

COUNCIL OF GOVERNORS MEETING

12 MARCH 2020

Making a difference every day.



Stockport
NHS Foundation Trust

**Meeting of the Council of Governors
Thursday, 12 March 2020**

Held at 2.00pm in the Regis Suite, Alma Lodge Hotel, 149 Buxton Road,
Heaviley, Stockport SK2 6DQ

Please note the order of the day:

- 1.00pm – 1.50pm: *Private Meeting of the Council of Governors*
- 1.50pm – 2.00pm: *Break for refreshments*
- 2.00pm – 4.00pm: *Council of Governors’ Meeting*

AGENDA

| Time | | Enc | Presenting |
|-------------|---|---------------|-------------------|
| 1400 | 1. Apologies for Absence | | |
| | 2. Amendments to Declarations of Interests | | |
| | 3. Minutes of previous meeting: 5 December 2019 | ✓ | A Belton |
| 1405 | 4. Chair’s Report | ✓ | A Belton |
| 1410 | 5. Chief Executive’s Report | ✓ | L Robson |
| 1420 | 6. Performance Report | ✓ | S Toal |
| 1440 | 7. Trust Strategy (Presentation) | | A Bailey |
| 1455 | 8. Equality, Diversity & Inclusion (Presentation) | | A Hussain |
| 1510 | 9. Staff Survey (Report and Presentation) | ✓ | G Moores |
| 1525 | 10. Managing Infectious Diseases (Presentation) | | H Mullen |
| 1540 | 11. Lead Governor Communication | <i>Verbal</i> | E Brown |
| 1545 | 12. Any Other Business | | |

13. DATE, TIME & VENUE OF NEXT MEETING

13.1 TBC in April 2020.

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 Thursday, 5 December 2019,
3.00pm in the Lecture Theatres, Pinewood House, Stepping Hill Hospital

Present:

| | |
|-------------------|--------------------|
| Mr A Belton | Chair |
| Mrs E Brown | Public Governor |
| Dr R Cryer | Public Governor |
| Cllr L Dowson | Public Governor |
| Prof C Galasko | Public Governor |
| Mrs K Glass | Staff Governor |
| Mr R Greenwood | Public Governor |
| Mrs Z Ikram | Public Governor |
| Mrs J Keyes | Staff Governor |
| Mr R King | Public Governor |
| Dr T Kondratowicz | Public Governor |
| Ms T Leden | Public Governor |
| Mr C Lyons | Public Governor |
| Mr D Rowlands | Public Governor |
| Mrs M Slater | Public Governor |
| Cllr J Wells | Appointed Governor |
| Mrs L Woodward | Public Governor |
| Mr G Wright | Public Governor |

In attendance:

| | |
|--------------------|--|
| Mrs C Anderson | Non-Executive Director |
| Mr A Bailey | Associate Director of Strategy & Planning (<i>for item 11</i>) |
| Mrs C Barber-Brown | Non-Executive Director |
| Dr G Burrows | Medical Director |
| Dr M Cheshire | Non-Executive Director |
| Mrs S Curtis | Membership Services Manager |
| Mr S Goff | Deputy Chief Operating Officer (<i>for item 7</i>) |
| Ms N Hawley | Committee Secretary |
| Mr D Hopewell | Non-Executive Director |
| Mr G Moores | Director of Workforce & OD |
| Dr M Logan-Ward | Non-Executive Director |
| Ms A Lynch | Chief Nurse & Director of Quality Governance |
| Mrs C Parnell | Director of Communications & Corporate Affairs |
| Mrs L Robson | Chief Executive |
| Mr M Sugden | Non-Executive Director |

ACTION

45/19 Apologies for absence

Apologies for absence were received from Mr Beaton, Mr Dawson, Mr Graham, Mr Mullen, Cllr Pantall, Ms Toal, Dr Wasson and Mrs Wragg.

46/19 Amendments to Declarations of Interests

There were no declarations of interest.

47/19 Minutes of the Previous Meeting

The minutes of the previous meeting held on 7 October 2019 were agreed as a true and accurate record of the meeting, subject to the misspelling of Mrs Woodward's name on page 7. The action log was reviewed and annotated accordingly.

Prof Galasko referred to minute 35/19 and asked whether the Board's decision to reject the system-wide winter plan had been a good or a bad decision. Mrs Robson confirmed that it had been a good decision, noting that the Board had rejected the plan as it could not take assurance that the level of funding secured as a system was resilient enough. She advised the Council that the Trust had subsequently been awarded £2.253m funding from NHS Improvement / NHS England (NHSI/E) to open additional winter beds.

48/19 End of Life Presentation

Mrs Keyes delivered a presentation titled "Route to Good (and beyond) in End of Life Care", which covered the following subject headings:

- Trust Leads for End of Life Care
- Integrated multi professional and multi provider Specialist Palliative Care Service
- Overview of a suite of Stockport wide metrics
- A revised palliative and End of Life Care model for Stockport
- Bereavement
- High level work across the Trust
- Future plans.

In response to a question from Cllr Dowson, Mrs Keyes agreed to seek further clarity regarding the reporting of figures relating to deaths in the High Peak & Dales area.

Mr Belton asked if there was anything Governors could help with in promoting the End of Life service. Mrs Keyes asked Governors to advise her if any members raised concerns or questions about end of life care. She also invited any Governors interested in joining an End of Life Group to speak to either her or Mr Wright. The Council of Governors thanked Mrs Keyes for the informative presentation.

The Council of Governors:

- Received and noted the End of Life presentation.

49/19 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. He made particular reference to the continuing significant operational pressures faced by the Trust and, on behalf of the Board and the Council, thanked staff for their extraordinary work to keep patients safe.

Mr Belton referred the Council to s3 of the report relating to two vacancies on the Nominations Committee. The Council of Governors subsequently approved the appointments of Dr Kondratowicz and Mr King as members of the Nominations Committee for a three-year term of office, effective immediately.

The Council of Governors:

- Received and noted the Chair’s Report
- Appointed Dr Kondratowicz and Mr King as members of the Nominations Committee for a three-year term of office, effective immediately.

50/19 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:

- Performance pressures
- System working
- CQC Inspection
- Senior Leadership engagement
- Good news stories:
 - MBE for dedication – Dr Chandra
 - Hip and knee replacement surgery.

Dr Kondratowicz noted that most Emergency Department attendees were likely to value safety and quality of care above everything else. He asked if there was a cut-off point when it would be flagged up that a patient and/or their relative required nutrition or fluid. Ms Lynch advised that the domestic team ensured the department was kept clean and tidy and the facilities team ensured patients, relatives and staff were offered food and drink, including topping up vending machines. She acknowledged, however, that this was challenging during times when the department was overwhelmed due to extraordinarily high numbers of attendees. She briefed the Council on the associated process, which included the use of a safety checklist.

The Council of Governors:

- Received and noted the Chief Executive’s Report

Mr Goff joined the meeting.

51/19 Performance Report

Mr Goff presented an Operational Performance Report as at the end of October 2019. He briefed the Council on the content of the report and provided an overview of performance in the following areas:

- Referral to Treatment (RTT)
- Diagnostics
- Clinical Correspondence
- Activity v Income
- Urgent Care
- Cancer.

Mr Goff highlighted, in particular, the adverse impact the Emergency Department pressures had on the Trust's ability to deliver elective care and the consequent impact on the waiting list size.

In response to questions from Cllr Dowson and Mrs Brown, Mr Goff provided further clarity regarding the Referral to Treatment standard and the impact of operational and winter pressures on the standard. He emphasised the need to balance the demand.

Mr Belton commented that the Board had spent a significant amount of time discussing the ongoing performance issues, and that it wished to be transparent with Governors about the concerning situation.

The Council of Governors:

- Received and noted the Performance Report.

Mr Goff left the meeting.

52/19 Update on Preparations for next CQC Inspection

Ms Lynch delivered a presentation updating the Council of Governors on the significant amount of work going on to prepare for the next CQC inspection, as well as Well-Led and Use of Resources inspections. The presentation covered the following subject headings:

- Overview
- Quality Safety Leadership Group
- Clinical Services Reviews
 - identified quick wins
 - going back to basics
 - emerging key themes
- Communications update.

Ms Lynch thanked Board members and Governors for their continued support with the Clinical Service Reviews. It was noted that copies of

the 'Good to Go' guide would be available to Governors at the end of the meeting.

Prof Galasko asked whether trainee nurses' and doctors' training suffered during the tremendous operational pressures. Dr Burrows and Ms Lynch confirmed that the Trust tried its best to protect all training for trainee doctors and nurses, although it was sometimes difficult. Dr Burrows highlighted one occasion this year when trainee doctors' training had to be cancelled due to pressures, and noted that the Deanery had been understanding about the decision.

Ms Lynch advised that Governors would be invited to a briefing session in January 2020 to help prepare for the CQC inspection.

AL

The Council of Governors:

- Received and noted the presentation.

53/19 Patient Experience Report

Mr Belton commented that the Patient Experience Report had been considered by the Board at its most recent meeting and that it had been suggested that greater reflection about work in the community was required in future reports.

Mrs Glass presented the Annual Patient Experience Report for 2018/19, detailing the core services forming part of the Trust's Patient Experience portfolio, as well as wider work to improve the experience of patients, carers, friends and families. She briefed the Council on the content of the report and made particular reference to the 'Hello My Name Is' project, Veterans Passport, Volunteers, Chaplaincy and the development of a Communications Passport.

Cllr Dawson commended the Trust's work around the Veterans Passport, and noted positive feedback following the distribution of the passports to High Peak GP surgeries. The Council of Governors thanked Mrs Glass and Mrs Rogers for their fantastic work in this area and it was suggested that a presentation on the Veterans Passport would be scheduled for a future Governors' meeting.

AL

The Council of Governors:

- Received and noted the report
- Agreed to receive a presentation on the Veterans Passport at a future meeting.

54/19 Quality Improvement Plan – Q2 Report

Ms Lynch presented a Quality Improvement Plan report providing an overview of progress made in Quarter 2. She briefed the Council of Governors on the content of the report and noted progress made against the seven themes from the Quality Improvement Plan.

Ms Lynch advised that Governors would be invited to an event in the New Year to consider and agree improvement priorities for 2020.

The Council of Governors:

- Received and noted the report.

Mr Bailey joined the meeting.

