



Stockport NHS Foundation Trust

Quality Accounts

2019/2020

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Stockport NHS Foundation Trust
Annual Quality Accounts Report 2019/20

This report was approved by the Audit Committee (November 2020)
and by the Trust Board (December 2020).

PROUD2CARE

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Introduction to the quality report

We are pleased to share with you our annual Quality Report (Accounts) for the period of 1 April 2019 to 31 March 2020.

All NHS healthcare providers are required to produce an annual Quality Report to provide information on the quality of services they deliver. This aims to increase public accountability and drive quality improvements in the NHS.

We strive to achieve high quality care for our patients and the Quality Report provides an opportunity for us to demonstrate our commitment to quality improvement and show what progress we have made during the year against our quality priorities and national requirements.

Stockport NHS Foundation Trust welcomes the opportunity to outline how well we have performed over the course of the year, taking into account the views of patients, carers, staff and the public, and comparing ourselves with other trusts on a national scale. This Quality Report outlines the good work that has been undertaken; the progress made in improving the quality of our services, and it identifies areas for improvement.

The Quality Report is a mandated and statutory document, which is laid before Parliament before being made available on the NHS Choices website and our own website (www.stockport.nhs.uk). It contains specific, mandatory statements and sections. There are also three categories mandated by the Department of Health (DH) that give us a framework in which to focus our quality improvement programme. These are patient safety, patient experience, and clinical effectiveness.



1

Statement on quality from the chief executive of the NHS foundation trust

Providing safe quality care for the people of Stockport and surrounding areas is our priority, and it is at the heart of our new strategy for the future, which was approved by our Board of Directors earlier this year.

But achieving that priority is not always easy as we are seeing a growing population of elderly people often living with multiple complex illnesses, increasing demands on our hospital and community services, and difficulties in recruiting enough highly skilled staff to safely run our wards and departments. It is against this backdrop that we, and the rest of the NHS, were faced with the unprecedented challenge of Covid-19 – and I am hugely proud of the way our staff responded.

They rapidly transformed services in ways we wouldn't have thought possible. School nurses moved into the hospital to work alongside ward colleagues, consultants underwent rapid training to be able to support their colleagues in intensive care, teams that had previously worked five days a week quickly introduced seven day working, virtual outpatient appointments were rolled out, retired clinical staff returned, and trainee nurses and doctors cut short their courses to help on the front line of the fight against Covid-19.

As we now concentrate on recovering the services that were suspended at the height of the pandemic, we continue to work hard to minimise the risk of Covid-19 spreading in our services, and also focus on our approach to embedding the fundamentals of care, which are so important to providing patients with the quality care they deserve.

I am immensely proud of the workforce, and the work they undertake on a daily basis to ensure we are able to provide the best care possible to our patients. However, the most recent Care Quality Commission (CQC) inspection of our services in January and February 2020 highlighted areas for further improvement. Although this was a disappointing report we have worked with our teams to ensure we continue on our improvement journey and renew our efforts to ensure consistency in the quality of care. Particularly, across Urgent & Emergency Pathways of Care. Our improvement plans will be closely monitored by our Board at the Stockport System Improvement Board.

Prior to the CQC inspection we recognised that our governance processes and systems needed improvement, something subsequently highlighted by the CQC, and we had asked NHS England/NHS Improvement (NHSE/I) to carry out a full review of our governance. This review was completed shortly after the CQC published its report, but we had already appointed a Director of Quality Governance and Risk Assurance to lead on implementing the recommendations of the review. We are now progressing well on implementing a new approach to governance from ward to Board that aims to ensure we are fully sighted on all key risks to the quality of our services, and can be assured about the effectiveness of the mitigations to manage those risks.

The CQC recently returned to visit our emergency department and were extremely positive about the quality of care and the improvements we have made. They were particularly impressed by the positive changes that have been made to the culture of the department over a relatively short period of time, with staff proud to work there and positive about the future.

Covid-19 is likely to be a challenge for us for some time, as will be the need to address the backlog of patients waiting for diagnostic tests and treatment. Balancing the needs of Covid and non-Covid patients is something the whole NHS is wrestling with, but we are working closely with our colleagues across Greater Manchester to ensure that local people get the quality care they require based on their individual needs.

Internally, we will shortly welcome Nic Firth as our new Chief Nurse, and Dr Andrew Loughney as our new Medical Director, and they will have a key role to play in setting out the standards of quality care we aspire to, and working with clinical colleagues on consistently achieving those standards that will be crucial to us moving from a “requires improvement” organisation to one that is “good” and eventually “outstanding”.

The Quality Account sets out how we have performed against the challenges we faced during 2019-20, and I would urge you to read more about the progress we have made during that period despite the unprecedented challenges that the pandemic posed for us and the whole of the NHS. It also sets out our quality priorities for 2020-21, which coupled with our Trust improvement plan, form a road map for the actions we will take to address our quality and safety priorities going forward.

2

Priorities for improvement and statements of assurance from the board

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.

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 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.

The continued delivery of our refreshed Quality Improvement Plan throughout 2019/20, underpinned by good governance and staff development, has assisted us to ensure that the changes made already are sustainable, and that those outstanding can be delivered in agreed timeframes. The continued delivery of our refreshed Quality Improvement Plan throughout 2019/20, underpinned by good governance and staff development, has assisted us to ensure that the changes made already are sustainable, and that those outstanding can be delivered in agreed timeframes. Throughout Q4 2019/20 we worked on our new approach to Quality Improvement and our new Quality Strategy, Safety II, realistic medicine and the concept that civility saves lives, are key threads in our new Strategy.



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

THEME #1: Safe High Quality Care Improvement Plan

The Safe High Quality Care Improvement Plan was 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.

The Safe, High Quality Care Improvement Plan describes progress against the actions required to address the must do and should do areas identified in the December 2018 CQC report.

Areas associated with partial compliance relate to:

Regulation 15 HSCA (RA) Regulations 2014: Premises and Equipment. The trust must ensure that equipment is maintained in line with its policies and process and manufactures guidelines. The areas of delay are associated with:

- The development for a medical equipment library which is due to be completed in March 2020.
- Identification of all assets within Backtraq to clarify the need and frequency for maintenance including those where pieces of equipment that have no maintenance requirement.

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The areas of delay are associated with:

- Ensuring that compliance with mandatory training is increased, including safeguarding training, particularly for medical staff.
- Focused work with Foundation Doctors to ensure records are accurately updated is ongoing. Regular reports are being sent to Medical Education to so that they can review and training to allow Medical Education Foundation administrators to access up to date information in ESR.

Regulation 17 HSCA (RA) Regulations 2014: Good Governance

Improve performance in prescription of patients' regular medications

The areas of delay are associated with:

- IT issues associated with the system implemented that are yet to be completely resolved.

There are 110 'Should do' actions within the action plan as identified by the CQC with 19 of these being partially compliant. Themes around partial compliance relate to:

- Talent map
- Appraisals
- Finance
- Competency data base
- BTS guidelines
- Staffing
- Sepsis
- Long length of stay
- Commissioning specifications/KPI's related to community services
- ED performance

The CQC carried out an unannounced inspection in January 2020, followed by Use of Resources and Well Led inspection in February 2020. During the inspection concerns were raised in relation to care of patients in the emergency department. A number of actions have already been put in place that relate to:

- Nurse staffing
- Care of patients who have mental health problems in the emergency department and paediatric unit
- Governance in the emergency department
- The impact of patient flow on patient experience

An immediate action plan has been put in place and the Trust is receiving support from NHS England / Improvement in the delivery of action intended to address the concerns identified.

THEME #2: Reducing Unwarranted Clinical Variation

We aim to improve patient care and increase efficiency by reducing variation in practice across the Trust. The areas of focus are:

Using local and national benchmarking data to demonstrate consistently high quality clinical care with no unwarranted variation and performance in the top quartiles.

Accreditation for Continued Excellence (ACE)

ACE assessments continue in all areas. 7 assessments have been undertaken in Q3. A number of assessments have been completed as per the Quality Priorities. There are currently; 2 gold, 15 silver, 1 bronze and 5 white assessments. We have had one area ward C4 that has received the first triple gold award. The plan is underway for them to progress to Diamond status and the criteria being established.

Pilot programmes for community, paediatrics, maternity and neonates are currently progressing.

Getting It Right First Time (GIRFT)

The Trust took part in the national *Getting It Right First Time (GIRFT) Surgical Site Infection (SSI) Survey* for the first time in 2019. This was the second survey run by GIRFT. The 6 month data collection period was from 1st May 2019 to 31st October 2019.

The survey was established to:

- Identify the surgical site infection rates of specific procedures within key surgical specialties
- Assess local practice in the prevention of surgical site infection for the specified procedures

The Specialties included in GIRFT Surgical Site Infection Survey at Stepping Hill Hospital were: Urology; Orthopaedic Surgery; Spinal Surgery; Ear, Nose & Throat (ENT) Surgery; Oral and Maxillo Facial Surgery; Breast Surgery; General Surgery; Ophthalmology; Gynaecology. Nominated leads in each of these specialties were tasked with collecting and reviewing data on SSI episodes during the survey period. GIRFT released the results for the survey period to the Trust at the end of April 2020, with departmental reviews to take place of the SSI cases. The timings of these discussions have been affected by the current disruption throughout the Health Service caused by the ongoing COVID19 pandemic. The results from the GIRFT SSI survey will be used to benchmark the rates of SSI at Stepping Hill Hospital against national rates and be used to highlight potential areas for improvement.

THEME #3: Urgent Care Delivery

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.

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 Senior Responsible Officer (SRO) to ensure ownership of actions and the associated improvement from all partners in the locality, the quadrants are:

- Stay Well – This quadrant is led by the Medical Director for Viaduct General Practitioner (GP) Federation and 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. The key areas of focus are:

- 7 Day Access to community services
- Frailty in Neighbourhoods
- Healthy Communities
- Integrated Pharmacy
- Well Being & Self Care
- Home First – This quadrant is led by the Associate Director for Commissioning at Stockport Clinical Commissioning Group (CCG) and 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. The key area of focus is maximising the provision and usage of Same Day Emergency Care pathways. This work is supported by the team from Health Innovation Manchester.
- Patient Flow – This quadrant is led by the Trust Delivery Director with clinical leadership provided by Dr Gill Burrows, the Trust Medical Director. The quadrant has a focus on ensuring that those patients that require admission move through the hospital system as safely and efficiently as possible. The key area of focus is the Helping People Home Programme, which is being supported by colleagues from the national Emergency Care Intensive Support Team.
- Discharge – This quadrant is led by the Trust Business Group Director for Integrated Care and has a focus on ensuring patients are discharged from the hospital in a safe and timely manner. The key area of focus for this quadrant is the delivery of the Frailty, End of Life and Dementia Programme which aims to improve the provision and pathways of care in the hospital and across the community for this vulnerable group of patients.

THEME #4: Safety Collaboratives

Safety collaboratives continue to assist us in standardising our approaches to safety improvements. Throughout 2019/20 the focus has been on delivering definitive and measurable improvements in specific patient safety issues that have been identified through incident reports, complaints, serious incidents or quality metrics reports.

Falls

The Trust aim to achieve a 10% reduction in in-patient falls [max inpatient falls for 2019/2020 is 1100], with 10% reduction in falls with moderate and above harm [max inpatient falls for moderate or above harm for 2019/20 is 26] by March 2020.

The reduction in in-patient falls target has been successfully achieved (988). The total reduction in falls achieved is 19% with a reduction in 234 falls compared with last year. An altered patient caseload due to Covid 19 should be noted during the last 2 weeks in March however this is not felt to significantly contribute to the outcome of this target.

The number of falls in March 2020 was 77, continuing the trend of a month on month reduction compared to the same month last year. (March 2019 108 falls, March 2020 77 falls 29% reduction).

The reduction in falls with moderate and above harm was not achieved, 29 falls in this category therefore 3 falls with harm over target. This is the same number of falls with harm as last year.

Pressure ulcers

The Trust aimed to achieve a 25% reduction in device related pressure ulcers and a 10% reduction overall in pressure ulcers in the acute and community setting March 2020.

We had 37 medical device related pressure ulcers (MDRPU) which means we achieved the target of less than 42.

The hospital acquired target of a 10% reduction was to have no more than 118, we achieved this with 108.

The community acquired target of a 10% reduction was to have no more than 248, we achieved this with 171.

The work of the medical device task and finish group is ongoing, a new investigation template specific to MDRPU has been devised and is included in the Datix reporting system, this will help with collating themes and identifying actions for improvement. In addition a new air cast boot (ACB) leaflet for when ACB are applied in ED is now available on the Trust microsite.

A contributory factor to the reduction of pressure ulcers across the organisation was as a consequence of the introduction of pre harm free care meetings, held between the tissue viability Matron and clinical leads/matrons, to review all new pressure ulcer harms reported in the Trust. A professional discussion at a senior level aimed at identifying quickly, if there have been omissions in care that may have contributed to the pressure ulcer incident occurring. This facilitates lessons for learning across the organisation in a timelier manner.

Deteriorating patient

The Trust aims to improve the outcomes for our patients and identify patients whose condition deteriorates at the earliest opportunity. The target established in Quarter 1 for Acute Illness Management (AIMs) training compliance for Registered Nurses (RNs) working in adult inpatient & acute areas was established and set at 75% by end of March 2020.

