target of 33%. Delayed Transfers of Care have increased which is seen as a proxy for 'exit block'.

Overnight Breaches continue to be an issue compounded by congestion in the department and pressures with nurse staffing numbers, affecting overall productivity at the busiest times.

The Integrated Care Business Group has developed a local recovery plan specific to urgent care and this is being implemented with a review to improving performance.

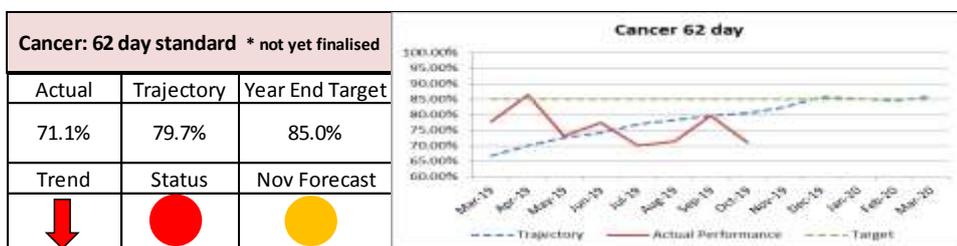


3.6 Cancer

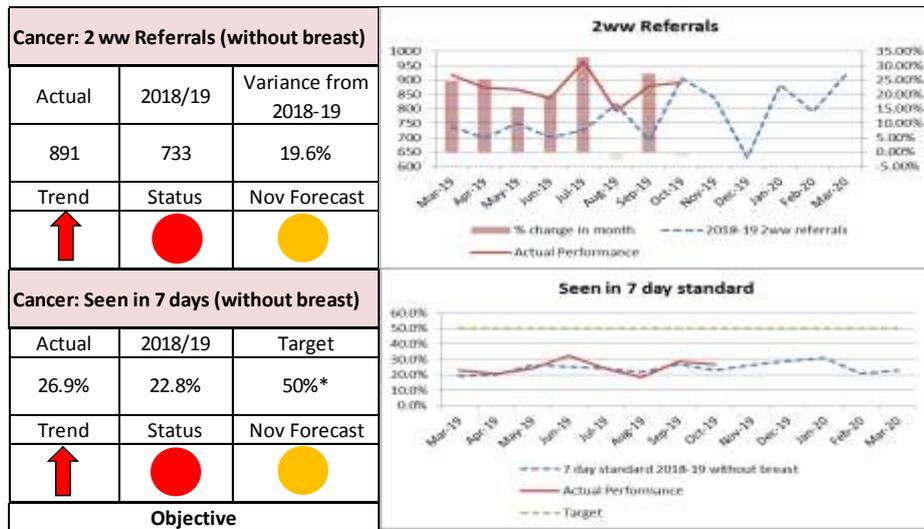
In October the Trust failed to meet the 79.7% set trajectory with a 71.1% predicted latest position.

Actions to support improvement:

- The Delivery Director has introduced a weekly PTL meeting which forensically examines every patient on the cancer PTL with a focus on reducing the number of breaches that the Trust is currently experiencing by escalating and understanding the causes of pathway delays.
- Explore prioritisation of Histopathology reporting by working with Clinicians to differentiate those patients who are highly suspicious against those of low pathology concern.
- Review of the cancer escalation process to ensure that delays are negated from patient pathways.



The Trust continues to achieve the Cancer 2 week wait standard in all areas with the exception of Gynaecology and the plan is to put on extra hysteroscopy and colposcopy lists to address this issue.



The Trust is progressing recruitment to posts to support lung, colorectal and prostate pathways following successful transformation funding bids to GM Cancer. The posts have been appointed to and start dates are awaited.

The Trust is also working closely with the new Programme Director for GM cancer who will be on site helping to identify ways to improve all aspects of cancer performance.

4.0 RECOMMENDATION

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

Summary Dashboard

Appendix 1

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I M S W	YTD
Chief Operating Officer								
Diagnostics: 6 Week Standard	Responsive	Oct-19	<= 1%	7.0%		↑		3.4%
Cancer: 62 Day Standard	Responsive	Oct-19	>= 80.6%	70.5%		↓		75.6%
Cancer: 14 day standard	Responsive	Oct-19	>= 94.6%	95.8%		↓		90.4%
Cancer: Breast symptomatic	Responsive	Oct-19	>= 93.13%			→		20.1%
Cancer: 31 Day 1st Treatment	Responsive	Oct-19	>= 96%	98.1%		↑		97.2%
Cancer: 31 Day 2nd Treatment: Drugs	Responsive	Oct-19	>= 98%			→		100.0%
Cancer: 31 Day 2nd Treatment: Surgery	Responsive	Oct-19	>= 94%	100.0%		→		93.9%
Cancer: 104 Day Breaches	Responsive	Sep-19	<= 0	4.0		→		22.0
Referral to Treatment: Incomplete Pathways	Responsive	Oct-19	>= 89.3%	81.1%		↓		82.8%
Referral to Treatment: Incomplete Waiting List Size	Responsive	Oct-19	<= 23509	24581		↑		
Referral to Treatment: Admitted backlog	Responsive	Oct-19	<= 250	896		↑		
Referral to Treatment: Non-Admitted backlog	Responsive	Oct-19	<= 1150	3760		↑		
Referral to Treatment: Training Compliance	Responsive	Oct-19	>= 95%	80.5%		↑		
Clinical Correspondence	Safe	Oct-19	>= 95%	90.3%		↓		82.0%
Outpatient Hospital Cancellation Rate (UoR)	Responsive	Oct-19	<= 9%	10.8%		↑		10.4%
Outpatient DNA rate (UoR)	Effective	Oct-19	<= 7.4%	7.1%		↓		6.9%
Outpatient Clinic Utilisation (UoR)	Effective	Oct-19	>= 90%	83.8%		↓		84.1%
Outpatient New to Follow-up Ratio (UoR)	Effective	Oct-19	<= 1.77	2.11		↓		2.18
Outpatient Waiting List: Overdue Follow-up Appointments	Responsive	Oct-19		11407		↓		
Theatres: Delivered Sessions vs. Plan	Effective	Oct-19	>= 100%	89.6%		↓		93.2%
Theatres: In-Session Touch-time Utilisation (UoR)	Effective	Oct-19	>= 85%	70.2%		↓		
Cancelled Operations: Non-clinical reasons	Effective	Oct-19	<= 0.85%	2.5%		↑		
Cancelled Operations: Rebook within 28 days	Effective	Oct-19	<= 0	2		↑		
Cancelled Operations: Urgent operations	Effective	Oct-19	<= 0	0		→		
Pre-Procedure Elective Bed Days (UoR)	Effective	Oct-19	<= 0.13	0.09		↑		
Pre-Procedure Non-Elective Bed Days (UoR)	Effective	Oct-19	<= 0.87	1.36		↑		

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT				YTD
							I	M	S	W	
Elective Day Case Activity vs. Plan	Responsive	Oct-19	>= 0%	-0.8%		↓					-0.8%
Elective Day Case Income vs. Plan	Responsive	Oct-19	>= 0%	0.8%		↓					0.8%
Elective Inpatient Activity vs. Plan	Responsive	Oct-19	>= 0%	-5.4%		↓					-5.4%
Elective Inpatient Income vs. Plan	Responsive	Oct-19	>= 0%	-5.4%		↓					-5.4%
Outpatient Activity vs. Plan	Responsive	Oct-19	>= 0%	-1.5%		↑					-1.5%
Outpatient Income vs. Plan	Responsive	Oct-19	>= 0%	-5.1%		↑					-5.1%
Ambulance handovers delays of 30 to 60 minutes	Responsive	Oct-19		386		↓					
Ambulance handover delays of over 60 minutes	Responsive	Oct-19		57		↑					
Length of Stay: Non-Elective (UoR)	Effective	Oct-19	<= 9	12.40		↑					11.25
Length of Stay: Elective (UoR)	Effective	Oct-19	<= 2.6	2.50		↑					2.58
Stranded Patient Count (UoR)	Effective	Oct-19	<= 288	317		↓					
Super-Stranded Patient Count (UoR)	Effective	Oct-19	<= 113	132		↓					
Discharges by Midday	Effective	Oct-19	>= 33%	14.9%		↓					15.4%
A&E: Overnight Breaches	Effective	Oct-19		1446		↑					
A&E: 4hr Standard:	Responsive	Oct-19	>= 80%	66.6%		↓					71.6%

Medical Director

A&E: 12hr Trolley Wait	Responsive	Oct-19	<= 0	63		↑					192
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Chief Nurse & Director of Quality Governance

Referral to Treatment: 52 Week Breaches	Responsive	Oct-19	<= 0	2		↓					28
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Director of Finance

Non-Pay vs. Plan	Well-Led / Efficient	Oct-19	<= 0%	1.2%		↓					
Pay vs. Plan	Well-Led / Efficient	Oct-19	<= 0%	0.8%		↓					
Income vs. Plan	Well-Led / Efficient	Oct-19	>= 0%	-1.4%		→					

Report to:	Council of Governors	Date of Meeting:	5 th December 2019
Subject:	Annual Patient Experience Report April 2018 – March 2019		
Report of:	Chief Nurse and Director of Quality Governance	Prepared by:	Patient Experience Team

REPORT FOR INFORMATION

Corporate objective ref: Patient Experience	Summary of Report The summary of the report is to provide an overview of core services that form part of the Trust's Patient Experience portfolio, as well as wider work to improve the experience of patients, carers, friends and families.		
	Board Assurance Framework This report contains the improvement and developments within the following services:		
	CQC Registration Standards <ul style="list-style-type: none"> - Patient Engagement - Surveys, Compliments, Gratitude - Patient Experience Improvements - Patient Experience Staff Education - Patient and Customer Services - Voluntary Services - Chaplaincy Services - Interpretation Services 		
	Equality Impact Assessment: <ul style="list-style-type: none"> <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required <p>The group are requested to receive and note the content of this report.</p>		

Attachments:	1.	Patient, Carers, Family and Friends strategy 2018 - 2021	 Patients Carers Family and Friends St
	2.	Veterans' Passport	 Veterans Passport v0.5_Electronic Versik

This subject has previously been reported to:	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Workforce & OD Committee
	<input type="checkbox"/> Council of Governors	<input type="checkbox"/> BaSF Committee
	<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Charitable Funds Committee
	<input type="checkbox"/> Executive Team	<input type="checkbox"/> Nominations Committee
	<input type="checkbox"/> Quality Assurance Committee	<input type="checkbox"/> Remuneration Committee
	<input type="checkbox"/> FSI Committee	<input type="checkbox"/> Joint Negotiating Council
		<input type="checkbox"/> Other

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Stockport
NHS Foundation Trust

Stockport NHS Foundation Trust

Patient Experience Annual Report

April 2018 – April 2019



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10. Interpretation Services	page 49
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1. Foreword

I am delighted to present the Annual Report for the period of April 2018 to March 2019. The report reflects the Trust's commitment in promoting the experience of our patients. Improving the patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide high quality care to every patient, every day. This report demonstrates the continuous developments and improvements made in improving the patient experience.

I would like to take this opportunity to thank all those who have contributed to the work completed over the last year. We look forward to continuing to improve the quality of care and experience we provide to our patients and families for the forthcoming year.

Alison Lynch
Chief Nurse and Director of Quality Governance

2. Introduction

The views of the people who use our services are important to us. We want to know when things have gone well, but also when we don't get things right, so we can learn and improve. We welcome all feedback and seek to take a proactive approach to helping with any questions or concerns.

In order to assess and better understand the experience of our patients, carers, friends and families, the Trust actively seeks feedback from people using our services. This enables the Trust to make the necessary service improvements that ensure our patients receive a safe, consistent, person centred experience at every contact. The team currently consists of the Matron for Patient Experience and Quality Improvement (QI) and the Quality Practitioner.

3. Patient Engagement

3.1 Patients, Carers, Friends & Family Strategy (see attachment 1)

The purpose of the Patients, Carers, Friends & Family strategy is to provide context and a framework which supports the Trust, its staff members to work effectively in partnership with patients, carers, families, friends and community partners to deliver and improve services and patient experience. The strategy focuses its key areas of improvement on the NICE Quality Standard 15 for Patient Experience.

The strategy sets out our ambitions and approach for improving the patient experience by always:

- Listening to our patient, carer family and friends
- Learning together from their feedback
- Leading change based on patient, carer family and friends experiences
- Ensuring our patients, carers family and friends are consistently put first as we continuously improve our communication, care, environment and processes.

Stockport NHS Foundation Trust			
<i>Our values are at the heart of everything we do and come from our 'Your Health. Our Priority' promise. Every day they drive the behaviour and action of everyone who works for us ensuring good care for others.</i>			
Patient, family and friends experience priorities	What will we do in 2018/2021	How will we deliver this?	Measures by April 2021
Ensure patient, family and friends feedback supports service delivery	Patient, carers, families and friends stories will become pivotal aspect of our learning.	We will routinely share patient, family and friends stories with the Trust board and staff groups.	For the Trust board and team brief to have received a patient, family and friend story at each meeting within every business group.
To utilise care opinion/friends and family test feedback	Care opinion/friends and family test feedback will change practice and improve services for our patient, family and friends.	We will provide patients and families, friends with systems to allow real time feedback.	To see a rise in key themes identified from feedback systems.
Learn lessons from complaints and compliments	Complaints and compliments will be shared with business groups.	We will share feedback from complaints and compliments and areas of concern will be actioned.	Ward areas will be monitored on complaints and compliments on key themes identified.
Listening to our patients, families, friends and staff	We will engage with our patients, families, friends and staff to ensure patients receive safe, effective and personalised care.	We will share feedback from patients, families, friends and staff and engage with our community to keep them informed.	Specific themes will be fed back from care opinion/friends and family tests and in-house satisfaction surveys delivered up to the Trust Board.

The strategy was developed and reviewed in consultation with the patient and carer representatives. Following on from this a number of hospital inpatients were invited to provide feedback on the proposed strategy. The Patient, Carer, Friends and Family strategy was implemented in October 2018 with a review date of October 2021.

3.2 Action Group for Patient Experience

The Action Group for Patient Experience Group (AGPE) was established in January 2018 as a sub group to the Patient Experience Group (PEG) in accordance with standing order for the practice and procedure of the board of Directors. The group is responsible for providing information and assurances to PEG that it is managing all issues relating to patient experience. A variety of clinical and non-clinical staff attend the group alongside patient and carer representatives.

3.3 Dementia Steering Group

The Matron for Patient Experience & QI and the Quality Practitioner joined the dementia steering group to help support the dementia strategy and the re-launch of John's campaign. The group is made up of a variety of clinical and non-clinical staff, and patient and carer representatives who have considerable knowledge of Dementia. Members come together to share best practice and learn enabling us to capture and implement their findings.

3.4 PLACE (Patient Led Assessment of the Care Environment)

The Matron for Patient Experience & QI and the Quality Practitioner are members of the PLACE inspection team alongside patient and carer representatives, public governors and trust staff. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

3.5 Nutrition & Hydration Committee

The Matron for Patient Experience & QI and the Quality Practitioner are members of the Nutrition and Hydration group alongside patient and carer representatives, and trust staff. Good nutrition and hydration are fundamental to the recovery and wellbeing of patients who are under the Trust's care. Hospital patients are at risk of malnutrition and dehydration as a consequence of their clinical condition, due to their increased nutritional and fluid requirements and/or a reduced appetite for

food. The committee works together to outline the steps required to ensure all patients receive optimal nutritional care

3.6 Action Group for Armed Forces

The Matron for Patient Experience & QI and the Quality Practitioner developed a veterans' passport to provide individualised methods of the communication and a tool for the sharing their personal information. This group is attended by hospital staff clinical and non - clinical including reservist members of the armed forces, public governors, serving members of the armed forces, local police force and veteran representative.



4. Surveys, Compliments, Gratitude

4.1 Friends & Family Test

The Trust is part of a nationwide initiative known as the 'Friends and Family Test' which gives us and other NHS organisations across the country - an even greater insight into what patients think of our services. We offer all our patients the opportunity to answer one simple question:

"How likely are you to recommend our services to friends and family if they need similar care or treatment?"

Patients are asked to respond from a number of options from "extremely likely" to "extremely unlikely", and they also have the opportunity to tell us the main reason for their answer. You can find out more about the Friends and Family Test (FFT) by visiting www.nhs.uk/friendsandfamily.

The Trust actively seeks patient feedback and promotes the FFT widely across the Trust, including on the website. We offer the following options for patients to give their feedback via the FFT: postcard (available on ward/in clinical areas); text message; online; and automated voice message (IVM). Patient

voices continue to include patients attending the emergency department, out patients department and parts of community services and this remains positively received. Patients contacted via landline are asked for their verbal feedback at the point of discharge, and comments are available to the business group for review and sharing with staff.

The Trust’s overall response rate from April 2018 – April 2019 was 19%. Our average ‘recommend’ score (the percentage of respondents who said they would recommend our services) was 91%, with an average ‘not recommend’ score of 4%. Although the trust does not work to a target in respect of FFT, we monitor themes, compliments and complaints as part of the FFT process.

The below table shows the top 10 themes for both positive and negative comments received from April 2018 – April 2019:

Positive	Number of times mentioned	Negative	Number of times mentioned
Staff	15179	Waiting	739
Care	5348	Time	736
Friendly	4436	Staff	420
Attitude	3888	Hours	362
Helpful	3575	Pain	293
Time	3004	Wait	281
Good	2887	Doctor	269
Treatment	2738	Seen	224
Excellent	2730	Appointment	210
Caring	2628	Nurse	195

4.2 Ipad In patient Surveys

The questions asked within the in–house patient satisfaction surveys are generated from national in-patient survey results, and are reviewed on an annual basis. The undertaking of these surveys enables the Trust to monitor progress and address areas of concern in a timely manner. Bespoke surveys continue to be undertaken in paediatrics and neonatal units which capture patient and parent / carer experience. We aim to undertaken 10 surveys per area, per calendar month.

This approach intends to ensure that feedback across all business groups is targeted in a coordinated manner with business group specific actions to be agreed where issues are clearly prevalent in a particular area and/or business group. Please note, the arrows indicate progress against each question based on previous quarter results.

The below table shows the most recent results:

Q4 2018/19 Inpatient Patient Experience Results (iPad Surveys)

Trust

Question	Child & Family	Integrated Ca.	Medicine	Surgery	Q4
(55) Do you feel there are enough nurses on duty to care for you?	92%	94%	79%	79%	89%
(182) Do you know the name of the nurse looking after you?	73%	82%	75%	62%	70%
(14) Have you been given enough privacy when being examined or treated?	97%	99%	100%	99%	99%
(13) Have you been given enough privacy when discussing your condition or treatment?	95%	98%	95%	96%	96%
(7) Have you been involved as much as you want in decisions about your care?	92%	85%	84%	90%	88%
(9) If you have received pain relief medication during your stay, have you been asked by a member of staff if you need more?	88%	88%	80%	85%	83%
(122) If you needed assistance with opening sachets/packets or cutting your food did you receive it?	100%	71%	93%	91%	90%
(121) If you required assistance to eat your meal or to drink, did you receive it?	100%	69%	78%	77%	77%
(15) Overall, do you feel you have been treated with respect and dignity while here in hospital?	100%	100%	97%	99%	99%
(19) Overall, how would you rate the care you have received so far?	90%	85%	89%	85%	88%
(8) While in hospital, if you have been in pain do you think the hospital staff have done everything?	96%	100%	93%	95%	95%
(183) Are you aware of your plans for discharge?	65%	36%	37%	54%	47%
(18) Did the staff respond to your call bell in a timely manner? (ie within 5 minutes)	95%	97%	93%	93%	94%
(6) Did the staff treating and examining you introduce themselves?	98%	97%	97%	99%	98%
(5) Do the doctors talk in front of you as if you were not there?	95%	79%	91%	93%	90%
(4) Do the nurses talk in front of you as if you were not there?	90%	84%	87%	89%	88%
(56) Do you feel you get enough emotional support from hospital staff during your stay?	95%	94%	82%	92%	89%
(12) Have you been given enough information about your condition or treatment?	93%	82%	87%	91%	90%
(10) If you have been taking medication during your stay in hospital, has a member of staff explained it to you?	95%	84%	85%	90%	90%
(11) If you have had any worries or fears have you found someone to talk to about them?	100%	85%	76%	90%	86%
(3) If your family or someone close to you has wanted to talk to a doctor, have they had enough time to do so?	84%	89%	86%	87%	87%
(169) Is your call bell within reach?	97%	97%	96%	97%	97%
(22) So far, during your stay, would you rate the cleaning staff as courteous?	98%	97%	96%	98%	97%
(23) So far, during your stay, would you rate the portering staff as courteous?	100%	100%	99%	100%	100%
(2) When you have important questions to ask a doctor, do you get answers you can understand?	98%	99%	93%	95%	95%
(1) When you have important questions to ask a nurse, do you get answers you can understand?	98%	100%	94%	99%	97%
(168) Did a member of staff complete a patient property list with you on admission?	29%	85%	74%	75%	72%
(17) Have you been bothered by noise at night from hospital staff?	91%	83%	81%	81%	82%
(16) Have you been bothered by noise at night from other patients?	92%	83%	83%	84%	83%
(21) In your opinion, did you find the toilets and bathroom to be clean on this ward?	96%	99%	95%	97%	97%
(20) In your opinion, how clean is the hospital room or ward you are in?	92%	96%	94%	95%	94%
(120) Do you feel you have had adequate choice of food on the hospital menu?	93%	96%	92%	92%	92%
(24) How would you rate the temperature of your food?	63%	77%	73%	58%	66%
(26) Were napkins available?	89%	63%	68%	81%	80%

- Answer
- Definitely Yes / Excellent
 - Yes, to some extent / Very Good
 - Not Really / Average
 - Definitely No / Poor
 - Very Poor
- Change vs Prev Q (Up or Down)
- Down from previous (less than 1pp from previous Q)
 - Same (within 1pp from previous Q)
 - Up from previous (greater than 1pp from previous Q)

From April 2019 a robust monitoring system has been in place to evidence the five worst performing areas for each business group.