55/19 Trust Strategy – Vision, Mission & Aims

Mr Bailey introduced a presentation on the Trust Strategy and noted that Governors had already received a presentation on the subject matter at the July meeting. He delivered a presentation which covered the following subject headings:

- Today's update
- Our Strategy development journey
 - Developing our values
 - Developing our Strategy
- Our new Strategy – plan on a page
- Our five strategic aims:
 - Helping people live their best lives
 - Always learning, continually improving
 - Using our resources well to invest in the future
 - Working with others for our patients and communities
 - A great place to work.
- Our values:
 - Care
 - Respect
 - Listen.
- Senior Leadership Group engagement
- Strategy – next steps.

Governors heard that the new values, along with associated behaviours, would be the foundation on which the Trust's refreshed Strategy will be delivered, guiding development over the next five years. With regard to next steps, it was noted that early in 2020 the Trust's clinical services would begin the development of their individual strategic plans, which would be linked to the Trust Strategy and aligned to strategic and corporate objectives.

Prof Galasko referred to the 'Plan on a Page' slide and to the order of the bullet points under the Values headings. He suggested that the order should be changed so that patients were listed first. Mr Bailey thanked Prof Galasko for the useful feedback.

Governors thanked Mr Bailey for the informative presentation and noted that a further update would be provided at the February meeting. In response to a suggestion from Mrs Robson, it was agreed to circulate a copy of the presentation to Governors.

The Council of Governors:

- Received and noted the Trust Strategy presentation.

Mr Bailey and Mrs Parnell left the meeting.

56/19 People Strategy

The Council of Governors received and noted the following reports:

- People Strategy Half Yearly report
- NHS Interim People Plan and Trust People Strategy Update.

Mr Moores delivered a presentation on People Strategy, which covered the following subject headings:

- National and local workforce pressures
- Trust People Strategy vs NHS National People Plan.
 - It was noted that the Trust People Strategy aligned with the Interim People Plan.
- Delivery of People Strategy – Quarter 1 and Quarter 2 of 2019/20
- Where are our workforce priorities for Quarter 3 and Quarter 4 of 2019/20?

In response to a question from Mrs Slater, Ms Lynch briefed the Council of Governors on international recruitment. Mr Rowlands commented that while doctors and nurses were often in the headlines regarding staffing shortages, it was important not to lose sight of the other professionals. Ms Lynch acknowledged the comment and provided an overview of the Trust's drive to encourage more Allied Health Professionals to join the Trust. Mr Moores noted the importance of a clear, multi-disciplinary workforce model.

Mr Belton thanked Mr Moores for the presentation and noted that workforce was presently one of the Board's greatest concerns. It was agreed that the Council of Governors would be kept updated on progress.

The Council of Governors:

- Received and noted the reports and the presentation
- Agreed to receive regular updates on the People Strategy and workforce issues.

57/19 Lead Governor Communication

Mrs Brown briefed the Council of Governors on her Lead Governor activities since the previous meeting, including regular meetings with the Chair, meeting the new Governors, attending Board meetings, involvement in Clinical Service Reviews, and responding to all relevant

emails in a timely manner.

The Council of Governors:

- Received and noted the verbal report.

58/19 Any Other Business

Mr Belton invited all Governors to attend the Trust's Christmas Service which would be held in Pinewood House on Friday, 13 December 2019, at 1.30pm.

59/19 Date, time and venue of next meeting.

The next meeting of the Council of Governors was scheduled to be held on Wednesday, 12 February 2020, 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 |
|-------|-----------|------------|---|--|---|
| 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. Update 5 Dec 19 – Mrs Parnell advised that the intention was to consider this at the Council of Governors' meeting in April 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. Update 5 Dec 19 – Presentation on agenda. Action complete.</p> | C Wasson (Medical Director) |
| 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> <p>Update 5 Dec 19 – Mrs Parnell noted that, due to a delay in guidance due to Purdah, it was hoped to include this on the agenda for the February 2020 Council of Governors' meeting.</p> | H Mullen (Director of Strategy, Planning & Partnerships) |
| 06/19 | 5 Dec 19 | 52/19 | Update on the preparations for the CQC Inspection | Ms Lynch advised that Governors would be invited to a briefing session in January 2020 to help prepare for the CQC inspection. | A Lynch (Chief Nurse) |

| | | | | | |
|-------|----------|-------|-------------------|---|--------------------------|
| 07/19 | 5 Dec 19 | 53/19 | Veterans Passport | The Council of Governors agreed to receive a presentation on the Veterans Passport at a future meeting. | A Lynch (Chief Nurse) |
|-------|----------|-------|-------------------|---|--------------------------|

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|-------------------|----------------------|---------------------|---------------|
| Report to: | Council of Governors | Date: | 12 March 2020 |
| Subject: | Chair's Report | | |
| Report of: | Chair | Prepared by: | Mrs C Parnell |

REPORT FOR NOTING

| | | |
|--|--|--|
| 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"> • System by default • Board development • Governance |
| 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: | <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"/> Exec Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee | <input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other |
|--|--|---|

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1. PURPOSE OF THE REPORT

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

2. SYSTEM BY DEFAULT

I often reflect on how busy our colleagues are in the Trust, and we have certainly seen examples of colleagues at every level working above and beyond what could be expected of them in recent weeks.

Winter is traditionally the time when our services are under peak levels of demand for service, and implementing our winter plan two months earlier than planned is a clear indication of the unprecedented demand on our health and care system.

Colleagues both within and outside the Trust have responded magnificently to the unrelenting pressures, with those working in both clinical and support services bringing constant focus to a drum beat of actions to try to improve the flow of patients through the hospital and relieve the pressure on our services at the front door.

Colleagues throughout the organisation have also been focused on responding to the CQC's core inspection of our services, the use of resources inspection, as well as the well-led inspection, and we expect the CQC to continue to ask for further information over the next couple of weeks.

With so much of the senior leadership team's time focused on managing the demands of the here and now, it would be so easy to lose sight of our strategic goals and the actions we need to take to develop the health and care system of the future.

John Donne famously wrote "No man is an island, entire of itself; every man is a piece of the continent, a part of the main", and this quote reflects what is facing our health and care system in Stockport, Greater Manchester and the rest of the country. We know in Stockport that we can't address the complex and multi-faceted causes of the pressures on our urgent and emergency care services alone. It will take the skills, focus and dedication of all partners to improve the situation for local people.

The importance of effective system working to make the best use of all available resources, whether people, buildings, equipment or finance, is a message that has been relentlessly emphasised regionally and nationally with the development of integrated care systems. No single health and care organisation will ever have enough of the necessary resources to achieve all its ambitions, but together we can make a massive difference to the lives of the people who need our support.

That is why I am so keen that we play a pivotal role in shaping and developing local systems through effective partnerships that put the needs of the system before the ambitions of single organisations. To do that well we have to make sure our organisation is as effective, efficient and well managed as possible; developing the sound foundations of services that deliver the level of quality and safety required of them, with stable finances, and adequate workforce. With these in place the senior team can spend less time reacting to operational pressures and demand, and more time on driving

forward delivery on the Trust strategy we agreed at the last Board meeting, influencing the development of local, regional and national systems, and working with our clinical teams to deliver the ambitions they will set out in their clinical service strategies.

I do not under estimate the amount of work we still have to do to get to this position, but it is the role of the Board to look ahead and we have to ensure we get the balance right in making sure the organisation operates as effectively as possible, while at the same time working towards a position where we automatically think “system first”.

With the extraordinary pressure colleagues are facing right across the system it is even more important that we do all we can to support their health and wellbeing, as well as celebrate their successes. This is why I am so pleased to see the results of our staff survey on the agenda today.

We had a fantastic response to this year’s survey from staff, a real indicator of how they are feeling more engaged. While the results do not reflect where we want to be they do give us a good base line against which to measure our future activity in achieving one of the key themes of our Trust strategy - making this organisation a great place to work.

As we develop our work in response to what colleagues have told us in the survey, and also roll out the culture programme we’re engaged in with NHSE/I, I will look forward to more reflection on our progress in this important area of our development.

3. BOARD DEVELOPMENT

Hugh Mullen, our Director of Strategy, Partnerships & Planning/Deputy Chief Executive, will retire in May. This has provided us with an opportunity to review the portfolios of our Executive Team, which is currently on-going.

However, we know how important it is to have someone leading the development and delivery of our new strategy, as well as partnership working across Stockport, Greater Manchester and East Cheshire. So our Remuneration Committee has agreed to begin a recruitment process for a new Director of Strategy, who will also lead on the transformation agenda, while options for where other aspects of Hugh’s current portfolio sit in the future, including IT and estates and facilities, are considered.

The Committee also agreed to recruit a new Director of Governance, Risk and Assurance, to take the lead in strengthening our approach to this important area of how the Trust operates. This role will not be a voting member of the Board, but like other similar roles in the Executive Team they will report to the Chief Executive.

4. GOVERNANCE

Every NHS organisation should carry out a full external review of their governance systems and processes every three years. Over the last year we have made a number of changes to our governance, but we know there is more we could do to strengthen our system and processes.

Last year we asked NHSE/I to help us with a full review, and Ms Becky Southall, who recently led a review of governance processes and systems in our business groups, is now undertaking that process.

5. RECOMMENDATIONS

The Council of Governors is recommended to receive this report.

| | | | |
|-------------------|--------------------------|---------------------|---------------|
| Report to: | Council of Governors | Date: | 12 March 2020 |
| Subject: | Chief Executive's Report | | |
| Report of: | Chief Executive | Prepared by: | Mrs C Parnell |

5

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: | 8 | |
| Equality Impact Assessment: | <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required | |

Attachments:

| | | |
|--|--|---|
| 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"/> Exec Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> F&P Committee | <input type="checkbox"/> PP Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other |
|--|--|---|

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1. PURPOSE OF THE REPORT

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

2. GENERAL SUMMARY

Since our last Council of Governors meeting we have certainly had a rollercoaster of activity. We survived Storm Ciara relatively unscathed thanks to the efforts of our Estates and Facilities team, and we have dealt with a whirlwind of activity on the hospital site, with visits by a host of inspectors, regulators and national bodies, and we've met with partners from across Stockport, Greater Manchester and beyond.

Everybody has worked extremely hard over an extraordinary and sustained period. It feels hard, and while we are making progress we know that there is still more to do to consistently provide high quality safe care for everyone who comes through our doors.