Q2 concentrated on raising awareness around prompt recognition and treatment. Q3. Focused on medical review and receiving antibiotics within the hour. Q4. New screening tool piloted in 3 wards; all wards were enthusiastic and welcomed the improved form and the Trust aspiration. The tool provides autonomy to the nurses enabling medics to focus on 'true' red sepsis. Although a deep dive into the data was still to be undertaken, a quick review showed an approximate compliance of 80%. However competing priorities with COVID19 preparation impacted our development plans to improve compliance. It was agreed to suspend auditing of patient notes in late March 2020 for 3 months in order to support the ongoing COVID response.

Compliance at end of 2019/20 was 64%/41%. (In August 2020 antibiotics with an hour was 92.3%)

Quarter	Sepsis Pts	*Medic Review within 1 hour of NEWS2 Trigger		Antibiotics given within 1 hour of Dr Review		*Reviewed within 1 hr of NEWS2 Trigger & Antibiotics given within 1 hr of Dr Review	
Q1	68	33	67%	31	46%	15	31%
Q2	86	56	80%	35	41%	24	34%
Q3	88	69	78%	32	36%	24	27%
Q4	37	21	57%	16	43%	9	24%
Year Total	279	179	64%	114	41%	72	26%

* Exclusions apply Q1 & Q2

During this time, work by Business Intelligence Team has continued to develop a web based programme to improve data capture. Also, work continues with Digital Optimisation Team to further develop Patienttrack systems to support early screening. Patienttrack 'Task Allocation' will replace I-Bleep out of hours system and

will help to improve communications in relation to highlighting patients who require clinical review and screening for sepsis.

We aimed to improve the outcomes for our patients and identify patients whose condition deteriorates at the earliest opportunity. Target established in Quarter 1 for AIMS training compliance for Registered Nurses working in adult inpatient & acute areas, established and set at 75% by end of March 2020.

Additional training dates had been provided to ensure we met the target and the Business Groups were asked to support release of staff to attend. At the end of Q3 we were on track to reach 75% as all courses were fully booked. Unfortunately with the cancellation of courses due to Covid19, compliance at end of March 2020 was 55%.

THEME #5: Quality Improvement Initiatives

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 (QI) 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 focused on getting the best outcomes for our patient, by the right staff and the right time. These will utilise the Advancing Quality Alliance (AQuA) methodology and all form part of the recent cohort. The next steps will be to agree the baseline, targets and plans.

Medicine & Clinical Support QI initiatives:

The business group is progressing a range of QI initiatives including:

- Stroke length of stay and patient experience project – The project is on-going and has made good progress. A number of initiatives have been completed and some are still on-going. Projects are focused on complex discharges and reducing length of stay. Performance improvements have been achieved in length of stay, conversion rate across the Hyper-Acute Stroke Unit (HASU) to A10, length of stay for East Cheshire patients and a reduction in hospital acquired pneumonia (HAP).
- Cardiology length of stay and patient experience project – This project has achieved an improvement in length of stay. Robust analysis has been completed to review more efficient and effective bed configuration. The priority for this project is to seek early cardiology specialist input into the patient journey.
- Enhanced Observations – Revised policy has been produced and been sent out for comment. Next steps are to plan in the launch of the new policy; including new process, governance and monitoring arrangements
- Improve Expected Date of Discharge (EDD) Compliance in Ward E2 – QI project to improve compliance with EDDs has resulted in 100% compliance.
- Improve Nutrition and Hydration in Ward E2 – QI project to improve fluid balance monitoring achieved an improvement in November 19's ACE assessment. The solution focused on education and breaking down assumptions.
- Medically Optimised Ward (Cheshire Suite) – A successful pilot was completed on ward E2 and the solution has been scaled up onto a dedicated ward, C6, which will move to B3.

Surgery, GI & Critical Care QI initiatives:

The business group are progressing a range of QI initiatives including:

- Post-op surgical wound pathway for bowel operations – pathway redesign continues with input from wards and all key stakeholders

- Theatre complex equipment storage review – Maternity theatre storage areas have been redesigned to provide safer, more accessible and more efficient arrangements for the ongoing management and storage of theatre equipment.
- Theatre Drug storage and stock control review – Focusing initially on anaesthetic drugs, this project aims to streamline management of stock to improve safety and generate efficiencies.
- Theatre Reception Area Patient Experience – improvements are being made to improve patient experience of the theatre reception before they go in for surgery. General housekeeping has been improved and a patient survey is planned to inform future improvements.
- Trauma list productivity – a review of current processes to improve trauma patient care and optimise utilisation of theatre time. Workshops have been held to understand the root causes of the issues, to map current processes and to develop and then test improvement ideas. A number of improvements have been identified and will be tested.
- Upper Gastro-Intestinal (UGI) two week wait (WW) Pathway Review – an improvement project has commenced to improve patient experience by reducing the time that patients referred into the Trust on a UGI/Gastro 2WW pathway have to wait for an appointment; ensuring that they are managed in the most appropriate setting by the most appropriate clinician; ensuring they don't have unnecessary investigations. Root causes have been identified, data is being gathered and a workshop is planned to map current processes and identify opportunities for improvement. Early improvements include consultant vetting of all GP referrals to direct the referral to the correct specialty.
- Short-notice cancellations due to patients not following pre-op instructions – this project aims to reduce the number of patients that are cancelled on the day of admission as a result of them not following pre-op instructions in Endoscopy and Orthopaedics. Progress to date includes identifying the root causes and key stakeholders and gathering data to better understand the issues. Cancellation data over the last 12 years has been analysed to identify trends and common themes. A workshop is planned to map current processes and this will then inform the development of improvement ideas to be tested.
- Outpatient waiting list (OWL) reduction – Original aim was to reduce overdue follow up (FU) OWL in General Surgery, Gastroenterology and ENT this year. This initiative will form part of Elective Care Reform and broader GP referral pathway redesign.
- Colorectal stratification – this project is part of a Greater Manchester (GM) programme and involves introducing a new approach to risk stratify patients post bowel cancer surgery. This will enable remote monitoring and follow-up for appropriate patients providing increased capacity for more complex patients.

Women, Children & Diagnostics QI initiatives:

The business group are progressing a range of QI initiatives including:

- Gynaecology notes – Legacy clinical notes were still being used capture some of the information within the pathway but some of this information was getting mislaid between wards and clinics. Current processes have been mapped and an improvement plan has been started to remove the risk of this reoccurring. Improvements have been implemented and sustained in outpatients and focus is now looking at inpatient processes.
- High number of open pathways – 5 whys methodology used to identify root cause which was due to pathology results not being signed off. Initial process mapping has been done but additional sessions are being set up to capture the full end to end process to identify where the changes need to happen.

- Maternity Flow – The patient flow is very fractured between triage and the delivery suite, process mapping has been conducted and a resolution identified which would involve moving the triage suite to the delivery floor. Quotes to be obtained from estates for inclusion to business case
- Maternity/Neonatal Smoking cessation - Project aim is to increase the identification of women who smoke during their pregnancies and following childbirth by increasing CO monitoring at 36wk and all antenatal admissions to hospital for all women by 95%. Root cause identified and process mapping has been used to identify solutions. Driver diagram being used to manage the resolution plan.
- Dose for home – Project aim is to find a more efficient way to provide patients with warfarin on discharge. Stakeholder mapping and basic process mapping has been completed. Initial meetings now set up to design possible future state mapping and driver diagrams.
- Community maternity booking - Issues identified with the community booking process, Initial meetings set up to workshop root cause and design pathway. Quotes requested from Euroking for a number of electronic referrals within the system.

Termination of Pregnancy (TOP) pathway – Due to new termination guidelines published end of September there are opportunities for us to vastly improve the current TOP pathway and patient experience. Initial meetings booked in to start programme.

Integrated Care QI initiatives:

The business group are progressing a range of QI initiatives including:

- Frailty, Dementia and End of Life Programme – The aim of the project is to design and implement a model of care and pathway that will enable the whole system to improve outcomes for frail older people including people in last twelve months of life and people diagnosed with dementia. A Programme Board with system wide membership has been established, stakeholder mapping and analysis informed establishment of the Board. The Programme encompasses 9 reporting projects across three workstreams which are each being delivered using the Trust's QI methodology – the Programme has a clear aim, and QI tools such as process mapping, driver diagrams, time and motion studies, Plan, Do, Study, Act cycles (PDSAs), data capture and SCP charts have been developed.
- In hospital work stream – This work is supported by the Acute Frailty Network (AFN). Fortnightly catch up calls with the AFN are ongoing. The Trust was invited to present our progress to cohort 7 members in September and we were also invited to present Frailty Intervention Team (FIT) and FRESH (sexual health) at the AFN Nursing and Therapies event in November.
- In Hospital Model of Care and Pathway – This project is using QI to support and implement a model of care and pathway that identifies frail patients at the front door and ensures they receive the right care, in the right place at the right time. A workshop to design the future model and pathway took place with over 80 stakeholders in July; a clinical pathway was co-designed with the Frailty Multi-Disciplinary Team (MDT) and Primary Care
- FIT - A Frailty team is now working across Urgent Care. A comprehensive Geriatric Assessment has been developed and PDSAs are being undertaken to review and refine small tests of change as the work progresses.
 - Advantis ward has been developed to support identification of Frailty at the front door and to support the FIT team. Stakeholder mapping was used to identify key members of the design team and requirements were gathered via meetings facilitated by Transformation and Electronic Patient Record (EPR) leads.
 - Transfer to Assess – A task and finish group has been established. The group is using QI methodology to drive forward the work. This project supports the changing function of Bluebell and the pathway is being tested and refined using PDSAs.

Interface between Hospital and Community:

- Bluebell – We are changing the function of Bluebell into an assessment unit and this service has now been implemented.

- End of Life (EOL) – A meeting with EOL Lead, Clinical Lead, Project lead and Local Health Care Records Exemplars (LHCRE) Project Manager took place to agree projects which will report into Frailty, Dementia and EoL Projects. Project management support has been secured and the QI methodology is being used to progress the work.
- Training and Education – A Learning and Education Lead is now in place and a project group has been set up. Initial meetings have taken place and strategy and competency frameworks are being developed. Again, the project is being delivered using QI methodology.
- Frailty in Neighbourhoods - We continue to share information and work in partnership with Stockport Metropolitan Borough Council (SMBC). A meeting with SMBC and Viaduct to review progress of the trailblazer and agree additional actions required for this programme is being arranged.
- The aim of Stockport Urgent Response and Rehabilitation Team (SURRT) is to operationally align the health elements of Crisis Response and Active Recovery, into one team who collaborate together, to improve the patient journey and promote clear efficient and effective care pathways. QI methodology has been used to ensure there is a clear aim, stakeholder mapping and analysis to identify the correct people to include in the project. Process mapping has been used to map the as-is and to-be patient journeys and various other QI tools such as Strengths, Weaknesses, Opportunities & Threats (SWOT) charts, MoSCoW charts etc. have been used along with facilitation skills, to tease out the design in task and finish groups.

THEME #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 Work Time Equivalent (WTE) RNs/Registered Midwives (RMs) and to continue to reduce turnover with assistance from the NHS Improvement (NHSI) support network.

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

- The variance from establishment rate in quarter averages 200 WTE RN / RM as at Dec 2019 and vacancies at 147.9 WTE. The difference is recruits in Trac (recruitment system) awaiting start dates within 3 months.
- A detailed 4 year recruitment plan is being tabled at the Board which covers a comprehensive request to fund international recruitment, nursing associate training, assistant practitioner training, UK recruitment initiatives, funding of 3 year visas, return to practice opportunities as well as continuing with the initiatives that have been successful over 2019. It is anticipated that confirmation of the funding available will be received by February 2020.
- The Nursing Associate programme continues with circa 60 WTE in training over 5 cohorts, with a cohort qualifying every 6 months. 1 cohort has now qualified with cohort 2 now applying for positions in the Trust for when they complete their course in quarter 1 2020. This is a significant new pipeline of staff to support safe staffing.
- A Business Case for International recruitment in the financial year 19/20 was accepted. In total 80 WTE nurses were funded. 62 will be in post by the end of February 20. A further 18 have been offered positions under the global learners pilot and will be in the UK in this financial year, in post quarter 1 of the 20/21 financial year.
- Multiple university recruitment events have been attended over the region, with the Trust now attending Sheffield, Manchester Metropolitan (MMU), Salford, Edge Hill and Bolton.
- An average of 150 WTE RN 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.
- The popularity of Skype interviews for UK RNs recruitment has increased with circa 15 WTE recruited in this financial year via skype.

- An external company (Just R) has been contracted during 2019 to support UK awareness campaigns to maintain Stockport nursing's recruitment profile. A benefits realisation and return on investment review will take place February 2020.

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 December 2019 that the turnover rate is back to 13.9%
 - 1) A continued focus on an improved newly qualified first year experience includes graduate nurses, trainee operating department practitioners (ODPs) and nursing associates.
 - 2) A focus on Black and Minority Ethnic (BME) recruitment, retention and promotional opportunities
 - 3) A focus on data and actions to support the top 10 turnover areas.
 - 4) A review and refresh of the flexible working policy.
- The Itchy Feet programme/sideways transfer scheme, launched in March 2018, where staff can approach Corporate Nursing staff to look for career development opportunities, is evaluating well. So far, 115 staff have accessed this scheme and 95 had a positive outcome (83%) and stayed with the Trust.
- Three engagement events have been chaired by the Deputy Chief Nurse with assistant practitioners, of which there are 88 in the Trust. Liaison with local Universities has progressed to review the opportunity of an assistant practitioner (AP) conversion course to commence in September 2020. 25 staff expressed interest in a conversion course. This project is included in an overall nursing workforce plan for the next 3 years which is being presented to board January 2020.