The questions are:

- ❖ Did a member of staff complete a patient property list with you on admission?
- ❖ How would you rate the temperature of your food?
- ❖ Are you aware of your plans for discharge?
- ❖ Were napkins available?
- ❖ Have you been bothered by noise at night from other patients?
- ❖ Do you know the name of the nurse looking after you?
- ❖ Did a member of staff complete a patient property list with you on admission?
- ❖ Have you been bothered by noise at night from other patients?

4.3 National Survey Programme

The Trust is required to participate in the programme of national surveys overseen by the CQC. These surveys provide a valuable opportunity for patients to share their views and experiences of the care they receive at Stockport NHS Foundation Trust, and for the feedback to be used to improve patient experience, in line with the Trust's Quality Improvement Plan. Further details of the improvements are available in the Patient Improvement section of this report.

4.3.1 Maternity Survey 2017 - 2018

The survey was undertaken by Picker on behalf of Stockport NHS Foundation Trust to understand what mothers think of maternity care services provided by the Trust (antenatal care, labour and birth, and postnatal care).

The findings of the Picker report are designed to be used for action planning by individual trusts, to improve their performance.

❖ Methodology

A total of 300 mothers were sent a questionnaire. 294 mothers were eligible for the survey, of which 111 returned a completed questionnaire, giving a response rate of 37.8%.

❖ Summary of Findings

The survey highlighted many positive aspects of the patient experience.

- 87% of respondents were given a choice of where to have their baby
- 83% of respondents said that the midwives listened to them during their antenatal check-ups
- 76% of respondents felt that they were involved enough in decisions about their antenatal care
- 97% of respondents felt that their partner was involved in their care during labour and birth
- 87% of respondents said that they were treated with respect and dignity
- 77% of respondents said that the hospital room or ward they were in was very clean
- 78% of respondents had confidence and trust in the midwives they saw after going home

Stockport NHS Foundation Trust was significantly better than the 'Picker Average' for the following questions:		
	Lower scores are better	
	Trust	Average
B8+. Antenatal Check-ups: Saw preferred midwife most of the time	21 %	29 %
B13. During Pregnancy: Did not have midwife telephone number	0 %	3 %
C16+. Labour and birth: Not always able to get help by a member of staff within a reasonable time	10 %	21 %
D2. Postnatal Hospital Care: Length of hospital stay too long or too short	14 %	26 %
D8+. Postnatal Hospital Care: patient not having anyone close to able to stay as long as they wanted	13 %	28 %
F3+. Postnatal Care: Midwife did not always give the help needed	13 %	24 %
F4. Postnatal Care: Not offered visit by a midwife	0 %	3 %
F7. Postnatal Care: saw a midwife too often/too seldom	18 %	26 %

Stockport NHS Foundation Trust was significantly worse than the 'Picker Average' for the following questions:		
	Lower scores are better	
	Trust	Average
B7. Antenatal Check-ups: Not given choice where to have check-ups	80 %	63 %
C10+. Labour and Birth: Did not have skin to skin contact with baby shortly after birth	17 %	8 %
F1. Postnatal Care: Not given a choice of where postnatal care would take place	67 %	52 %
F13+. Postnatal Care: Mother not given enough information about own recovery after the birth	54 %	44 %
F20. Postnatal Care at Home: Did not discuss postnatal checkups of mother's health	17 %	7 %

An action plan was collated in response to the findings of the survey and is monitored by the Patient Experience Group.

Actions:

- ❖ We initiated the 'zero separation' campaign to improve skin to skin within maternity practice. We have benchmarked our progress using the maternity service dataset and have used poster displays and social media to raise awareness for service users and staff members of skin to skin contact.
- ❖ We have reviewed the options available for mothers receiving postnatal care. We acknowledge that this is a challenge with cross boundary working and have considered the impact of options in relation to the delivery of the better birth transformation programme. We also acknowledge that our options are currently limited due to lack of venue availability and the number of women who choose to access care at multiple providers within our locality.

- ❖ We have reviewed the postnatal information provided to our mothers. We have introduced an app for mothers to download leaflets and this is being used by 187 service users per month currently. We have reviewed themes of our complaints and are assured that postnatal information provision is not a recurring theme within our complaints. We have received funding to support the implementation of the 'Dads pad' within GMEC and we are currently reviewing our postnatal discharge pathway to see if we can improve information provision further.
- ❖ We have reviewed the options for place of antenatal contacts with our service user group. Service users have the suggested use of pregnancy circles and we are investigating this concept further in order to consider how this will impact upon continuity model of care that we need to implement as part of the national transformation programme going forward.

4.3.2 Inpatient Survey Results 2018

The survey undertaken by Quality Health on behalf of Stockport NHS Foundation trust required a sample of 1250 consecutively discharged inpatients, working back from the last day of July 2018, who had had a stay of at least one night in hospital. There were a number of categories of patients excluded from the survey e.g. patients requiring mental health support and maternity care. There were 554 completed questionnaires returned from the sample of 1250.

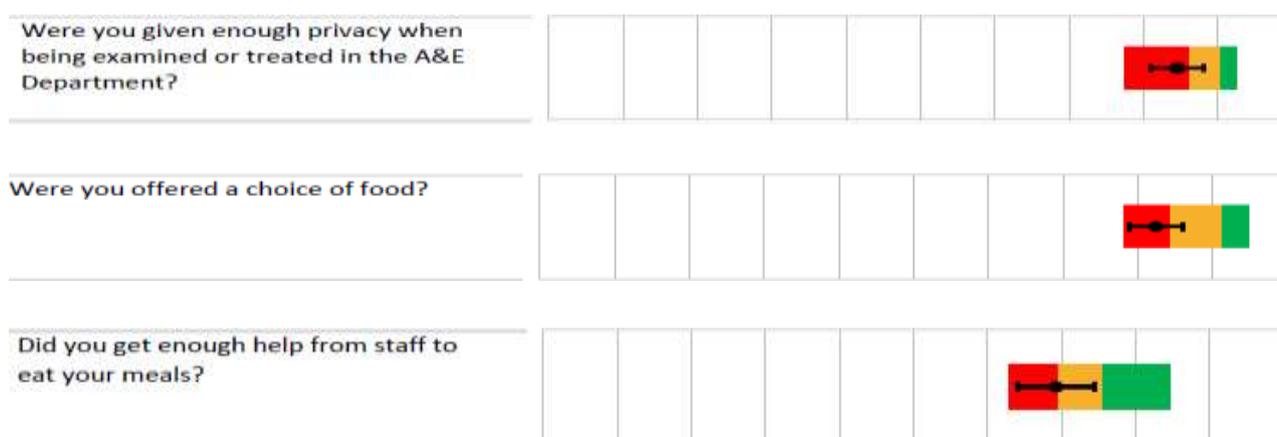
Results Significantly Improved (5%) Across the Following Questions		2017	2018
Q3	While you were in A&E how much information about your condition was given to you?	72.9%	81.2%
Q4	Were you given enough privacy when being examined in the A&E department?	72.5%	84.6%
Q6	How do you feel about the length of time you were on the waiting list before your admission?	73.3%	83.5%
Q25	Did doctors talk in front of you as if you were not there?	78.5%	87.9%
Results Significantly Worse (5%) Across the Following Questions		2017	2018
Q21	Did you get enough assistance from staff to eat your meal?	84.5%	69.3%
Q29	Were there enough nurses on duty to care for you?	88.2%	73.2%
Q30	Did you know the name of the nurse looking after you?	76%	64.5%
Q34	Were you involved as much as you wanted about decisions about your care and treatment?	89.1%	70.9%
Q35	Did you have confidence in decisions made about your treatment?	94.2%	82.6%
Q37	Did you find someone to discuss your worries and fears?	68.1%	54.6%
Q39	Were you given enough privacy when discussing your condition?	94.4%	84.9%
Q48	Did you feel you were involved about decisions about your discharge from hospital?	79.5%	66.3%

When comparing Trust results to the Quality Health average, 3 scored significantly better and 3 scored significantly worse. This is an improvement compared to the 2017 survey.

Results **significantly better** than average:



Results **significantly worse** than average:



4.3.3 National Urgent and Emergency Care Survey Results 2018

The survey undertaken by Quality Health on behalf of Stockport NHS Foundation trust randomly sampled 1370 patients during September 2018.

Results Significantly Improved (5%) Across the Following Questions		2016	2018
Q10	Not told how long would have to wait to be examined	62%	54%
Q20	Family member, friend or carer did not have the opportunity to talk to a health professional	38%	27%
Q38	Not fully told about the purpose of the medications to take at home in a way you could understand	20%	7%
Results Significantly Worse (5%) Across the Following Questions		2016	2018
Q08	How long did you wait before you first spoke to a nurse or doctor?	60%	70%
Q32	Do you think the hospital staff did everything they could to help control your pain?	26%	36%
Q39	Did a member of staff tell you about medication side effects to watch for?	54%	60%
Q40	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	48%	54%
Q41	Did hospital staff take your family or home situation into account when you were leaving A&E?	53%	62%
Q42	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	48%	56%
Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	19%	29%

The quality improvement priorities 2018/19 set out that we will achieve an improvement in the top 5 worst performing questions from the inpatient survey by 5% measured in the 2018 in-patient survey

The following table shows the baseline and target from the 2017 inpatient survey results compared against the 2018 percentage. Whilst the 5% improvement target was not achieved in all 5 questions results from the 2018 inpatient survey show that there have been improvements in all areas.

National Inpatient Survey				
Question	Baseline 2017	Target 2017	2018 %	Actual
Not always offered a choice of food	29%	24%	26%	↓3%
Sometimes, rarely or never on duty	48%	43%	43%	↓5%
Did not always know which nurse was in charge of care	57%	52%	53%	↓4%
Could not always find a staff member to discuss to discuss concerns with	71%	66%	65%	↓6%
Did not definitely know what would happen next with care after leaving hospital	54%	49%	52%	↓2%

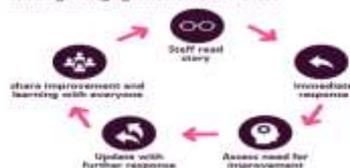
4.4 Care Opinion

On the 2nd July 2018 Care Opinion was successfully launched at Stockport NHS Foundation Trust within Stepping Hill Hospital. Care Opinion provides patients, carers, family and friends with a system to share their experiences of health and care and allows us to provide real time feedback.



Stories can transform services

Care Opinion focuses on the rich learning from stories. Working with us will give your staff access to continuous improvement through engagement with stories.



5. Patient Experience Improvements

❖ Hello my name is... campaign

At Stockport NHS Foundation Trust we support and embrace the 'Hello my name is' campaign and promote that all staff should always introduce themselves by name to patients, carers, families, friends and other staff members, this applies to the hospital and community. The magic of a name should never be underestimated; it all goes to help improve the experience of our patients and staff.

Although the trust adopted #hellomynameis in 2015 it was felt that the campaign had lost momentum and it was evident from feedback that patients did not know the names of people looking after them. Chris Pointon (campaign lead) announced that he would be doing a nationwide tour and contact was made with him to invite him to Stockport NHS Foundation trust.

In April 2018 Chris Pointon visited the Trust and the campaign was launched.



❖ Patient Bed Boards

The Matron for Patient Experience and QI rolled out ‘Hello my name is’ patient boards as a tangible part of the organisation’s effort to support the campaign more broadly. The boards are placed next to each patient’s bed and have space to note the name of the patient, the nurse caring for them, their consultant and expected discharge date. They also have sections for more information about the patient and, crucially, what is important to them. The boards are emblazoned with the #hellomynameis logo which emphasises the importance of using names.



❖ Quality & Safety Boards

In order to standardise information that is displayed to staff, patients and their relatives ‘Quality and Safety’ boards were rolled out across all in-patient wards. This allows us to display key information including the name of the nurse in charge of the shift, the number of staff on duty, patient safety data, quality care indicator data, patient feedback and any ‘you said, we did’ initiatives.



❖ Patient Placemats

The Matron for Patient Experience and QI along with key stakeholders has developed an innovative way to share key information with patients in the form of a table placemat. The aim of the mat is to improve the experience in hospital by providing every inpatient with helpful information about their stay. The mats will help to improve the communication between ward staff and patients and help reduce and worries or fears our patients may have.

The placemats are available in two formats a standard design and a simplified design for any patients with a cognitive impairment.



❖ Veterans Project

The Veterans project commenced in July 2018 following a comment posted on the 'Care Opinion' feedback portal by a patient and an armed forces veteran. The comment raised the issue that the support for armed forces community was not adequate.



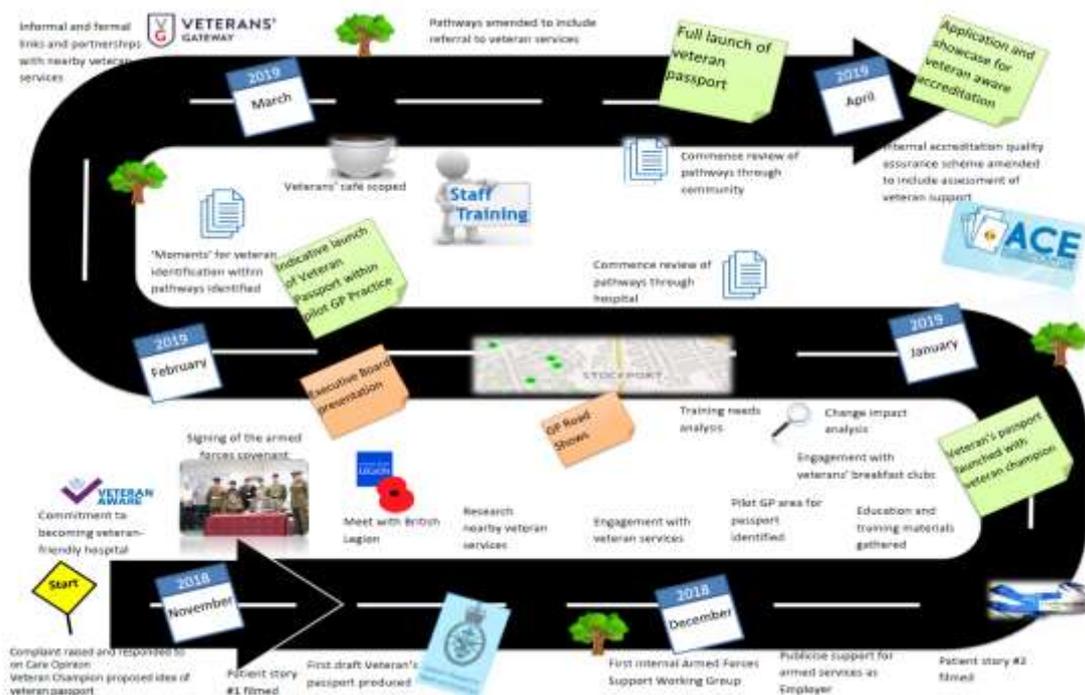
" Fighting on the battlefield and fighting... "

About: Stockport NHS Foundation Trust

Posted via nhs.uk 5 months ago
 I'm an injured veteran of five operations in the army over the space of 11 years. I was injured by a mine in 2010. Ever since I've been in the care of stepping hill I have been failed on every single matter I've been to the hospital for. If I was a cancer patient I'd receive top level fast care. As an injured veteran who fought for this country I'm treated like a 3rd class citizen not receiving treatment, not receiving medication and simple being told no!!!!
 This is disgusting and treatment for veterans needs to change

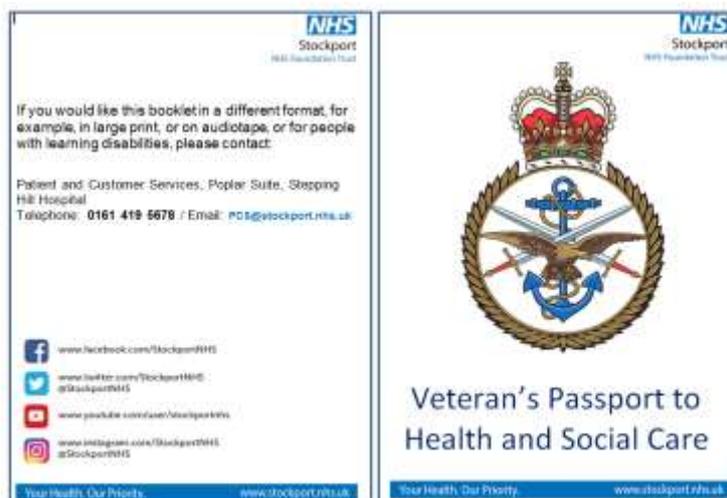
We invited the patient in to discuss the issues in more detail and the idea for a veterans' passport was raised by the patient. It was highlighted that in any hospital or GP visit, a number of questions, (often the same question from different people), about patients' history are asked. This information can sometimes be difficult and / or distressing to recall. The purpose of a passport would be to provide this history information in written format in a small handbook; thereby reducing the need to healthcare professionals to ask this verbally.

The below roadmap highlights key milestones of the project to date.



Veteran's Passport

The passport was designed with our veteran champion (see attachment 2) and is a small handbook which the veteran owns. They complete the questions in the handbook in as much or as little information as they like and hand this in to the healthcare professional prior to each appointment. The passport is then reviewed prior to the assessment so key information has already known before the consultation.



The passport was trialled with our veteran champion within an outpatients appointment and was very positively received, with only minor amendments to the passport proposed.

The vision of the passports is for this to be in use across all areas of the hospital and all GP practices; as well as in use within certain partnering organisations.

Veteran Champion quote:

“All the opportunities your [sic] giving me, not only to heal and get over the trouble I’ve experienced but giving me the chance to change other veterans lives and save them from the trauma of what I went through leaving the forces. You’re changing and saving lives!”

Armed forces veterans can now be identified on admission to hospital via the Nursing Admission Form, Patient Administration System (PAS) and patient flow system (Advantis Ward)

The PAS system has now had a flag added for when a veteran has been identified. This system automatically links through to the Advantis Ward system which will then display a red poppy symbol next to the patient details, the internationally recognised symbol.

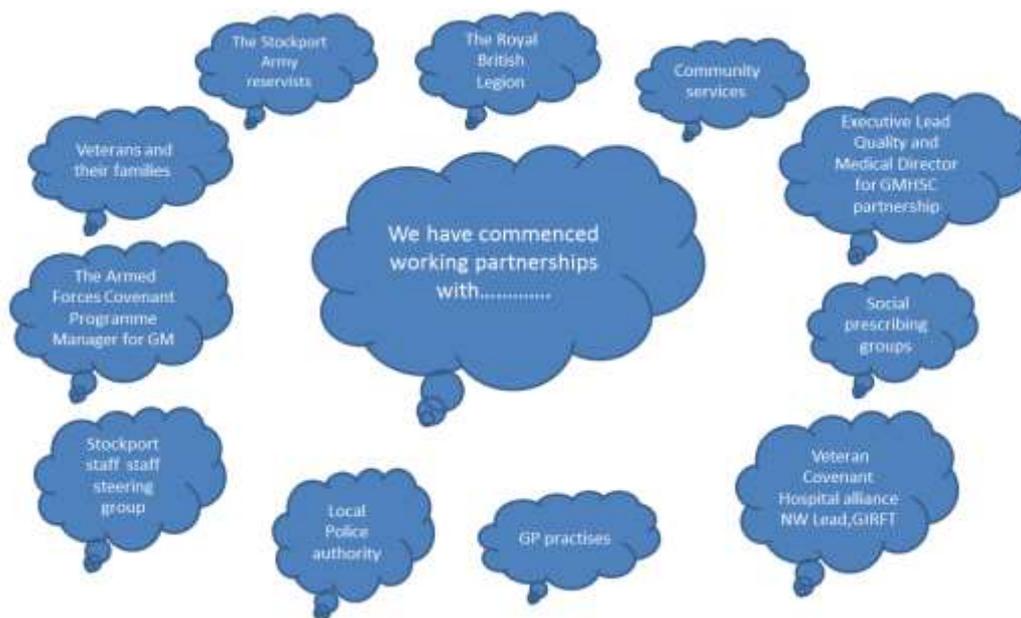
As the initiative gains more momentum and more veterans utilise the support, patient experience will only improve.