As the Chair highlights in his report a huge amount of time and effort went into responding to the CQC during their recent inspections, and we are not expecting full feedback for at least a couple of months. However, it has been recognised that, with our partners, we need to do more to support people with mental health needs who come into our emergency department, and patient flow remains one of our biggest challenges. Due to the pressure on our emergency department, we know that, at times, there can be a negative impact on the experience of patients who need our support, and that is something we are determined to address.

Last month I joined my counterparts from Stockport Metropolitan Borough Council (SMBC) and Stockport Clinical Commissioning Group (CCG) at a meeting with colleagues from Stockport Healthwatch to discuss their concerns about how the pressure on our emergency department is affecting our patients. As well as discussing key issues such as the number and type of beds we require, and the work we are doing on improving patient flow, we have requested Healthwatch's support in engaging with patients about their experiences in our emergency department and as we undertake work on improving flow to ensure that patients experience appropriate levels of care.

There has been no let up in the winter pressures, and during a particular surge in activity last month it took us much longer than usual to 'bounce back' from a busy start to the week. We had around 30 – 40 patients at any one time waiting in the emergency department for a bed to become available, and some patients were in the department for up to 24 hours before they could be admitted to a ward. These are bleak statistics, which highlight how we must do better as it is not what any of us would want for any of our patients.

Pauline Philip, National Director for Emergency and Elective Care, joined us in our emergency department recently, and she reiterated the need for the whole hospital to take patient flow seriously, and particularly to focus on having a maximum 92% bed occupancy. She was very positive about the commitment of the teams she met, and how we currently manage minor injuries, paediatric care, and GP streaming in our emergency department.

Ms Philip also highlighted areas where we still have the potential to make further improvements, including admission avoidance, same day emergency care, frailty, and patients referred by GPs for hospital care who could be admitted straight to the appropriate service rather than accessing the hospital via the emergency department.

We are working on all of the areas highlighted by Ms Philip, but the only way we will make sustained improvements to our emergency department performance and flow through the hospital is by everybody in the Trust recognising that this is not solely an emergency department problem.

By prioritising the discharge of those who are medically fit to go home, all clinical staff can help to reduce waiting times and congestion in the emergency department. It means ensuring that all patients have an expected date of discharge, diagnostic tests are carried out in a timely manner, the discharge lounge is used effectively, and ultimately discharge happens earlier in the day. All these actions will result in better outcomes for those who are very sick and need to be on a ward, and as well as those who no longer need hospital care but who wait in our wards for discharge. Improving the efficiency of our own processes is the right thing to do for patients who need our care.

However, the situation is not just for the Trust to resolve. Our current performance in the emergency department and problems we face with the flow of patients through the hospital is a symptom of the local health and care system; we essentially hold the risk for the system in our emergency department. It will take the commitment of all local partners to manage and relieve the pressure on our services.

That may include working with GP colleagues to divert patients attending the emergency department; or making sure patients who come into our emergency department with mental health issues are quickly assessed by colleagues from Pennine Care NHS Foundation Trust and streamed to the most appropriate service to meet their needs, or working with colleagues from SMBC to rapidly identify the care needs of patients ready for discharge.

All local partners have a part to play in ensuring our health and care system works effectively to deliver the services local people deserve to meet both their physical and mental health needs. Recently I have had discussions with Claire Molloy, Chief Executive of Pennine Care NHS Foundation Trust, on how we and our teams can more effectively work together to support local people.

The pressures Stepping Hill Hospital is feeling are not unique; similar pressures are being felt across the region and rest of the country. I have recently agreed to join Greater Manchester Urgent and Emergency Care Improvement and Transformation Board, where I hope to help improve how the GM system responds to times of peak pressure, as well as learn from good practice in other localities which we may be able to introduce in Stockport.

In addition to the pressures and scrutiny we have been facing, we have also had the additional challenge of preparing for coronavirus. There is a lot of coverage in the media about this virus, and it is good to see that we will be this important health issue later in the Council of Governors meeting. But it is important to recognise that as a hospital we deal with infectious diseases on an ongoing basis, and we have standard operating procedures in place to deal with high consequence infectious diseases, such as this particular virus.

As the Chair reflects in his report, when we are so busy with the demands of the here and now, it is very easy to lose focus on the future. However, we have continued to work hard on building strong and effective relationships with our health and care partners, and in recent weeks the responses we've seen from partners to the pressures on our services has been testament to that work.

Leaders of the health and care system in Stockport have begun to develop a vision for a world class, asset based, technology enabled, compassionate health and care system that local people deserve, and our staff will be ambitious and proud to work in. This very much links with the Trust's new Strategy that was signed off by the Board at our last meeting.

We have together started to plan how we could re-imagine health and care in Stockport over the next 10 years, and part of that work is a programme of Big Conversations with patients, the public and stakeholders to co-produce a long term vision for Stockport. At the heart of that vision for the future is:

- an all age public sector SMART care offer in the neighbourhood and community,
- a SMART 21st century hospital offer that provides care for those who can only be cared for in such a setting,
- housing that is much more affordable for our key workers, and
- care provision in Stockport as a rewarding, exciting and energising career for those who are already working for us, but also as a career for more local people.

Partners are keen to embrace opportunities that are presented to us in the coming months, and timing is crucial if we are to harness the opportunities presented by the:

- GM (Spatial Framework Masterplan, Healthier Together) plans,
- Stockport Metropolitan Borough Council Mayoral Development Corporation; Regeneration, Housing and Connectivity Plans;
- our plans to develop as the South East sector Hub for named specialist services and significantly improve our district general hospital services, and
- the embedding and further development of local population based integrated neighbourhood teams.

To truly take advantage of the opportunities that working in partnership can bring we have to ensure that as a Trust we are operating as effectively and efficiently as possible. Over the coming weeks the Executive Directors team will be looking at the way we are currently organised, and considering options for the way we manage services to ensure they consistently deliver the high quality care we all aspire to provide.

We have weathered the recent storms, both physically and metaphorically. There is still so much we can do to make improvements, but with our combined efforts I am optimistic that the winds can start to blow in the right direction, resulting in better outcomes for our patients as we deliver safe, high quality care.

3. NEWS AND EVENTS

- FIT – 104 year old Bob Teers from Offerton is one of the patients helped to quickly return home from hospital by our Frailty Intervention Team (FIT). Admitted to hospital after a fall, Bob was the star of local media coverage about the team, which was launched in November 2019. The multi-disciplinary team, including local GPs and AGE UK's Back Home Team, provides extra support to frail patients, including those in the last 12 months of their lives and those diagnosed with dementia, so they can get home as quickly as possible after a hospital stay.
- NHS App – Sarah Thompson, a clinical pharmacist and digital lead at Stepping Hill Hospital, who is seven months pregnant with her first child, is starring in NHS Digital's national campaign about the NHS App.
- Pressure ulcers – ward W4 at Stepping Hill Hospital has been presented with one of the Trust's gold achievement awards for achieving a 289 day record of pressure ulcer free care for its elective orthopaedic patients.
- LGBT+ History Month – we kicked off our celebrations of LGBT+ History Month by flying the rainbow flag at Stepping Hill Hospital and launching the rainbow badge within the organisation at a special event that featured guest speakers, information stalls and a chance for the many attendees to try out a range of alternative therapies.

4. DONATIONS

The Trust's charity plays a really important role in supporting our services and staff, and I want to highlight a small sample of the wonderful recent donations that have been given to our charity:

- In memory of Wayne – the family of Mr Wayne Dolan donated £1,900 in recognition of the kind support they received from the Cheadle and Gatley district nursing team, who cared for Mr Dolan before he sadly died of lung cancer.
- Crohn's and Colitis Society – our gastroenterology team's capsule endoscopy fund received a £4,000 boost thanks to the generosity of members of the Crohn's and Colitis Society.
- Pick your own pumpkin – Reddish Vale Community Farm in Stockport donated £4,000, the proceeds from their pick your own pumpkin scheme, to our Bobby Moore cancer unit.

5. RECOMMENDATION

The Council of Governors is recommended to receive this report.

| | | | |
|-------------------|---|---------------------|------------------|
| Report to: | Council of Governors | Date: | 12 March 2020 |
| Subject: | Operational Performance Report: to the end of January 2020 (2019/20 Month 10) | | |
| Report of: | Sue Toal, Chief Operating Officer | Prepared by: | Performance Team |

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 January (month 10). |
| 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 January 2020 (month 10).

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.

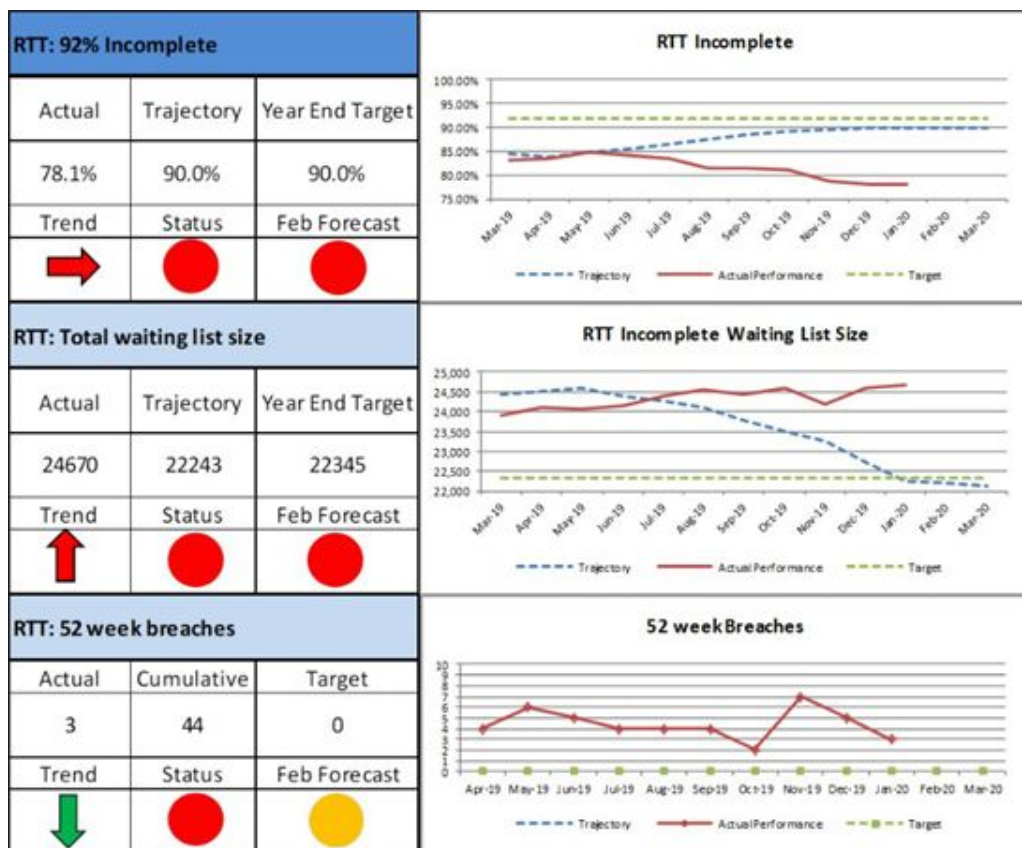
3. REPORTS

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 January 2020 is 78.1% against a trajectory of 90.0%. However, it should be noted that 6 specialties are achieving 92% RTT (8 are achieving at least 90%), and 6 are achieving or within 20 of their March-18 baseline waiting list size.