Improved efficiencies in e-rostering against a range of measures

- In October 2019 a newly recruited, experienced team for e-roster/Safecare Live staff commenced in post. This new team have start to embed improved practices across all nursing department to enable improved grip and benefits realisation of the e-roster programme. The first 6 wards commence the e-roster refresh programme January 2020. The team will also update the NHS digital / unify planned hours to ensure all data aligns.

Development of a suite of measures with NHS Professionals (NHSP)

- A detailed NHSP report is reviewed at the monthly temporary staffing meeting
- A suite of measures with NHS Professionals are reviewed by the Deputy 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. 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.
- Improved NHSP RN general rates have been applied from November 19 to support safe staffing and to assist with staffing winter wards.
- Uplifted RN Amu rates have been funded for substantive staff who have met key competency requirements

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:

- Improvement Showcase schedule commenced at Senior Management Team (SMT) meetings to share learning, good practice and provide senior leadership support to improvement initiatives.
- 6 monthly QI Faculty update presentation provided to Quality Committee. Positive feedback provided and future plans endorsed.
- Board development in QI is being explored with NHSI/E.
- Skills:
- Continuing roll out of QI training and support to enable staff to adopt the Trust's QI methodology when delivering improvements.

Work has commenced with Organisation Development & Learning (OD&L) to develop:

- A more coordinated approach to embed QI training across the Trust's corporate and leadership training programmes.
- A single framework and infrastructure of improvement roles to create a network and community of improvers across the Trust. This will be supported by appropriate training and support.

Membership of AQUA:

- ~60 staff have attended AQUA QI courses during 2019/20. Work continues to coordinate attendance.
- Regular meetings are held to optimise and align AQUA support to the QI Faculty programme.
- Systems:
- Work has commenced to incorporate standard QI requirements into all job descriptions in order that improvement experience and capability is assessed as part of the Trust recruitment process.
- Communication & Engagement:
- An improvement and innovations compendium is being developed to provide a central repository of improvement activity across the Trust.

2.1.1 Priorities for improvement in 2020/21

We have a duty to fully engage with our stakeholders and members to ensure that we are listening to their views about quality and identify the quality priorities moving forward.

Our staff, governors, members and patients are the eyes and ears of the organisation and their views are constantly sought to ensure that we are focusing on the things that will make the most difference. We surveyed staff, patients and visitors, through the Staff Survey and the Friends and Family Test, and from those results we captured their views in relation to the range of priorities.

The Quality Improvement Forward Planning workshop took place in January 2020 to review progress against the 2019/20 priorities and consider indicators for

2020/21. The session was very well attended and generated lots of positive discussion, challenge and ideas to help shape the priorities for the year ahead.

The priorities are identified through receiving regular feedback and regular engagement with governors, staff, patients, the public, and commissioners of NHS services, overseeing scrutiny groups and other stakeholders. Progress on the planned improvements will be reported through the Trust's assurance committees, through Governors meetings, and ultimately through to Board of Directors.



SAFETY:	
Priority	Measure / Objective
1. Pressure Ulcers	10% reduction in pressure ulcers in areas identified as high prevalence in 19/20
2. Inpatient Falls	10% reduction in all inpatient falls 10% reduction in falls causing harm
3. Sepsis	80% achievement in Sepsis 6
4. IP Standards	C-Diff rates MRSA Hand hygiene Cleaning standards
5. Medication incidents	Reduction in medication incidents at ward level Improvement in antibiotic prescribing
6. Nutrition and Hydration	Reduced length of stay Increased drinks rounds Improved quality metrics for fluid balance monitoring
EFFECTIVENESS:	
Priority	Measure / Objective
1. Discharge Planning	Discharges before 10am EDD compliance % patients to the discharge lounge
2. Achievement of national standards	Royal College of Emergency Medicine (RCEM) guidance compliance Nice Guidance
3. Patient Transfers	Transfers after 10:00pm Transfers after 8:00pm for patients with dementia Number of inpatient transfers per patient per stay

EXPERIENCE:	
Priority	Measure / Objective
1.Deliver initiatives to improve privacy and dignity	Patient experience surveys- dementia care/ Learning Disabilities
2. Patient engagement in service development/change	Identify of themes complaints to drive quality initiatives
3. An objective taken from Key themes from complaints and responding to patient concerns	Use of themes to drive the quality initiatives

2.2 Statements of assurance from the board

The following section includes responses to a nationally defined set of statements which will be common across all Quality Reports. The statements serve to offer assurance that our organisation is performing to essential standards, such as securing Care Quality Commission registration and measuring our clinical processes and performance. This includes participation in national audits and being involved in national projects and initiatives aimed at improving quality - such as recruitment to clinical trials.

Review of services

This statement is to ensure that we have considered quality of care across all of our services. The information reviewed by our quality committees is from all clinical areas. Information at individual service level is considered within our divisional structure and any issues escalated to the Quality Governance Committee or to Performance and Planning Committee.

During 2019/20 Stockport NHS Foundation Trust provided and/or subcontracted 49 relevant health services.

The Trust has reviewed all the data available on the quality of care in all of these relevant health services through a variety of methods including the undertaking of clinical audit and service evaluations, clinical service reviews and holding business group assurance meetings, and business group quality boards.

The income generated by the NHS services reviewed in 2019/20 represents 82% of the total income generated from the provision of NHS services by Stockport NHS Foundation Trust for 2019/20.

PARTICIPATION IN CLINICAL AUDITS

The purpose of this statement is to demonstrate that we monitor quality in an on-going, systematic manner. During 1 April 2019 to 31 March 2020, 54 national clinical audits and 2 national confidential enquiries covered relevant health services that Stockport NHS Foundation Trust provides.

During that period the Trust participated in 98% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2019/20 are listed in table 1, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 48 national clinical audits were reviewed by the provider in 2019/20 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Clinical leads for the relevant specialty reviews report findings and actions are developed. Reviews are approved by the business group's quality board.
- Approved reviews are included on the Quality Governance Group agenda as part of the governance framework.

The reports of 193 local clinical audits were reviewed by the provider in 2019/20 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- A report and action plan, if appropriate, is produced for each audit and submitted to the clinical audit team.
- Business Groups are advised of outcomes and as part of the governance framework an outcomes report is submitted to the Trust's Quality Governance Committee to advise of compliance level, risk and escalation requirements.

Table 1: National Clinical Audits & Confidential Enquiries

The table below provides confirmation of the Trust's participation in the national clinical audit and confidential enquiries that NHS England advises trusts to prioritise for participation during each financial year. This includes projects which form part of the NHS England Quality Accounts list, the National Clinical Audit & Patient Outcomes Programme (NCAPOP) and those that form part of the Quality Accounts.

Table 1

National Clinical Audits:

Name of Audit	Participated?	Stage / % of cases submitted
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	Yes	Data submitted
Cystectomy	Yes	Continuous data collection
Female Stress Urinary Incontinence Audit	Yes	Continuous data collection
Nephrectomy Audit	Yes	Continuous data collection
Percutaneous Nephrolithotomy (PCNL)	Yes	Continuous data collection
Radical Prostatectomy Audit	Yes	Continuous data collection
Care of Children (Care in Emergency Departments)	Yes	Data submitted
Intensive Care National Audit and Research Centre (ICNARC)	Yes	Continuous data collection
Elective Surgery (National PROMs Programme)	Yes	Continuous data collection
Endocrine and Thyroid National Audit	Yes	Continuous data collection
Fracture Liaison Service Database	Yes	Continuous data collection
Fracture Liaison Service Database / Vertebral Fracture Sprint Audit	N/A	Audit has not started yet
National Audit of Inpatient Falls	Yes	Continuous data collection
National Hip Fracture Database	Yes	Continuous data collection
Inflammatory Bowel Disease (IBD) Audit	Yes	Continuous data collection
Inflammatory Bowel Disease (IBD) Audit	Yes	Continuous data collection
Trauma Audit & Research Network (TARN)	Yes	Continuous data collection
Mandatory Surveillance of HCAI	Yes	Continuous data collection
Mental Health (Care in Emergency Departments)	Yes	Data submitted
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive C i S	N/A	SNHSFT do not provide this service
Paediatric Asthma Secondary Care	Yes	Data submitted
Asthma (Adult and Paediatric) and COPD Primary care - Wales only	N/A	Deemed not relevant to our organisation
Adult Asthma Secondary Care	Yes	Continuous data collection
Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Yes	Continuous data collection
Pulmonary Rehabilitation- Organisational and Clinical Audit	Yes	Continuous data collection
National Audit of Breast Cancer in Older People (NABCOP)	N/A	SNHSFT do not provide this service
National Audit of Cardiac Rehabilitation	Yes	Continuous data collection
National Audit of Care at the End of Life (NACEL)	Yes	Data submitted

National Audit of Dementia (Care in General Hospitals)	Yes	Continuous data collection
National Audit of Pulmonary Hypertension (NAPH)	N/A	Deemed not relevant to our organisation
National Audit of Seizure Management in Hospitals (NASH)	Yes	Data submitted
Name of Audit	Participated?	Stage/% of cases submitted
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Data submitted
National Bariatric Surgery Registry (NBSR)	N/A	Deemed not relevant to our organisation
National Cardiac Arrest Audit (NCAA)	Yes	Continuous data collection
National Audit of Cardiac Rhythm Management (CRM)	Yes	Continuous data collection
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Continuous data collection
National Adult Cardiac Surgery Audit	N/A	SNHSFT do not provide this service
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	N/A	SNHSFT do not provide this service
National Heart Failure Audit	Yes	Continuous data collection
National Congenital Heart Disease (CHD)	N/A	SNHSFT do not provide this service
National Clinical Audit of Anxiety and Depression (NCAAD): Core audit	N/A	SNHSFT do not provide this service
Psychological Therapies Spotlight	N/A	SNHSFT do not provide this service
EIP audit 2019/2020	N/A	SNHSFT do not provide this service
National Diabetes Foot Care Audit	Yes	Continuous data collection
National Diabetes Inpatient Audit (NaDIA) -reporting data on services in England and Wales	Yes	Continuous data collection
NaDIA-Harms - Reporting on Diabetic Inpatient Harms in England	Yes	Continuous data collection
National Core Diabetes Audit	Yes	Continuous data collection
National Diabetes Transition	N/A	No audit in 19/20
National Pregnancy in Diabetes Audit	Yes	Continuous data collection
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Continuous data collection
National Emergency Laparotomy Audit (NELA)	Yes	Continuous data collection
National Oesophago-gastric Cancer (NOGCA)	Yes	Continuous data collection
National Bowel Cancer Audit (NBOCA)	Yes	Continuous data collection
National Joint Registry (NJR)	Yes	Continuous data collection
National Lung Cancer Audit (NLCA)	Yes	Continuous data collection
National Maternity and Perinatal Audit (NMPA)	Yes	Data submitted
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Yes	Data submitted
National Ophthalmology Audit (NOD)	N/A	SNHSFT opted out, did not have database
National Paediatric Diabetes Audit (NPDA)	Yes	Data submitted
National Prostate Cancer Audit	Yes	Continuous data collection
National Smoking Cessation Audit 2019	Yes	Data submitted
National Vascular Registry	N/A	SNHSFT do not provide this service
Neurosurgical National Audit Programme	N/A	SNHSFT do not provide this service
Paediatric Intensive Care Audit Network (PICANet)	N/A	SNHSFT do not provide this service
Perioperative Quality Improvement Programme (PQIP)	Yes	Continuous data collection
Prescribing Observatory for Mental Health (POMH-UK) Subscription-based programme	N/A	SNHSFT do not provide this service
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Continuous data collection
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Continuous data collection
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Yes	Data submitted
Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis)	Yes	Data submitted
Surgical Site Infection Surveillance Service	Yes	Data submitted
UK Cystic Fibrosis Registry	N/A	SNHSFT do not provide this service
UK Parkinson's Audit	Yes	Data submitted

National Confidential Enquiries

Name of Audit	Participated?	Stage/% of cases submitted
Long-term Ventilation in Children, Young People and Young Adults	No	SNHSFT do not provide this service
Young People's Mental Health	No	SNHSFT do not provide this service
Perinatal Mortality Surveillance (reports annually)	Yes	Continuous data collection

Perinatal Morbidity and Mortality Confidential Enquiries (reports alternate years)	Yes	Continuous data collection
Maternal Mortality Surveillance and Mortality Confidential Enquiries (reports annually)	Yes	Continuous data collection
Maternal Morbidity Confidential Enquiries (reports annually)	Yes	Continuous data collection
Name of Audit	Participated?	Stage/% of cases submitted
Dysphagia in Parkinson's Disease	Yes	Continuous data collection
Cancer in Children, Teens and Young Adults	N/A	SNHSFT do not provide this service
Perioperative Diabetes	Yes	Data submitted
Pulmonary Embolism	Yes	Continuous data collection
In-hospital Management of Out-of-Hospital Cardiac Arrest	Yes	Data collection still open
Physical Health in Mental Health Hospitals	N/A	Deemed not relevant to our organisation
Acute Bowel Obstruction	Yes	Data submitted
Suicide by Children and Young People in England (CYP)	N/A	SNHSFT do not provide this service
Suicide and Homicide	N/A	SNHSFT do not provide this service
The Assessment of Risk and Safety in Mental Health Services	N/A	SNHSFT do not provide this service
Suicide by Middle-aged Men	N/A	SNHSFT do not provide this service

RESEARCH

Participation in clinical research: Commitment to research as a driver for improving the quality of care and patient experience

Background:

Research engagement within the Trust is critical to meet the expectations of our patients. The aim of the Department of Health and Social Care (through the National Institute for Health Research - NIHR) is to give the opportunity for people to access a diverse range of research studies, across all the clinical settings where care is delivered. These opportunities provide scientific and clinical evidence for advising and treating health conditions.