To raise awareness of the veterans’ passport and educate staff, patients, carers, family and friends the Patient Experience Team developed a 7 minute brief and information banners have been displayed across the trust (see below).



At Stockport NHS Foundation Trust our vision is to be a veteran friendly hospital that provides our patients with a first class person centred service. This service will be seamless and will eventually sign post our

veteran patients to the right level of support at the time they most need it by collaboratively working with a multidisciplinary team of professionals.



In terms of wider benefits, it is envisaged that this initiative will have a positive impact to a number of areas, including, patient experience, patient flow metrics and readmission rates.

❖ Always Events

An 'always event' is something which should always happen in relation to patient experience. Always events do not look at activity which should be completed in order to provide good care (e.g. hand washing); but a more to do with the things that matter to patients.

An always events roadshow ran during the summer of 2018 at Stockport NHS Foundation Trust. Each day education and training was delivered to staff around the given subject by the corporate nursing team and supported by specialist teams to raise awareness and encourage staff to think about what always events they felt were important. Staff were involved in making pledges to show their commitment to continuing high standards of practice and share information within their teams.

The topics for the roadshow were:

- Safeguarding - Mental Capacity Act
- Safeguarding - Deprivation of Liberty
- Learning Disabilities
- Dementia
- Duty of Candour
- Infection Prevention
- Documentation
- Infection Prevention
- Tissue Viability
- Nutrition & Hydration
- End of Life
- Pain Management
- Security

- Education and Training
- Patient Transfers
- Discharge Planning
- Falls
- Blood Transfusion

The roadshow was promoted on social media and generated a lot of interest external to the Trust. The matron for patient experience was contacted by the patient experience lead at NHS England who commended the work being undertaken and invited the Trust to join the January 2019 cohort for always events.

A suite of always events were developed however after consultation with NHS England it has been determined that patient experience should be the starting point and further work is planned.



❖ Comfort Bags

The matron for patient experience & quality improvement worked with Stockport girl guides to support the roll out of patient comfort bags within the organisation. The comfort bags contain small items of toiletries which are donated and packed by the girl guides and brownies and each contain a personal message from the packer to the patient. The comfort bags are for those patients who do not have many relatives or for those who are admitted in an emergency. To date we have received 2 deliveries of the bags and the feedback from patients has been very positive, and also the volunteers who distribute them.

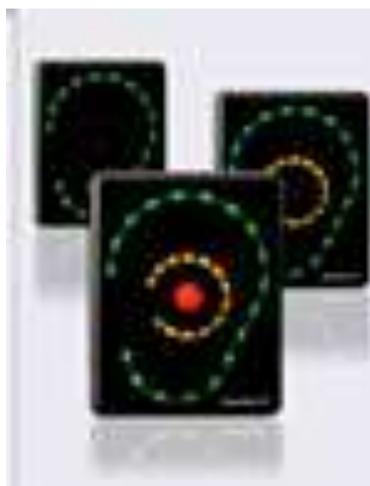


❖ Noise at night reduction programme

Noise at night standards have been in place for a number of years at Stockport NHS Foundation Trust however there remains to be ongoing concerns raised by patients nationally and via our in-house satisfaction surveys regarding sleep disturbance during the night. Sleep deprivation can have a detrimental effect on health and well-being and we have been working hard to implement the noise reduction programme.

Regular audits are undertaken by the night team, monitored by the patient experience group, to ensure the noise at night standards are being adhered to by staff these include the ward phone on low and answered within 5 rings, a stock of ear plugs to offer patients, main ward lights switched off and night lights on between the hours of 23:00hrs – 07:00am, soft closing bins, soft closing doors, kitchen doors kept closed, staff to wear soft sole shoes and be mindful of the volume of conversations.

The matron for patient experience and QI has been working on a project to implement visual sound ears in all in-patient areas to help reduce noise levels at night. The visual electronic sound ears are to improve the patient experience, they will help manage sound levels and aid patient recovery. A traffic light system is used to visualise when noise levels are increasing and a prompt for staff.



Implementation of the sound ears will take place over the next few months and the revised standards will be shared with staff.

❖ Catering

Electronic Meal Ordering System

The implementation of the electronic meal ordering system (EMOS) was completed at the end of May 2019. The implementation of the EMOS has already delivered improvements to patient meal times as patients can choose their menu right up until a few hours before service. One of the advantages of the system is it enables the catering department to collect data relating to any themes or trends and then make changes to the menus.

❖ AMU Food Temperatures

Earlier this year patient feedback relating to the food temperature and choice of food on the acute medical unit (AMU) was poor. The introduction of the electronic meal ordering system allowed the catering department to make significant changes to the service offered. It became evident that historically patients were not offered a choice of meal in this environment due to the fast turnover of patients. The paper based system that was in place meant that patients would have to order 24 hours in advance, a consequence of this is patients would receive a meal choice they had not ordered. The new EMOS was successfully piloted and allowed patients to order much closer to meal times meaning they were less likely to have moved before the next meal was due to be served.

Food temperatures were also an issue due to ward staff offering patients a choice of meals that would have been prepared by the catering department, this meant that the meal process took longer as patients had to decide at the time and resulted in the hot food being served cold.

The catering team reviewed how they load patient food trollies for AMU and changed their process to ensure that meals were loaded in bed order to speed up service further.

Menu Changes

The catering department regularly review all patient menus and they have already made adjustments to improve the children's menu. A tasting session has recently taken place with a view to introducing a new range of halal meals and there was positive feedback from both patients and staff.

Alongside the standard menu, the catering department provide meals for therapeutic diets and religious or cultural beliefs including: gluten free, dysphagia, finger food, halal, kosher and Afro-Caribbean.

Water Jugs

At Stockport NHS Foundation Trust, we are committed to improving the health of our patients through better hydration, providing fresh cool water to our patients encourages fluid intake and helps to prevent dehydration. In April 2019 all water jugs were replaced and a new coloured lid system was introduced, the coloured lids refer to the time of day and are changed 3 times a day to ensure patients always have fresh water, additionally there are red jugs for patient who require assistance with drinking.



To help staff quickly identify which patients require assistance with their meals the catering department place a red lid/cloche over their meal.

Napkins

Napkins for patient use during and after meal times proved a challenge for the organisation however after ongoing trials and alternative ways of working the catering team have now significantly improved this area of the service and this is reflected in the patient satisfaction survey results.

Allergen information

Allergen information for all menu items is now included on all the electronic device, staff simply click on the menu item touch the information tab and any allergens in that menu item are listed.

❖ Protected Mealtimes

We fully support protected mealtimes at Stockport NHS Foundation Trust allowing patients to eat their meals in a calm and relaxing environment without unnecessary interruptions. They also allow hospital staff to monitor and help patients meet their nutritional needs and improve the patient's experience of hospital food.

Stockport NHS Foundation Trust fully supports John's Campaign and welcomes relatives, friends or carers to assist patients at mealtimes and visitors unless assisting patients will be asked to leave the ward during this time.

❖ Celebrating National Patient Experience Initiatives

Experience of care week

Music, dance and pet therapy were all part of the package during a week highlighting the importance of positive patient experience.

Stockport NHS Foundation Trust ran a series of events in both Stepping Hill Hospital and the community for Experience of Care Week, which celebrated the work taking place across health and social care which improves experiences of care for patients, families, carers and staff.

The week included a visit by friendly therapy dog Callie to patients on Stepping Hill's medical wards, who brought a big smile to everyone's face with her soft and gentle nature. There were also live musical therapy sessions at the Bluebell Ward at the Meadows Hospital in Offerton. The soothing nature of both pet visits and music had a highly therapeutic effect for many patients.

Other events included also a carer's drop in session at Stepping Hill Hospital's memory café which provides a calming environment for patients with dementia, and promotion for the Trust's new veterans' passport scheme which is being introduced to provide more tailored and responsive care for veterans of the armed forces.

The week finished off with a tea dance at the hospital's restaurant with guidance and lessons from the Hot Feet dance studio, which had a great response from staff, patients and families alike.

EXPERIENCE OF CARE WEEK

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Carer's Drop in day</p> <p>Memory Café 9:00am – 4:00pm</p> <p>Supported by:</p> <ul style="list-style-type: none"> • Pennine Care • Alzheimer's Volunteer Jackie • Christine Morgan • Age UK • Stockport Car scheme • Home from Hospital 	<p>Veteran and Care opinion walk round</p> <p>9:00am – 12:00pm</p> <ul style="list-style-type: none"> • Promoting our Care opinion patient feedback scheme. • Identifying our Veteran within our in-patient wards. 	<p>Therapy for pets</p> <p>10:00am – 12:00pm</p> <ul style="list-style-type: none"> • Visiting patients and Staff at the hospital. <p>Music therapy</p> <p>2:00pm – 4:00pm</p> <ul style="list-style-type: none"> • Music therapy and afternoon Tea at Bluebell ward. 	<p>Afternoon Tea Dance</p> <p>Main Restaurant 2:30pm – 4:30pm</p> <p>Supported by:</p> <ul style="list-style-type: none"> • Hotfeet Dance Studio -Professional demonstration • Dance lesson for patients, carers, staff, friends.

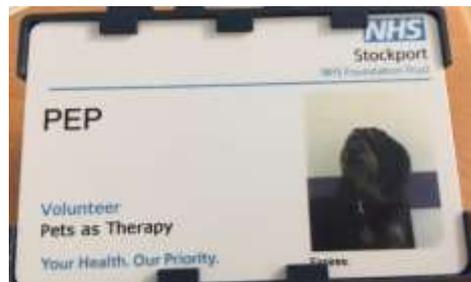


❖ Pet therapy

Pet therapy is a way of helping patients relax by the simple of means of letting them interact with friendly animals. It has been shown to release endorphins that produce a calming effect, and can help alleviate pain, reduce stress, and provide psychological support

There are now 6 registered therapy pets regularly visiting different areas of both Stepping Hill Hospital and the community hospital settings of the Devonshire Unit and the Bluebell Unit at the Meadows Hospital. A friendly donkey has now joined them too in visiting the Bluebell Unit.

Many of our patients don't have any family or visitors and the soothing nature of pet visits have had a highly therapeutic effect for patients. Through a visit and just patting an animal and seeing it respond gives our patients a little extra boost in addition to medical and nursing care.



❖ Music Therapy

Music therapy is an established psychological clinical intervention, which helps people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs. Listening to music can be both soothing and therapeutic for our patients as well as bringing back old-time memories.

Music in hospital benefits many patients across all areas:

❖ Short Stay Unit for Older People (SSOP)

The SSOP Unit have regular visits from the Apostolic Faith Choir, this musical medicine from the church choir includes violinists as well as singers and they perform a selection of songs to the delight of patients, visitors and staff.



❖ Medical Wards

A professional harpist regularly attends and plays a selection of songs on the ward, this beautiful live music has a real calming effect on our patients and can help alleviate pain and reduce stress.



❖ Neonatal Unit 'Lullaby Hour'

The music helps the babies and children to settle and offer them comfort and joy, through gentle, beautiful lullaby songs that can be personalised for each child. The lullaby hour also offers anxious parents and families comfort too.

❖ Dressed Is Best

Dressed is Best was launched in Stockport NHS Foundation Trust in 2017 and there has been significant progress across the organisation. The aim of Dressed is Best within Stockport was to get at least 75% of patients by midday up and dressed to enable them to become more independent.

The rollout of Dressed is Best is on-going throughout the Trust.

- ❖ Production of engagement materials (posters, stickers and cards)
- ❖ Clothes collection in the Memory Café (discussions on-going to change to clothes hubs)
- ❖ Therapy-led group to engage in more meaningful activities on wards within the department of medicine for older people.
- ❖ Incorporation of Dressed is Best into the Trust induction (twice monthly) to emphasise the importance to all new starters
- ❖ Weekly support via the Trust's 'QI Club'
- ❖ Intentional-rounding amended to include Dressed is Best requirements
- ❖ Dressed is Best Steering Group established

In addition to the above, data collection has commenced via a safety cross to help monitor compliance against the aim. This data is contained within the supporting attachment. The following table provides a high level overview as to how each ward is performing. This summary is based on both current level of engagement and performance:

Rating	Wards	Context
Red	A3, B6, C3, D1	Low engagement, with limited performance metrics
Amber	A1, A11, B4, D2, E3	Engagement is on-going and there is scope for improvement
Green	E1, E2, A10, C4, C6, D4	Good engagement and performance against aim

The below table gives an indication of trust performance from the robust monitoring of the scheme from July 2018:



❖ Mixed Sex Accommodation

Stockport NHS Foundation Trust is committed to improving the quality of patient experience and will uphold the principle that all shared sleeping, casual overlooking and bathing / toilet facilities across the trust should be eliminated. We consider mixing of the sexes to be the exception, not the norm.

The Matron for Patient Experience & Quality Improvement is responsible for monitoring compliance and to ensure that an annual audit of all in-patient areas is carried out which is monitored by the Patient Experience Group.

❖ Hospital Radio – ‘Radio Starlion’

Stepping Hill Hospital has its own radio station. Radio Starlion has been providing a bespoke radio service to our patients for over 40 years from its professional-standard studios on the hospital premises.

At the hospital’s invitation, the station was originally founded by the Stockport Lions Club and presented its first programme on 29th May, 1977. It is now run by a small team of dedicated volunteers and broadcasts 24 hours per day, every day of the year and is financed entirely through fundraising by the team.

It provides a balanced mix of programmes including music and request shows, news, documentary items, comedy, live commentary of Stockport County’s home games at Edgeley Park and other content, carefully crafted to suit listeners of all ages in a hospital environment.

❖ Christmas presents

The Matron for Patient Experience and QI, along with the voluntary services team organise presents for our in-patients at Christmas time. It was decided to purchase gifts from The Body Shop and these were presented in beautifully wrapped packages.



On Christmas itself, staff came in to help distribute the presents to our patients and some dressed in fancy dress costumes to create some festive fun.



❖ Patient Led Assessment of the Care Environment (PLACE)

The PLACE assessment at Stepping Hill was undertaken over 3 days, 17th, 24th and 31st May over 3 weeks and involved 8 teams made up of 2 staff assessors and 2 patient assessors inspecting various locations across the site and included the food assessments.

The teams inspected 10 wards, 9 outpatient departments, the emergency department (including paediatric ED) as well as communal and external areas. Each area was assessed against the set criteria laid out in the PLACE assessment forms covering the following domains:

- ❖ Cleanliness
- ❖ Condition, appearance and maintenance
- ❖ Dementia
- ❖ Disability
- ❖ Privacy, dignity and well being
- ❖ Food (taste, temperature and texture)
- ❖ Ward food (meal service at ward level)
- ❖ Organisational food (buying standards, menu choices etc.)

Final scores for all three sites assessed in 2018 are outlined in the tables below. A comparison has been made against the site scores achieved this year compared with the previous year and the national average, indicating any changes in performance.

a). Devonshire Centre

Devonshire (Cherry Tree)	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2017	96.77%	96.66%	98.86%	93.55%	86.36%	93.93%	75.52%	84.14%
2018	97.51%	96.77%	94.31%	100%	95.45%	88.04%	63.58%	84.19%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%
National Average Comparison	-0.96%	+6.60%	+4.34%	-9.48%	+11.29%	-6.29%	-15.31%	+0.00%

b). The Meadows

The Meadows	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2017	100%	87.09%	79.79%	97.04%	83.93%	97.46%	82.42%	88.42%
2018	98.78%	79.66%	81.38%	76.54%	66.67%	93.41%	71.72%	85.62%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%
National Average Comparison	+3.1%	-10.51%	+8.59%	-13.98%	-17.49%	-0.92%	-7.17%	-1.43%

c). Stepping Hill Hospital

SHH	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2017	98.24%	92.20%	97.89%	90.75%	81.24%	94.63%	69.14%	82.65%
2018	97.52%	87.51%	94.21%	85.77%	83.58%	92.72%	64.46%	97.87%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%
National Average Comparison	-0.95%	-2.66%	+4.24%	-4.75%	-0.58%	-1.61%	-14.43%	+13.68%

❖ Garden Party

In the summer of 2018 our stoke rehabilitation ward held a garden party for patients, their relatives and carers which was supported by the Matron for Quality Improvement and QI, and Quality Support Practitioner. Patients, their family and carers enjoyed an afternoon in the sunshine whilst listening to musicians accompanied by fresh scones, strawberries and cream.



❖ Patient Stories

To capture our patient experiences, we invite our patients and their loved ones to film their stories, to be shown at Trust board then shared with staff and public. Alternatively, if the person does not wish to participate in the filming of their story, they are invited to attend Trust board to relay their experiences. It is of great importance to capture patient experience of the people that use our services. This enables us to learn what is great about our organisation, thus allowing us to share with our staff the impact that their care has had. It also allows us to address areas that fall short of our high standard of consistent care, and improve the areas for concern. The value of people sharing their personal experiences is immeasurable and allows us to shape and improve on our services in line with our quality improvement plan.

The films have been instrumental in ensuring that person centred care is at the heart of all we do.



6. Patient Experience Staff Education

The Care Certificate training programme is a national programme that was first launched in April 2014 following on from recommendations from the Francis Report. Each new healthcare assistant that is employed within the Trust must undertake the 15 standards of the care certificate, successfully completing and passing the assessments within the accompanying workbook as evidence of their standard of practice. The Trust's care certificate training programme is supported by the matron for patient experience and QI and the quality practitioner. The aim is to provide all our new healthcare assistants with a level of understanding around the patient experience service and the journey of our patients whilst in our care. This enables the Trust to set the standards of care which puts our patients at the heart of all we do. The programme has recently been extended to include our long serving existing healthcare support staff.

The Preceptorship training programme is a national programme that supports newly qualified registered general nurses throughout their first post registration year. The Matron for Patient Experience and QI and the Quality Practitioner, also support the induction of the preceptors throughout the programme. The team also provide support and education around patient experience and encourage the newly qualified staff to become actively involved with FFT, in house satisfaction surveys and Care Opinion. Education and training is provided within their place of work by the team.

The jar of hearts is a method for staff to record their pledges of how they will contribute to improving our patient's experiences. This is taken to each induction session with both registered and non-registered staff and the pledges are then shared in celebrating at local events such as International Nurses Day, International Day of the Midwife, Allied Health Professional celebration day and the Trust awards ceremony.



Chroma key educational films are a visual effect technique that provides quick and concise messages, which are then shown at staff induction and training sessions. The chroma keys were developed to support our staff always events and education and training sessions that are used to cascade to the wider staff audience the key messages of safety and quality throughout the Trust.



7. Patient and Customer Services

Most patients are happy with the care they receive but there may be times when we do not get things right. The Trust welcomes constructive criticism of its services as the information received is invaluable in order to improve the quality of services offered. Many concerns can be resolved with the person in charge of the area where that patient is receiving care. If the issues cannot be resolved, or the matter is of a more serious nature, patients should be directed to the patient and customer services department to discuss the concerns and agree a course of action. The patient and customer services department are responsible for facilitating investigations into complaints (formal and informal), enquiries and concerns about care, treatment and services provided by Stockport NHS Foundation Trust.

This report presents an overview of the complaints received and will identify themes and trends in regards to locations and subjects. This report will also highlight performance metrics giving clear rationale for performance concerns and will highlight achievements.

There is responsibility for complaints at executive level with the chief nurse having delegated responsibility as executive lead and guardian of the integrity of the complaints process and for reporting to the chief executive and the Board on complaints related issues.

The Trust's complaints policy has been reviewed and the policy aims to ensure that all complaints and concerns received by Stockport NHS Foundation Trust are consistently, fairly and effectively handled across the Trust, by all staff. When dealing with complaints we aim to:

- ❖ Offer opportunities to resolve concerns and complaints at ward or department level, without recourse to the formal complaints process, wherever possible;
- ❖ Ensure patients, their families and carers receive the information they need to understand the complaint investigation process;
- ❖ Provide reassurance that if errors have occurred, everything possible will be done to ensure lessons learned will help prevent the incident recurring;
- ❖ Ensure openness and transparency throughout the complaints and concerns process, complying with *Duty of Candour* Regulations (2013);
- ❖ Investigate complaints thoroughly and effectively in a timely manner, keeping complainants informed of the progress of investigations. This is vital in cases that are complicated or involve multiple agencies;
- ❖ Ensure we are logical and rational in our approach;
- ❖ Where a complainant escalates their complaint externally because they are dissatisfied with the local outcome, we will cooperate with the Ombudsman review;
- ❖ Provide a level of detail that is relevant to the seriousness of the complaint;
- ❖ Ensure all patients, families and carers, healthcare professionals and managers feel supported during any complaint investigation;
- ❖ Generate reports and intelligence from complaints data and themes to identify learning and make service improvements both organisationally and within business groups, services and teams;
- ❖ Develop a culture where complaints are seen as opportunities to learn and improve and exhibit robust systems and processes;

7.1 Acuity Levels

There has been a reduction in the numbers of people contacting the patient and customer services team over the year. 2951 contacts were received in 2018-2019, which comprised of formal complaints, informal

complaints, general enquiries, MP enquiries and compliments. This is a decrease of 14% from 3459 in the previous year.