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



Operational focus continues to be the reduction in the size of the waiting list size and aiming to hit the March 18 baseline and as reported to the Board previously this does mean that RTT performance against the national standard will not be 90%.

The Trust undertook another ‘Back on Track’ validation week to address the waiting list size in February 2020 to drive further improvement in performance against this metric. The results of this work are yet to be quantified however previous initiatives have had a positive impact on the Waiting List Size.

A number of actions came out of this initiative, which is being led by specialties and/or the Performance Team, which continue to be monitored and worked on through the fortnightly Ops Group. Weekly validation sessions continue within the Business Groups.

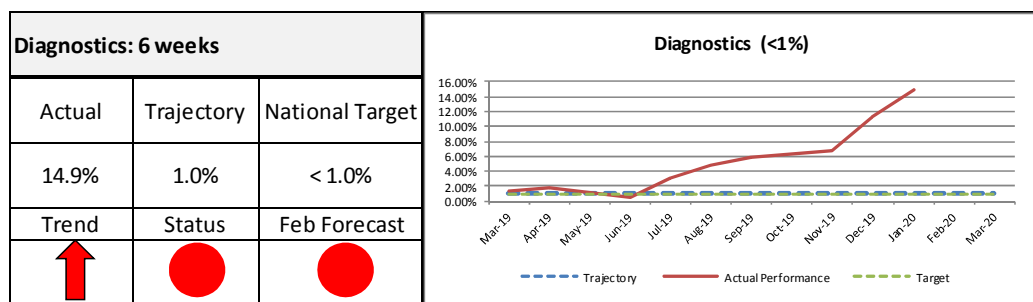
The following actions are essential to help deliver a reduction in the waiting list size:

- The delivery and oversight of individual specialty level recovery trajectories
- The over performance of those specialties already achieving the required standard.

3.2 Diagnostics

The diagnostic standard was not achieved in January due to:

- The backlog associated with Endoscopy surveillance patients becoming overdue
- Breaches in the sleep study service (40), due to reduced capacity within the service
- Some breaches incurred in the urodynamics service (13), due to increased demand for this diagnostic service from other Trusts



Improvements have been made in the CT service; the number of breaches reported at the end of January reduced from 25 to 8.

The original recovery trajectory of the diagnostic standard of March 2020 is currently being reviewed due to a number of unforeseen operational issues;

- Sickness in the Gastroenterology consultant team
- Delays in the provision of in-sourcing capacity required

While there remains increased demand on CT from the Emergency Department and Outpatients; the risk to the performance standard has been mitigated through the provision of additional in-sourced capacity on site.

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 86.0%, which is a slight increase on December’s performance.



Performance against this standard continues to be a challenge across the Trust as the key driver is available workforce. It is forecast that performance will improve in the coming months following the approval to recruit of a number of key posts in challenged specialties and additional capacity in the central Correspondence hub.

3.4 Activity v Income

Outpatients

Outpatient attendances in month were 499 above plan, however this has resulted in an income position of -£5.5k. This is due to follow-up activity being above plan, but new activity being below plan.

The key drivers to this have been a focus on the provision of Follow-up appointments in high volume specialties such as Gastroenterology and General Surgery as the push to reduce the number of patients waiting on the OWL continues.



Elective

Elective in-patient position in month was -56 with an income position of -£21K in month

Daycase position in month was +75 with an income position of +£111K in month

YTD position:

Elective in-patients = -£671k adverse to plan

Daycase = +£75.5k above plan

The current position against Inpatient and Daycase targets is indicative of the drive to maintain elective throughput despite the pressure put on the System over the Winter period. The Trust has aimed to maximise the throughput of the Daycase Unit on a daily basis to minimise the impact on the elective waiting list, yet this has had a negative impact on the income position. Financial recovery plans have been put into place within the Business Groups that continue to be monitored through monthly Performance Reviews and the weekly Financial Improvement Group.



3.5 Urgent Care

Overall attendances in January were 3.95% down against January 2019 attendances; average attends per day in January was 260, compared to 271 in January 2019. The challenge associated with winter acuity continues; whilst attends may have dropped slightly; the number of frail elderly and co-morbid patients has not and constitutes the majority of patients in the daily early evening surge.

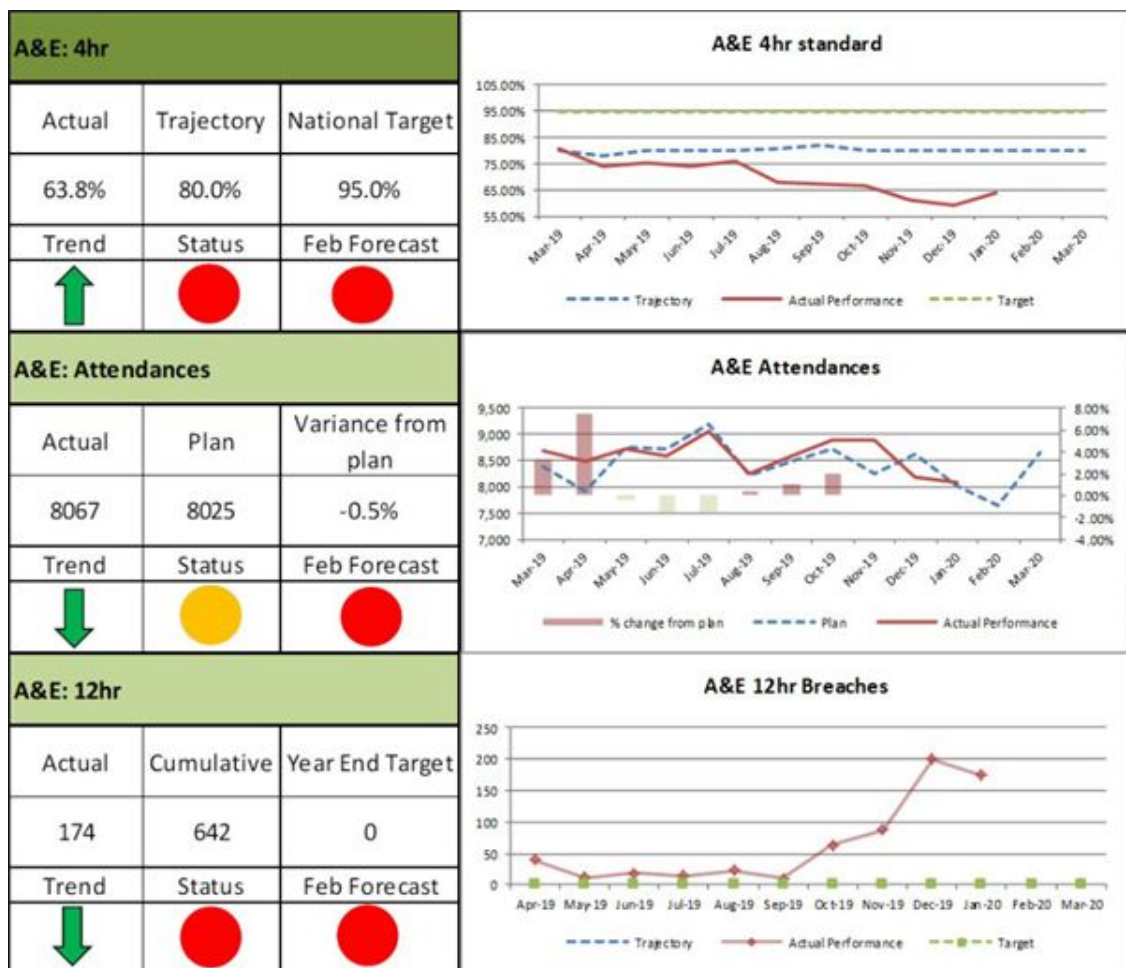
To help the System meet this pressure, the following actions have been taken by the Urgent Care team:

- The Frailty Intervention Team (FIT) is now a daily presence in ED with a plan to launch a dedicated assessment area in February.
- The trust continue to work to maximise the opportunity for Same Day Emergency Care. Opening hours for the ambulatory care unit (ACU) are to midnight week days and 10pm at weekends and phase 2 of the Primary Care Assessment Team (PCAT) pilot has launched that allows for additional primary care clinicians at the front door to maximise streaming.
- The actions reported on last month with the aim of decongesting the Emergency Department are progressing, with the redesigned use of CDU and the relocation of the Fracture Clinic being prioritised following a review by Pauline Phillip (National Director of Urgent and Emergency Care) on the 11th February '20.