The NHS Constitution summarises what staff, patients and the public can expect from the NHS: *'The NHS will do all it can to ensure that patients, from every part of England, are made aware of research that is of particular relevance to them'*. Healthcare professionals therefore have a part in ensuring the NHS Constitution is upheld in their own practices at this Trust. This message has been further strengthened by the NHS Long-Term Plan, released in 2019. Research and innovation is seen as a key driver to future outcomes improvement within the NHS, aiming to increase the number of people registering to participate in health research to one million by 2023/24. Since September 2018, the Care Quality Commission has also incorporated clinical research in its well-led framework for Trusts. This is the first time a major NHS regulator has formally recognised clinical research activity in the NHS as a key component of best practice. Clinical research is now seen as an integral part of improving patient care and a new research question is now included in the CQC's annual in-patient experience survey. It is therefore essential that Stockport is primed to support these goals.

Participation in clinical research demonstrates the commitment of Stockport NHS Foundation Trust to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff members stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.

In 2016/17, research and innovation became part of the Trust strategy and this has remained the case through to the refreshed strategy of 2018 – 2022. Research is enabled in the Trust predominantly through research active healthcare professionals and the staff and service department (i.e. laboratories, pharmacy

and radiology) funding support received from the National Institute of Health Records (NIHR). The NIHR provides the infrastructure for research delivery in the NHS. Support is offered in regions through the NIHR and Stockport is part of the Greater Manchester Clinical Research Network (GMCN).

Staff Engagement in Research:

Work continues in the Trust to increase the awareness of clinical research conducted at Stockport amongst all staff. In 2019/20, we had around 150 Trust staff listed with current Good Clinical Practice (GCP) training. GCP is an international ethical and scientific quality standard for designing, conducting, recording and reporting clinical trials that involve the participation of human subjects. This reference means that around 150 Trust staff members have actively been involved in supporting delivery or actual delivery of research studies to our patients.

Other staff members are contributing to research studies focussing on improved health services and delivery which include on-line survey completion to improve knowledge in key clinical areas. There has been a continued, sustained increase in allied healthcare professionals supporting with a particular function of research delivery such as scanning and endoscopies or wanting to deliver the research interventions themselves (e.g. podiatry, occupational therapists). Improved links have also been forged with key clinical staff members (i.e. advanced clinical practitioners and nurse specialists) who are acting as research champions in their relevant areas.

The above staff participated in and/ or supported delivery of research recruitment across 18 out of a total of 30 NIHR specialties as detailed below, which is similar to other high performing district general hospitals in the Greater Manchester region. Although not all areas have shown active recruitment, there have been open opportunities in these 18 areas for our patients, supporting the promotion of a diverse range of research and access to this at our Trust.

There has been continued, significant activity within the research and innovation team throughout 2019/20 to continue to raise the profile of research in the Trust, including:

- GMCN awards (where the research and innovation team was short-listed as a finalist for 'Team Excellence for Patient Research Experience' and Ms Magda Kujawa, one of our research active Consultant Urological Surgeons as a finalist for 'Early Career Researcher of the Year').
- Full introduction of the Clinical Research Practitioner role with 2 new starters in November 2019. This role reflects a move in diversity of clinically-linked roles in the Trust's core research delivery team, making a research career more accessible to non-nursing staff.
- Continued delivery of a large meningitis B vaccine study across Stockport sixth form colleges, raising the research profile across the younger generation.
- Hosting and delivering NIHR research education sessions including good clinical practice introductory/ refresher sessions, principal investigator and research essentials aimed at different staff groups.
- Local press releases for recruitment successes.
- Collaboration with the learning and development department in the Trust so that research awareness is now embedded as part of the Trust induction for all new starters and at junior doctor rotations.
- Inclusion of a standard paragraph for all new job descriptions for clinical staff, citing the Trust as research active with an expectation for this to be championed in these roles.
- Outpatient letters have been updated with a strapline to confirm the research active status of the Trust and encourage our population to ask about the study opportunities open to them.
- Increased engagement with our patients about their research experience at the Trust, using the NIHR's Participant in Research Experience Survey, so we can proactively use this feedback to improve experiences for future research participants.

Clinical Research Performance:

The Government wishes to see a dramatic and sustained improvement in the performance of providers of NHS services in initiating and delivering clinical research. The aim is to increase the number of patients who have the opportunity to participate in research and to enhance the nation's attractiveness as a host for research.

The Government's Plan for Growth, published in March 2011, announced the transformation of incentives at local level for efficiency in initiation and delivery of research. The NIHR has enforced the transparency commitment for this exercise. Providers of NHS services are now required to publish outcomes against specific benchmarks for recruiting their first patient into a clinical research study and delivery to time and to target for commercial clinical trials. Our latest performance reports are always published on the Trust website: http://www.stockport.nhs.uk/services_895R.

Clinical Research Portfolio and Recruitment:

In 2019/20, the number of patients enrolled into a clinical research study adopted by the NIHR was 1,498, compared to the Trust target set by the GMCN at 1,364. This reflects research studies that were approved by a research ethics committee (in conjunction with the Health Research Authority), and adopted by the NIHR.

In 2018/19, our local target was 1,192, increased to 1,364 in 2019/20 based on the planned study portfolio we had secured. Innovative and efficient ways of working have continued in the core research delivery team at the Trust to ensure we have met this increased recruitment target, despite challenges from the re-structuring of the core research delivery team in 2019/20. The successes of 2018/19 and 2019/20 recruitment have given the team confidence in sustaining this high level of delivery, compared to targets around half the size in previous years.

Stockport NHS Foundation Trust actively recruited into 54 out of 83 open research studies in the following Trust areas during this reporting period. Of these 83 studies, 9 are sponsored by pharmaceutical companies (i.e. commercial studies) and 74 sponsored by a variety of academic institutions (i.e. universities) and other NHS Trusts in the UK.

Specialty (Number in brackets is the number of studies open in 2019/20)	Numbers of NIHR Research Studies Recruited Into			Number of Participants Recruited		
	2018/19	2019/20	Difference	2018/19	2019/20	Difference
Anaesthesia (5)	3	5	+2	144	113	-31
Cancer (14)	9	8	-1	158	33	-125
Cardiovascular Disease (2)	1	2	+1	18	113	+95
Children (11)	5	5	0	2,388	560	-1,828
Diabetes (2)	1	3	+2	18	32	+14
Ear, Nose, Throat (4)	2	1	-1	23	7	-16
Gastroenterology (7)	5	4	-1	33	17	-19
Genetics (0)	2	0	-2	16	0	-16
Health Services/ Delivery (2)	4	1	-3	140	2	-138
Hepatology (2)	0	0	0	0	0	0
Infectious Diseases (0)	1	1	0	1	89	+88

Metabolic and Endocrine (1)	0	0	0	0	0	0
Musculoskeletal (9)	0	1	+1	0	3	+3
Ophthalmology (2)	6	7	+1	41	37	-4
Renal Disorders (2)	1	1	0	6	9	+3
Reproductive Health (7)	1	2	+1	13	24	+11
Stroke (5)	2	6	+4	28	381	+353
Surgery (4)	2	4	+2	7	35	+28
Totals (79)	5	3	-2	77	43	-34
	50	54	+4	3,111	1,498	-1,613

2019/20 reflects a sustained diversification across different specialisms in the Trust, to ensure research can be a viable option across as many areas as possible for our patients. Stockport NHS Foundation Trust also acts as a participant identification area for other Greater Manchester Trusts across many of these specialisms to ensure there is choice is available to our patients for research study participation. The numbers of actively recruiting studies has increased slightly compared to the previous year where 50 studies were recruited from those then open. This reflects the continuing commitment from the core research team and increased interest from allied healthcare professionals in expanding our research portfolio base at Stockport.

To note, of the 3,111 recruits of 2018/19, 2,330 were due to one paediatric study – Be on the Team, a Meningitis B vaccination study, leaving 781 recruited from other studies. In 2019/20, only 534 recruits were from this study, as it closed to recruitment part way through the year, with numbers limited by the central study coordinating team to control sample size. This means that 964 participants were recruited from the rest of the portfolio, which demonstrates a continued, similar high level of activity to this previous successful year.

Summaries for most of our recruiting studies can be found through <http://public-odp.nihr.ac.uk/qlikview/>. The Central Portfolio Management System (CPMS) ID in the embedded, detailed summary of recruitment per study will enable a summary of each study to be seen.



2019_20 SHH
Recruitment.xlsx

Our top three recruiting studies for 2019-20 were across 3 different specialisms as follows:

1. Children

The Be on the Team (Teenagers against Meningitis B) study recruited 2,864 college students across 2018/19 and 2019/20, placing Stockport as one of the top recruiters nationally in the UK and our most successful study of the year. This study is looking to see if immunising teenagers (aged 16-19) with a meningitis B vaccine can reduce the risk of meningitis across the whole community. In Stockport, the study was delivered across a number of local sixth form colleges, and teenagers who enrolled will receive 2 doses of a Meningitis B vaccine and 2 throat swabs (a year apart) meaning a commitment of 3 study visits over 12-18 months. Teenagers are at an increased risk of diseases such as meningitis, which is a bacteria carried in the back of the throat of 1 in 10 teenagers without causing any symptoms. The study aims to see if vaccinating teenagers against meningitis B will reduce the number of teenagers carrying these bacteria in their throat. If successful, immunisation at this age may become part of the national vaccine programme to lower the rates of meningitis across all ages. The study is now closed to recruitment but follow-up continues at the colleges.

2. Reproductive Health

The POOL study was our second top recruiter at 340 in 2019/20. This study is directed at women giving birth. Annually, 9 out of 100 UK vaginal births are 'water births' and this proportion may increase further. Birthing pools are used during labour for pain relief, and some women remain in the pool for the birth. There have been reports of infants having breathing difficulties or infection following birth in water, and there is concern that women that have a water birth may more often sustain severe trauma to their vaginal area or have unrecognised heavy bleeding. To date there have not been studies large enough to show whether or not water birth causes an increase in these poor maternal/ infant outcomes. Data is therefore being collected across ~30 maternity units including Stepping Hill Hospital for 2015-2020, to find out the number of women who use birth pools, the number of water births and whether mothers/ infants come to any extra harm as a result of water birth. The study aims to complete recruitment in November 2020.

3. Infectious Diseases

The International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC) Clinical Characterisation Protocol was re-opened in March 2020 in response to the emergence of novel coronavirus (COVID-19) and 89 Stockport COVID-19 positive patients were included. This study will continue to run throughout the COVID-19 pandemic. It aims to accelerate our collective understanding of COVID-19 to help improve patient care and inform public health policy. Information is collected from routine clinical records (including signs, symptoms, medications, and blood / laboratory results). It is hoped that this will help collate national trending information about COVID-19 to see if better ways can be found to manage and treat this infection in future.

Future Direction

For 2020/21, we hope to build on the success of previous years by further embedding research as a front-line activity here at Stockport NHS Foundation Trust: 'Research is Everyone's Business'. Despite the challenges presented by the COVID-19 pandemic, there has been fantastic support from the front-line staff caring for these patients in engaging with research activity to help understand the virus better.

Historically, the focus has been on consultants delivering research studies in a clinical setting. For future, we will look to engage not just clinicians but also allied health care professionals to champion research in their clinical areas, given the engagement from COVID-19. This will hopefully mean an expansion of research into all patient accessible services in the Trust.

GOALS AGREED WITH COMMISSIONERS

The Commissioning for Quality and Innovation (CQUIN) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. This means that a proportion of our income depends on achieving quality improvement and innovation goals. It continues to support the cultural shift towards making quality the organising principle of NHS services by embedding quality at the heart of commissioner-provider discussions.

A proportion of Stockport NHS Foundation Trust's income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2019/20 and for the following 12 month period are available upon request from CQUIN@stockport.nhs.uk.

The level of the Trust's income in 2019/20 which was conditional upon the quality and innovation goals was £3m; in line with national rules this represented 1.25% of income commissioned from CCGs and 1% income commissioned from of NHSE Specialised Commissioning.

During 2019/20 the Trust achieved a CQUIN payment of £2.2m, 71% for CCG and 100% for NHSE elements of the £3.1m available.

The CQUIN scheme intends to deliver clinical quality improvements and drive transformational change to support the ambitions of the Five Year Forward View and directly link to the NHS Mandate.

As well as participation in CQUINs which are commissioned locally, we also participated in the Specialised Services CQUIN scheme, of which two indicators were undertaken.

Progress against CQUIN is shared internally with the Quality Governance Group. All CQUINs are reported to our local commissioners on a quarterly basis as part of locally agreed process and internal CQUIN monitoring.

WHAT OTHERS SAY ABOUT OUR TRUST

CQC: The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England.

Stockport NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered'. The Trust has no conditions on its registration.