7.2 General enquiries (PALS)

General enquiries (PALS) are requests for information, such as ward visiting times and enquiries relating to other Trusts. 1,279 general PALS enquiries were received in 2018-2019; this is a decrease from 1,829 received in 2017-18.

7.3 Informal concerns

Informal concerns are usually more straightforward concerns which can be dealt within three working days. If the informal concern is more complex and will require more than three working days to resolve, communication is maintained with the complainant to ensure they are happy with the timescale. Alternatively, they are given the option of progressing to the formal complaints process.

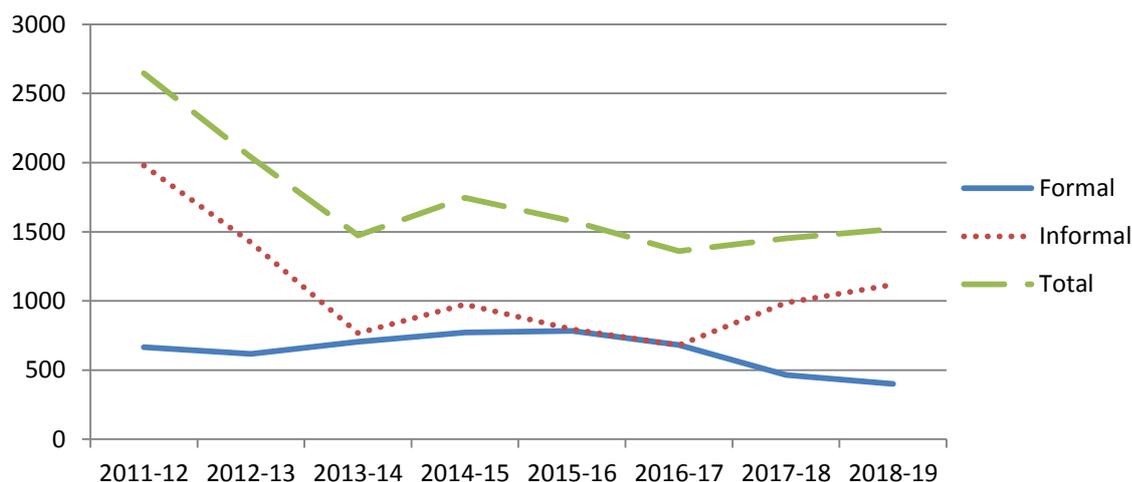
In 2018-2019, 1,118 informal concerns were received. This is increase of 13.3% from 987 in 2017-18. Work continues to address more concerns informally, where possible, in order to reduce the number of formal complaints.

7.4 Formal complaints

Formal complaints require a formal investigation and written response within 45 working days. In 2018-2019, 401 formal complaints received. This is 65 less than 466 received in 2017-18.

A total of 88,884 patients were admitted to the Trust in 2018-2019 (31,707 day cases and 57,177 admissions). A further 329,028 patients attended an outpatient appointment and the emergency department received 99,190 patients making an overall total of 517,102 patients attending Stepping Hill Hospital in 2018-2019. A total of 401 formal complaints were received which is 0.07% of the number of patients accessing our services.

A breakdown of formal complaints received by year can be seen below:



The number of formal complaints received has decreased and is the lowest received in over 12 years. The Trust continues to reduce the need for patients to access the formal complaints process by responding to concerns informally where possible. This provides a timelier outcome for patients.

7.5 New complaints by business group

Many complaints involve more than one business group. In such cases, the patient and customer services team will appoint the business group where the majority of the concerns relate to that business group as the lead business group and the business groups dealing with the remaining issues are known as associate business group/s. The lead business group takes primary responsibility for the investigation and response of a formal complaint. The associate business group will provide supplementary comments on their involvement. The table below shows the number of investigations undertaken by each of the business groups.

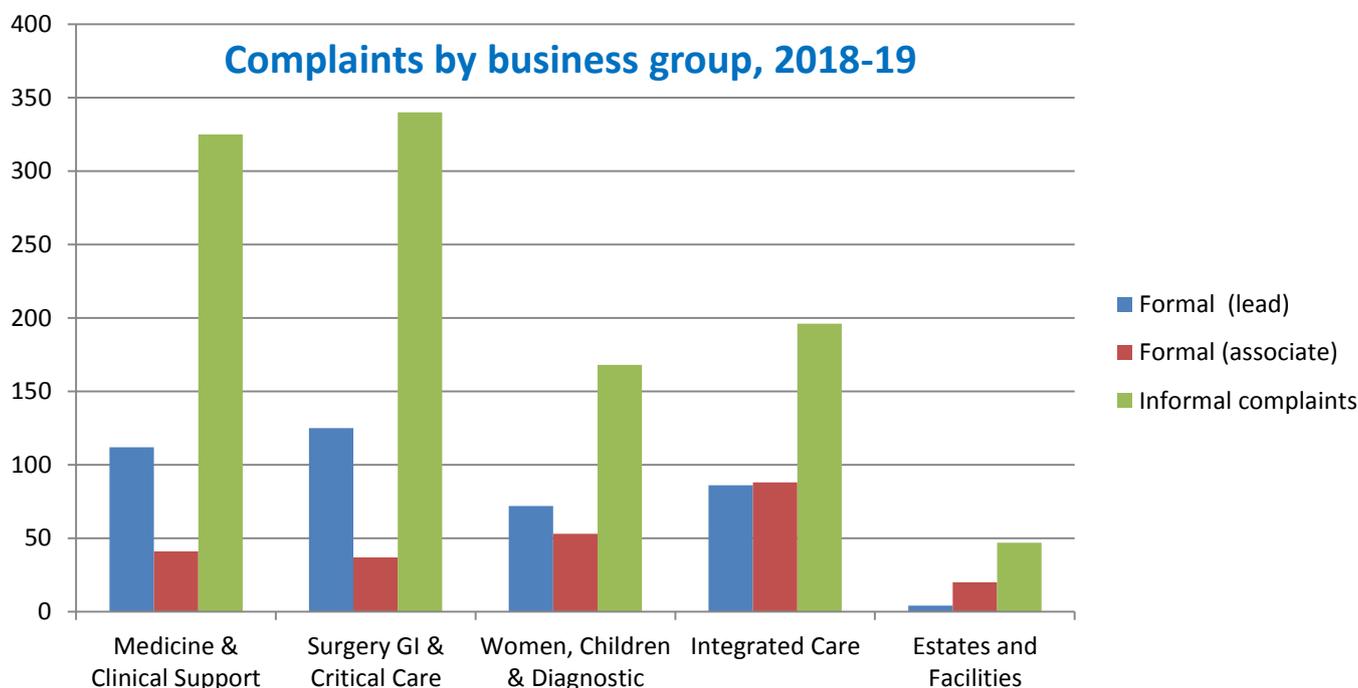
7.6 Acknowledgement of complaints

Formal complaints received by the Trust are acknowledged within three working days. A dedicated case officer is assigned to each case and it is the case officer's role to make and maintain contact with the complainant, ensuring that their concerns have been fully understood and confirming the plan for investigating and responding, as well as the time period for the investigation.

The complaints team aims to acknowledge 95% of formal complaints within three working days. This target was achieved in 2018-2019 with 100% of complaints receiving an acknowledgement within this timescale.

7.7 Response rate

On commencement of the investigation, the business group are provided with a date to respond. This is set for 10 working days prior to the Trust response date. This enables the response to be thoroughly reviewed and for further to be undertaken if required. Response rate for the business groups for 2018-2019 is shown in the below table.

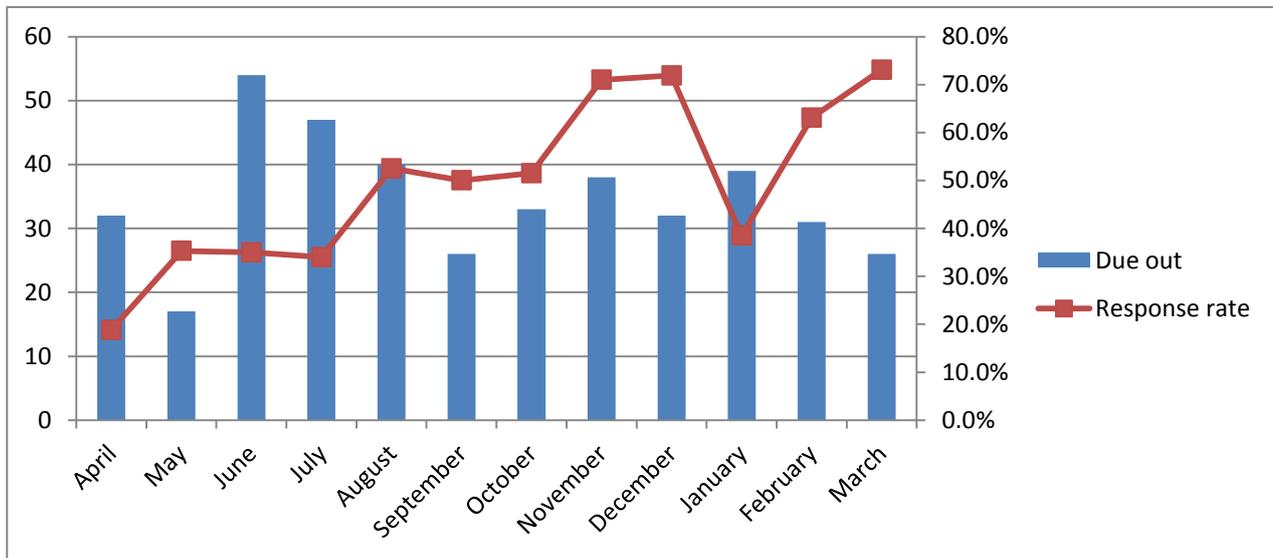


Business Group	Response rate
Women, Children & Diagnostic Services	62.8%
Estates & Facilities	50%
Integrated Care	49.5%
Surgery GI & Critical Care	42.6%
Medicine & Clinical Services	19.1%

The response rate for the business groups is lower than expected with an overall response rate of 41.6%. This often caused a delay in providing the response to the complainant. This is as a result of the increased scrutiny being placed on the investigation and senior review at business group level.

The Trust aims to respond to 95% of complaints within the timescale given to the complainant. In 2018-19, the Trust responded to 48.2% within the timescale advised. This represents a decrease from 92% in 2017-2018. The Trust acknowledges that the response rate is lower than is expected but is as a result of increased scrutiny being placed on the investigation.

The below table shows the performance against timescale for response:



All responses to formal complaints are reviewed at a senior level before being reviewed and signed by the chief nurse.

The Trust is eager to improve the quality of responses to complaints in order to ensure the best possible outcome for the complainant. This includes ensuring that the Trust are open and honest when providing a response and the complainant is able to feel assured that a thorough investigation into their concerns has been conducted.

7.8 Complaint outcomes

In 2018-2019 420 formal complaints were closed. Each complaint is reviewed on completion of the investigation and a record is made on whether the complaint has been upheld by the Trust.

- ❖ 26% of complaints were not upheld
- ❖ 49% were partially upheld
- ❖ 25% were upheld

7.9 Returned complaints

The Trust conducts its investigations and aims to respond by 'getting it right first time' however a complainant may sometimes remain dissatisfied with the Trust's investigation, response and/or action following receipt of the final response and any meeting that may have taken place. Where a complaint is returned for further review the PCS will:

- ❖ Contact the complainant to discuss the reasons for their continued dissatisfaction and will agree a further written response to be sent or offer to arrange a meeting, according to the complainant's preference.
- ❖ Will agree the timeframes for a further investigation to be completed and a further written response to be sent by the Trust.
- ❖ Notify the relevant business groups of the complainants continued dissatisfaction and provide details of any outstanding issues to be investigated further.

In 2018-2019, 43 complainants were dissatisfied with the response they received and sent a further letter. This is a reduction from the 58 in 2017-18.

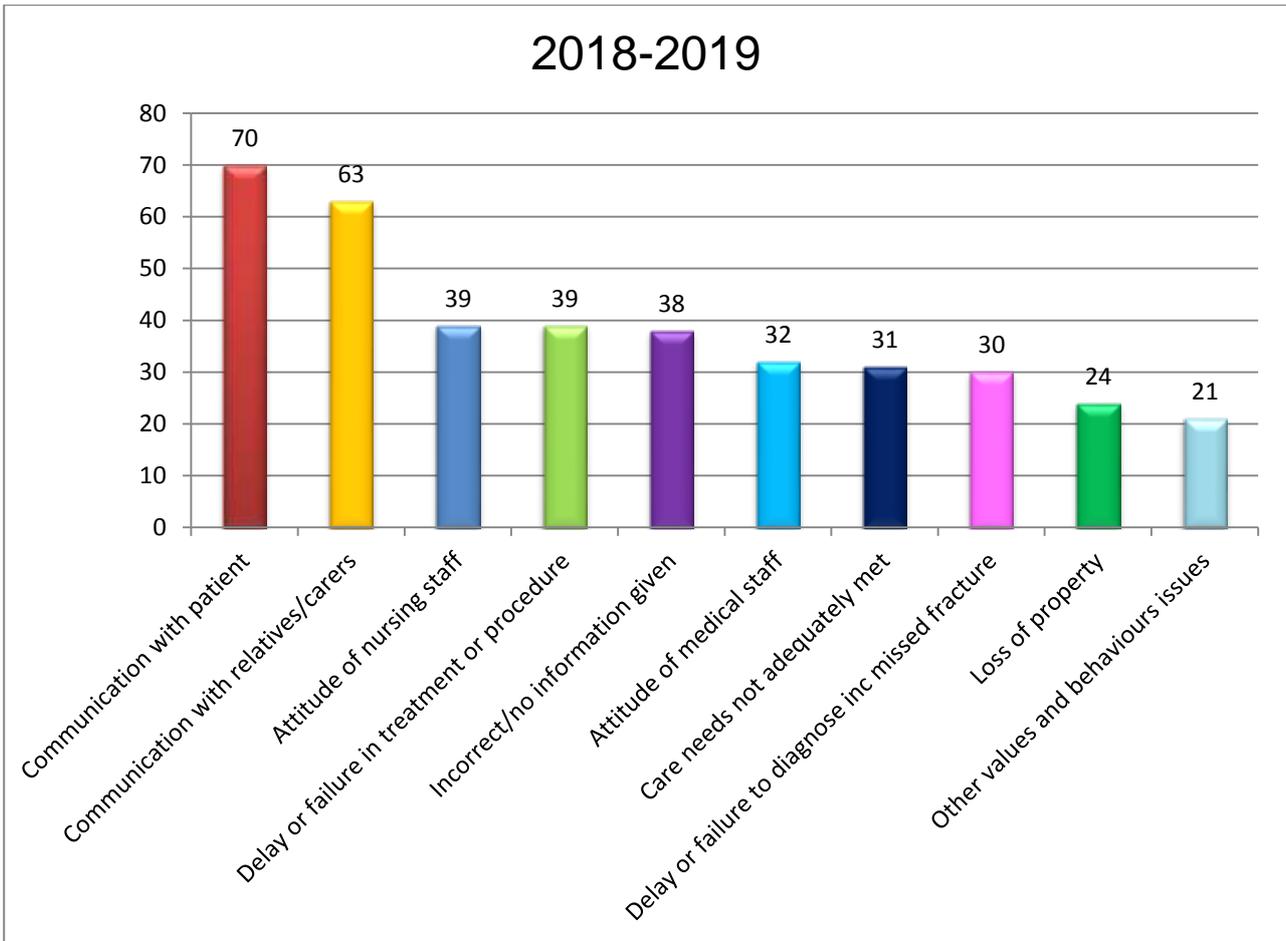
7.10 Complaint themes

Every formal complaint is recorded and categorised by a subject and location in order to assist the Trust in recognising themes and trends. These are allocated in priority of effect on the patient so clinical subjects are generally allocated as the primary subject if complaints refer to their treatment or the nursing care on the wards.

1,191 subjects were recorded about complaints received in 2018-2019. The number is higher than the number of complaints received as many complaints have more than one subject and made involve more than one location.

7.11 Subject of complaints

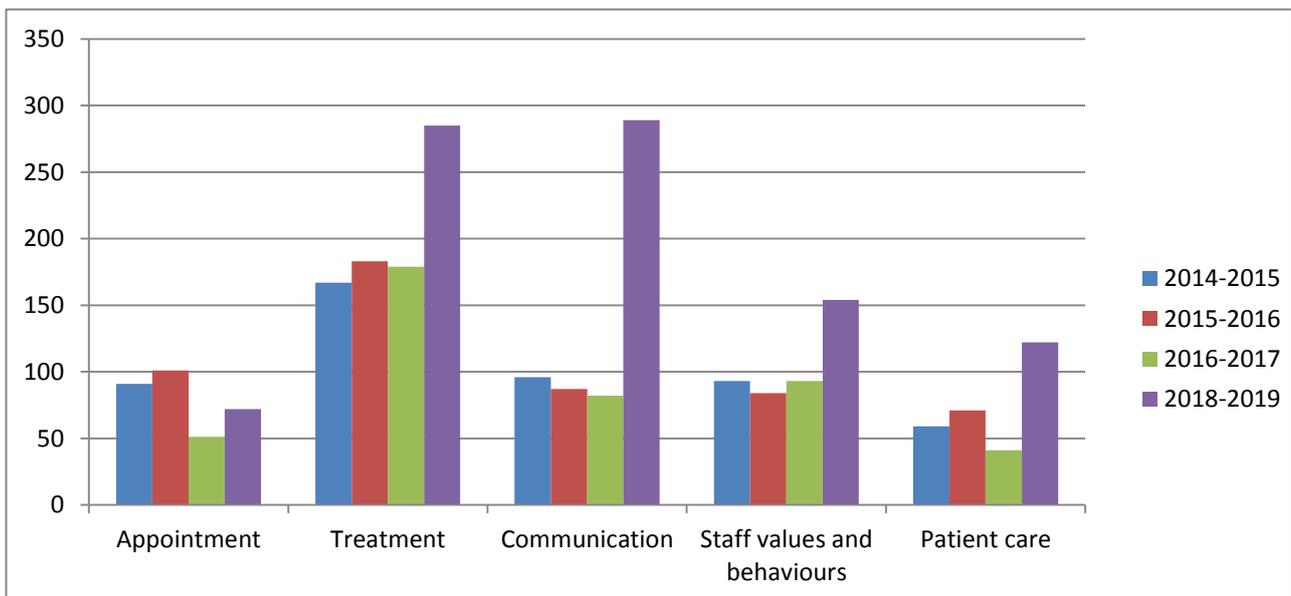
The table below shows a breakdown of the top ten concerns raised within formal complaints for 2018-2019. Concerns about communication, in particular with the patient, received the highest number of complaints for the year.



7.12 Summary

- ❖ 31% of all formal complaints raised concerns in relation to communication
- ❖ 31% related to clinical care and treatment
- ❖ 17% staff values and behaviours
- ❖ 13% related to patient care
- ❖ 8% related to appointments

7.13 The following graph compares the subjects of complaints in 2018-19 to previous years:



2018-2019 saw a significant rise in the subjects being recorded as the new Datix database allows more detail to be added. Therefore, when a complainant raises multiple concerns, these will be captured on Datix allowing the Trust to closely monitor themes/trends arising.

7.14 Locations

The three most complained about incident locations are:

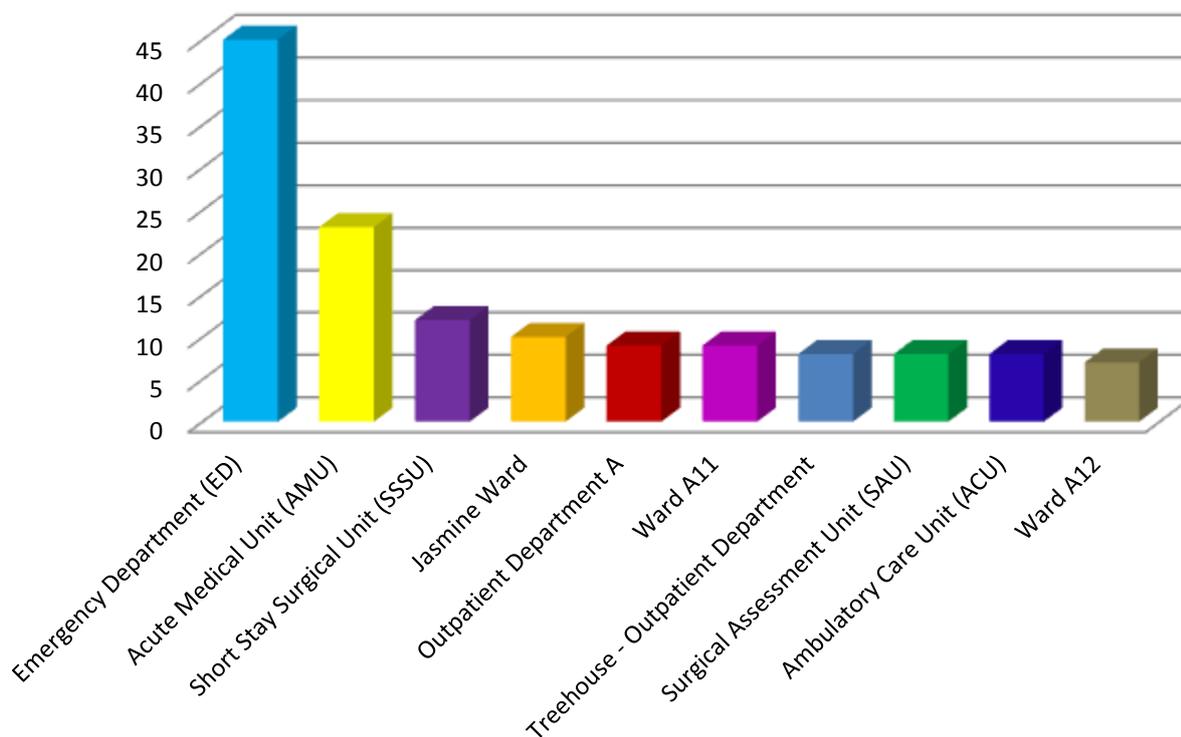
- ❖ The Emergency Department (ED)
- ❖ Acute Medical Unit (AMU)
- ❖ Short Stay Surgical Unit (SSSU)

Complaints about the emergency department mainly relate to the treatment provided to include alleged missed, incorrect or dispute over diagnosis. The second highest area of concerns raised was about waiting time within the department.

The main concerns received about the acute medical unit related to treatment to include an alleged delay or failure in treatment.

Clinical treatment was also the highest area of concern about the short stay surgical unit to include concerns about diagnosis and delay or failure in observations.

The following table indicates the top ten locations for formal complaints received:



7.15 Learning from complaints

Good complaints handling is not limited to providing a response or remedy to the complainant but focusing on ensuring that the feedback received through complaints is used to learn lessons and contribute to service improvement. The chief nurse and director of quality governance monitors the learning from complaints and requests that this shared with the complainant.

Examples of learning and actions as a result of complaints in 2018-2019 are included below.

Integrated Care

- ❖ A refurbishment of the ED is currently underway where additional cubicles and treatment rooms are to be provided, increasing the number of beds available for our patients.
- ❖ Pillows are now being ordered on a regular basis in the emergency department to ensure that there is always a stock of these.
- ❖ All patients on SSOP are now assessed by a registered nurse with regard to their nutrition and hydration.
- ❖ The visiting times on SSOP have been increased from 11:00 hours until 20:00 hours.
- ❖ The electronic prescribing system now has an 'alert' for hydrocortisone so that if it is ever prescribed, it warns the doctor or nurse administering that it is a time critical medication.

Medicine & Clinical Support

- ❖ An apron/glove holder was moved from the outpatient clinic room to prevent further injuries to patients.
- ❖ A full review of the ward B6 environment has been undertaken and a risk assessment completed. As such, a quotation for window coverings has been obtained, grab rails have been installed in the annex of bathroom and mirrors have been installed in the bathrooms.
- ❖ Medical staff on ward B4 are now aware to flag all critical medications as 'time critical'; this will assist junior nurses in being more proactive in chasing deliveries from pharmacy.
- ❖ On ward A12, a diabetes checklist has been developed for newly diagnosed diabetes patients. They are also working towards developing packs for both type I and type II diabetes patients.
- ❖ We have now changed the set-up of the appointment booking telephone system. Music is now played continuously so patients do not mistakenly think the call has been terminated.

Surgery GI & Critical Care

- ❖ There is a new order tracking system in place for the orthotics service to highlight if products are not received.
- ❖ Theatre reception staff will make their presence known to all patients as they arrive in theatre reception area.
- ❖ Discharge documentation is currently being reviewed; it is planned that there will be a new discharge checklist that will be part of the admission booklet to ensure that nursing care is appropriately continued following discharge. This will ensure that timely referrals are completed and will be a preventative measure to ensure the scenario of a missed referral does not reoccur.
- ❖ A change of practice has been undertaken for patients identified at risk of skin tears during surgical procedures in that additional padding will be applied to the patient's leg.
- ❖ The urology team have reviewed the policy for accepting patients from other hospitals. Patients must now have undergone diagnostic radiology examinations before being referred.

Women, Children & Diagnostic Services

- ❖ Redesign of the booking system for the breast service to ensure most effective use of available new patient slots.
- ❖ A review the pathway for women undergoing termination of pregnancy to be undertaken and use the anonymised feedback to inform our future practice.
- ❖ The training for new born examinations was reviewed to make the process and sign off more robust, and to raise awareness that problems with genitalia need early senior review.
- ❖ Two midwives trained in the Hazelbaker assessment to be available for clinic, so that a second opinion can be provided on request.
- ❖ A discussion to take place at a multidisciplinary forum on whether routine catheterisation of all women who experience a haemorrhage is required instead of it being at the discretion of the obstetrician.

Service improvement learning

- ❖ Outcomes from learning are included in governance and other quality reports to show evidence of “closing the loop” with regard to complaints.
- ❖ The Patient Experience Group receives bi-monthly reports that include intelligence on complaints and concerns to identify themes and provide assurance that lessons are learnt and improvements made.
- ❖ The Complaints Review Panel will provide assurance to the Board, via Quality Committee, that the Complaints Policy is appropriate and meets the requirements of the NHS Complaints Regulations 2009, and the Parliamentary Health Service Ombudsman’s recommendations, in their detailed in their report, ‘My Expectations for Raising Concerns and Complaints, Parliamentary and Health Service Ombudsman, 2013.’
- ❖ The aim of the panel is to ensure the Trust Complaints Policy is adhered to. There is a rolling programme of complaint reviews by divisions, complaint responses are timely, and of sufficient quality, trends have been identified, lessons learned and actions have been identified and acted on.

7.16 Equality Monitoring

Capturing equality monitoring data when recording complaints remains a challenge for the Trust.

During the year 1 April 2018 to 31 March 2019 the Trust received a total of 401 formal complaints of which there were 3 that raised concerns about discrimination. Of these, 2 related to age discrimination and 1 made an allegation of disability discrimination. The allegations about age discrimination were not upheld, however the concerns were shared with staff for appropriate learning to ensure that the Trust staff treat all our patients and users of our services appropriately.

With regards to the complaint alleging disability discrimination, this complaint was upheld. The complaint centred on the provision of interpreters in an acute emergency situation and as the Trust do not have a BSL interpreter on site; they are contacted via the approved channels as outlined in the Trust interpreting policy as and when they are required. On this occasion, staff did not recognise the need for an interpreter and as such this service was not offered.

The Trust received 1118 informal complaints during this financial year, 1 of which related to discrimination. The complainant expressed dissatisfaction with access to the appointment service for patients with a hearing disability. The complainant stated that patients with hearing impairments do not have the same access to contact the Trust.

A total of 1519 complaints were received and the Trust is aiming for no complaints regarding discrimination in future. The Trust needs to continue the work being undertaken to ensure that all patients are treated with dignity, respect and courtesy.

The formal complaints received in this financial year have been categorised in terms of age of the patient and gender of the complainant. Datix does not have the facility to capture the ethnicity of the patient. The following tables breakdown these figures:

Table A – age of patient

Age of patient	Total
1 to 16	37
17 to 30	35
31 to 50	65

51 to 70	114
71 to 90	119
91 +	13
Not known	18

Table B – gender of patient

Gender of patient	Total
Female	222
Male	162
Not recorded	17

7.17 Second stage complaints: Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied after the Trust’s complaints process has been exhausted and considers local resolution concluded, they have the right to request that their complaint is reviewed by the PHSO. The PHSO will assess cases referred to them, taking an in-depth look at what happened in order to decide whether to investigate.

In 2018-2019, the PHSO accepted twelve cases for review about Stockport NHS Foundation Trust, which is 2.8% of all complaints closed in the same period. The Trust continues to maintain a low number of cases investigated by the PHSO, which further evidences our success with local resolution.

The PHSO approach when investigating complaints is to first establish what should have happened. To help them understand this, they look at how the Trust was expected to act at the time of the events, taking into account of any relevant law, policy, guidance and standards that were in place at the time. The PHSO will compare what should have happened to what actually happened and consider if this is a gap between the two. If the PHSO recognise the Trust did get things wrong, they will look at the effect this had on the complainant and whether we have already acknowledged or responded to some or all of the problems identified. This will be taken in to account in their final decision on whether they fully uphold, partly uphold or do not uphold a complaint.

Of the complaints the PHSO investigated in 2018-2019, eight cases were concluded, one was upheld, one was partially upheld and six were not upheld.

The reasons for partially upholding one complaint included failings in the treatment provided to the patient, record keeping and complaint handling. The reason for fully upholding one complaint included the failure to carry our sufficient interval testing on the patient. This resulted in medications not being managed correctly.

Responses to the upheld and partially upheld complaints include apology and financial restitution, and the development of an action plan to prevent any reoccurrence.

These figures were similar to 2017-18 when eleven complaints were accepted for investigation by the PHSO.

8. Voluntary Services

We currently have 400 volunteers working at the hospital. Volunteers support patients, families, visitors and staff in various ways, including greeting and guiding patients and visitors when they first visit the hospital, helping out on wards, supporting at mealtimes, and serving in the hospital's shops. The hospital has had 219 new volunteers start in this financial year. Our volunteers are aged between 16 and 89 years. All the newly recruited volunteers commit to a minimum of 3 hours per week and to volunteer for a 4 month minimum period. 179 volunteers have left during this period the majority of these being younger having completed their college commitment when embarking on a health care career. We continue to actively recruit volunteers and have 39 applications awaiting clearances.

8.1 Events of Celebration

In June 18, volunteers were invited to attend a celebration of long service. Adrian Belton, the Trust's Chairman, presented certificates and award badges to thank volunteers for their years of service. 37 volunteers were honoured, 24 of them present at the awards, and each of whom had served either five, ten or twenty years of service at the hospital. Tribute was also paid to those volunteers who had sadly passed away, and those who had retired due to ill health.



The annual volunteer Christmas lunch was held on the 18 December where over 100 volunteers including those newly retired enjoyed a very delicious meal, prepared and served by the catering team. The volunteers were entertained prior to the meal by students from Aquinas College who played and joined the Chaplains in singing Christmas carols.

8.2 New Initiatives we introduced in 2018

In July 2018 our retail facilities came back in house. The shops initially came under the management of the WRVS, then Stepping Hill, then went over to Host for a period of two years and finally back again with ourselves in July. 8 volunteers are currently providing support in the retail outlets, two of which are Harry Needham who started in 1993 and Dorothy Pennington in 1992.

8.3 Volunteer Helpers for ED

Earlier this year the volunteer service department was called upon to provide drinks for patients, carers/relatives and staff in our emergency department during very busy periods. We have therefore looked to provide the department with additional cover. We now have 9 volunteers placed to cover most mornings and afternoons. We are working in partnership with Greater Manchester Police in providing

support for patients on arrival at A&E to reduce the number of patients who leave prior to receiving care most of which are awaiting a mental health assessment.

8.4 Courtesy Caller Volunteers

The courtesy caller role is an exciting new volunteering opportunity within the hospital to support our patients in attending their upcoming hospital appointments and surgery. Courtesy caller volunteers telephone our patients prior to their arranged hospital appointments to remind them of the details, supporting patients with minor queries and reassure patients who may feel worried about coming into hospital - overall improving the patient experience. We have implemented the initiative in two areas ears, nose and throat (ENT) and for geriatrics and rheumatology. To date we have managed to recruit 8 enthusiastic and motivated individuals to contribute to excellent patient experience.

8.5 Dressed is best

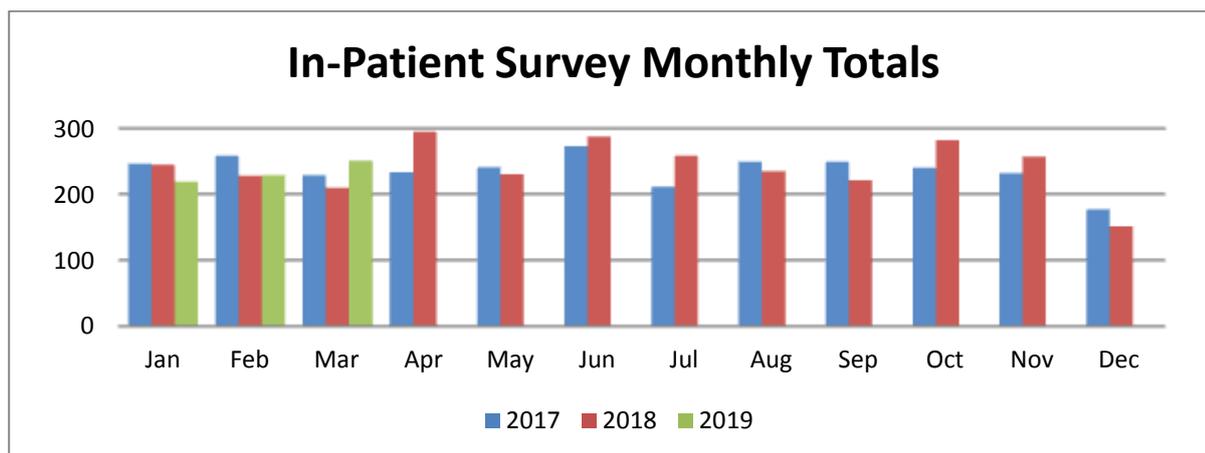
Volunteers are supporting the Trust’s therapy team with the ‘dressed is best’ initiative. ‘Dressed is best’ is part of the national #endPJparalysis campaign, which highlights the impact of patients being left in pyjamas or hospital gowns for any longer than necessary. The goal of the initiative is to get patients up, dressed and moving. It aims to speed-up patients’ recovery and reduce the length of time people need to spend in hospital. A small number of wards have agreed to undertake a volunteer pilot to understand fully how to the role of the volunteer can assist with dressed is best. To support this, an ideas list has been created to help provide focus for volunteers and staff to maximise volunteer participation.

8.6 Inpatient Surveys

We currently have 13 volunteers trained to carry out the surveys on each ward. They look to engage 10 patients per ward, per month, prior to discharge. Currently patients are asked 34 key questions. All questions are rated using a choice of 2 five point scales.

The overall number of surveys completed across all ward areas is monitored monthly. See Table 2

Table 2



The number of surveys fluctuates each month. To aid in increasing the number of surveys completed in all areas the matron for patient experience requested where possible that ward managers look to undertake carrying out surveys themselves. This will be supported by the volunteer service office enabling passwords and survey access.

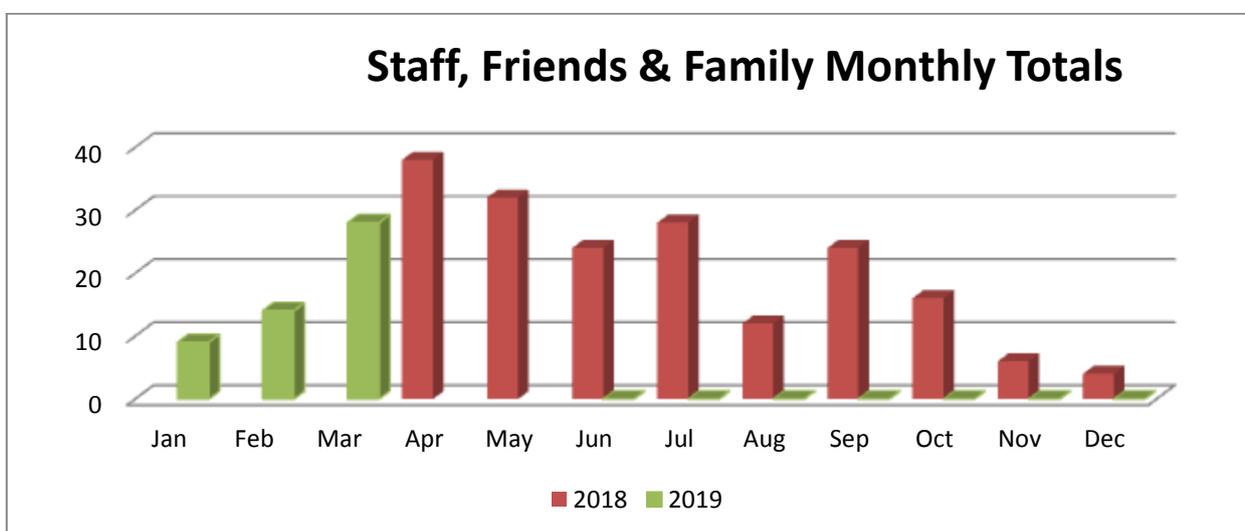
Alongside the in-patient survey, a second survey to be carried out simultaneously. The survey is called the Staff Friends and Family Test. Two questions are asked, which are the same as those asked to NHS staff nationally:-

Q1 How likely are you to recommend Stockport NHS Foundation Trust to friends and family if they needed care or treatment?

Q2 How likely are you to recommend Stockport NHS Foundation Trust to friends and family as a place to work?

See numbers of Staff surveys completed per ward area below comparing 2018 to 2019:-

Table 3



As the friends and family test was introduced as an iPad survey in April 2018, we are unable to make a comparison at this stage. The number of surveys has been steadily increasing month by month this year. Overall the findings indicate that we still need to increase the number of surveys being completed to ensure the data is meaningful.

8.7 Updating Policy and Practice

Volunteer Strategy, Policy and Volunteer Charter

An audit was completed by Miaa in the summer of 2018 which highlighted a number of actions for Volunteer Services one of which was the introduction of a Volunteer Policy and Volunteer Charter. The new volunteer policy looks to align our volunteer recruitment services with current legislation and Trust staff recruitment services. An overarching volunteer strategy has been developed which provides a longer term vision and action plans. Six strategic goals have been identified as follows:-

- ❖ To develop up to date policy and practice for volunteer services in line with current legislation and good practice
- ❖ To broaden our volunteering opportunities

- ❖ To increase the number and diversity of volunteers.
- ❖ To develop a programme of training and development to meet needs.
- ❖ To develop a structure of support/supervision for individual/groups of volunteers
- ❖ To develop clear lines of communication between hospital volunteer services and frontline staff teams.

The volunteer strategy has been approved by PEG and has along with the volunteer charter been publicised and are available on the Stepping Hill public website.

8.8 Mandatory Training

All volunteers are expected to complete mandatory sessions in the first three months following their start date. The sessions expand upon the volunteers existing knowledge in each subject area as well as ensuring they are up-to-date with legislation. The volunteers currently complete child safeguarding, infection control and fire safety. We are working closely with the training and development team to provide access to all mandatory training sessions as completed by staff.

8.9 Hearing Loss Awareness

A small number of volunteers attended hearing loss awareness training this was an interactive workshop delivered by Action for Hearing Loss covering:

- ❖ Good practice communication with deaf/hard of hearing patients
- ❖ How to make your environment accessible to deaf/hard of hearing people
- ❖ Impact of hearing loss on individuals

The volunteers who attended are to receive additional training to enable them to support patients who have hearing impairment by helping to put in their hearing aids as one of their ward duties.

8.10 Dementia Specialist Volunteers

The volunteers received training from our dementia specialist matron and from Pennine Care who provided *An Introduction to Dementia* - the course provided by Pennine Care looked at how dementia is experienced by each individual, and the learning which can be gained from people living with dementia themselves. The training to date has been well received by the volunteers. 56 volunteers have completed the dementia specialist course.

9. Chaplaincy Services

The chaplaincy team is made up of a full-time lead chaplain and five part time chaplains. The team are supported by twenty five of the Trust's volunteers. Their services are available daily from 8:30am until 5:00pm, and the team provides an on-call service for the rest of the day. The team provide cover to all hospital in patient areas including the off-site facilities at The Devonshire Unit and The Meadows. The chaplaincy team also extend all services to the patients of Pennine Care Trust who are co-located within the hospital site. The Chaplaincy team provide 365 days cover for the hospital.