More broadly, the System have agreed the following priorities for Urgent Care recovery through the Urgent Care Delivery Board:

- Increasing out of hospital alternatives - Hear & Treat, See and Treat & Directory of Service (DOS) utilisation.
- Reduce conveyances referred by Health Care Professionals (HCPs)
- Standardise the ED offer and flow through the hospital

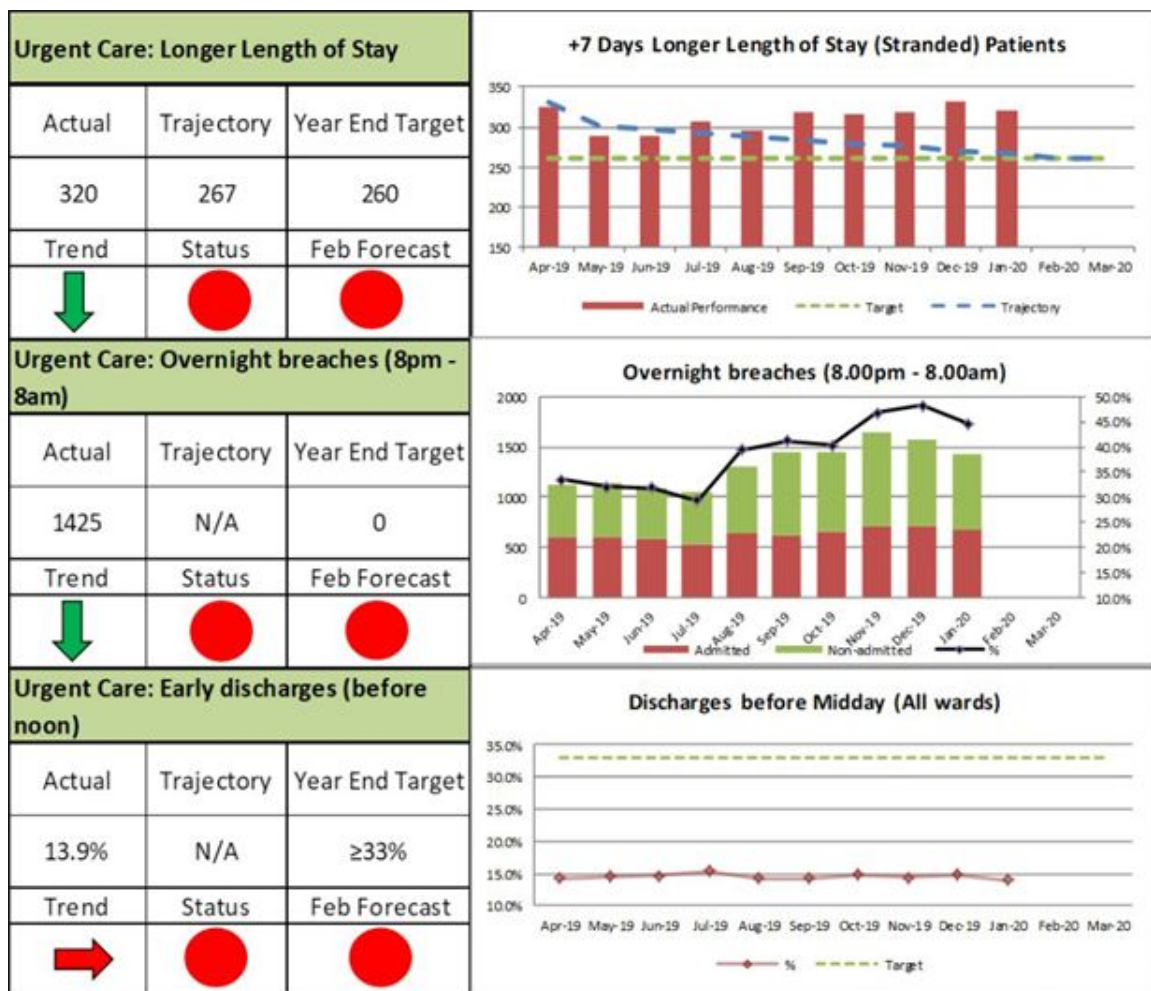
The collective aim of each of these focus areas is to reduce the bed occupancy of the hospital to below 92% as analysis shows it is this level that ensures flow across the System. Each of these key drivers has a System owner and a revised governance process is being compiled to ensure regular oversight of delivery and the monitoring of key performance indicators.



The Reducing Days Away From Home (RDAFH) collaborative Programme continues to mature across the Acute Trust, with the aim of to reduce the number of patients with a length of stay of 21 days or more through a review and analysis of current data. The improvement programme targets themes and trends, with a view to implementing effective case management and effective and most importantly timely discharge processes on the wards.

As part of the Urgent Care winter plan Stockport CCG and Stockport Foundation Trust have collaborated to design a Helping People Home team who support the system to reduce the numbers of patients staying in hospital for extended lengths of time.

The Helping People Home ward rounds run three times a week and are led by Dr Gill Burrows. The rounds have been running consistently since the beginning of January 2020. All patients on the medical wards with a hospital stay of 21 days or more are reviewed (excluding Stroke wards.) A noticeable positive shift in engagement has been seen with an emphasis on early discharge planning and multi-disciplinary team working. Ward areas have been seen to be more prepared with plans for patients and understand the urgency of proactive discharge planning from early on in the patient journey. The rounds provide constructive coaching challenge, learning, support for complex discharge and role modelling to the ward teams.



6

3.6 Cancer

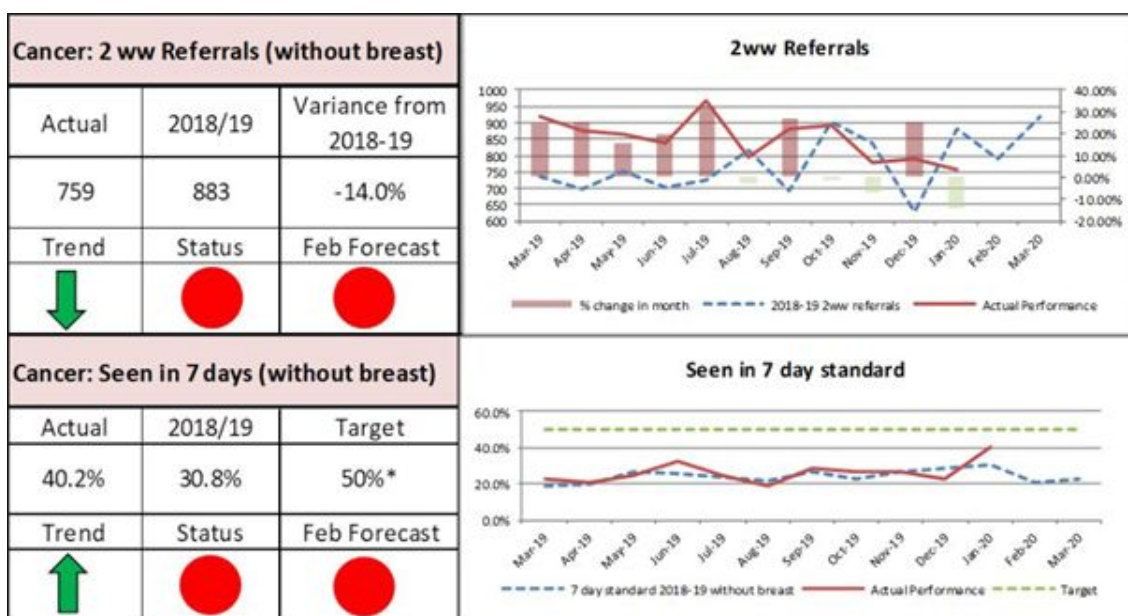
In January the Trust failed to meet the 85.2% set trajectory with a 73.0% predicted latest position.

Actions to support improvement:

- The weekly Trust-wide cancer PTL continues, with a focus on patients below day 62, to enable timely escalation and understanding of any delays.
- Following the Urology “deep-dive” session that led to a series of improvement actions being identified, a series of similar session are being put in place starting with the most challenged tumour groups but ultimately repeating the process for all. Actions identified thus far include:
 - Further enhancing the Straight to Test models
 - A refreshed focus on the importance of hitting the Two Week Wait target in all tumour groups.
 - Refining our internal escalation processes and ensuring there are clear lines of responsibility and accountability.



The Trust continues to achieve the two-week wait standard; some challenges remain in Gynaecology and General Surgery, however work is ongoing within the two specialties to provide additional capacity to support. Furthermore, it should be noted that the Trust has significantly improved on the percentage of patients being seen within 7 days on a cancer pathway, increasing from around 25% to 40.2% in January.



The Greater Manchester Cancer funded cancer navigators and CNS support posts have been recruited to the Lung, Colorectal and Prostate teams and the applicants are now in post.

There is limited assurance that the Cancer Trajectory will be met by the end of March 2020 but there is ongoing support being given to the cancer team and the Business Groups to improve the position.

4.0 RECOMMENDATION

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

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|---|------------|--------------|-----------|--------|------------|-----------|-------------------|--------|---------------|------|
| Chief Operating Officer | | | | | | | | | | |
| Diagnostics: 6 Week Standard | Responsive | Jan-20 | <= 1% | 14.9% | | ↑ | | 5.9% | | 9 |
| Cancer: 62 Day Standard | Responsive | Jan-20 | >= 85.2% | 73.0% | | ↑ | | 74.1% | | 9 |
| Cancer: 14 day standard | Responsive | Jan-20 | >= 94% | 93.0% | | ↓ | | 91.6% | | 10 |
| Cancer: Breast symptomatic | Responsive | Jan-20 | >= 93.04% | | | → | | 20.1% | | 10 |
| Cancer: 31 Day 1st Treatment | Responsive | Jan-20 | >= 96% | 95.3% | | ↓ | | 96.8% | | 11 |
| Cancer: 31 Day 2nd Treatment: Drugs | Responsive | Jan-20 | >= 98% | 100.0% | | → | | 100.0% | | 11 |
| Cancer: 31 Day 2nd Treatment: Surgery | Responsive | Jan-20 | >= 94% | 100.0% | | → | | 96.0% | | 12 |
| Cancer: 104 Day Breaches | Responsive | Dec-19 | <= 0 | 8.0 | | → | | 44.0 | | 12 |
| Referral to Treatment: Incomplete Pathways | Responsive | Jan-20 | >= 90% | 78.1% | | ↓ | | 81.5% | | 13 |
| Referral to Treatment: Incomplete Waiting List Size | Responsive | Jan-20 | <= 22243 | 24670 | | ↓ | | | | 13 |
| Referral to Treatment: Admitted backlog | Responsive | Jan-20 | <= 250 | 1159 | | ↑ | | | | 14 |
| Referral to Treatment: Non-Admitted backlog | Responsive | Jan-20 | <= 1150 | 4249 | | ↓ | | | | 14 |
| Referral to Treatment: Training Compliance | Responsive | Jan-20 | >= 95% | 88.9% | | ↑ | | | | 15 |