The CQC carried out an unannounced core services inspection in January 2020, followed by Use of Resources and Well Led inspections in February 2020. The core services inspected were:

- Maternity
- Services for Children and Young People
- Medical Care including older peoples care
- Urgent and Emergency care

During the inspection concerns were raised in relation to care of patients in the emergency department. The Care Quality Commission took enforcement action against the Trust by issuing a Regulation 29a Warning notice.

An immediate action plan has been put in place and the Trust is receiving support from NHS England / Improvement in the delivery of action intended to address the concerns identified.

A number of actions have already been put in place that relate to:

- Nurse staffing
- Care of patients who have mental health problems in the emergency department and paediatric unit
- Governance in the emergency department

- The impact of patient flow on patient experience

The overall rating for the Trust remained as 'requires improvement'

Internal Audit Opinion: Internal audit is undertaken by Mersey Internal Audit Agency (MIAA)

The overall opinion for the period 1st April 2019 to 31st March 2020 provides Substantial Assurance that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently

NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Stockport NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code is essential to enable the transfer of clinical information about a patient from a trust to the patient's GP.

The percentage of records in the published data submitted to the SUS which included a valid NHS number was:

Setting	2019/20	2018/19	2017/18
Admitted Patient Care	99.87%	99.81%	99.64%
Out-Patient Care	99.92%	99.93%	99.83%
Emergency Care	99.60%	99.07%	98.50%

The percentage of records in the published data which included a valid General Medical Practice Code was:

Setting	2019/20	2018/19	2017/18
Admitted Patient Care	99.93%	99.84%	99.79%
Out-Patient Care	99.98%	99.95%	99.93%
Emergency Care	99.60%	99.29%	99.15%

CLINICAL CODING ERROR RATE

Stockport NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission (Merseyside Internal Audit Agency) and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were 92% Primary Diagnosis; 88% Secondary Diagnosis; 92% Primary Procedure; 82% Secondary procedure: Therefore the achievement is Level Met.

DATA SECURITY AND PROTECTION TOOLKIT ATTAINMENT LEVELS

The Trust plans to complete the 2019/20 self-assessment against the Data Security & Protection (DSP) Toolkit within the recently extended timeframe of 30th September 2020 announced by NHS Digital due to the Coronavirus Pandemic. The DSP Toolkit is the mandatory Department of Health & Social Care requirement to provide assurance of good information governance and data security practices.

The Trust plans to meet all of the mandatory requirements of the DSP Toolkit and an Internal Audit review of the Toolkit undertaken by Mersey Internal Audit Agency in February 2020 resulted in an assessment of Substantial Assurance. The Trust's Information Governance & Security Group oversees the annual submission.

STATEMENT ON RELEVANCE OF DATA QUALITY AND ACTIONS TO IMPROVE DATA QUALITY

Data quality refers to the tools and processes that result in the creation of the correct, complete and valid data required to support sound decision-making.

Good quality data underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made.

Stockport NHS Foundation Trust submitted records during 2019/20 to the SUS for inclusion in the HES which are included in the latest published data.

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code is essential to enable the transfer of clinical information about a patient from a trust to the patient's GP.

Percentage of records in the published data which included a valid patient NHS number

Setting	19/20	18/19	17/18	16/17	15/16
Admitted Patient Care	99.48%	99.81%	99.64%	99.80%	99.86%
Out-Patient Care	99.90%	99.93%	99.83%	99.90%	99.96%
Emergency Care	99.21%	99.07%	98.50%	98.84%	99.21%

Percentage of records in the published data which included the patient's valid GP practice code

Setting	19/20	18/19	17/18	16/17	15/16
Admitted Patient Care	99.92%	99.84%	99.79%	99.86%	99.90%
Out-Patient Care	99.97%	99.95%	99.93%	99.96%	99.97%
Emergency Care	99.57%	99.29%	99.15%	99.40%	99.54%

Blue = YTD

1. Upon checking GP Practice codes, all were valid. Those showing as invalid have the default code of "Practice Code is Not Known"
2. NHS Numbers include where patient identity has been withheld - invalid codes relate to "Trace attempted and no Match" or "Trace needs to be resolved"

Stockport NHS Foundation Trust will be taking the following actions to improve data quality;

- Monitor the Data Quality Maturity Index (DQMI) published by NHS Digital, this provides a comprehensive measure of the quality of our data submissions across eight national datasets in order to provide data quality assurance.
- Monitor other external data quality reports including the SUS data quality dashboard, the Emergency Care Data Set (ECDS) data quality dashboard, both produced by NHS Digital, and data quality reports provided by the Comparative Health and Knowledge system (CHKS) with the aim of identifying any data quality issues of nationally submitted data.
- Publish data quality reports on the Trust Corporate Information System so these are made available for any Trust user to access and review.
- Continue to report key data quality metrics to the bimonthly Data Quality Review Group
- Maintain compliance with the data quality standards of the Data Protection and Security Toolkit
- Produce a daily data quality dashboard highlighting referral to treatment (RTT) errors
- Carry out routine audits of referral to treatment (RTT) to identify recurrent errors with data entry
- Review the training delivered to users across the organisation on referral to treatment (RTT), updating training materials as appropriate.
- Ensure the Data Quality team continue to run myriads of data quality reports to identify gaps and erroneous recording with a view to correcting and reducing similar errors in future, ensuring feedback to users.
- Review and update standard operating procedures for capture and handling of patient activity data
- Conduct an external review of the clinical coding function and implement recommendations from internal clinical coding audits
- Continue to work with clinical colleagues to improve the timeliness of electronic recording on wards of Admissions, Transfers and Discharges, reporting in to senior nursing management.
- Continue to raise data quality issues at the two in house Egton Medical Information System (EMIS) user groups with the aim of identifying issues and supporting service leads to rectify and prevent in future.
- Produce a data quality dashboard for ED attendances highlighting data omissions and erroneous recording

LEARNING FROM DEATHS

In March 2017, the National Guidance on learning from deaths (LFD) was published. The key requirements for *Learning from Deaths* to be effective were defined, including:

1. Clinical governance structures and processes should be in place to ensure that appropriate reporting, review and investigation of patient deaths occurs, particularly those deaths where problems in clinical care may have caused or contributed to death.
2. Structures and processes should also be in place to ensure that relevant lessons are learned by identification of deaths, reporting, investigation and sharing of the conclusions /recommendations so that lessons are acted upon.
3. Particular deaths that should always be reviewed, including as a minimum:
 - a. All deaths where bereaved families, carers or staff have raised significant concerns about the quality of care.
 - b. All deaths in patients with learning disabilities or severe mental illness.
 - c. All deaths in a patient group (eg a particular diagnosis or treatment) where an “alarm” has been previously raised by the Trust.
 - d. All deaths where patients are not normally expected to die, e.g. elective surgery.
 - e. A random sample of other deaths.
4. There should be a clear policy of engagement with bereaved families.

Mortality Review Group

The Mortality Review Group meets on a bi-monthly basis to oversee the establishment of this process. It is chaired by the Medical Director. The Mortality Review Group submits a Key Issues Report to the Quality Governance Group.

Clinical Governance and the LFD Policy

Our policy is published on our trust internet site and is managed by the Mortality review group. LFD reviews grade the clinical care evident in the case notes using a 1-4 scale.

- **Outcome 1** Evidence of **serious failings** in clinical management.
- **Outcome 2** Evidence of **suboptimal management**.
- **Outcome 3** Patient was generally managed to a **satisfactory** level.
- **Outcome 4** Evidence of **exemplar clinical management**.

There are in the region of 1500 deaths per year at Stockport NHS Foundation Trust. The large majority occur within the medical specialties (approaching 90%). A subset of eight medical deaths per week (about 400 per year) are subjected to LFD review, these are:

- all cardiac arrest deaths
- any death where a significant concern about patient care has been raised by either staff or family
- all deaths in patients with learning difficulties (LeDeR programme)

- patients with certain “red flag” diagnoses (e.g. acute asthma, DKA, refractory epilepsy, C difficile or MRSA infection, death within 24 h of an invasive procedure).
- all other patient deaths (deaths within ED, surgical deaths, deaths on the critical care unit or in theatre/theatre recovery, obstetric deaths, paediatric, neonatal and stillbirth deaths) are subjected to LFD review.

Obstetric/paediatric/neonatal/stillbirth deaths are also subject to national reporting mechanisms.

Based upon the national guidance, our Learning from Deaths process and policy recommends that the board;

- Understand the (LFD) process: ensure the processes in place are robust and can withstand external scrutiny, by providing challenge and support.
- Champion and support learning and quality improvement
- Assure published information; ensure that information published is a fair and accurate reflection of the provider’s achievements and challenges,

Learning from Deaths Newsletter

The primary goal of our ‘learning from deaths’ process is to facilitate learning and assist with improving the care of future patients. In addition to discussion at departmental Mortality and Morbidity (M&M) meetings, a summary of pertinent cases is shared in a quarterly ‘learning from deaths’ newsletter.

In addition to the oversight newsletter, each business group produces a separate newsletter relating to cases pertinent to their clinical practice;

- Medicine
- Surgery
- ICU
- ED

Addressing concerns raised in LFD Reviews

The role of the LFD reviewers is to identify areas of concern, and opportunities for learning. It is not their role to address or correct all issues identified. Enacting change in response to LFD findings is managed by;

Cases graded as outcome 1, ‘serious failings’ in clinical management, are reviewed first by the Trust LFD lead, and then subsequently by the Medical Director and Chief Nurse. If they support the conclusion, the case is escalated to a serious incident review. Any required actions are managed through this process.

Cases graded as outcome 2, evidence of suboptimal management, are reviewed at directorate level in their M&M meeting, and actions put in place through that process.

Additional learning is gained from an oversight of consistent themes from the LFD reviews. These themes are pulled out in the quarterly newsletter. This newsletter is presented to the quality governance group for review.

All learning points outlined in the mortality newsletter are delegated to the most appropriate clinical or governance group to review: Deteriorating patients group (the majority of learning points are reviewed here), resuscitation committee, palliative care group, safeguarding group and the integrated care quality board.

Family Involvement

Establishing a formal process for family feedback following bereavement has been challenges, however from September, our process for feedback is in place. We will continue to monitor the volume and quality of this feedback at the Learning from Deaths group meeting.

SEVEN DAY SERVICES

Seven day services (7DS) delivery is part of the Quality Improvement Plan for the Trust under the domain of “Reducing Unwarranted Variation in Clinical Practice”.

Incremental improvement has been achieved with our compliance against the 7DS clinical standards. Stockport National Health Service Foundation Trust (SNHSFT) has been fully compliant with the requirements of the nationally mandated Board assurance framework for self-assessment on 7DS performance.

National Seven Day Services Audit and Survey results for Autumn / Winter of 2019 has showed that the improvement noted in 2018 was not only sustained but demonstrated further improvements with the overall score for the four priority clinical standards meeting the national compliance requirements including for the Urgent Network Clinical Services we deliver i.e. Stroke. We were in the upper quartile of national results in our 7DS performance.

It has been acknowledged that for full assurance and sustained compliance on all the 10 clinical standards would require further workforce and financial investment.

We remain committed to further incremental progress with 7DS standards for 2020/21. The 7DS phased delivery requirements are being reassessed post the COVID pandemic and will be considered alongside other trust investment priorities for 2020/21.

SPEAKING UP

The Trust has well-established Freedom to Speak Up arrangements which provide staff with the means of raising concerns relating to quality of care or patient safety.

The arrangements are based on the availability of a Freedom to Speak Up Guardian (FTSUG), reporting directly to the Executive Director-lead for Freedom to Speak Up, who has direct access to both the Chief Executive and Chair.

All staff are able to access the FTSUG for independent advice and support, and awareness-raising of the role and service provided is via Trust-wide communications, such as posters and screensavers.

In the event of concerns being raised, the FTSUG agrees with the individual raising concerns appropriate levels of escalation, awareness and oversight and provides individuals with assurance on protection from detriment.

The FTSUG ensures that individuals are provided with feedback on actions taken in response to concerns that are raised. The FTSUG collates information on feedback relating to concerns and any protection from detriment matters and reports themes and trends to the People Performance Committee on a quarterly

basis. These reports are supplemented by six-monthly reports to the Board of Directors - which are in the public domain and can be accessed via the Trust's website.

Staff are by no means restricted to use of the FTSUG to raise concerns and are encouraged to adopt an open culture of reporting incidents or concerns relating to service quality and patient safety.

Staff are able to raise concerns through line management arrangements and also have access to the Trust's network of Cultural Ambassadors. Robust policy and procedures are in place for the raising of any concerns relating to bullying or harassment.

2.3 Reporting against core indicators

NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. The tables below provide data against each indicator, including the number, percentage, value, score or rate (as applicable) for the latest available reporting period and at least the last two reporting periods for comparison. In addition, where available, the required data is compared with the national average and the highest and lowest performing NHS trusts.

As part of this reporting requirement we are also required, for each indicator, to make an assurance declaration in the form of a pre-defined statement. This includes what actions we have taken or plan to take to improve the performance in these areas.

Please note that data provided is the most recent available to the Trust at the time of reporting.

Summary Hospital-Level Mortality Indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality across the NHS in England. It is produced and published quarterly as a National Statistic by NHS Digital.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

	July 2016 – June 2017	July 2017 – June 2018	July 2018 – June 2019	October 2018 – September 2019
Stockport NHS Foundation Trust	0.93	0.97	0.97	0.98
National average	1.00	1.00	1.00	1.00
Highest	1.228	1.257	1.192	1.188
Lowest	0.726	0.698	0.697	0.698

Source: NHS Digital. Latest data available.