9.1 Trust Carol Service

The Trust Carol Service took place this year in working hours at Pinewood Lecture theatre instead of St Peter's church where it has historically taken place. The reason for the change of venue was to enable more staff to attend and also patients. A small but very gifted band from Aquinas College played Christmas Carols and the congregation sang along. The service was well attended and positive feedback was received from patients and their families.

9.2 Baby Memorial Service

The annual baby memorial service was held on the 13th of October 2018, at CofE St George's Church. The Trust executive team was represented by Hugh Mullen, Deputy Chief Executive who opened the service along with Emma Rogers, Matron for Patient Experience and QI. The service was well attended by approximately 300 parents and relatives and the service ended with the letting go of balloons.

9.3 100 Year Anniversary

The 100 year anniversary celebration of the end of World War 1 was held on the 9th of November 2018 at the hospital main entrance atrium and was led by two of the hospital Chaplains. The service saw staff, patients, relatives, family and friends all gather for a short service and we were delighted to welcome students from Aquinas College who had produced some pieces of Art inspired by their visits to the Imperial War Museum. These were displayed around in the main reception. The 'last post' was played by one of the students which was particularly poignant.

9.4 Manchester Arena Attack

The Trust held a remembrance service in the hospital Chapel to honour those affected by the Manchester Arena attack, this was open to staff and patients and the Chaplains were available in the Chapel all day to provide support to staff and all visitors were welcomed to light a candle or leave a message in the remembrance book.

9.5 Multi Faith Centre

Currently the chaplaincy service is delivered in an established and traditional manner however feedback and evidence has highlighted that some patients, colleagues and communities may feel they are not as well served by chaplaincy departments as they should be. It has been identified that information about the range of services available to different faith and belief or non-belief groups may not be easily accessible to everyone.

A task and finish group has been formed with an intended outcome to make improvements to the current location and identify a new space in the Capital plan (2019/2020) or a more suitable location within the Trust to host services from. The group agreed that the term chaplaincy still appears to have a strong religious connotation, closely associated with Christianity and therefore there is a need to reconsider the name of the centre.

The demographics of the Stockport community and workforce has changed and although the Trust chaplaincy has endeavoured to provide diverse services as feasibly possible it is becoming evident that the pastoral requirements of the community and workforce are not fit for purpose.

10. Interpreting Services

Ensuring patients understand their options for treatment and plan for care is fundamental to clinical care, and equality of access to health services is key to this. Providing access to resources to support communication, to interpreters and to translate information supports the promotion of equality and challenges discrimination. It protects the Trust against indirectly discriminating against someone who does not speak English or who requires communication support.

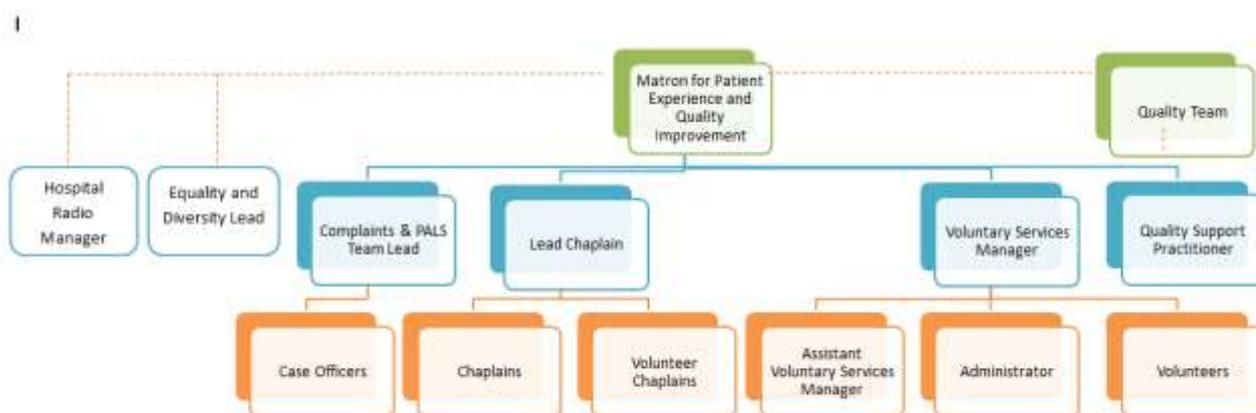
The Trust currently provides face-to-face and telephone foreign language interpreting, as well as face-to-face interpreting for British Sign Language (BSL).

The Trust has patient information, such as leaflets, translated on request. The Trust is able to source translations within short timeframes, though waiting times may be longer if the request is for languages that are less common.

11. Next Steps - 2019 / 2020

❖ Patient Experience Team

The newly formed Patient Experience Team brings together Patient and Customer Services, Voluntary Services, Chaplaincy Services, Quality Support Practitioner and with close links to the Hospital Radio Manager, Equality and Diversity Lead and the Quality Team. It is envisaged a more collaborate approach will help achieve the vision set out in the Patient, Carers, Family and Friends strategy.



❖ Patient Experience Improvement Framework

An exercise will be undertaken using the NHS Patient Experience framework to establish how far patient experience is embedded within the leadership, culture and operational processes of the organisation. This patient experience improvement framework supports NHS trusts and foundation trusts to achieve good and outstanding ratings in their Care Quality Commission (CQC) inspections.

❖ In-house Patient Satisfaction Surveys

Over the next 12 months we aim to improve the 5 worst performing questions for business groups by 5%. These questions relate to:

- Noise at night (Environment)
- Plans for discharge (Communication)
- Napkins available (Facilities)
- The patient knowing the name of nurse (Care)
- Food temperature (Facilities)
- Being asked if pain relief medication helped (Care)
- Completion of the patient property list (Environment)

❖ Quality & Safety Boards

To further standardise information that is displayed to staff, patients and their relatives 'Quality and Safety' boards will be rolled out across all outpatient departments. This will allow key information to be displayed including the name of the nurse in charge of the shift, the number of staff on duty, patient safety data, departmental information, patient feedback and any 'you said, we did' initiatives.

❖ Multi – Faith Centre

The matron for patient experience and equality & diversity lead will continue to hold regular meetings with the task and finish group to continue plans for a new multi- faith / spiritual care centre.

❖ Patient Bedside Booklet

A full review of the patient bedside booklets will take place to ensure they contain relevant and up to date patient information, the booklets will include details of how to access the information in large print, Braille and also provide the information in the top 3 languages for the trust.

❖ Satisfaction Surveys

In-house patient satisfaction surveys are in development for patients that attend Outpatients and the Emergency department, similar to the current surveys the questions will be in line with the national survey questions especially including those areas where improvements are required.

❖ Noise at Night Reduction Programme

Implementation of visual sound ears across all in-patient areas to help reduce noise levels at night. The visual electronic sound ears to help improve the patient experience.

❖ Care Opinion

Care Opinion will be rolled out to include patients that receive care in our Community settings. This will enable us to capture compliments and complaints to help drive quality of care and also sharing of best practice.

❖ Privacy & Dignity signs

Privacy and dignity signs are to be purchased and rolled out across all In-patient areas. The signs hang on the curtain tracks and will display 'do not enter' information to protect patients privacy and dignity.

❖ Communication Passport

A communication passport is in development which will enable patients to share their preferred communication methods with us and will be pivotal to enable our staff to provide person centred care at the start of the patient's journey.

By using symbols and photographs we will enable patients to describe feelings, everyday items, body parts and medical procedures. This will help ensure quick and effective communication with non-English speaking patients in an emergency.

❖ Always Events

The next phase of the national always events is in development. The subject for our next always events is presently being scoped with both patients and staff and is planned for its launch in November

Work is underway to triangulate all the data to allow a greater understanding of our Patients' Experiences as a whole. This work supports the Trust's Quality Improvement Plan for the future.

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Patient, Carers, Family and Friends Experience Strategy 2018-2021



Authors: Emma Rogers

Revision Date: October 2021

Patient, Carers, Family and Friends Experience

Strategy 2018-2021

The purpose of this strategy is to provide a context and framework which supports the trust, its staff members to work effectively in partnership with patients, carers, families, friends and community partners to deliver and improve services and patient experience.

The strategy focuses its key areas of improvement on the NICE Quality Standard 15 for Patient Experience. The NICE quality standard for patient experience in adult NHS services sets out how a high-quality service should be organised, so that the best care can be offered to people using NHS services.

The trust is keen to ensure that patients, their families and carers receive an experience that not only meets but exceeds their expectations of services at the Trust. We strive to ensure that all patients feel supported by the full range of trust services, and that staff involve patients, their families and carers in decisions about their care at all stages of the patient journey.

The trust values and encourages feedback on how all services perform. The trust also actively seeks the views and involvement of patients, their carers, our Foundation Trust members and the wider community in the design and delivery of all services. Their views play a central role in monitoring standards and promoting improvements in the quality, safety and efficiency of our services.

The Trust Values and behaviours

Our values '**Quality and Safety, Communication, and Service**' are at the heart of everything we do and come from our 'Your Health. Our Priority' promise. The values and behaviours are linked to staff appraisals and are promoted through training programmes including customer care and the healthcare certificate.

These values are about staff working together to deliver great patient experience more consistently – involving people who use the services, their families, carers, staff and partners in continuing to improve the experience people have. Staff working for the trust are our biggest asset. The trust understands that, in order to deliver a good patient experience, we also must ensure a positive staff experience.

Values	Values statements	Expect to see 	Do not want to see 
Quality and Safety	We deliver safe, high quality and compassionate care	<p>I put patients first, recognising there is a patient behind everything I do.</p> <p>I always follow the Trust's practices, guidance and protocols.</p> <p>I take pride in the way I do things and take responsibility for my performance.</p> <p>I share my knowledge and offer practical support to help and develop others.</p> <p>I learn from mistakes when things go wrong and build upon successes.</p>	<p>I put my own interests or those of my service area first.</p> <p>I make excuses for my poor performance and look to blame others.</p> <p>My actions put the Trust at risk.</p> <p>I am inflexible and do not offer support to others.</p>
	We ensure a clean and safe environment for better care	<p>I do everything in my power to protect those who use our services from avoidable harm.</p> <p>I act immediately to raise any genuine concerns which may adversely affect patients, public or staff.</p> <p>I take pride in our surroundings and my appearance.</p> <p>I observe the confidential nature of information and circumstances.</p> <p>I demonstrate responsibility for my own, as well as others' wellbeing.</p>	<p>I act in a way that puts my personal or others' wellbeing at risk.</p> <p>I hide issues, do not share with the team and/or escalate issues to others.</p> <p>I demonstrate no interest in improving patient services.</p>
Communication	We treat our patients, their families and our staff with dignity and respect	<p>I treat others as I would wish to be treated and challenge inappropriate or poor behaviour.</p> <p>I ask whether patients and others have everything they need, respond with kindness, carry out the things I can do, or find someone who can.</p> <p>I consider the needs and views of others and respect their opinion even if it is different from my own.</p> <p>I value other people's time by being punctual, responding to requests for information and queries promptly and delivering on commitments.</p> <p>I am accessible, approachable, professional and say thank you to colleagues for a job well done.</p>	<p>I ignore, judge, am rude to, or humiliate people.</p> <p>I am insensitive or dismissive to the needs of others from different cultures and backgrounds, or who have different views.</p> <p>I consider the patient as an inconvenience.</p> <p>I criticise other people or services without consideration of the impact on the reputation of the Trust or abuse my position or authority.</p> <p>I am often late for appointments, arrive unprepared or don't turn up; and often require chasing for agreed work and actions to be completed</p>
	We communicate with everyone in a clear and open way	<p>I introduce myself, welcome and listen to others, and show an interest in what they have to say.</p> <p>I use clear and plain language and check people's understanding.</p> <p>I involve others in decisions that affect them, give them information, and keep them informed.</p> <p>I engage with patients and colleagues to identify and resolve complaints and concerns.</p> <p>I am honest about my point of view and what I can and cannot do.</p>	<p>I am not always open and transparent about motives.</p> <p>I make assumptions without listening.</p> <p>I talk over people and do not allow them to express their opinions.</p> <p>I use unnecessary jargon or do not adjust my language to suit the person or situation.</p> <p>I hide behind email and take issues above colleague's heads without talking to them first.</p>

Values	Values statements	Expect to see 	Do not want to see 
Service	We provide effective, efficient and innovative care	<p>I strive to do the right thing, first time, every time and learn from mistakes to develop better and safer services.</p> <p>I look for solutions and encourage people to share their ideas, rather than accepting that nothing can be done.</p> <p>I embrace change and continually look for ways to improve how we work, putting forward and trying out new ideas.</p> <p>I offer, encourage and act on feedback as a way of learning and improving.</p> <p>I look for opportunities to develop and learn from those around me – and attend all relevant training and development for my role.</p>	<p>I do not raise concerns when noticing inefficiency in others, practices or systems.</p> <p>I am wasteful with Trust budgets, equipment or other resources.</p> <p>I am complacent about the services we provide and stand in the way of change.</p> <p>I say no without considering different options.</p>
	We work in partnership with others to deliver the right care, in the right place, at the right time	<p>I embrace involvement and work collaboratively with others in the patient's best interests.</p> <p>I consider the needs of other teams and partner organisations when carrying out my role.</p> <p>I try to help whenever possible, even when it's not my role.</p> <p>I offer to participate where my skills and experience will be of value, in and outside my service area.</p>	<p>I create barriers to collaborative working, intentionally or otherwise.</p> <p>I exhibit high levels of self interest and resist change.</p> <p>I am negative about other teams and partner organisations.</p>

This Strategy will support the trust's mission to be a provider that:

- Is committed to patient-centred care;
- Delivers high quality, safe, cost effective and sustainable healthcare services;
- Provides a working environment that is underpinned by our values and behaviours; and,
- Treats patients and staff with dignity and respect.

What do we mean by 'patient, carers, family and friends experience'?

Everyone working here at Stockport NHS Foundation Trust consistently delivers the best possible patient, carers, family and friend experience for each person that needs our care and services each day.

The term 'patient, carer, family and friend experience' describes a personal perception of the quality of care and services that they receive; in terms of safety, clinical effectiveness, and overall experience.

Our aims: what we want to achieve through our strategy

This strategy aims to meet NICE Quality Standard 15 for Patient Experience 2012. The NICE quality standard for patient experience in adult NHS services sets out how a high-quality service should be organised, so that the best care can be offered to people using NHS

services. It provides specific, concise quality visions, measures and descriptors with definitions of high quality care.

The strategy sets out our ambitions and approach for improving the patient experience by always:

- Listening to our patient, family and friends
- Learning together from their feedback
- Leading change based on patient family and friends experiences
- Ensuring our patients family and friends are consistently put first as we continuously improve our communication, care, environment and processes.

Monitoring and reporting of the patient, family and friends experience strategy

The Patient Experience Group has responsibility for monitoring this standard and will produce an annual work plan based on the elements of the patient journey: reputation; arrival, patient and family involvement, stay, treatment and leaving hospital to support compliance with the standard. This monitoring system is reported to the Trust board of directors.

Delivering our ambitions:

Vision 1: Patients, carers, families and friends are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

How will we know we are making progress?

We will review trends and themes from all aspects of patient feedback including informal concerns and complaints.

We will review results of the local core survey on privacy and dignity and results from the national surveys relating to staff interactions with patients to ensure there is clear evidence that trust values and behaviours are upheld.

We will monitor and analyse feedback from Friends and Family Test/Care opinion to highlight good practice and identify any areas for improvement based on comments from 'detractors' e.g. patients that would not recommend the trust.

We will publish results externally and internally on the quality and safety boards from the open

We will review current care in relation to providing emotional support from hospital staff

Vision 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.

How will we know we are making progress?

We will review actions identified from local core survey for communications to identify key themes and best practice.

We will review results of relevant questions in the national patient surveys including: Did staff talk in front of you as if you weren't there?

We will review feedback from formal and informal concerns.

We will analyse the Friends and Family Test/Care opinion to highlight good practice and identify any areas for improvement.

We will continue to provide training on customer care skills.

We will ensure clear answers are given to patients, families and friends

We will provide the understandable information to our patients, families and friends

Vision 3: Patients, carers, families and friends are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

How will we know we are making progress?

All staff members wear name badges and introduce themselves to patients.

We will ensure the effectiveness of the #hello my name is initiative.

We will review results from patient feedback contained in all local and national surveys.

We will review the content of the bedside folders and distribute to all wards. Audits will be conducted to check availability of folders for patients and survey results will be assessed to evaluate effectiveness.

We will increase awareness

We will ensure every patient, family and friend knows who is in charge of care and in charge of the ward.

Vision 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

How we will know we are making progress :

We will conduct quarterly surveys on communication that asks patients if they had opportunities to discuss their health beliefs, concerns and preferences, and these informed individualised care.

We will review local and national patient survey results for patient satisfaction on whether patients were able to find a member of staff to talk to about their worries and fears and received enough emotional support.

We will, where relevant, identify opportunities to extend the use of tools such as patient passports, across specialties that care for patients who have long term conditions, learning disabilities and cognitive impairment.

Vision 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

How will we know we are making progress?

The Patient Information Panel will ensure compliance with the policy for producing and providing patient information.

We will ensure consistent and maximum utilisation of patient information

We will assess any gaps in patient information from patient feedback.

We will understand and consistently applying the Accessible Information Standard by providing information in formats that disabled people, and people with sensory impairment or learning difficulties and if appropriate, carers and their families can understand.

We will review local and national patient survey results for patient satisfaction if they had confidence in decisions made about

Vision 6: Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.

How will we know we are making progress?

We will review results from a monthly survey conducted by the governors that asks patients if they feel they included in decisions about their care. The results are published externally and internally on the quality and safety boards.

We will receive results of local and national patient surveys on whether patients were involved as much as they wanted to be in decisions about their care and treatment.

We will receive feedback from formal and informal concerns; and the Friends and Family Test/Care opinion to highlight good practice and identify any areas for improvement.

Vision 7: Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.

How will we know we are making progress?

We will receive annual audit reports conducted by members of the Patient Information Panel to ensure compliance with the policy for producing and providing patient information.

We will monitor concerns raised by patients where patient choice was not respected or supported for treatment options.

We will promote examples of actions / concerns highlighted in “You Said, We Did” communication posters.

Vision 8: Patients are made aware that they can ask for a second opinion.

How will we know we are making progress?

We will utilise local outpatient surveys, including real time kiosk feedback, to confirm patients are aware they can ask for a second opinion.

We will ensure that copies of the NHS Constitution 2012 are available in outpatient settings, including an easy read version, and posters make patients aware that they can ask for a second opinion.

Vision 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

How will we know we are making progress?

We will monitor progress against trends in local and national patient surveys to ensure there is evidence that care is tailored to the patient's needs and preferences.

We will review results from national patient survey results for relevant questions, including Did staff take your family/home situation into account when planning your discharge?

We will monitor feedback from formal and informal concerns; will be analysed to highlight good practice and identify any areas for improvement.

We will continue to develop and implement changes to care planning/patient assessments of need to ensure patients are more actively involved and informed about their journey of care.

Vision 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

How we will know we are making progress :

We will conduct an annual core local survey on food and nutrition, and infection control.

We will review local and national patient survey results for patient satisfaction on relevant questions including pain relief, food and nutrition.

We will conduct monthly care indicator surveys that check if patients have been assessed appropriately for nutrition and hydration needs, pain and pressure area risk.

We will assess, monitor and manage your pain

We will ensure all patients are offered a choice of food.

Vision 11: Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.

How will we know we are making progress?

We will review results from local and national surveys.

We will review feedback from informal concerns and formal concerns.

We will review patient satisfaction levels and scores demonstrate continuity of care delivered.

Vision 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

How will we know we are making progress?

We will review results of the local core survey for communication.

We will review local and national patient survey results for patient satisfaction on relevant questions including In your opinion, did members of staff caring for you work well together?

We will ensure evidence confirms that staff support coordinated care through clear and accurate information exchange.

We will recognise and participate in local initiatives (e.g. Adult social care red bag scheme and Signpost carers badge) designed to accommodate seamless access to hospital and community services

Vision 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

How will we know we are making progress?

We will ensure that systems are in place to establish, respect and review patient's' preferences for sharing information with partners, family members and/or carers.

We will review results from national patient survey results for the questions: Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? and did staff take your family/home situation into account when planning your discharge?

We will review local and national patient survey results including carers and confidentiality surveys.

Vision 14: Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

How will we know we are making progress?

We will review national and local patient survey results demonstrate that information is given to patients of who to contact when they leave hospital.

We will ensure patient information leaflets include details to advise patients who to contact about their ongoing healthcare needs, and how and when to contact them.

We will advise patients when they are discharged who to contact about their ongoing healthcare needs, and how and when to contact them.

GLOSSARY

Equality

In addition to the NHS Act 2006, there is significant legislation and policy aimed at eliminating inequality and discrimination on the groups of race and ethnic group age, gender, disability, faith and sexual orientation. We are committed to complying with these duties in order to provide individually tailored and person centred care.