6

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|---|------------|--------------|----------|--------|------------|-----------|-------------------|-------|---------------|------|
| Chief Operating Officer | | | | | | | | | | |
| Clinical Correspondence | Safe | Jan-20 | >= 95% | 86.0% | | ↑ | | 83.8% | | 15 |
| Outpatient Hospital Cancellation Rate (UoR) | Responsive | Jan-20 | <= 9% | 10.2% | | → | | 10.3% | | 16 |
| Outpatient DNA rate (UoR) | Effective | Jan-20 | <= 7.4% | 7.7% | | ↑ | | 7.1% | | 16 |
| Outpatient Clinic Utilisation (UoR) | Effective | Jan-20 | >= 90% | 87.3% | | ↑ | | 85.0% | | 17 |
| Outpatient New to Follow-up Ratio (UoR) | Effective | Jan-20 | <= 1.77 | 2.16 | | ↑ | | 2.17 | | 17 |
| Outpatient Waiting List: Overdue Follow-up Appointments | Responsive | Jan-20 | | 10000 | | ↓ | | | | 18 |
| Theatres: Delivered Sessions vs. Plan | Effective | Jan-20 | >= 100% | 95.1% | | ↑ | | 92.8% | | 18 |
| Theatres: In-Session Touch-time Utilisation (UoR) | Effective | Jan-20 | >= 85% | 73.1% | | ↑ | | | | 19 |
| Cancelled Operations: Non-clinical reasons | Effective | Jan-20 | <= 0.85% | 2.2% | | ↑ | | | | 19 |
| Cancelled Operations: Rebook within 28 days | Effective | Jan-20 | <= 0 | 8 | | ↑ | | | | 20 |
| Cancelled Operations: Urgent operations | Effective | Jan-20 | <= 0 | 0 | | → | | | | 20 |
| Pre-Procedure Elective Bed Days (UoR) | Effective | Jan-20 | <= 0.13 | 0.07 | | ↓ | | | | 21 |
| Pre-Procedure Non-Elective Bed Days (UoR) | Effective | Jan-20 | <= 0.81 | 1.55 | | ↑ | | | | 21 |

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|--|------------|--------------|--------|--------|--------------------------------------|-----------|---|-------|------------------------------------|------|
| Chief Operating Officer | | | | | | | | | | |
| Elective Day Case Activity vs. Plan | Responsive | Jan-20 | >= 0% | -1.1% | ● | ↑ | ● ● ● ● | -1.1% | | 22 |
| Elective Day Case Income vs. Plan | Responsive | Jan-20 | >= 0% | 0.4% | ● | ↑ | ● ● ● ● | 0.4% | | 22 |
| Elective Inpatient Activity vs. Plan | Responsive | Jan-20 | >= 0% | -5.7% | ● | ↓ | ● ● ● ● | -5.7% | | 23 |
| Elective Inpatient Income vs. Plan | Responsive | Jan-20 | >= 0% | -4.1% | ● | ↑ | ● ● ● ● | -4.1% | | 23 |
| Outpatient Activity vs. Plan | Responsive | Jan-20 | >= 0% | -1.0% | ● | ↑ | ● ● ● ● | -1.0% | | 24 |
| Outpatient Income vs. Plan | Responsive | Jan-20 | >= 0% | -4.9% | ● | ↑ | ● ● ● ● | -4.9% | | 24 |
| Ambulance handovers delays of 30 to 60 minutes | Responsive | Jan-20 | | 540 | ● | ↓ | ● ● ● ● | | | 25 |
| Ambulance handover delays of over 60 minutes | Responsive | Jan-20 | | 118 | ● | ↓ | ● ● ● ● | | | 25 |
| Length of Stay: Non-Elective (UoR) | Effective | Jan-20 | <= 9 | 11.93 | ● | ↑ | ● ● ● ● | 11.13 | | 26 |
| Length of Stay: Elective (UoR) | Effective | Jan-20 | <= 2.6 | 2.60 | ● | ↑ | ● ● ● ● | 2.43 | | 26 |
| Stranded Patient Count (UoR) | Effective | Jan-20 | | 320 | ● | ↓ | ● ● ● ● | | | 27 |
| Super-Stranded Patient Count (UoR) | Effective | Jan-20 | <= 94 | 148 | ● | ↑ | ● ● ● ● | | | 27 |
| Discharges by Midday | Effective | Dec-19 | >= 33% | 14.0% | ● | ↓ | ● ● ● ● | 15.2% | ▲ | 28 |

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|--------------------------------|------------|--------------|--------|--------|-------------------------------------|-----------|---|-------|---------------|------|
| Chief Operating Officer | | | | | | | | | | |
| A&E: Overnight Breaches | Effective | Jan-20 | | 1425 | ● | ↓ | ● ● ● ● | | | 28 |
| A&E: 4hr Standard | Responsive | Jan-20 | >= 80% | 64.0% | ● | ↑ | ● ● ● ● | 68.7% | | 29 |

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|-------------------------|------------|--------------|--------|--------|------------------------------------|-----------|---|-----|---------------|------|
| Medical Director | | | | | | | | | | |
| A&E: 12hr Trolley Wait | Responsive | Jan-20 | <= 0 | 174 | ● | ↓ | ● ● ● ● | 649 | | 29 |

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|---|------------|--------------|--------|--------|------------------------------------|-----------|---|-----|---------------|------|
| Chief Nurse & Director of Quality Governance | | | | | | | | | | |
| Referral to Treatment: 52 Week Breaches | Responsive | Jan-20 | <= 0 | 3 | ● | ↓ | ● ● ● ● | 44 | | 30 |

| Indicator | Domain | Report Month | Target | Actual | PAT Rating | Direction | BG PAT I M S W | YTD | Forecast Risk | Page |
|----------------------------|----------------------|--------------|--------|--------|--------------------------------------|-----------|---|-----|---------------|------|
| Director of Finance | | | | | | | | | | |
| Non-Pay vs. Plan | Well-Led / Efficient | Jan-20 | <= 0% | -5.0% | ● | ↑ | ● ● ● ● | | | 30 |
| Pay vs. Plan | Well-Led / Efficient | Jan-20 | <= 0% | 0.2% | ● | ↑ | ● ● ● ● | | | 31 |
| Income vs. Plan | Well-Led / Efficient | Jan-20 | >= 0% | -1.2% | ● | ↑ | ● ● ● ● | | | 31 |



| | | | |
|-------------------|--|---------------------|---|
| Report to: | Council of Governors | Date: | 12 March 2020 |
| Subject: | 2019 NHS Staff Survey Results | | |
| Report of: | Director of Workforce & Organisational Development | Prepared by: | Head of Learning & Organisational Development |

REPORT FOR INFORMATION

| | | |
|--|--|--|
| Corporate objective ref: | SO6 | Summary of Report The purpose of this report is to provide the Council of Governors with an initial analysis of the results of the 2019 NHS Staff Survey results. The NHS Staff Survey was published on 18 th February 2020. The report provides a benchmark of our previous year's results and will inform the Council of the plans for delivery and progress in relation to our response to the results of the 2019 Staff Survey. The report provides the findings of the 2019 benchmarked results for each of the 11 Themes. It shows the interventions that have been implemented since the 2018 staff survey. The Council of Governors is requested to note the initial analysis, proposed next steps & actions. |
| Board Assurance Framework ref: | 6 | |
| CQC Registration Standards ref: | | |
| Equality Impact Assessment: | <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not required | |

| | |
|---------------------|------------|
| Attachments: | Appendix 1 |
|---------------------|------------|

| | |
|--|---|
| 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 Assurance Committee <input type="checkbox"/> Finance & Performance Committee <input checked="" type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input checked="" type="checkbox"/> Joint Negotiating Council <input checked="" type="checkbox"/> Other PSIG |
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1. INTRODUCTION

- 1.1 It is a requirement of all NHS Organisations to undertake the NHS Staff Survey. This is an essential means in which organisations can measure staff satisfaction and engagement. It provides us with the opportunity to recognise areas of excellence and areas requiring improvement.
- 1.2 The purpose of this report is to provide an initial analysis of the findings of the 2019 NHS Staff Survey results and associated proposed next steps. The report provides a benchmark of our previous year's results and will inform the plans for delivery and progress in relation to our response to the results of the 2019 Staff Survey.
- 1.3 The report provides an update on the actions following last year's survey findings including benchmarking data and the actions proposed in response to the areas where the Trust performance is below average.
- 1.4 The 2019 Staff Survey has now been published nationally and we are able to benchmark against other similar organisations as well as against Trusts within Greater Manchester.

2. BACKGROUND – 2018 NHS Staff Survey Results

- 2.1 In 2018 the staff survey was delivered to a sample size of 2000 staff. The response return rate was 30.07%, which was below the national average of 41.8% for Combined Acute and Community Trusts (Survey Coordination Centre 2019).
- 2.2 The themed responses for our survey in 2018 were the same or better than the national average in 3 themes Equality, Diversity and Inclusion; Safe Environment (bullying and harassment, and Safe Environment (violence). Our Trust was rated as less than the national average for 7 themes (Health and Wellbeing, Immediate Managers, Morale, Quality of Appraisals, Quality of Care, Safety Culture and Staff Engagement).

3. CURRENT POSITION – 2019 NHS Staff Survey Results

- 3.1 The 2019 NHS Staff Survey was delivered to 5101 staff across our Trust and yielded a response rate of 55% (Table 1). The median response rate of other organisations within the group (Combined Acute and Community Trusts) was 46%. (Survey Coordination Centre 2020). The achievement of 9% above the national average response rate and 25% increase on last year's result was attributed to a targeted and focused approach by the Executive Team, Workforce and OD, and the Communication Team to generate increased engagement of all staff across our Trust.
- 3.2 Individual Business Groups have received their individual reports to share within their Business Groups at every level. They were requested at Senior Leadership Group in January to share their first cut of results with their teams and prepare their actions in response to the findings. Feedback will be provided at the Senior Leaders Group on 9th March 2020; these actions will be described in business group specific action plans; where progress will be reported to the Board on a regular basis and the cumulative action themes will be responded to by the Organisational Development Team to ensure appropriate support and interventions are provided and implemented.