SNHSFT considers that this data is as described for the following reasons it is the latest data available from NHS Digital (reporting period is from July to June). We perform better than the national average (a lower score is better) and continue to focus upon accurate coding of patients to ensure that our population is accurately represented by their data.

SNHSFT intends to take/has taken the following actions to improve this number, and so the quality of its services, by running a formal program for 'learning from deaths', and reviewing case studies at Morbidity and Mortality quarterly meetings within specialties to support learning. In addition, we have formalised our review of 'high mortality alerts', scrutiny of CQC insights report, NHSI mortality report and CHKS mortality reports. Finally, we have a thorough process for review of guidance and quality standards published by NICE.

Patient Deaths with Palliative Care Coding

This indicator is designed to accompany the Summary Hospital-level Mortality Indicator (SHMI). The SHMI makes no adjustments for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the way that palliative care codes are used.

Using the same spell level data as the SHMI, this indicator presents percentage rates of deaths reported in the SHMI with palliative care coding at either diagnosis or treatment specialty level.

	July 2016 – June 2017	July 2017 – June 2018	July 2018 – June 2019	October 2018 – September 2019
Stockport NHS Foundation Trust	29%	31%	30%	30%
National average	31%	33%	36%	36%
Highest	59%	59%	60%	59%
Lowest	11%	13%	15%	12%

Source: NHS Digital. Latest data available

Stockport NHS Foundation Trust considers that this data is as described for the following reasons; this is the latest data available. The Trust is currently within the expected range and is not an outlier.

Stockport NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services by undertaking reviews of deaths, root cause analysis where appropriate, discussions and shared learning at appropriate forums.

Patient Reported Outcome Measures Scores (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The four procedures are hip replacements, knee replacements, groin hernia and varicose veins (Stockport NHS Foundation Trust report on hips and knees). Health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Hip Replacement Surgery	April 2016 – March 2017	April 2017 – March 2018	April 2018 – March 2019	April 2019 – September 2020
Stockport NHS Foundation Trust	89%	92%	93%	93%
National average	89%	90%	90%	91%
Highest	100%	100%	100%	100%
Lowest	74%	33%	60%	57%

Source: NHS Digital. Latest data available

Knee Replacement Surgery	April 2016 – March 2017	April 2017 – March 2018	April 2018 – March 2019	April 2019 – September 2020
Stockport NHS Foundation Trust	89%	87%	87%	100%
National average	81%	82%	82%	84%
Highest	94%	100%	100%	100%
Lowest	46%	57%	60%	36%

Source: NHS Digital. Latest data available

Stockport NHS Foundation Trust considers that this data is as described for the following reasons this is the latest data available from NHS Digital. The figures are based on patients' responses to questionnaires, completed before and after surgery and are the percentage of respondents who had improved health. The EQ-5D Index captures in a single value a range of generic health issues in a broad but clearly defined way.

Stockport NHS Foundation Trust has taken the following actions to improve these scores, and so the quality of its services, by the Trust continues to review results for hip and knee replacement survey on a regular basis, along with publishing the figures within and outside the Trust. Stockport NHS Foundation Trust remains above the national average.

Readmissions within 28 Days of Discharge

This indicator measures the percentage of emergency admissions occurring within 28 days of the last, previous discharge from hospital after admission for selected conditions.

Patient readmitted to hospital within 28 days of being discharged aged: 0-15	2016 / 17	2017/18	2018/19	2019/20 YTD (December)
Stockport NHS Foundation Trust	9.2%	9.2%	11.2%	11.6%
National average	9.1%	9.2%	9.7%	9.5%
Highest	16.0%	18.1%	17.2%	16.3%
Lowest	0.0%	0.0%	0.0%	0.0%

Source: NHS Digital. Latest data available.

Patient readmitted to hospital within 28 days of being discharged aged: 16+	2016 / 17	2017/18	2018/19	2019/20 YTD (December)
Stockport NHS Foundation Trust	8.2%	8.5%	8.6%	7.5%
National average	7.6%	8.0%	8.3%	8.0%
Highest	10.5%	11.4%	11.9%	12.0%
Lowest	0.0%	4.0%	3.8%	0.0%

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust considers that this data is as described for the following reasons: this is the latest available data.

Stockport NHS Foundation Trust intends to continue to monitor readmission rates and will take appropriate action as identified.

National Inpatient Survey

This survey looks at the experiences of adult patients who were admitted to an acute NHS hospital in England. It excludes patients whose treatment related to maternity or, patients admitted for planned termination of pregnancy or daycase patients. This indicator is based on an average weighted score of five questions relating to responsiveness to inpatients' personal needs (score out of 100).

	2015/16	2016/17	2017/18	2018/19
Stockport NHS Foundation Trust	68	65	65	66
National average	70	68	69	67
Highest	86	85	85	85
Lowest	59	60	61	59

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust considers that this data is as described for the following reasons; the result shown is calculated as the average of five questions taken from the national inpatient survey.

Stockport NHS Foundation Trust takes the following actions to improve this percentage, and quality of its services. We maintain a highly visible Patient Experience team presence around the Trust, supporting staff to capture both positive and negative feedback. Work is continually ongoing alongside the Business group staff to develop robust improvement plans for a high quality consistent service for our patients and their families

The iPad survey has been fully recommenced following the COVID19 pandemic, and continues to be used to capture information and shape future services. Our questions are reviewed annually in line with the national questions to ensure targeted focus, with this process fully supported by our patients and their loved ones.

Stockport NHS Foundation Trust has a Patient Experience Group and a Patient Experience action group where action plans and improvements are monitored with a membership of Trust staff, volunteers, patients and carers included in the groups.

National Staff Survey

The purpose of this survey is to collect staff views about working in their NHS organisation. Data is used to improve local working conditions for staff, and ultimately to improve patient care. The survey is administered annually so staff views can be monitored over time. It also allows a comparison of the experiences of staff in similar organisations.

	2016**	2017**	2018**	2019**
Stockport NHS Foundation Trust	66	65	64	62
National average	69	69	70	71
Highest	90.92	89.29	90.25	90.40
Lowest	47.87	46.84	41.08	48.70

Source: NHS Digital. Latest data available.

** average of Acute Trusts & Combined Acute and Community Trusts

Stockport NHS Foundation Trust considers that this data is as described for the following reasons as it is taken from the results of the national staff survey, published at www.nhsstaffsurveys.com. Stockport NHS Foundation Trust has increased the engagement of its staff with the National Staff Survey 2019 by increasing the response rate to 55%, an increase in responses of 25%.

Stockport NHS Foundation Trust intends to take the following actions to improve the percentage of responses and overall rating for 2020. There will be continued and increased engagement with staff and key groups across the Trust to review feedback, actions and development plans to ensure that we enhance the staff experience and can deliver our Trust's strategic aims.

Venous Thromboembolism Risk Assessment

Venous thromboembolism (VTE) is a blood clot that starts in a vein. All patients, on admission, should receive an assessment of VTE and bleeding risk using national clinical risk assessment criteria to prevent VTE from developing.

	2016/17	2017/18	2018/19	2019/20 (Apr to Dec)
Stockport NHS Foundation Trust	95.4%	96.3%	97.0%	97.4%
National average	95.6%	95.3%	95.6%	95.4%
Highest	100.0%	100.0%	100.0%	100.0%
Lowest	70.4%	63.3%	64.5%	71.8%

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust considers that this data is as described for the following reasons; the Trust has consistently achieved above 95% compliance for VTE risk assessment on admission since 2013. It is mandatory to complete the VTE Risk Assessment in the electronic prescribing & medicines administration system (ePMA) before prescribing medications. The data is recorded onto Patient Centre and validated by the VTE specialist nurses. The exclusion cohort is monitored to ensure only those patients eligible for assessments are included in the figures.

Stockport NHS Foundation Trust has taken the following actions to improve this percentage: VTE risk assessment is included at junior doctor training to junior doctors, and the Thrombosis Committee & VTE Specialist Nurses closely monitor the Trust's performance. Any areas of non-compliance are highlighted to the Medical Director. In 2019 the ePMA system was introduced into ED, making VTE risk assessment mandatory earlier in the patient journey.

Cases of Clostridium Difficile Infection

Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment.

CDT	Target	Q1	Q2	Q3	Q4	18/19
LIC		4	8	13	20	11
Number	51	14	28	44	56	31

Stockport NHS Foundation Trust considers that this data is as described for the following reasons in that the trust follows the national Clostridium difficile guidelines. There is a robust system for data entry and validation which ensures all cases are entered onto the data Capture system.

Stockport NHS Foundation Trust has taken the following actions to improve this rate and so the quality of its services:

- Undertaken a review of the clostridium difficile RCA form to ensure it is more user friendly
- Set up a Health Care Associated Infection (HCAI) panel meetings fortnightly chaired by the Directors of Infection Prevention & Control (DIPC)
- Business groups expected to present CDI case to panel
- Undertaken a review of antibiotic stewardship rounds
- CDI review undertaken by Mersey Internal Audit Agency (MIAA)

Patient Safety Incidents

A patient safety incident is any unintended or unexpected incident which could have or did lead to harm or even death for patients receiving NHS care. This indicator highlights the number and, where available, rate of patient safety incidents per 1,000 bed days reported and the number and percentage of such patient safety incidents that resulted in severe harm or death with the Trust during the reporting period.

Number of patient safety incidents / rate of patient safety incidents per 1000 bed days	2015/16	2016/17	2017/18	2018/19
Stockport NHS Foundation Trust	10,752 47.2%	9,380 40.5%	8,551 37.8%	8,758 40.7%
National average	39.1%	40.7%	42.9%	45.8%
Highest	6,743 308.2	4,469 148.3	4,477 166.5	4,062 141.7
Lowest	3,473 13.3%	1,182 10.7%	3,892 15.4%	1,767 14.9%

Source: NHS Digital. Latest data available.

Number resulting in severe harm or death / as a percentage of all patient safety incidents	2015/16	2016/17	2017/18	2018/19
Stockport NHS Foundation Trust	91 0.85%	102 1.09%	106 1.24%	49 0.56%
National average	41 0.54%	42 0.48%	42 0.48%	43 0.46%
Highest	101 4.21%	125 4.11%	168 3.88%	204 3.97%
Lowest	0 0%	0 0%	0 0%	0 0%

Source: NHS Digital. Latest data available.

Stockport NHS Foundation Trust recognises that we remain slightly under the national average per 1000 bed days for reporting incidents. For reporting incidents that have resulted in severe harm or death, we remain slightly over the national average, although it can be seen that this is an improved position from previous years.

The Trust has to meet statutory and legal requirements to record incidents and therefore all our patient safety incidents and near misses are reported to the National Reporting and Learning System (NRLS). Information from all NHS care providers is reviewed nationally by clinicians and safety experts to identify trends and alert other organisations.

Stockport NHS Foundation Trust has taken actions to improve the rate of reporting, and so the quality of its services, by encouraging reporting of incidents with an open and just safety culture. The Trust holds a weekly meeting where all incidents that have resulted in moderate harm or above, low harm, near misses, staffing incidents, medication incidents, Healthcare Acquired infections and safeguarding incidents are reviewed by the senior clinical and governance teams. This ensures that there is a consistent approach to assessing levels of harm and the type of investigations required. A weekly update is produced and sent to all staff via email, which describes the top three immediate lessons learnt from the incidents reported that week. The incident reporting system has an automatic feedback mechanism so that the member of staff who has reported the incident is able to receive feedback and the actions from incidents.

Serious Incidents are managed through the Serious Incident policy which is underpinned by the NHS Serious Incident Framework 2015. All Serious incident investigations are signed off by an Executive Director.

The Trust continues to deliver investigation training, including the requirement for Duty of Candour.

3

Other information relevant to the quality of relevant health services

The quality accounts regulations specify that Part 3 of the quality report should be used to present other information relevant to the quality of relevant health services provided by the provider during the reporting period.

In this section we have provided an overview of the quality of care offered by Stockport NHS Foundation Trust, based on performance in 2019/20 against indicators selected by the board in consultation with stakeholders. The indicator set selected includes:

- three indicators for safety
- three indicators for effectiveness
- three indicators for experience

3.1 Overview of the quality of care

In this section we have provided an overview of the quality of care offered by Stockport NHS Foundation Trust, based on performance in 2019/20 against indicators selected by the board in consultation with stakeholders. The indicator set selected includes:

- three indicators for **safety**
- three indicators for **effectiveness**
- three indicators for **experience**

The Quality Account Priorities were discussed in January 2019/201, with a host of representatives from key organisations including governors, Stockport Clinical Commissioning Groups, Healthwatch and a number of our own staff.

The priorities were identified through receiving regular feedback and regular engagement with governors, staff, patients, the public, and commissioners of NHS services, overseeing scrutiny groups and other stakeholders.

Progress on the planned improvements has been reported through the Trust's assurance committees, through Governors meetings, and ultimately through to Trust Board. Progress and delivery of these priorities is reported in this Quality Report.

Our staff, governors, members and patients are the eyes and ears of the organisation and their views are constantly sought to ensure that we are focusing on the things that will make the most difference. We surveyed staff, patients and visitors, through the Staff Survey and the Friends and Family Test and from those results we captured the views of the staff and wider public in relation to the range of priorities.

These areas were:

Safety

- We aim to achieve a 25% reduction in device related pressure ulcers by March 2020
- We aim to achieve a 10% reduction in in-patient falls, with 10% reduction in falls with moderate and above harm by March 2020
- We aim to achieve 80% compliance with the Sepsis 6 and will establish the baseline training compliance during quarter 1.

Effectiveness

- We aim to improve readmission rates for patients with the same condition establishing the baseline during quarter 1.
- We aim to continue our ward accreditation scheme with 4 new assessments each quarter and roll out the accreditation to the community, maternity, paediatrics, theatres and community.
- We aim to reduce patient transfers after 10pm and after 8pm for patients living with dementia. Additionally, we aim to reduce the number of times a patient is transferred between wards during their hospital stay.

Experience

- We aim to reduce our nursing and midwifery vacancies to less than 100 WTE by March 2019
- We aim to improve the 5 worst performing questions from the national inpatient survey by 5% by business group by March 2020.
- We aim to improve patient opportunities for advanced care planning at the end of their life by March 2019

Safety

Pressure Ulcers

We aimed to achieve a 25% reduction in device related pressure ulcers by March 2020

This target was achieved, a number of initiatives have contributed to this improvement;

- The delivery of toolbox training to raise awareness of key steps and interventions aimed at reducing pressure when a medical device is in place
- A medical device investigation proforma is now available to complete within the incident reporting system, to assist with collating themes and identifying actions for improvement.
- A suite of patient information leaflets relating air cast boot (ACB) and other orthotic devices are now available on the Trust microsite to give to patients when a range of medical devices have been applied.
- MDRPU have not been identified as a quality target for 20/21 however the ongoing reduction in this particular type of pressure damage remains a priority focus for the trust and the work of the medical device task and finish group is on-going.

Falls

We aimed to achieve a 10% reduction in in-patient falls, with 10% reduction in falls with moderate and above harm by March 2020

- 988 total falls in 2019/20 with an overall falls reduction of 19% against last year.
- 29 falls with moderate harm remains the same as last year.

Sepsis

We aimed to achieve 80% compliance with the Sepsis 6 and will achieve 75% of registered nurses to be AIMS baseline training compliant by the end of March 2020.

- Sepsis compliance remained a challenge for the Trust and compliance at end of March 2020 was 64% progress to deliver improvements was impacted by Covid19.
- AIMS training was on track to achieve the 75% target, additional sessions had been agreed and delegates booked however these had to be cancelled due to Covid19, 55% was achieved.

Effectiveness

Readmissions for Patients

We aimed to improve readmission rates for patients with the same condition. For patients discharged between 01.03.2019 and 31.03.2020 there were:

- 79,405 discharges (excluding maternity)
- 7517 non-elective readmissions within 28 days (9.5% of the discharges compared to 9.8% 2018/19)
- 1752 non-elective readmissions within 28 days, where the Primary Diagnosis code for the initial admissions precisely matches that for the readmission (so 23% of the total readmissions, 2.2% of the discharges). 6 of the readmissions are still to be coded.

	2018/19	2019/20
No Discharges (excluding Maternity)	81,347	79,405
Non- Elective readmissions within 28 days	8022	7517
Non-Elective readmissions within 28 days where the Primary Diagnosis code for the initial admissions precisely matches that for the readmission	1755	1752

Ward Accreditation

We aimed to continue our ward accreditation scheme with 4 new assessments each quarter and pilot the accreditation to the community, maternity, paediatrics, theatres and community.

- ACE assessments continue in all areas. 7 assessments have been undertaken in Q3
- Pilot programmes for community, paediatrics, maternity and neonates are currently progressing

Patient Transfers

We aimed to reduce patient transfers after 10pm and after 8pm for patients living with dementia.

Additionally, we aimed to reduce the number of times a patient is transferred between wards during their hospital stay.

- There has been a 10% reduction in the number of transfers after 10pm (April – Dec 2019) compared to the same period in 2018
- There is a transfer collaborative that meets every 2 weeks and there is a comprehensive action plan which includes quality improvement projects
- There has been a 19% reduction in the number of transfers after 8pm (April – Dec 2019) compared to the same period in 2018

Strategic Staffing

We aimed 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 was 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 vacancy figure in December 2019 was 148 RN WTE with variance from establishment rate of circa 200 WTE as the difference in the figures are those in Trac awaiting imminent start dates ..
- The Nursing Associate programme is now starting to demonstrate benefits realisation as cohort one are now all now in post, and cohort 2 qualify quarter 1 2020 financial year . 62 0 WTE are in training over 5 cohorts with cohorts qualifying every 6 months. This is a significant new pipeline of qualified staff to support safe nurse staffing.
- A Business Case for International recruitment and a campaign for the financial year 19/20 yielded 63 RNs who arrived in the financial year with a further 17 due to arrive early next financial year. In the next financial year a bid for funding for 100-150 RN's has been made.
- Multiple recruitment events are attended over the Manchester and Stockport region, with the Trust attending university events in Sheffield, Bolton, MMU, Edge Hill, Salford/OUM as well as two large nursing times exhibitions which generated a good return on investment.
- 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%. In the last quarter however turnover rates have increased again to nearly the original figure of 13.9% , latest figures indicate the trust Rn turnover at 13.7% .
 - 1) A continued focus on an improved newly qualified first year experience, which will include not only graduate nurses but also nursing associates. In April 2020 it is planned that a designated member of the learning and development team will be allocated to provide buddy support and an enhanced graduate nurse experience. This campaign will work closely with the itchy feet / sideways transfer scheme
 - 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.
 - 4) A review and refresh of the flexible working policy.
- 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, 114 registered nurses have accessed this scheme and 76% have chosen to stay within the Trust.
- Three 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 has been undertaken to review the opportunity of an AP conversion course to commence, if funded, in September 2020. 25 have expressed interest in conversion to RN.

Inpatient Survey

We aimed to improve the 5 worst performing questions from the national inpatient survey by 5% by business group by March 2020.

- The national survey is being monitored on a monthly basis via comparable questions from the in-house patient satisfaction survey. Progress is monitored via the Patient experience group and improvements are noted over all areas.

The areas relate to:

- Noise at night (Environment)
- Plans for discharge (Communication)
- Napkin availability (Facilities)
- The patient knowing the name of the nurse (Care)
- Temperature of food (Facilities)
- Being asked if pain relief medication helped (Care)
- Completion of patient property list (Environment)

Advanced Care Planning

We aimed to improve patient opportunities for advanced care planning at the end of their life by March 2020

- Up to 29% of people in hospital at any one time as a result of an unplanned admission are likely to be in their last year of life, Clark et al (2014). The baseline includes this group of people in addition to the people who are identified as likely to be in their last year of life in the community and are identified on the primary care palliative care registers.
- A Treatment escalation plan template is in the process of ratification by the Trust led by the Medical Director.
- The EARLY Project in Primary Care supported by Viaduct has demonstrated that an EMIS tool can support early identification of this group of people and that if they are proactively followed up with an offer of advance care planning that most people are responsive to this approach. A tool (leaflet) to support advance care planning conversations is one of the outcomes of this piece of work and will be shared when it becomes available in February 2020.
- An advance care planning document is in draft in January 2020 to be reviewed at the next Palliative and End of Life Care Group.
- The End of Life Care Facilitator team deliver a one day advance care planning study day to hospital and community staff.
- The Specialist Palliative Care Service have supported an initiative on C6 Ward to share information with people and their relatives regarding decisions that have been made to stop futile treatment. This will link into the Treatment Escalation Plans template once it is available.

3.2 Performance against indicators and thresholds

NHS Improvement uses a number of national measures to assess access to services and outcomes, and to make an assessment of governance at NHS foundation trusts. Performance against these indicators acts as a trigger to detect potential governance issues and we are required to report on most of them every three months.

Our performance against these indicators can be seen in the table below.

Indicator for disclosure	Target	Q1	Q2	Q3	Q4	19/20	18/19
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	84.1%	82.1%	79.4%	77.4%	80.7%	84.8%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	74.4%	70.6%	62.5%	67.2%	68.7%	76.8%
All cancers: 62-day wait for first treatment from:	85%	78.5%	75.1%	69.5%	72.2%	73.7%	78.9%
<ul style="list-style-type: none"> urgent GP referral for suspected cancer NHS Cancer Screening Service referral 	90%	66.7%	50%	100%	66.7%	64.7%	72.7
C. difficile: variance from plan	-	4	8	14	20	20	11
<ul style="list-style-type: none"> C. diff incl COHA cases due to lapses in care (Cumulative) Total C. diff incl COHA cases (Cumulative) 	51	14	28	44	56	56	31
Maximum 6-week wait for diagnostic procedures	99%	98.8%	95.6%	91.9%	87.2%	93.0%	99.1%
Venous thromboembolism (VTE) risk assessment	95%	97.04%	97.30%	97.84%	97.80%	97.49%	97.01%

3.3 Other information

Other Quality Initiatives

Throughout the past 12 months there have been a number of significant quality improvements, particularly in relation to the infrastructure relating to governance redesign. Whilst some quality initiatives have been presented in earlier sections of this report; this section of the report describes the improvements made to the infrastructure supporting quality governance. In this section of the report we describe some of them.

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. 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 patient's receive a safe, consistent, person centred experience at every contact.

The trust's patient, carer, friends and family strategy sets out our ambitions and approach for improving the patient experience by always listening to our patients, carers, family and friends, learning together from their feedback, leading change based on patient, carer, family and friends experiences and ensuring our patients, carers, family and friends are consistently put first as we continuously improve our communication, care, environment and processes. The strategy was developed and reviewed in consultation with patients and carer representatives.

Care Opinion



The feedback we receive from Care Opinion has enabled us to invite patients and their families into the organisation to discuss the care they received. The patient and families are also invited to partake in the filming of patient stories which enable the trust to share good practice, implement change and allow for lessons to be learned. Key themes have been related to caring, compassionate, professional staff.

Hello my name is -

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. As an effort to support the campaign patient behind the bed boards were rolled out 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 have been rolled out across all in-patient wards and outpatient areas. 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.



Veterans Passport

As part of the armed forces work, and following feedback via Care Opinion, a veterans' passport was developed to provide individualised methods of the communication and a tool for the sharing of patient's personal information. An armed forces group meet regularly and 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. The passport was trialled with our veteran champion within an outpatient's appointment and was very positively received, the passport is

now in use across all areas of the hospital and GP practices within Stockport as well as in use in other partnering organisations. The Stockport NHS Foundation Trust model has now been replicated outside the Greater Manchester area.



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.

Experience of Care Week

The trust ran a series of events in both Stepping Hill Hospital and the community for 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.

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

Pet Therapy

At Stockport NHS Foundation trust we have 10 registered therapy pets that regularly visit 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.



Music Therapy

Music therapy is well established across the hospital, it 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.



The Apostolic Faith Choir sing and play on the short stay unit for older people



The Apostolic Faith Choir sing and play on the short stay unit for older people



Annex 1.1

Statement from the local clinical commissioning group

30th October 2019

Subsequent to receipt and review of the Annual Quality Accounts Report 2019-20, Stockport Clinical Commissioning Group (SCCG) would like to acknowledge Stockport NHS Foundation Trust (SFT) achievements against a significant proportion of the priorities for improvement for 2019-2020.

We acknowledge the trust's commitment to achieving these objectives in a particularly challenging and pressured time. We also want to commend all staff across the Trust for their commitment to people of Stockport, and issue a heartfelt thank you to everyone who has contributed to the care of patients across Stockport.

It is important to note that there has been the significant impact of the COVID pandemic and that as a result there has been the temporary suspension of the collection of patient experience data this year but we are assured that work will continue around patient experience to ensure that the Trust continues to benchmark with peers in relation to the care that is provided. It is noted that the Trust has action plans for a number of work programmes that focus on staff and patient engagement, as well as implementing culture change and a robust communication strategy. In addition the commitment of the Trust to the national Infection prevention and control (IPC) and Maternity improvement programmes is welcomed by the CCG

The Trust has continued to see challenges to service provision throughout the year, particularly around emergency department (ED) waiting times, long lengths of stay, recruitment, and retention of staff across the Trust. The CQC has maintained the overall Trust rating of 'Requires Improvement', with a rating of 'Good' for caring services, demonstrating that in some areas improvements have continued and SCCG envisage that this will inform the continued progress over the coming year. The High Quality Safe Care Plan outlined the progress against the CQC recommended actions, with oversight and scrutiny from the executive directors and business group directors and the updated CQC action plan is overseen by the System Improvement Board with actions monitored by the CCG. A detailed review of improvements is undertaken as part of the Stockport Patient Safety Group.

SFT have continued to demonstrate commitment to the quality improvement programme of CQUINs and shown definite motivation in achieving these improvement objectives. Despite a continued enthusiasm to improving patient experience, patients response to the question "would be likely or extremely likely to recommend the trust has remained at the same level as the previous year".

The learning from the reported 12 hour breaches and the number of maternity divers reported during the year and examined as Serious Incidents in 2019-20 needs to be embedded thoroughly across the organisation in 2020-21, given the high numbers reported over the 2019/20 year. The Trust have reviewed the way that 12 hour breaches are recorded, and all relevant information collated in the Long Wait for Care Assessments are being shared with the CCG to demonstrate the standards of care being provided, despite the challenges to the ED. Timely reporting of incidents in line with the national framework continues to be encouraged by the CCG.

The continued underperformance against the ED indicators has been frustrating, but SCCG acknowledge the Trusts' commitment to ensure that processes are in place to improve and maintain quality and safety and to alleviate some of the issues identified in this particularly challenging environment. SCCG have continued to work with the Trust on a variety of initiatives to enhance the pace of improvements needed and a renewed focus needs to be applied in 2020/21 particularly around winter planning to facilitate the improvements required. There has been progress in relation to the reduction in Delayed Transfers of Care and Stranded Patients, however there is still further work to do to reduce length of stay for older people, and the CCG recognise that additional pressures around COVID will further impact on these endeavours.

It has been encouraging to learn that the year has seen a fall in the overall numbers of new pressure ulcers in comparison to 2018/19, and the planned reductions around device related pressure ulcers, hospital acquired and community acquired pressure ulcers were achieved. SCCG acknowledge the continued work implemented around the pre harm free care meetings and the work of the medical device task and finish group, and the continued use of the Purpose T assessment tool, all of which will facilitate lessons for learning across the organisation in a timelier manner.

The Trust concerns about the increased number of Cdiff cases and their continued efforts to reduce rates demonstrates a clear commitment to reducing infection rates and lapses in care against trajectory. The additional infection prevention and control measures initiated as a result of COVID are expected to have an impact on reducing the infection rates across the organisation.

SCCG recognise that there has been a significant work programme around falls reduction, and The Trust has performed well against the target for the number of falls with a 19% reduction for total falls across the year. The number of falls with moderate harm has remained the same as the previous year and the CCG would expect to see a reduction in this number for 2020/21. SCCG have noted the work that has continued around the harm free care summit, 'STEADY' in Stockport and bay tagging initiatives to further enhance the improvements on the falls agenda. The staff are commended for their continued commitment to reducing falls and associated harm, and improving outcomes for patients.

SCCG note the clear commitment to harm free care and the continued improvement plans for falls and pressure ulcers. The CCG are assured that the pre harm free care meetings, patient safety summit meetings and the senior nurse walk rounds have continued to enhance the patient quality and safety agenda. This was further demonstrated by the introduction of NEWS2 in March 2019 which is still being monitored and evaluated.

It is noted that the Trust has continued to experience staffing and recruitment/retention issues, and SCCG note the ongoing initiatives around the ongoing recruitment programme, retention programme and improving efficiencies in e-rostering, and the development of measures with NHS Professionals to address some of these staffing issues. We consider the International recruitment programme to be very successful.

SCCG recognise that service delivery issues and staffing difficulties around recruitment of key staff for cancer services including cancer specialist nurses, pathologists and radiographers, had been particularly challenging and this was demonstrated in the failures to achieve the 18 week target across some cancer pathways during 2019/20. COVID 19 will have undoubtedly affected this further and SCCG will continue to work with and support the Trust to improve the 18 week targets and access to cancer service pathways over the coming year, despite COVID restrictions and the impact this will have on service delivery and treatment pathways.

The Trust have continued to demonstrate encouraging results from their highly rated stroke unit, officially ranked best in the country by an SSNAP audit. It has also been noted that the Trust have some of the best results in the country for bowel cancer care. In relation to seven day services and meeting the national

compliance requirements for urgent network clinical services, ie Stroke, it is encouraging to find that the Trust remain in the upper quartile of national results.

From April 2019 the approach to responding to complainants altered to provide a more rigorous investigation that would provide a more timely resolution. Staff were trained to ensure that a more holistic response to the issues raised has been embedded. This initially has led to a reduction in timeliness to response rates as staff adjusted to the improved approach, however the response rate has improved throughout 2019/20 and an improvement from 65% in July 19 to 100% in Feb 20 and the improvements demonstrated have continued. We will continue to work with the Trust complaints team and to monitor complaint responses across the coming year.

The Trust have been working with SCCG on the LeDeR programme (Learning Disability Mortality Review) actively participating in the process, with notification of deaths to the system where the patients are known to have a learning disability. The Trust have one reviewer and a member to SCCG partnership steering group which will support the dissemination of any learning back to The Trust to implement. They also support other reviewers to understand health information held by the hospital.

The continued efforts of the Business Groups in relation to reporting serious incidents and completing and submitting reports for review has continued to improve during the year. The Trust has demonstrated a clear commitment to improving the SI reporting process and the teams will continue to support the STEIS reporting and SI process over the coming year. The CCG would like to see an improvement in the timeliness of STEIS reporting, and it is hoped that the newly initiated validations meetings will assist with these decisions. The CCG would also like to see some accompanying audits to evidence whole footprint implementation of actions to evidence the learning and changes implemented in the continued drive to improve quality and safety.

There have been some substantial improvements reported this year that SCCG wish to commend, and some good examples of collaborative working across the health and social care economy, and a dedication to patient safety and incident reporting.

SCCG support the response of the Trust to address the CQC outcomes through its Improvement Action Plan. SCCG will continue to seek assurance on completion of the actions, and is committed to working with SFT on sustaining and nurturing improvements, developing areas for growth and establishing innovation in quality improvement projects in the year ahead.

SCCG recognise the achievements made over the last year and look forward to working with SFT to further improve patient experience, patient safety and clinical effectiveness for all patients accessing SFT services.



Annex 1.2

Statement from the local Healthwatch organisation



Stockport NHS Foundation Trust Quality Account 2019-20
Healthwatch Stockport Statement
REF: HWS126

Healthwatch Stockport welcomes the opportunity to feedback on Stockport NHS Foundation Trust's Quality Account 2018-19. We recognise the valuable role the quality report plays in ensuring accountability to patients and the community of Stockport.

We write this response whilst still in the thick of the Covid-19 pandemic and understand the huge pressures that face our NHS nationally. However, we are only responding to the period 2019-20 and much of which was prior to the start of the pandemic.

In November 2019 we welcomed the creation and the appointment of a specific Healthwatch Stockport Governor position. We feel this is a positive and progressive move for the Trust and one of the many ways the Trust can enhance patient and public representation and engagement.

First, we would like to begin by paying a huge tribute and thanks to the dedicated and committed frontline NHS Staff who work for Stockport NHS Foundation Trust. As is usual for Healthwatch Stockport, the feedback we receive about hospital and community staff is nearly always positive and there continues to be a real empathy from the public about the considerable pressure the NHS is under.

Over the last few years Healthwatch Stockport has had to express its disappointment in certain elements of the quality account. Previously we have expressed our concerns over 18 week waits, A&E waiting times, Urgent GP referrals and access to British Sign Language Interpreters for patient who are deaf. Unfortunately, we continue to be concerned about these quality issues, in addition to staffing vacancies, the dramatic increase in 12-hour breaches and constantly being among the worst performing Trusts in Greater Manchester. We felt so strongly that twice in this reporting period we had to escalate our concerns to the Greater Manchester Health and Social Care Partnership.

Whilst we commend the areas the Trust have improved and in which they have continued to excel, such as their outstanding stroke and abdominal services, reduction in in-patient falls and pressure ulcers, the overall picture is very disconcerting. Little has changed from the CQC report from December 2018 [Previous reporting year] in which they required the Trust to improve in all the domains of safety, effectiveness, responsiveness and well led. A quality improvement plan and a refreshed improvement plan was in place for 2019-20. The CQC findings are not what the patients of Stockport want to see from their local hospital.

From an engagement perspective we are pleased that we are represented on the Trust patient experience group and hope to build on the initial introductions made, ensuring a positive experience for all who use the Trusts services.

Last year we reported that we did not have sight of all information available in the version of the Quality Account we received and so, were disappointed not to be able to comment more fully on its content. Due to reason of the covid-19 pandemic we were not provided with the full report this year to comment on.

Last year we were given assurance that the quality of patient experience would improve. Unfortunately, we have not received any written evidence of this for this reporting year.

As in previous responses, where we have requested that we receive updates through the year against priorities within the quality account, we would ask again that we have regular involvement meetings with key people within the trust, over the period of the year.

We expect [again] that with new changes happening within the Trust at a leadership level that we shall be involved in supporting the Trust to help people have a positive experience when using its services.

We hope that, for next year, we can build upon relationships with the Trust Governors, the senior leadership team and ward managers, which will see greater involvement in planning and developing services for patients.

We continue to invite feedback from the public about their health and social care experiences related to the Trust and/or community services and will feedback accordingly.

Healthwatch Stockport, through its involvement with commissioners, providers, patients and the public, continues to help, challenge and encourage the achievement of quality improvement and the pledges given to patients set out in the NHS Constitution.

This Statement was prepared by Healthwatch Stockport Members November 2020

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Annex 2

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance.

The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2019 to March 2020
- Papers relating to quality reported to the board over the period April 2019 to March 2020
- Feedback from commissioners dated 30 October 2020
- Feedback from local Healthwatch organisations dated November 2020
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, to be dated December 2020 (currently in progress)
- The latest national patient survey 2019
- The latest national staff survey 2019
- The Head of Internal Audit's annual opinion of the trust's control environment June 2020
- CQC inspection report May 2020

This Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered

The performance information reported in the Quality Report is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board,



Adrian Belton
Chair
December 2020



Karen James
Chief Executive
December 2020

Glossary of terms and abbreviations

7DS – Seven Day Services

A&E – Accident and Emergency (also known as emergency department) is a hospital department that deals with genuine life-threatening emergencies.

ACB - Air cast boot

ACE – Accreditation for Continued Excellence is the locally developed ward accreditation scheme at Stockport NHS Foundation Trust aimed to promote safer patient care by motivating staff and sharing best practice between ward areas through regular assessments across a wide range of core healthcare subjects.

Acute - Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.

AFN – Acute Frailty Network

AIMs – Acute Illness Management

AP – Assistant Practitioner

AQuA - Advancing Quality Alliance is an NHS health and care quality improvement organisation established in 2010 and supports its members in the North West to deliver the best health, wellbeing and quality of care.

BME – Black and Minority Ethnic

CCG – Clinical Commissioning Group

CDI - Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It can spread easily to others.

CQC - Care Quality Commission is an independent regulator of all health and social care services in England.

CQUIN - Commissioning for Quality and Innovation is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

CPMS - Central Portfolio Management System

DIPC - Directors of Infection Prevention & Control

DoH - Department of Health is a department of Her Majesty's Government, responsible for government policy on health and adult social care matters in England

DoLS - Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty.

DQMI - Data Quality Maturity Index

DSP - Data Security & Protection

Duty of Candour - Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

ECDS - Emergency Care Data Set is the national data set for urgent and emergency care. It replaces the Accident & Emergency Commissioning Data Set. Using ECDS for emergency departments provides data that better supports healthcare planning and better informed decision making on improvements to services.

ED – Emergency Department (also known as Accident and Emergency) is a hospital department that deals with genuine life-threatening emergencies.

EDD - Expected Date of Discharge

EMIS - Egton Medical Information System

EMOS - Electronic meal ordering system

ENT – Ear, Nose & Throat

EoL - End of Life

EPR - Electronic Patient Record

ePMA - Electronic Prescribing And Medicines Administration

FIT – Frailty Intervention Team

Foundation Trust - NHS Foundation Trusts are part of and committed to the NHS, but have more freedom in how they run their hospital and how they meet the demands on them.

FRESH – Sexual Health service

FTSUG - Freedom to Speak Up Guardian

FU OWL – Follow up Outpatient Waiting List

GCP - Good Clinical Practice

GIRFT – Getting It Right First Time

GM – Greater Manchester

GMCRN - Greater Manchester Clinical Research Network

GP – General Practitioner

HAP – Hospital Acquired Pneumonia

HASU – Hyper - Acute Stroke Unit

HCAI - Health Care Associated Infection

HES - Hospital Episode Statistics

HSCA – Health & Social Care Act

ISARIC - International Severe Acute Respiratory and Emerging Infection Consortium

LFD - Learning from Deaths

LHCRE – Local Health Care Records Exemplars

M&M – Morbidity & Mortality

MDRPU - Medical device related pressure Ulcers

MDT – Multi-Disciplinary Team

MIAA - Mersey Internal Audit Agency

MMU – Manchester Metropolitan University

NCAPOP - National Clinical Audit & Patient Outcomes Programme

NHSE – NHS England

NHSI – NHS Improvement

NHSP – NHS Professionals

NIHR – National Institute of Health Records

NRLS - National Reporting and Learning System

ODL – Organisation Development & Learning

ODP – Operating Department Practitioner

OWL – Outpatient Waiting List

PDSA – Plan, Do, Study, Act

PROMs - Patient Reported Outcome Measures

QI – Quality Improvement

RCEM – Royal College of Emergency Medicine

RM – Registered Midwife

RN – Registered Nurse

RTT - Referral to Treatment

SPC - Statistical Process Charts

SHMI – Summary Hospital-level Mortality Indicator

SMBC – Stockport Metropolitan Borough Council

SMT - Senior Management Team

SNHSFT – Stockport NHS Foundation Trust

SRO – Senior Responsible Officer

SSI – Surgical Site Infection

SURRT - Stockport Urgent Response and Rehabilitation Team

SUS - Secondary Uses Service

SWOT – Strengths, Weaknesses, Opportunities & Threats

TOP Pathway – Termination of Pregnancy Pathway

UGI - Upper Gastro-Intestinal

VTE - Venous Thromboembolism

WTE – Whole Time Equivalent

WW – Week Wait

YTD – Year to Date

Contact us

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