Regulation and the CQC Outcome Standards

Patient and public involvement was included in the Healthcare Commission's Standards for Better Health (2004) requirements and is now integrated into the Care Quality Commission's CQC outcome standards.

Monitor and Foundation Trust Regulations for Membership and PPI

The trust complies with the NHS Act (2006) and has established a membership and member's council. The trust has nearly 10,000 members drawn from local people, patients, staff and carers. 21 of these sit on the member's council which oversees the patient experience, staff experience, members and engagement and strategy working groups.

NHS Constitution 2013

The trust adheres to the ideals of the NHS Constitution, which sets out the principles, rights and values of the NHS in England.

Care Quality Commission (CQC)

The CQC have set out their outcome standards for all health and social care providers and specifically, outcome 1, Regulation 17: **Respecting and involving people who use services**. The outcome of our CQC Comprehensive Inspection which took place in October 2014, with results published in January 2015, rated the Trust overall as 'Good. This places the trust in the top 10% of acute hospitals along with the best in the country.

References :

Section 242 (duty to involve) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). Trusts have a duty to make arrangements to involve users, whether directly or through representatives (via consultation, provision of information or other ways) in:

1. In planning the provision of services
2. In the development and consideration of proposals for change in the way services are provided
3. In any decisions to be made affecting the operation of services

NICE quality standard for patient experience in adult NHS services. The quality standard for patient experience in adult NHS services is made up of 14 statements that describe high-quality care for patients. These statements are about the best care you should receive and are summarised on the website

<http://www.nice.org.uk/guidance/qs15/resources/patientexperience-in-adult-nhs-services-121173373>

Patient, carers, family and friends strategy 2018-2021

<p style="text-align: center;">Stockport NHS Foundation Trust</p> <p style="text-align: center;"><i>Our values are at the heart of everything we do and come from our 'Your Health. Our Priority' promise. Every day they drive the behaviour and action of everyone who works for us ensuring good care for others.</i></p>			
Patient, carers, family and friends experience priorities	What will we do in 2018/2021	How will we deliver this?	Measures by April 2021
Ensure patient, carers, family and friends feedback supports service delivery	Patient, families and friends stories will become pivotal aspect of our learning.	We will routinely share patient, family and friends stories with the Trust board and staff groups.	For the Trust board and team brief to have received a patient, family and friend story at each meeting within every business group.
To utilise care opinion/friends and family test feedback	Care opinion/friends and family test feedback will change practice and improve services for our patient, family and friends.	We will provide patients and families, friends with systems to allow real time feedback.	To see a rise in key themes identified from feedback systems.
Learn lessons from complaints and compliments	Complaints and compliments will be shared with business groups.	We will share feedback from complaints and compliments and areas of concern will be actioned.	Ward areas will be monitored on complaints and compliments on key themes identified.
Listening to our patients, carers, families, friends and staff	We will engage with our patients, families, friends and staff to ensure patients receive safe, effective and personalised care.	We will share feedback from patients, families, friends and staff and engage with our community to keep them informed.	Specific themes will be feedback from care opinion/friends and family tests and in-house satisfaction surveys delivered up to the Trust Board .

Work stream

Aim: To ensure voices of our patients, family, friends and staff are heard valued and make a difference to the care we deliver.

Priorities: To improve patient experience through Trust wide work stream leads.

	Harm Free Care	Patient, Family, Friends and Staff Stories	Supporting Families, Friends and Staff	Voluntary Services	Care Opinion/Friends and Family Test	Multifaith Chaplaincy	Bereavement and Mortuary
Executive Lead	AL	AL	AL	AL	AL	AL	AL
Patient Experience Lead	HH/ER	HH/ER	HH/ER	HH/ER	HH/ER	HH/ER	HH/ER
Service Lead	Emma Rogers Patient Experience and Quality Improvement Matron	Emma Rogers Patient Experience and Quality Improvement Matron	Ruth Terry Matron for Dementia Care	Yvonne Hewitt Voluntary Services Manager	Emma Rogers Patient Experience and Quality Improvement Matron	Antonio Costa Lead Chaplain	Margaret Drury Pathology Operation Lead
Work Stream Committee	Trust Board	Patient Experience Group	Dementia steering/Patient Experience Action Group	Patient Experience Group	Patient Experience Group	Patient Experience Group	EoL
Outcomes	Transparent and consistent in publishing safety, effectiveness and experience data with the overall aim in driving improvements.	To utilise patient, family, friends and staff stories to feedback to Trust board to enhance and improve care. To survey 10 hospital experiences per ward each month.	Learn from the experience from families and friends by utilising the information from the family and friends dementia questionnaire to inform our management and care of patients.	Remodelled services including Dining companions, Dementia, Signpost, Alcohol and addiction, Palliative care & End of Life, A&E, Supervising system	All feedback on the quality of care received to enable improvements to be made	To ensure the chaplaincy is at the heart of the organisation	To establish an aftercare response following death.
Key Measures	NHS safety thermometer information, pressure ulcers, VTE, falls, catheter associated UTI Information on staff experience Information patient, family friends experience	All Trust board meetings hear a patient story Evidence of sharing outcomes with business groups	Case note audit will show increasing evidence of involving carers	Reduction in complaints relating patient experience Enable concerns to be addressed at the point of contact Supporting the recruitment and retention of volunteers	Reduction in the number of negative responses Increase in compliments	Monitor visits to ward area Monitor compliments Supporting multifaith practices	Reduction in the number of negative complaints Increase in the number of compliments Enhancing the resources available after death

Key: **AL** Alison Lynch Chief Nurse and Director of Quality Governance
HH Helen Howard Deputy Chief Nurse
ER Emma Rogers, Patient Experience and Quality Improvement Matron

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If you would like this booklet in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:

Patient and Customer Services, Poplar Suite, Stepping Hill Hospital
Telephone: **0161 419 5678** / Email: PCS@stockport.nhs.uk



www.facebook.com/StockportNHS



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www.youtube.com/user/stockportnhs



www.instagram.com/StockportNHS
[@StockportNHS](https://www.instagram.com/StockportNHS)



Veteran's Passport to Health and Social Care

Veteran's Passport

What is the Veteran's Passport?

For any armed forces veteran, hospital and GP appointments and visits can be unsettling. This **Veteran's Passport** is designed to help our veterans navigate through these visits as smoothly as possible.

Information for Veterans

This passport is yours to keep and use as within your GP Practice in Stockport and visits to Stepping Hill Hospital. Please only complete the questions that are important to you, using as much or as little detail as you would like.

Please hand over this passport when you arrive at the hospital or GP Practice and your healthcare professional will read this to get a brief overview of your information.

Information for Healthcare Professionals

Please review this information prior to undertaking your assessment with our veteran. This will provide important information which will help the assessment and save our veteran from repeating potentially difficult information.

This information should be treated as confidential.

Veteran's Passport: My Information

Wherever possible, to be completed by the veteran or the individual(s) who know them best?

Service number:

How I would like to be addressed:

My communication needs are:

What I would like you to know about my service history:

What I would like you to know about my medical history:

Veteran's Passport: My Information

What I would like you to know about my background:

Things that might make me anxious or worried:

Any dates that might make me worried or anxious:

Things I do not want to discuss:

Veteran's Passport: My Information

What I would like you to know about my medication:

Things that matter to me:

Names of health care professional who previously looked after me:

Information for Healthcare Professionals

As Healthcare Professionals, it is important to have an awareness about some of the difficulties which our armed forces veterans face when attending GP appointments or visiting hospital.

Although it's completely normal to experience any anxiety after traumatic events, this can be tough to deal with. It is important to be mindful of how GP and hospital scenarios can be a difficult experience for veterans and then how to make things as easy as possible.

Reading this information prior to undertaking any assessment will ensure our veterans do not have to repeat any potentially difficult information. This will also ensure the assessments are effective and efficient and the focus can remain on the priority of the visit.

Information for Healthcare Professionals

A veteran is anyone who has served for at least 1 day in the armed forces, whether regular or reserve. There are around 2.6 million veterans in the UK.

When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS.

All veterans are entitled to priority NHS treatment for any condition related to their service; (subject to clinical need). This includes veterans who don't receive a war pension. This includes assessment, treatment, aids and appliances for conditions accepted as being due to their service.

More information on using the NHS for our military veterans is within the link: <https://www.nhs.uk/using-the-nhs/military-healthcare/veterans-health-faqs/>

Report to:	Council of Governors	Date of Meeting:	5 December 2019
Subject:	Quality Improvement Plan – 7 Themes – Quarter 2 Update 2019/20		
Report of:	Chief Nurse and Director of Quality Governance	Prepared by:	Deputy Chief Nurse

REPORT FOR INFORMATION / ASSURANCE

<p>Corporate objective ref: 2a 2b</p> <p>2a and 2b</p>	<p>Summary of Report</p> <p>The Council of Governors is asked to note progress against the 7 themes from the Quality Improvement Plan for quarter 2, 2019/20</p> <p>The high level progress is below:</p>																	
<p>Board Assurance Framework ref:</p> <p>2, 4, 5, 6 and 7</p>	<table border="1"> <thead> <tr> <th>Theme</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Safe, High Quality Care Improvement Plan</td> <td>✓ [On-track]</td> </tr> <tr> <td>Reducing Unwanted Variation</td> <td>✓ [On-track]</td> </tr> <tr> <td>Urgent Care Delivery</td> <td>✓ Off-track, but progress made</td> </tr> <tr> <td>Safety Collaboratives</td> <td>✓ [On-track]</td> </tr> <tr> <td>Quality Improvement Initiatives</td> <td>✓ [On-track]</td> </tr> <tr> <td>Safe Staffing</td> <td>✓ Off-track, but progress made</td> </tr> <tr> <td>Quality Faculty</td> <td>✓ [On-track]</td> </tr> </tbody> </table>		Theme	Status	Safe, High Quality Care Improvement Plan	✓ [On-track]	Reducing Unwanted Variation	✓ [On-track]	Urgent Care Delivery	✓ Off-track, but progress made	Safety Collaboratives	✓ [On-track]	Quality Improvement Initiatives	✓ [On-track]	Safe Staffing	✓ Off-track, but progress made	Quality Faculty	✓ [On-track]
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1. Introduction

- 1.1. The Council of Governors are asked to note the progress and assurance against the 7 themes from the Quality Improvement Plan for quarter 2, 2019/20.

2. Background

- 2.1 In December 2018, the Trust was rated at 'Requires Improvement' by the CQC. The Trust Quality Improvement Plan describes the steps we plan to take to ensure that our patients to receive consistent, high-quality care and our ambition is that the pride taken in delivering care to our patients helps us become the employer of choice in the region.
- 2.2 We want our Quality Improvement Plan to take us from 'Requires Improvement' by being bold in taking us further on a trajectory to 'Good' and 'Outstanding'. Of course we must address areas of concerns relating to patient safety that have been noted externally by the Care Quality Commission (CQC) and NHS Improvement, and those that we have recognised ourselves. We all want our patients to receive consistent, high-quality care and our ambition is that the pride taken in delivering care to our patients helps us to become the employer of choice in the region.
- 2.4 The continued delivery of our refreshed Quality Improvement Plan, underpinned by good governance and staff development, will ensure that the changes made already are sustainable, and that those outstanding can be delivered in agreed timeframes.
- 2.5.1 This report provides an overview of the progress made in Quarter 1, 2019/20 against the Quality Improvement Plan.

3. Progress to Date

- 3.1. The Quality Improvement Plan describes seven themes that support our Quality Improvement Plan. The high level progress against the 7 themes is below:

Theme	Status
Safe, High Quality Care Improvement Plan	✓ [On-track]
Reducing Unwanted Variation	✓ [On-track]
Urgent Care Delivery	✓ Off-track, but progress made
Safety Collaboratives	✓ [On-track]
Quality Improvement Initiatives	✓ [On-track]
Safe Staffing	✓ Off-track, but progress made
Quality Faculty	✓ [On-track]

- 3.2. The table on the following page displays the progress for quarter 2 2019/20 against the seven themes. A summary has been provided against each theme as to where it is up to against the plan. The key for the status is as follows:

Summary	Description
✓	On-track

✓	Off-track, but progress made
✓	Off-track, not recoverable

4. Progress Against Seven Themes, Quarter 2 2019/20

8.1 High Quality Safe Care Plan



The Safe High Quality Care Improvement Plan (new) has been created in response to the publication of the CQC report detailing their findings from the unannounced visit, well-led assessment and use of resources assessment in December 2018.

There are 7 actions that do not have evidence of being on track and breached the September 2019 milestone;

- The trust must ensure that equipment is maintained in line with its polices and process and manufactures guidelines
 - The delay in meeting the agreed milestone date relates to being able to provide absolute assurance that maintenance schedules and service records for equipment maintained via external service contracts is accurate and appropriately recorded
 - Progress has been made in the following areas;
 - All medical equipment maintained internally by EBME technicians is maintained using a planned preventative maintenance programme (PPM). Each item of equipment has a maintenance plan based on relevant legislation, regulations, best practice guidance and manufacturer’s recommendations.
 - The recruitment to the contract coordinator post has been successful, with a candidate appointed in October 2019 – the primary focus of their work will be on consolidating all external service contracts into the management of EBME department and providing assurance that PPMs are in place as per those in place for any equipment maintained internally.
 - Options have been developed for a medical equipment library and a suitable location has been identified – minor works will be required to make the space suitable, initial planning has commenced with our capital, estates and facilities team.
 - The revised policy for the management of medical devices was approved by the Medical Devices Committee in May 2019 and the Safety & Risk Group and Quality Governance Committee in July 2019.

		<ul style="list-style-type: none"> • The trust should ensure that sufficient clinical handwashing facilities are accessible to staff in patient care areas <ul style="list-style-type: none"> ○ This has been delayed due the negotiation required with the premises owners. • The trust should ensure that there is senior nurse representation at Department of Medicine for Older People Quality Board meetings <ul style="list-style-type: none"> ○ Attendance at meetings is being tracked for the DMOP CGM. Matrons are prioritizing attendance at CGM meetings and the action is being reviewed as part of the BG governance structures. Attendance at CGMs has been hindered by unplanned gaps within the matron team. Matrons have been engaging in other formal governance structures such as Harm Free Care panels, investigations and complaints and weekly quality meetings. This position is likely to improve from August onwards following the matron team returning to full establishment. • The trust should consider developing a documented talent map or succession plan <ul style="list-style-type: none"> ○ Progress continues. A scoping exercise has been completed and we are taking part in the GM earlier adopter talent management programme. • The trust should ensure that the Crisis Response Team (CRT) carry out the expected nursing assessments based on the acuity and referral criteria of the patient <ul style="list-style-type: none"> ○ SOP has been updated with the referral criteria. Triage assessment document has been reviewed and included within the SOP, ○ An audit has been undertaken on AMaT to confirm appropriate implementation of nursing assessment completed within CRT in relation to patient acuity. See attached. ○ SOP reviewed due to skill mix and for review August 2019 at Business Group Neighbourhood Quality Assurance meeting and ratification at Business Group Quality Board. ○ Triage assessment tool ratified. • The trust should improve arrangements for meeting individual patient needs and access to information
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		<ul style="list-style-type: none"> ○ Schedule of service's annual patient surveys being developed for 19/20. Additional question to be added. ○ Head of Borough Wide Services to meet with Head of Communications to discuss Trust plan for internet improvement for patient access ○ All community services are currently reviewing individual service details upon the internet for accuracy. ○ The Associate Director of Nursing: Integrated Care is meeting with the Trust Head of Communications to plan and evaluate the effectiveness of the information on the Internet and how we engage more fully with Health Watch partners: ○ All services reviewing currently what is on the internet. The Associate Nursing Director for Neighbourhood Services is meeting with Informatics team to understand feasibility of a link being put on the system to facilitate easy access. <ul style="list-style-type: none"> ● The trust should take action to promote a positive culture within the emergency department <ul style="list-style-type: none"> ○ Action plan in progress as per presentation at the executive team meeting in September <p>In addition there are 20 actions that are partially completed, and awaiting evidence of implementation or outcome.</p>
<p>8.2 Reducing Unwarranted Clinical Variation</p> <p>✓</p>		<p>We aim to improve patient care and increase efficiency by <i>reducing variation</i> in practice across the Trust. The areas of focus are:</p> <p>Using local and national benchmarking data to demonstrate consistently high quality clinical care with no unwarranted variation and performance in the top quartiles</p> <p>Ensuring clinical service needs where required are delivered equitably across 7 days</p> <p>Accreditation for Continued Excellence (ACE)</p> <ul style="list-style-type: none"> ● All adult in-patient areas are in the assessment cycle (current position 6 gold, 13 silver, 1 bronze, 3 white) ● 10 assessment have been undertaken during Q2 ● Pilot assessment of the Neonatal unit has been completed. Scoping for roll out of the previous pilots areas is progressing

		<p>Implementing advances in Information Technology, centred on a single electronic patient record across health and social care, which will support our journey of continuous improvement</p> <p>Delivering the efficiencies identified through the model hospital and reduce unwarranted variation across a range of productivity and clinical effectiveness measures, including: GIRFT programme, NATSIPPs, LOCSIPP'</p>
<p>8.3 Urgent Care Delivery</p> <p>✓</p>		<p>Our system is under pressure and we want to improve the urgent and emergency care system so patients get the right care in the right place, whenever they need it. We are working hard with our partners to embed good practice to enable appropriate patient flow, including admission avoidance, better and more timely hand-offs between the emergency department and clinicians and wards, streamlined continuing healthcare processes, better discharge processes and increased community capacity.</p> <p>i) Urgent Care Access</p> <ul style="list-style-type: none"> • A short term performance improvement plan has been implemented by partners across the Stockport System. This has been put in place following deterioration in performance against the 4 hour standard over August and September. The plan focuses on 3 key drivers for improvement that were identified following a Root Cause Analysis exercise: Staffing, Streaming in the Emergency Department and a reduction in the numbers of Stranded patients. • The medium to long term focus on improvement remains through the 4 “quadrants” of the Urgent Care Improvement Plan. The Urgent Care Improvement Plan is delivered through the Urgent Care Programme Delivery Group. Each quadrant of the plan has a System SRO to ensure ownership of actions and the associated improvement from all partners in the locality, the quadrants are: <ul style="list-style-type: none"> • Stay Well – this has a focus on ensuring patients receive the care they need as close to home as possible and is closely aligned to the Stockport Neighbourhood Care model. • Home First – this has a focus on ensuring patients who attend the hospital are returned to the most appropriate place as soon as possible and that admission to hospital is avoided wherever possible. • Patient Flow – this has a focus on ensuring that those patients that require admission move through the hospital system as safely and efficiently as possible. • Discharge – this has a focus on ensuring patients are discharged from the hospital in a safe and timely manner.

		<p>ii) Patient Flow</p> <ul style="list-style-type: none"> Daily operational focus remains on increasing the numbers of morning (<10am) discharges through the Discharge Lounge to ensure flow through the hospital. To manage and reduce the number of Stranded and Long Length of Stay patients in the hospital “Super Tuesdays” have been introduced. These include weekly System reviews of all long staying patients, supported by senior clinical staff both internal and external to the hospital, in addition to colleagues from the Local Authority. The Emergency Care Improvement Support Team (ECIST) are supporting the teams in Medicine deliver a refreshed approach to the user of SAFER and Red2Green. This involves the use of ward based coaches to work with the teams to ensure best practice in the management of patient flow and discharge planning are embedded in the local teams.
<p>8.4 Safety Collaboratives</p> <p>✓</p>		<p>Safety collaboratives will remain a focus during 2019/20 with a focus on delivering definitive and measurable improvements in specific patient safety issues that have been identified through incident reports, complaints, serious incidents or nursing care indicator reports.</p> <p>Pressure ulcers – AIM we aim to achieve a 25% reduction in device related pressure ulcers by and a 10% reduction overall in pressure ulcers in the acute and community setting March 2020.</p> <p>At the end of Q2 medical device related pressure ulcers 25% reduction target for year end is 42. Q2 target would therefore be 21 and we are exactly on 21. Application of Aircast Boots are the singular most frequent device that is contributing to the development of medical device related pressure ulcer followed closely by application of plaster of plaster, and relate to almost 50% of all medical device related pressure ulcer reported.</p> <p>At the end of Q2 hospital acquired pressure ulcers 10% reduction target for year end is 118. Q2 target would therefore be 59 and we are slightly over on 64.</p> <p>At the end of Q2 community acquired pressure ulcers reduction target for year end is 248. Q2 target would therefore be 124 and we are under on 93.</p> <p>Falls-Aim we aim to achieve a 10% reduction in in-patient falls [<i>max inpatient falls for 2019/2020 is 1100</i>], with 10% reduction in falls with moderate and above harm [<i>max inpatient falls for moderate or above harm</i>]</p>

		<p>for 2019/20 is 26] by March 2020.</p> <ul style="list-style-type: none"> • 234 total falls in Q2, this is a reduction on Q1's performance (249 total falls) • 5 falls with moderate or above harm in Q2, which is a again a reduction on Q1 (6 falls with moderate or above harm) • It should be noted Q2 has 45 consecutive fracture free days <p><u>Deteriorating patient</u> we aim to improve the outcomes for our patients and identify patients whose condition deteriorates at the earliest opportunity.</p> <p>Target established in Quarter 1 for AIMS training compliance for RNs working in adult inpatient & acute areas, established and set at 75% by end of March 2020.</p> <p>Q2: 37% (211) staff AIMS trained. Currently above trajectory, however, high uptake of all available training capacity is essential to train a minimum of 36 staff per month until the end of March 2020</p>
<p>8.5 Quality Improvement Initiatives</p> <p>✓</p> <p>SG</p>		<p>Our information tells us that we must make improvements in the quality of care and treatment in some areas. We have agreed our quality improvement methodology. Our ambition is that, across a range of identified areas, improvements are clinically led and managerially supported so that they are embedded in practice and focussed on getting the best outcomes for our patient, by the right staff and the right time. These will utilise the AQuA methodology and all form part of the recent cohort. The next steps will be to agree the baseline, targets and plans.</p> <p>Medicine & Clinical Support QI initiatives:</p> <p>Surgery, GI & Critical Care QI initiatives:</p> <p>Women, Children & Diagnostics QI initiatives:</p>

8.6 Safe Staffing



We aim to ensure safe staffing and a reduction on reliance on temporary staffing through a series of schemes associated with recruitment and retention. The overall aim is to reduce vacancies in year to 100 WTE RN/RM and to continue to reduce turnover with assistance from the NHSI support network .

Recruitment programme – reduce vacancy rate to 100WTE by end of quarter 4

- The variance from establishment rate in quarter is circa 150 WTE RN / RM. Workforce teams are focusing on ensuring this data is more robust so that clarity as regards true vacancy rates can be robustly established .
- The Nursing Associate programme is now starting to demonstrate the benefits realisation, as cohort one are now all now in post (13 staff). 40 WTE are in training per annum with cohorts qualifying every 6 months. This is a significant new pipeline of qualified staff to support safe nurse staffing. We have 4 cohorts in training currently. We also can start to recruit externally for already qualified nursing associates.
- A Business Case for International recruitment and a campaign for summer 2019 for 22 WTE RNs was accepted. All 22 have arrived, 8 have passed their exams. Of the 22, 18 are for medicine and 4 for AMU. The Trust funded a further 4 for surgery which are due to arrive in December and 12 for emergency department arriving October and November 2019. All will need to undertake OCSEs and will be in the staffing numbers approximately 8-10 weeks after arrival.
- A new pipeline of nurses has been recognised. These are international nurses that have been in the UK for a period of time whose visas are due for renewal and are ready to move. 9 have been offered roles for medicine and are due to commence in January 2020. In total the Trust will have approved 80 international nurses this financial year to support safe staffing .
- Multiple recruitment events are attended over the Manchester and Stockport region, with the Trust now attending Sheffield and Lancaster as an addition to the local recruitment events attended.

An average of 150 WTE Registered Nurse temporary workers per month over this quarter have been utilised to support safe staffing along with an average of 130 WTE per month non registered staff.

Retention Programme – Reduce Turnover Rate by 1.5%

- The first year NHSI results indicated a reduction in turnover of 0.9% against a target of 1.5%. The 4 campaigns have been refreshed and have been re-launched for this year's focus. NHSI have advised that the turnover rate is back to 13.9%
 - 1) A continued focus on an improved newly qualified first year experience, which will include not only graduate nurses but also nursing associates.
 - 2) A focus on band 6 and above BME recruitment processes.
 - 3) A focus on data and actions to support the top 10 turnover areas.

		<p>4) A review and refresh of the flexible working policy.</p> <ul style="list-style-type: none"> • The Itchy Feet programme, launched in March 2018, where staff can approach Corporate Nursing staff to look for career development opportunities, is evaluating well. So far, 101 registered nurses have accessed this scheme and 76% have chosen to stay within the Trust. • Two engagement events have been chaired by the deputy Chief Nurse with assistant practitioners, of which there are 88 in the Trust. Liaison with Bolton University is in progress to review the opportunity of an AP conversion course to potentially commence in September 2020. <p><u>Improved efficiencies in e-rostering against a range of measures</u></p> <ul style="list-style-type: none"> • In October 2019 it is anticipated that the newly recruited, experienced team for e-roster / Safecare Live staff will commence in post. This new team will start to embed improved practices across all nursing department to enable improved grip and benefits realisation of the e-roster programme. <p><u>Development of a suite of measures with NHS Professionals</u></p> <ul style="list-style-type: none"> • A detailed NHSP report is reviewed at the monthly temporary staffing meeting • A suite of measures with NHS Professionals are reviewed by the Chief Nurse, with the Matrons and Business groups ensuring accountability and transparency of issues • Key issues are reported to the resourcing group which reports in to the people and performance committee. • The Trust participates in the North West Client User Group meetings where a review of agency and NHSP strategic financial and qualitative objectives and outcomes are scrutinised and acted upon • A key focus in this quarter has been to reduce the number of retrospective bookings being made with a review by matrons of all shifts retrospectively booked. Improvements are noted with theatres needing to address retrospective bookings. • Second tier authorisation has been introduced to ensure senior review of requested shifts. • Weekly meetings have been introduced by some triumvirates to review temporary staff bookings • Quality metrics have been introduced with agencies being reviewed quarterly to ensure that safe practices are embedded. The recommendation that shifts will be cascaded in order of compliance to ensure safety is as high an agenda focus as the financial aspects of temporary staffing. The first listening event for temporary workers is planned for January 2020. • A focus on the nurse team leader and manager booking shifts has been introduced in quarter one.
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8.7 Quality Faculty



We recognise improvement is more likely to succeed and be sustained if it is designed and led by the staff doing the job. In order to enable staff to make change happen they will be supported by improvement experts employing a single trust wide quality improvement methodology based on recognised best practice. We want to develop a hub of quality improvement champions working across the Trust, supporting and enabling the delivery of high quality, compassionate and continually improving care for all of our patients, their families and carers. The Faculty will encourage the sharing of best practice, improvement methods and approaches as widely as possible through the systems we work in.

Programme Set-up & Leadership:

- Exec Team session on developing the Trust's transformation journey and development of a trust-wide system for improvement
- 3 year plan developed – future priorities to be reviewed by SLT
- SLT standing agenda items introduced for Transformation & QI to drive QI agenda and share learning including a monthly QI Faculty update and fortnightly QI project feedback sessions to share learning
- QI incorporated into senior leaders' objectives
- Business Group Director commitment to QI within business groups via training programmes, QI focus at team away days, QI feedback at Quality Boards, support and promotion of local QI projects via QI poster-boards etc.
- Annual Safety Conference included a focus on QI and identification of a range of QI ideas and initiatives to be progressed

Skills:

- Continuing roll out of Bitesize QI programme fortnightly at QI Club and across business groups via customised Business group QI programmes providing the opportunity to practice the application of the Trust's QI (6-step Jigsaw) methodology to build capability
- QI module delivered quarterly as part of Trust Leadership programme
- QI microsite launched including QI resources, tools and guides
- QI roles, expectations and training infrastructure defined and agreed
- Membership of AQUA - ~50 staff have attended AQUA QI courses since 2018/19. Work continues to coordinate attendance.
- QI Skills Survey results analysed and include:

Awareness:

- 45% try to apply QI approaches as part of their day job and 15% would like to do more
- 22% don't know about QI or can't see the value

Training & Understanding:

- 73% respondents report no having had QI training with the remainder either having had

		<p>training at this Trust or previous employment</p> <ul style="list-style-type: none"> • Understanding of QI approaches and confidence in applying QI tools is limited: • 31% report they are not aware of QI • ~10-20% know the basics or could use QI tools/approaches with guidance • 32% would like to learn more • <10% feel confident using QI tools/approaches • Range of 33-67% are not aware of the different QI tools (process, maps, PDSA, stakeholder analysis driver diagrams, SPC charts) <p><u>QI Support:</u></p> <ul style="list-style-type: none"> • 64% would like access to online resources and training and a 63% would like face-to-face training • 57% would like to have a local expert/contact they could ask for help • 45% would welcome QI support from their manager or clinical lead <p><u>Involvement:</u></p> <ul style="list-style-type: none"> • 51% are interested in finding out more and getting involved in QI • 31% are unsure so would like more information • 18% are not interested • 114 respondents provided contact details <p>Systems:</p> <ul style="list-style-type: none"> • <u>QI & Transformation</u> microsite established including QI methodology overview, tools & templates, contact details, QI club calendar. • QI objectives included in refreshed appraisal process and form – managers encouraged to discuss QI opportunities with staff • Business Groups incorporating QI within management processes eg. adopting QI methodology in projects, monitoring improvement projects, raising awareness, sharing learning etc. <p>Communication & Engagement:</p> <ul style="list-style-type: none"> • Weekly QI Club – every Wednesday at noon in Pinewood. Well attended by therapists • QI sessions presented to various business groups and CD Forum • Microsite launched • Communications toolkit produced to support consistent QI branding and image • Intranet and staff Facebook page used to promote QI Survey • Staff invited to present progress with their QI projects to senior leaders at SLT • QI session and presence at Safety Conference • Theatre QI Team established and progressing a range of local improvement projects
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Report to:	Council of Governors	Date:	5 December 2019
Subject:	People Strategy Half Yearly Report		
Report of:	Director of Workforce & OD	Prepared by:	Deputy Director of Workforce & OD

REPORT FOR NOTING

Corporate objective ref:	6	<p>Summary of Report</p> <p>The purpose of this report is to provide the Council of Governors with an update on the progress made against the People Strategy Delivery Plan.</p> <p>The Board of Directors approved our People Strategy in October 2018 and an update paper was provided to Board in March 2019 detailing the progress made against quarter 4 delivery priorities; this paper provides an update against quarters 1 and 2 for 2019/20.</p> <p>The Council of Governors are requested to note the contents of this report.</p>
Board Assurance Framework ref:	6	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:	N/A
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This subject has previously been reported to:	<input checked="" 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 checked="" type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Exec Management Group <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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1. Introduction

The purpose of this report is to provide the Council of Governors with an update on the progress made against the People Strategy Delivery Plan. The Board of Directors approved our People Strategy in October 2018 and an update paper was provided to Board in March 2019 detailing the progress made against quarter 4 delivery priorities; this paper provides an update against quarters 1 and 2 for 2019/20.

2. Context

Following the publication of the Interim People Plan a review of the People Strategy was undertaken to ensure that this remained 'fit for purpose' a paper detailing this assurance has been presented to People Performance Committee.

3. Key Themes & delivery

The strategy is structured into 5 themes or areas of priority and the following section details the areas of work delivered against each of our strategic themes:

People Strategy Theme	Quarter 1 2019/20	Quarter 2 2019/20
Culture & Engagement	<ul style="list-style-type: none"> Embedding of Schwartz Rounds Delivery of Health & Wellbeing awareness programmes. Publication of Gender Pay Gap report. Staff Friends & Family Test Medical Engagement Survey Action Plan Engagement with NHSI Culture & Engagement programme. 	<ul style="list-style-type: none"> Engagement in scoping of mental health 1st Aid Training (launched Q3) Development of communication & engagement plan for staff survey & flu campaigns. EDI WRES/WDES publication; participation in Pride events. Engagement exercise to develop refreshed Trust Values. Completion of the diagnostic phase of NHSI Culture & Engagement programme.
Leadership Development	<ul style="list-style-type: none"> Triumvirate leadership programme Delivery of Leadership Development programme 	<ul style="list-style-type: none"> Participation in NW Talent Management & Succession planning pilot; diagnostic phase completed. Review & re-launch appraisal process Implementation of just & learning culture checklist. Appointment of additional OD resources.
Education & Practice Development	<ul style="list-style-type: none"> Achieved & sustained 90% & above compliance for statutory training. Undertaken Training Needs Analysis Recruitment to Cohort 2 of Trainee Nurse Associates. 	<ul style="list-style-type: none"> Achieved & sustained 90% & above compliance for statutory training. Recruitment to Cohort 3 of Trainee Nurse Associates.
Resourcing	<ul style="list-style-type: none"> Achievement of agency ceiling & reduction in the number of shifts requiring CEO sign off. Safe Care Business Case approved. 	<ul style="list-style-type: none"> Review of governance arrangements for ECP. Development of 'shortage occupation list' & recruitment and retention framework refresh. Safe Care team recruited Winter incentive scheme development
High Performing	<ul style="list-style-type: none"> Getting it right first time Workforce & OD framework developed. Roll out of mediation scheme 	<ul style="list-style-type: none"> HR digitalisation agenda; commented scoping of options appraisal for 'BOT' development. Completed consultation for payroll outsourcing. Workforce plan update presented to PPC.

4. Governance & Delivery Arrangements

As part of the strategy review the governance arrangements were refreshed and a revised People Strategy Implementation Group (PSIG) has been established; this is the vehicle for monitoring and enabling delivery of the strategy delivery plan. Each delivery strand has a SRO and operational lead identified for each of the activities. PSIG has oversight of the delivery and mitigating actions; reporting via a key issue monthly report to the Committee.

A quarterly progress update will be provided to People Performance Committee; with a bi-annual update provided to the Board of Directors and the Council of Governors.

5. Recommendations

The Council of Governors is requested to note the contents of this report; a further delivery update will be provided at the end of quarter 4.

Report to:	Council of Governors	Date:	5 December 2019
Subject:	NHS Interim People Plan and Trust People Strategy Update		
Report of:	Director of Workforce & OD	Prepared by:	Deputy Director of Workforce & OD

REPORT FOR NOTING

Corporate objective ref:	6	<p>Summary of Report</p> <p>The purpose of this report is to provide assurance that the Trust People Strategy approved by the Board of Directors in October 2018 remains 'fit for purpose' following the publication of the Interim People Plan for the NHS.</p> <p>A review and refresh of the People Strategy has taken place with the Workforce & OD Directorate.</p> <p>The Council of Governors is requested to note the contents of this report.</p>
Board Assurance Framework ref:	6	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required	

Attachments:	N/A
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This subject has previously been reported to:	<input checked="" 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 checked="" type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Exec Management Group <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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1. Introduction

The purpose of this report is to provide the Council of Governors with assurance that the Trust People Strategy approved by the Board in October 2018 remains 'fit for purpose' following the publication of the Interim People Plan for the NHS.

On 3rd June 2019 NHS England/Improvement has today (3 June 2019) published the Interim People Plan for the NHS. This has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

Baroness Harding, Chair of NHS Improvement has described the interim plan as follows:

"This interim People Plan doesn't answer all the questions we know need answering, nor does it set out a detailed 5 -10 year roadmap.

"It does, however, set out our vision for our people and the urgent actions we all need to take this year, both to make immediate improvements but also to build a plan for our people that is fully integrated with those for financial and operational delivery."

Following the publication of the Interim People Plan the Workforce & OD Directorate undertook a review of the publication against the Trust People Strategy; the review was facilitated across 2 away days.

2. Background

Workforce supply is acknowledged as the biggest challenge facing the NHS but the plan is clear that the quality of staff experience must be improved or those extra people will not stay, or come at all. The NHS Interim People Plan has been developed with involvement from NHS Employers and a wide range of other stakeholders to set out an initial approach to tackling the range of workforce challenges. The substantive People Plan will be published following the Spending Review. Key financial commitments will be decided as part of the Spending Review. NHS organisations will be expected to undertake initial actions and further action following the publication of the final People Plan.

3. Key Themes

The plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan.

• Making the NHS the best place to work

The plan acknowledges that people working in the NHS report 'growing pressure, frustration..., and rising levels of bullying and harassment'. BME staff report the poorest workplace experiences.

Sickness absence runs 2 percentage points higher than the rest of the economy.

1 In 11 staff leave the NHS permanently each year.

The interim plan details the following ask of NHS organisations:

To develop their approach to making their organisation the best place to work and contribute ideas to the development of a new offer for staff setting out the support they can expect from the NHS as a modern employer. There will be a summer of conversation led by the new chief people officer to develop this offer to staff.

This offer would cover:

- Creating a healthy inclusive and compassionate culture (including ensuring equality and diversity, tackling bullying and reducing violence).
- enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)
- Ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working).

A balanced scorecard will be developed to assess organisations in these areas via the NHS Oversight Framework and the CQC Inspection Framework (Well Led Assessment).

- **Improving NHS leadership culture**

The plan says NHS leaders should have:

- 'A compassionate inclusive culture' including senior leaders, clinical and non-clinical roles and the 'vital middle manager layer.'
- It should have a greater focus on collaborative talent management and a range of measures for greater board assurance.

NHS England/Improvement will work to develop an agreed set of competencies for senior leadership roles and will engage widely on options for assuring leadership (which will enable a response to the Kerr and Kark reviews). They will agree a new compact setting out the 'gives and gets' to shape the development of senior leaders.

The plan further describes the following leadership priority areas

- System leadership
- Quality improvement
- Talent management
- Inclusion and diversity.

- **Addressing workforce shortages**

The plan includes measures to improve workforce supply and retention across the NHS clinical workforce. There will be a focus on nursing in terms of immediate actions which include:

- NHS England/Improvement expanding its retention support programme with a focus on the most challenged areas
- increasing clinical placements by 25% to 5,000 by September 2019
- developing a new return to practice scheme in conjunction with Mumsnet
- Better coordination of international recruitment with a national procurement framework for lead agencies.

The final People Plan, which is scheduled for release later this year, will cover:

- entry routes into the profession building on the nurse apprenticeship and nurse associate routes
- the development of a 'blended learning nursing degree' programme working with higher education providers
- Greater focus on primary and community nursing.

Subject to resources being allocated within the spending review, the aim would be to achieve a phased restoration of previous CPD funding levels over five years.

- **Delivering 21st century care**

In order to deliver the vision of care set out in the NHS Long Term Plan, the report calls for a reshaping of the NHS workforce. It specifically calls for:

- a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working
- The scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy.

There will be further detailed planning work across all major NHS workforce care groups and discussion with the service over future needs before the final plan.

On **nursing**, the plan calls for further expansion of the nursing associate role to reach 7,500 nursing associates by the end of 2019. On **medical workforce**, it pledges an expansion of doctors in primary

care by 5,000, further roll out of medical credentialing and support for shortage areas and for the development of more generalist roles.

There will also be action to expand **AHP, scientific and other roles** as well further develop multi-professional team working starting in **primary care** networks.

A new programme entitled *Releasing Time to Care*, which has a focus on using technology to support better deployment of staff time and increase productivity, will be launched.

- **Developing a new operating model for workforce**

The interim plan accepts that the workforce planning model in the NHS needs to change. It argues that functions should be undertaken at the best level to meet the needs of the services. It commits to devolution of responsibility to the Integrated Care Systems (ICSs) as over time they will 'take on greater responsibility for people planning and transformation activities, in line with their developing maturity.'

A newly developed ICS workforce 'maturity framework' will be used to assess the readiness of ICS to take on responsibilities including workforce planning.

4. **Developing the Final People Plan**

This interim plan will be followed by work over the summer with a range of stakeholders to help develop a fully-costed final plan. The aim is to publish a full, five-year plan later this year, following the Spending Review and the development of five-year STP/ICS plans.

The final plan will include:

- measures to embed culture change and develop leadership capability
- more detail on changes to professional education and on investment in CPD
- More detail on additional staff needed.

The final plan will be developed via National People Board (to be chaired by the Chief People Officer) and an advisory board (to be chaired by NHS Improvement Chair).

5. **People Strategy**

Following the publication of the Interim People Plan a review of the strategy has been undertaken and the following table provides an 'at a glance' view of how our People Strategy cross references with the Interim People Plan.

Interim People Plan Theme	Making the NHS the best place to work	Improving NHS Leadership Culture	Addressing workforce Shortages	Delivering 21 st Century Care	Developing a new operating model for workforce
People Strategy Theme					
Culture & Engagement	✓	✓	✓		
Leadership Development	✓	✓		✓	✓
Education & Practice Development	✓		✓	✓	✓
Resourcing	✓	✓	✓	✓	✓
High Performing	✓				

6. Governance & Delivery Arrangements

The arrangements for ensuring the delivery of the strategy are detailed in the People Strategy Delivery Plan; with the identification of a SRO and operation lead for each of the strands of activities. The newly convened People Strategy Implementation Group (PSIG) has oversight of the delivery and mitigating actions; reporting via a key issue monthly report to the People Performance Committee.

7. Recommendations

The Council of Governors is requested to note the contents of this report and note the assurance of the review which has been completed to ensure the People Strategy remains appropriate and is congruent with the Interim People Plan.