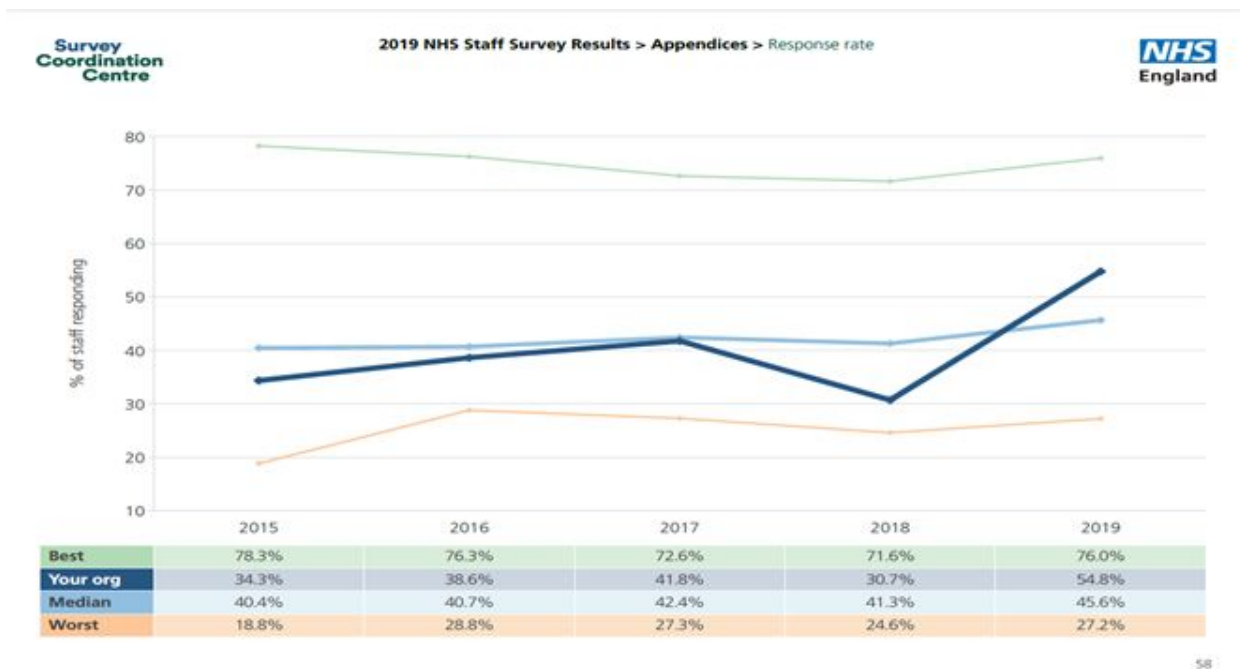
3.3 Culture Engagement Programme

The staff survey 2019 results will be used as part of the diagnostic phase of the NHSI Culture Engagement Programme which has been reported to Board previously.

This programme is still in Phase 1 and is collating data by various methods other than the Staff Survey. These include Board Interviews, Behavioural Surveys, Focus Groups, Patient Friends and Family, etc. This phase is on track to complete at the end of March 2020.

In Phases 2 and 3 of the programme the findings will be analysed and recommendations made. These will be reported to Board in April 2020.

Table 1 – Response Rate – 2015-2019 Performance



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4. BENCHMARKED RESULTS

4.1 Whilst we increased the response rate to the Staff Survey for our Trust in 2019 the outcomes were relatively unchanged from 2018 (Table 2 below).

Table 2 – Our Staff Survey Results for 2018 and 2019

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2019 score is significantly higher than last year's, whereas ↓ indicates that the 2019 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year you will see 'N/A'.

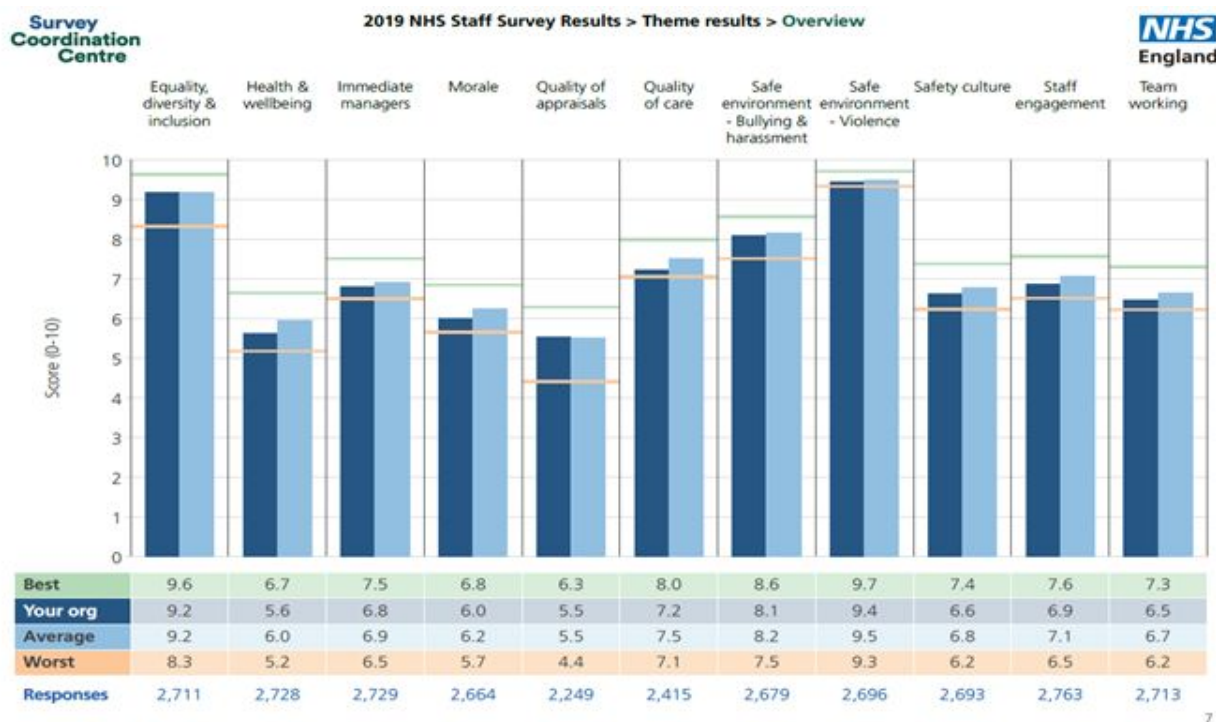
| Theme | 2018 score | 2018 respondents | 2019 score | 2019 respondents | Statistically significant change? |
|--|------------|------------------|------------|------------------|-----------------------------------|
| Equality, diversity & inclusion | 9.1 | 601 | 9.2 | 2711 | Not significant |
| Health & wellbeing | 5.6 | 605 | 5.6 | 2728 | Not significant |
| Immediate managers | 6.7 | 604 | 6.8 | 2729 | Not significant |
| Morale | 6.0 | 599 | 6.0 | 2664 | Not significant |
| Quality of appraisals | 5.3 | 517 | 5.5 | 2249 | Not significant |
| Quality of care | 7.2 | 498 | 7.2 | 2415 | Not significant |
| Safe environment - Bullying & harassment | 8.2 | 598 | 8.1 | 2679 | Not significant |
| Safe environment - Violence | 9.5 | 599 | 9.4 | 2696 | Not significant |
| Safety culture | 6.6 | 598 | 6.6 | 2693 | Not significant |
| Staff engagement | 6.9 | 611 | 6.9 | 2763 | Not significant |
| Team working | 6.5 | 603 | 6.5 | 2713 | Not significant |

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

4.2 The themed results for our Trust have shown that we are average in comparison to other Trusts within our group (Table 3). The results trends from 2015 – 2019 have shown little difference, these statistics will be available in the Summary Benchmark Report.



Table 3. Staff Survey 2019 - Overview of Themed Results & benchmarking



5.0 SUMMARY OF FINDINGS

5.1 Health and Wellbeing

Although this remains below the national average we have continued to offer support for staff in this area through a number of initiatives.

Actions Delivered since the 2018 Staff Survey:

- The Trust has appointed a Health and Wellbeing and Engagement Facilitator to support staff and the Trust’s approach to Health and Wellbeing. (Commenced in post January 2020).
- Healthy eating and nutrition support is provided for staff. Salad Bars and Healthy options have been reintroduced in the staff restaurant.
- Physical activity (walking, running club, yoga, Zumba, Pilates, cycle to work scheme)
- Facilitators of Mindfulness sessions are being trained to deliver in-house sessions; 34 Mental Health First Aiders and 32 Mental Health Champions have been trained. Resilience and self-care sessions have been provided. Counseling is offered through Occupational Health; Stress Assessments & Menopause Workshops
- Coaching opportunities & Mediation scheme launched
- Complementary Therapies offered at reduced rates for staff; Smoking cessation/alcohol support/weight management; Gym memberships; Podiatry services; Access to physiotherapy for Musco-Skeletal, and other injuries.
- Pharmacy shop with staff discount.
- Flexible and Agile working.
- Financial Wellbeing Scheme & Salary Sacrifice Schemes

5.2 Immediate Managers

We remain 0.1 (6.8) below the national average of 6.9 but have increased by 0.1 on last year’s score of 6.7.

Actions delivered since the 2018 survey:

- Development of our approach to Leadership– Levels 1 – 4 for all professions and levels through a blended mode of delivery to support current and aspirant managers and leaders.
- Matron Development Programme.

- Coaching Programmes to increase our Coaching Faculty– blended learning opportunities for staff.
- Development of our approach to Talent Management & Succession planning - to identify, develop and retain staff within our Trust which is aligned to local and national strategies (The People Strategy, NHS Interim People Plan 2019).
- Reciprocal mentorship programme.
- New appraisal documentation introduced in August 2019, following feedback from the 2018 NHS staff survey, will be audited February 2020 to evaluate the changes that were introduced and staff satisfaction with the appraisal documentation and process.
- 360 Feedback Facilitation through NHS Leadership Academy, additional facilitators are also being trained within the Organisation.

5.3 Staff Engagement

Staff recommending our Trust as a place to work has increased from 54.5% to 54.9% with the national average being 64%. However in terms of recommending our Trust as a place to receive treatment has fallen by 2.4% from our position in 2018 to 61.8% against the national average of 71%.

Actions delivered since the 2018 survey:

- Cultural Ambassadors continue to promote key activities/initiatives within the Trust and the local community projects.
- Appointment of OD Practitioner and OD Administrator to increase resources.
- NHSI Culture & Engagement Programme commenced in 2019 to develop and embed good cultural and organisational practice over a twelve month period and beyond. The programme will engage with teams to gather data through focus groups, board interviews, staff survey, and workforce analysis. This programme is underway and findings will be reported in Q3 2020.
- Staff networks including EDI, LGBT, BAME, and Disability Networks.
- Schwartz Rounds – Programme of full and mini rounds offered. Increased number of facilitators in training to support the ongoing programme.

5.4 Bullying and Harassment

There has been an increase of 2.2% to 18.8% of staff experiencing harassment or bullying from other colleagues. This is compared to the national average of 18%. However there has been a 1.5% decrease in the number of staff reporting harassment and bullying from their managers.

Actions delivered since the 2018 survey:

- Freedom to Speak Up Guardian attending staff feedback sessions and focus groups with staff.
- Engagement with Staff Governors who have attended staff feedback sessions.
- Support from HR Business Partners and Managers – confidential support and advice.
- Conflict Resolution sessions.
- Safe holding and Breakaway training delivered.
- Mediation scheme in place.
- Values and Behaviours – engagement by the whole Trust.
- Behaviour Framework – how we live our values launched December 2019, this is embedded within the Appraisal process and Recruitment.

5.5 Team Working

Although this theme has reduced by 2.2% in terms of teams reporting that they know their shared objectives. There has been an increase of 2.2% in staff meeting to discuss the team's effectiveness.

Actions delivered since the 2018 survey:

- Team Development Days supported by the OD Team.
- Team effectiveness sessions supported by the OD Team.
- Service Improvement projects working alongside the Trust Transformation Team.
- Aqua and Human Factors Training opportunities.

5.6 Equality, Diversity and Inclusion

This theme has continued to improve since 2018 survey although remains at 9.2 overall. There was a significant rise in the number of staff reporting adequate adjustments to enable them to continue at work from 51.9% in 2018 to 69.2% in 2019.

There was also recognition of the organisation acting fairly regardless of background, gender, disability to age which increased by 2.1% from the previous year.

Actions delivered since the 2018 survey:

- Improved staff access to Networks with increased engagement locally and nationally
- Reciprocal coaching and mentoring

5.7 Quality of Appraisals

This remains matched with the national average of 5.5 but has increased by 0.2 since the 2018 survey. All questions were answered positively including values being discussed, helping to set clear objectives, and staff feeling valued following the appraisal.

Actions delivered since the 2018 survey:

- Review of the appraisal documentation with a Task and Finish Group.
- Simplified appraisal documentation implemented as a result of the review.
- The new process will be audited by the end of quarter 4 2020 and findings reported to Board.

5.8 Quality of Care

This theme has seen a reduction in the level of care staff feel that they can deliver or aspire to, dropping marginally by 0.4%. However this has been a trend over the last five years and an overall reduction of 4% for these three questions. It should however be noted that staff did respond positively that they are satisfied with the level of care their patients received with an increase of 0.6% on last year's results.

Actions delivered since the 2018 survey:

- Increased number of ACE accreditation awards
- Key trainers for BLS training introduced to deliver in situ training
- Practice Based Educators in Medicine and Integrated Care
- Increased student capacity with students delivering care under direct supervision.

5.9 Safety Culture

This theme has improved since the last survey with staff reporting improvement in being treated fairly when involved in an error or near miss, the response of the organisation to take action, and that they receive feedback about errors, or near misses they have reported.

Actions delivered since the 2018 survey:

- Datix system provides feedback to those reporting incidents.
- Regular weekly review of all incidents and actions taken, lessons learned.
- Patient stories and feedback provided to Board and Staff.
- Just culture & learning culture checklist implemented for all employee relation matters

6.0 CORPORATE ACTIONS

The Trust-wide approach proposed in response to the findings of our 2019 NHS Staff Survey will be shared with all staff groups. The survey findings, response and action plans will be reported through the governance structure in Figure 1 below. The Workforce and OD teams will provide support to Business Groups in order to assist them with the interpretation of the results and help them to develop and implement action plans to support improvements required for their teams and patients.

7.0 LOCAL ACTIONS

Each Business Group has received the benchmarked report. Analysis of the data will be supported by the Workforce and OD Teams. Each Business Group has been allocated a point of contact from the OD/Workforce team who will support them with the formulation and delivery of their action plans. Progress reports will be provided by the OD and Workforce Teams.

Figure 1 – Governance



8.0 MONITORING

The monitoring of progress as detailed in the attached 2019 Staff Survey Action Plan (Appendix 1) against the above actions will be the responsibility of the Head of Learning and OD. Progress will also be monitored by reporting through the governance process as shown in Figure 1 above through PSIG, feeding into People Performance Committee through key issue reporting and to the Board of Directors.

9.0 CONCLUSION

Our Trust recognises that the satisfaction and engagement of its workforce is crucial to delivering high quality, value based and person centred care improving not only patient outcomes but the experience of staff.

Business Groups who engage with their teams at every level and share and acknowledge the findings of the Staff Survey for 2019 will demonstrate their commitment and ambition to improve our Trust as it continues on its journey of improvement.

Business Groups will be held to account in respect of the delivery of their action plans and will report their progress to the Senior Leaders Group and through the Governance Structure in Figure 1 above.

10. RECOMMENDATIONS

The Council of Governors is requested to consider the report and assurance provided in respect of the progress in sharing the findings, analysing the data and supporting the Business Groups to prepare and deliver their action plans.

Action Plan – NHS Staff Survey 2019

| | |
|----------------------|--|
| Organisation: | Stockport NHS Foundation Trust |
| Lead Officer: | Jo Martin |
| Position: | Head of Learning and OD |
| Tel: | Ext 4681 |
| Email: | joanne.martin@stockport.nhs.uk |
| Address: | Pinewood House |

| Version | Date |
|---------|---------------|
| 1 | February 2020 |
| | |
| | |

| Status Key | |
|------------|---|
| 1 | Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided |
| 2 | Actions partly or mostly achieved / timescales not met by 2 months / some evidence outstanding |
| 3 | All actions complete but awaiting evidence / timescales within 3 months |
| 4 | All actions completed and good supporting evidence provided |

| Ref | Aim | Key Actions | Lead Officer | Deadline for action | Progress Update Please provide supporting evidence (document or hyperlink) | Current Status | | | |
|-----|---|--|-----------------------|---------------------|---|----------------|---|---|---|
| | | | | | | 1 | 2 | 3 | 4 |
| 1. | Health and Wellbeing <ul style="list-style-type: none"> Enabling our Trust to be a Great Place to Work. Helping people live their best lives. | a) We will work closely with managers to enable staff to attend engagement and focus groups. b) There will be a targeted approach for the promotion of Health and Wellbeing initiatives. c) There will be an increase in the Coaching faculty with supportive training and supervision for current and aspirant coaches within our Trust. d) Increase the number of mental health champions and mental health first aiders within our Trust. e) Offer mindfulness sessions to all staff. | OD Lead/ H&WB Lead | June 2020 | | | | | |

| | | | | | | |
|------------------|--|---|-------------------------------|-------------------|--|--|
| <p>2.</p> | <p>Immediate Managers</p> | <ul style="list-style-type: none"> a) Access to the Leadership Programme will be offered for all levels of staff within our Trust. b) Aspirant Director and Senior Leader programmes will be supported. c) 360 Feedback will be provided where required. d) Team Effectiveness and Development will be reviewed and support offered. e) Support for managers/leaders to understand and take full advantage of Talent Management and Succession Planning. f) Access to coaching programmes for all staff within our Trust. g) Access to opportunities for personal development. h) Promotion of Apprenticeship programmes and opportunities for all levels of our staff. | <p>OD Team/OD Lead</p> | <p>March 2020</p> | | |
| <p>3.</p> | <p>Morale and Staff Engagement</p> <p>Recommending the Trust as a Great Place to work.</p> | <ul style="list-style-type: none"> a) Continue with the NHSi culture collective programme to analyse our current culture, triangulating with the NHS Staff Survey and other diagnostics to inform change within our Trust. b) Ensure that all staff have opportunities for personal development. c) Support staff with access to staff networks. d) Increase the accessibility to | <p>OD Team/OD Lead</p> | <p>March 2020</p> | | |

| | | | | | | |
|----|-----------------------|---|---|---|--|--|
| | | <p>Schwarz Rounds through mini rounds and training more facilitators.</p> <p>e) Staff Awards – launch in Q1 2020.</p> <p>f) Share and celebrate good practice.</p> <p>g) Support staff to access mediation services.</p> | | | | |
| 4. | Quality of Appraisals | <p>a) Audit and review of the revised documentation and process for Appraisals will continue.</p> <p>b) Bitesize training sessions for appraisers and appraises to improve the staff experience.</p> <p>c) Monthly Appraisal reports to identify areas requiring support.</p> | OD Lead | March 2020 | | |
| 5. | Quality of Care | <p>a) Development of Clinical Skills Training.</p> <p>b) Support of international recruitment programme, OSCE training.</p> <p>c) Increased numbers of key trainers for manual handling and BLS.</p> <p>d) Lead Resus Officer to review provision of training and undertake gap analysis.</p> <p>e) Develop and embed improved student placement models (Synergy).</p> <p>f) Team Effectiveness sessions.</p> | <p>Clinical Skills Lead</p> <p>Lead Resus Officer</p> <p>Lead PEF</p> <p>OD Lead</p> | <p>April 2020</p> <p>April 2020</p> <p>April 2020</p> | | |
| 6. | Safety Culture | <p>a) Human Factor training will be embedded within all training programmes.</p> <p>b) Lessons learned will be used to inform and develop training programmes.</p> | OD/Clinical Skills | May 2020 | | |

| | | | | | | |
|----|---|---|------------------------|------------|--|--|
| 7. | Safe Environment – Bullying and Harassment and Violence | <ul style="list-style-type: none"> a) Working collaboratively with the Freedom to Speak Up Guardian to deliver sessions and increase awareness/ access through feedback and focus groups. b) Ensure that all our programmes reflect the values and behaviours of our Trust. c) Collaborate with our partners in the community and other organisations to deliver training and development in respect of Civility. | OD Lead/OD Team | March 2020 | | |
| 8. | Team Working | <ul style="list-style-type: none"> a) Support individual teams with team effectiveness sessions (Aston model). b) Collaborate and work with the Transformation Team to support team and service improvements. c) Our Trust will fully utilise the membership benefits of Aqua, Leadership Academy and other professional organisations to support team development. d) Increase the number of 360 Feedback facilitators. e) We will raise awareness across our Trust of the supportive opportunities available to all staff. | OD Lead/OD Team | March 2020 | | |

Action Plan Sign Off

Name: Date: