

# COUNCIL OF GOVERNORS MEETING

27 APRIL 2022

**Making a difference every day.**



Stockport  
NHS Foundation Trust

## Meeting of the Council of Governors

**Wednesday, 27 April 2022**

Held at 3.00pm via Webex

*(This meeting is recorded on Webex)*

## AGENDA

Time			Enc	Presenting
1500	1.	Apologies for Absence		
	2.	Declarations of Interests		
	3.	Minutes of Previous Meeting – 23 February 2022	✓	<b>T Warne</b>
	4.	Action Log	✓	<b>T Warne</b>
1515	5.	Chair's Report	✓	<b>T Warne</b>
		<b>PEOPLE</b>		
1525	6.	National Staff Survey Report	✓	<b>A Bromley</b>
		<b>PERFORMANCE</b>		
1540	7.	Non-Executive Directors Report including: Highlights from Board Committees	✓	<b>Committee Chairs</b>
		<b>STRATEGY</b>		
1605	8.	Developing the Council of Governors Membership Strategy	✓	<b>R McCarthy</b>
1615	9.	Trust Planning 2022/23 - Presentation	<i>Presentation at meeting</i>	<b>J O'Brien</b>
		<b>CLOSING MATTERS</b>		
1635	10.	Any other business		
	11.	<b>DATE, TIME &amp; VENUE OF NEXT MEETING</b>		
	11.1	Wednesday, 6 July 2022, 3.00pm		

**STOCKPORT NHS FOUNDATION TRUST**  
**Minutes of a Council of Governors Meeting**  
**Held on Wednesday 23<sup>rd</sup> February 2022,**  
**Held at 3.00pm via Webex**

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**Present:**

Professor T Warne  
 Mrs K James

Chair  
 Chief Executive

Mrs S Alting  
 Mr H Austin  
 Mrs J Browning  
 Dr R Cryer  
 Mr L Dowson  
 Mrs P Hancock  
 Mrs L Higginbottom  
 Mr J Hirst  
 Mrs Z Ikram  
 Mr D Kirk  
 Mr R King  
 Dr T Kondratowicz  
 Ms T Leden  
 Mr T Lowe  
 Dr S Meadipudi  
 Mr J Pantall  
 Mrs G Roberts  
 Mr D Rowlands  
 Mrs M Slater  
 Mrs K Southwick  
 Prof. C Summerton  
 Cllr J Wells  
 Mrs L Woodward

Appointed Governor / Lead Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Staff Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Appointed Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Staff Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Public Governor  
 Staff Governor  
 Public Governor  
 Appointed Governor  
 Public Governor

**In attendance:**

Mrs C Anderson  
 Mrs C Barber-Brown  
 Mr A Bell  
 Mrs A Bromley  
 Mr J Graham  
 Mr D Hopewell  
 Mrs R McCarthy  
 Mrs J McShane  
 Mrs M Moore  
 Mrs J Newton  
 Mr J O'Brien  
 Mrs C Parnell  
 Dr L Sell  
 Mrs J Wild

Non-Executive Director  
 Non-Executive Director  
 Non-Executive Director  
 Director of People & Organisational Development  
 Director of Finance  
 Non-Executive Director  
 Trust Secretary  
 Director of Operations  
 Non-Executive Director  
 Associate Non-Executive Director  
 Director of Strategy & Partnerships  
 Director of Communications and Corporate Affairs  
 Non-Executive Director  
 Executive Assistant

**Observing**

Mr D Owen

Member of the Public

**Apologies:**

Mrs N Firth  
 Dr M Logan-Ward  
 Dr A Loughney  
 Mrs J Wragg

Director of Nursing  
 Non-Executive Director  
 Medical Director  
 Public Governor

	ITEM	ACTION
65/22	<b>Welcome and apologies for absence</b> The Chair welcomed everyone to the meeting, including members of the public observing. Apologies for absence were received and noted.	
66/22	<b>Amendments to Declarations of Interests</b> There were no declarations of interest.	
67/22	<b>Minutes of the previous meeting – 15 December 2021</b> The minutes of the previous meeting held on 15 December 2021 were agreed as a true and accurate record of the meeting.	
68/22	<b>Action Log</b> The action log was reviewed and amended accordingly.	
69/22	<b>Access to Healthcare Presentation</b> The Director of Operations provided a presentation regarding Access to Health Services including the Trust's response to the COVID-19 pandemic, emergency and urgent care, elective care access, cancer access, diagnostic access, and assurance of patient safety whilst patients were waiting.  In response to a query from Mr Hirst, Public Governor, regarding further analysis of the surge in referrals, the Director of Operations commented on the increase in referrals for the two week-wait cancer pathway, noting that a corresponding increase in cancer diagnosis had not been seen. She added that the Trust was continuing to work with GPs with regards to addressing waiting times for elective care.  Cllr Dowson, Public Governor, commented on the closure of certain care homes within Goyt Valley, and therefore, the challenges in discharging patients to the Derbyshire area. The Director of Operations confirmed the Trust was working closely with Derbyshire Local Authority to support discharge arrangements for patients, albeit acknowledged this remained a challenge.  Mr Austin, Public Governor, shared experiences regarding access to Audiology, noting this had been impacted significantly during the pandemic, resulting in patients not having hearing aids repaired or batteries replaced. The Director of Operations fully acknowledged this comment and confirmed that a review of actions taken during the course of pandemic with respect to access would be undertaken as part of the debrief programme, including Audiology.  In response to a query from Mr Pantall, Public Governor, around increasing Emergency Department attendances, the Director of Operations highlighted patients requiring mental health support attending the Emergency Department, alongside patients from Care Homes. She confirmed that the Trust has a process in place for service and wraparound care, with further work to ensure support via community based services.  <b>The Council of Governors received the Access to Healthcare presentation provided by the Director of Operations.</b>	
70/22	<b>Chair's Report</b> The Chair presented the Chair's Report highlighting key information regarding the following: <ul style="list-style-type: none"> <li>• The strengthening of external partnerships between Stockport and GM, Tameside &amp; Glossop, and Mastercall Healthcare.</li> <li>• A visit to the Bluebell Ward (Discharge to Access Unit) highlighting</li> </ul>	

	<p>impressive energy and commitment amongst colleagues.</p> <ul style="list-style-type: none"> <li>The strengthening of Board oversight in relation to equality, diversity and inclusion.</li> </ul> <p>In response to a query from Mr Austin, Public Governor, in relation to the Trusts' performance review during the pandemic, the Chair highlighted that performance would be considered in line with Trust objectives set at the beginning of 2021/22. The Chair commented that communication of key achievements and challenges was critical following the pandemic and that the outcome would be shared with key partners within the locality and the wider community both remotely and in print format. Furthermore, the Chair highlighted key strategic developments during the year including the establishment of a Programme Board with East Cheshire Trust (ECT) to support development of a Clinical Service Strategy.</p> <p><b>The Council reviewed and confirmed the Chair's Report.</b></p>	
71/22	<p><b>Non-Executive Directors Report</b></p> <p>The Non-Executive Director Chairs of the Board committees provided updates on high-level metrics and key assurance reports considered at Finance &amp; Performance, People Performance, Quality and Audit Committee.</p> <p>In response to a query from Mr Rowlands, Public Governor, regarding the potential for joint equipment purchasing between Stockport and ECT, the Director of Finance commented that, for specific items, the Trust did engage with ECT and Tameside &amp; Glossop Integrated Care NHS Foundation Trust (T&amp;G) in relation to procurement process and prices. He added that there was also a national procurement framework to be utilised for commonly purchased equipment.</p> <p>In response to a query from Mr Hirst, Public Governor, regarding exit costs incurred ahead of the turnaround regarding mandatory covid vaccinations for staff, the Director of People and Organisational Development (OC) commented that there had been no exit costs incurred, albeit the HR department had committed significant time to engaging with staff until this point in response to the proposed legislation.</p> <p>Mr Pantall, Public Governor, sought further information regarding the perception of quality from staff and patients at present. The Chair of Quality Committee confirmed that the Trust conducted a number of patient and family/friends' surveys, as reviewed by the Quality Committee. She emphasised the importance of ensuring turning feedback into tangible action and highlighted the introduction of patient property boxes as a result of patient feedback. She confirmed that a deep dive of nutrition and hydration was to be undertaken in this regard also.</p> <p><b>The Council noted the Non-Executive Director's Report provided by the Committee Chairs.</b></p>	
72/22	<p><b>Stockport Integrated Care System Update</b></p> <p>The Chief Executive presented an update regarding development of the Stockport Integrated Care System (ICS). She provided contextual information, an overview of the Greater Manchester ICS arrangements to date, including the proposed locality model and application to the Stockport locality.</p> <p>The following key points were discussed:</p> <p>In response to a query from Mrs Slater, Public Governor, regarding the</p>	

	<p>inclusion of dentistry within the ICS, the Chief Executive commented that dentistry was not within the scope of the ICS, however GM were reviewing this service with the national team.</p> <p>Mr Kondratowicz, Public Governor, sought further information regarding the integration of budgets. The Chief Executive commented that further work was taking place at a national level to ensure budgets could be utilised to facilitate the integration of services to meet the needs of the community, with further detail to be determined in this regard. The Chief Executive highlighted that there were seven neighbourhoods within Stockport, with varying needs, and emphasised the importance of utilising community assets to deliver the correct service to the specific community.</p> <p>Mrs Alting, Lead Governor, queried how the Trust connected with the private sector, including care homes, to support communities. The Chief Executive commented that the Trust did engage with home care agencies and care homes, however further work was required in this regard to support patients within the community settings. She confirmed work was commencing with the Local Authority around a residential care home facility.</p> <p>Mr Pantall, Public Governor, commented that both he and Professor Chris Summerton, Public Governor, were members of the People &amp; Community Voices Subgroup of the Shadow Stockport Locality Board, and would provide feedback to the Council of Governors in due course.</p> <p><b>The Council noted the Integrated Care System Update provided by the Chief Executive.</b></p>	
73/22	<p><b>Appointment of Senior Independent Director</b></p> <p>The Chair presented a paper consulting with the Council of Governors regarding the Board appointment of a Senior Independent Director. The Chair provided contextual information regarding the appointment and sought approval to appoint Dr Louise Sell as Senior Independent Director</p> <p><b>The Council of Governors supported the proposed appointment of Dr Louise Sell as Senior independent Director and noted the appointment would be formally presented to Board of Directors in April 2022.</b></p> <p>On behalf of the Council of Governors, the chair thanked Mrs Catherine Anderson for the work she has undertaken in this role.</p>	
74/22	<p><b>Approval of Appraisal Process for Chair and Non-Executive Directors</b></p> <p>The Chair and Dr Louise Sell (incoming Senior independent Director) presented the proposed appraisal process for Chair and Non-Executive Directors, including the templates to be utilised during the appraisal process and timeline for completion and outcome report to the council of Governors in July 2022.</p> <p><b>The Council of Governors approved the appraisal process for the chair and Non-Executive Directors.</b></p>	
75/22	<p><b>Reports from Nominations Committee</b></p> <p><b>Appointment of Future Non-Executive Directors</b></p> <p>The Council of Governors reviewed the report regarding the appointment of future non-executive directors in light of two non-executive directors' terms of office coming to an end during 2022. This included confirmation that the</p>	

	<p>Nominations Committee would oversee the recruitment process and make recommendations regarding the appointment of two Non-Executive Directors to be presented to the Council of Governors meeting on 6<sup>th</sup> July 2022.</p> <p><b>The Council of Governors approved the process for the appointment of two Non-Executive Directors.</b></p>	
76/22	<p><b>Re-appointment of Non-Executive Director</b></p> <p>The Chair presented recommendation from the Nominations Committee regarding the reappointment of Dr Marisa Logan-Ward as Non-Executive Director for a further three years. He highlighted the basis of the proposal and confirmed that Dr Logan-Ward's area of expertise in delivering transformational change, alongside her understanding of clinical issues and sensitivities, remained a priority area for the Board of Directors, and confirmed that Dr Logan-Ward continued to make a positive contribution to the Board of Directors, as evidenced via her most recent appraisal.</p> <p><b>The Council of Governors approved the recommendation from the Nominations Committee to reappoint Dr Marisa Logan-Ward as Non-Executive Director of Stockport NHS Foundation Trust for a further term of office of 3 years, commencing on 1<sup>st</sup> August 2022 to 31<sup>st</sup> July 2025.</b></p>	
77/22	<p><b>Remuneration of Non-Executive Directors</b></p> <p>The Chair presented recommendation from the Nominations Committee regarding proposal for the remuneration of Non-Executive Directors as follows:</p> <ul style="list-style-type: none"> <li>- The Trust adopts NHS England/Improvement's approach to aligning non-executive directors' remuneration for newly appointed non-executive directors.</li> <li>- Existing non-executive directors, who are reappointed for a further term of office, remain at the level of remuneration to which they were originally appointed, subject to a robust performance appraisal and confirmation that performance continues to be effective.</li> <li>- The award of supplementary payments of £1,000 per annum to non-executive directors undertaking the duties of Vice-Chair, Senior Independent Director and Chair of Audit Committee.</li> </ul> <p>Discussion took place regarding the recommendation to retain the existing remuneration for Non-Executive Directors currently in post and newly appointed Non-Executive Directors to align with the NHS England/Improvement approach. Specifically, Mr Hirst, Public Governor, queried if an equality impact assessment had been undertaken to support the recommendation. The Chair emphasised the basis of the recommendation, which recognised the valued contribution of existing Non-Executive Directors to the Trust's improvement journey over recent years and would support to the Trust in the next phase of its improvement journey, where a level of leadership stability would be required to further embed improvements. The Director of People &amp; Organisational Development commented that this had not taken place, however, would take forward this action.</p> <p><b>The Council of Governors approved recommendation from the Nominations Committee regarding proposal for the remuneration of Non-Executive Directors, subject to completion of the Equality Impact Assessment</b></p>	Director of People & OD
78/22	<p><b>Confirmation of Nominations Committee Membership</b></p> <p>The Chair presented a report confirming membership of the Nominations Committee as follows:</p>	

	<b>Name</b>	<b>Position</b>	<b>Term Ends</b>
	Sue Alting	Lead Governor	End of Lead Governor Term
	Tad Kondratowicz	Public Governor	4 December 2022
	Richard King	Public Governor	4 December 2022
	Michelle Slater	Public Governor	3 January 2024
	Chris Summerton	Public Governor	29 December 2024
<b>79/22</b>	<b>The Council of Governors approved the membership of the Nominations Committee</b>		
	<b>External Auditor Contract Extension</b>		
	<p>The Chair of Audit Committee presented a report proposing the extension of current External Auditor Contract. He confirmed that The Trust's current external audit contract was provided by Mazars LLP and was awarded for a three-year period for the financial years 2019/20, 2020/21 and 2021/22 with an option to extend for two further years to the 31<sup>st</sup> March 2024 i.e. completing the annual audit for 2022/23 and 2023/24. He noted that approaching the end of 2021/22, the option to extend the contract for the additional two years was to be considered.</p> <p>The Chair of Audit Committee confirmed that Audit Committee had considered the performance of the external auditors over the past three years and confirmed that Mazars LLP had fulfilled all their obligations under the contract and that the Trust finance team have a high level of confidence in the current audit team. The Audit Committee also considered current context, noting that the audit market was particularly challenging for the public sector at the moment and the audit service was facing increasing regulatory pressures.</p> <p>In this light, the Chair of Audit Committee confirmed that the Audit Committee recommended the Council of Governors approved the option to extend the external audit contract for a further two years to the 31<sup>st</sup> March 2024.</p> <p><b>The Council of Governors approved the extension of Mazars contract for a further two years to the 31<sup>st</sup> March 2024.</b></p>		
<b>80/22</b>	<p><b>Any Other Business</b></p> <p>The Chair confirmed that a letter had been received and disseminated to governors from the GM Patients Not Passports group, noting that the Trust was required to follow nationally set policy regarding patient charges. He confirmed that any further information would be shared with governors.</p>		
<b>81/22</b>	<p><b>Date, time and venue of next meeting</b></p> <p>The next meeting of the Council of Governors is scheduled to be held on Wednesday 27 April 2022 at 3.00pm.</p>		

## Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
04/21	8 Nov 2021	48/21	Annual Report & Accounts	<p>In response to a question from Mr Pantall, the Director of Finance agreed to clarify the estimated backlog maintenance figure outside of the meeting.</p> <p><b>Update: February 2022:</b> The Director of Finance confirmed a figure of £46m in relation to backlog maintenance, but a more forward view figure would be £100m. In response to a query from Mr Pantall around energy efficiency, the Director of Finance confirmed that consideration around energy efficiency is given to all new equipment purchased. The Chair also highlighted that every Trust in England is to provide a green plan measured against sustainability improvements giving assurance around sustainable practice and zero carbon efficiencies.</p>	Action Closed	J Graham
01/22	23 Feb 2022	77/22	Remuneration of Non-Executive Directors	<p>Equality Impact Assessment (EIA) to be completed for Non-Executive Directors remuneration</p> <p><b>Update: April 2022:</b> EIA completed. Shared with Chair.</p>	Action Closed	A Bromley

On agenda

Not due

Overdue

Closed

### Stockport NHS Foundation Trust

Meeting date	27th April 2022	x	Public		Confidential	Agenda item
Meeting	Council Of Governors					
Title	Chair’s Report					
Lead Director	Trust Chair	Author		Professor Tony Warne		

### Recommendations made / Decisions requested

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

### Executive Summary

This report advises the Council of Governors of the Chair's reflections on recent activities within the Trust and wider health and care system.

## 1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Council of Governors of my reflections on my recent activities.

## 2. EXTERNAL PARTNERSHIPS

Since we last met, the world familiar to us has changed in an unbelievable and unprecedented way. As I write this report the invasion and war in Ukraine has been ongoing for 54 days. Our Board, at its recent Board Development Day, acknowledged our solidarity with the people of Ukraine and all those impacted by this dreadful conflict. My understanding is that we have five Ukrainian colleagues working in our Trust, and no Russians. Individually, and I'm sure collectively, we keep all those caught up in this war in our thoughts and prayers.

Our Trust, along with our partners, Stockport Metropolitan Borough Council and Stockport Clinical Commissioning Group, have well-established, effective and collaborative ways of working to ensure that refugees and/or asylum seekers coming to the area have their health and social care needs appropriately met. I remain confident that should the need arise, we will continue to work together in meeting the needs of any Ukrainian displaced persons coming to Stockport.

I have continued to promote the work of our Trust with our partners in both health and social care. I participated in a national meeting facilitated by NHS Providers, at which, Amanda Pritchard, Chief Executive of the NHS England led a conversation around tackling racism in health care organisations, and the need to become anti-racist. It was a challenging conversation. I'm pleased to say our draft Equality, Diversity and Inclusion Strategy was an agenda item at this month's Board meeting. It provides the Board with a clear way forward to further developing and improving our organisational approach to tackling racism as well as all forms of discrimination.

I attend the March Stockport Health and Wellbeing Board. It was an opportunity to acknowledge and say thank you to Andrea Green (Chair of Stockport CCG) Cath Munro (GP and Clinical Chair Stockport CCG) and Councillor Jude Wells (SMBC) for their contributions to the Board and to the developments of health and care services in Stockport. All three colleagues will be leaving their roles in the near future, and the March meeting was their last. On behalf of the Board, I would like to add our thanks for all they have done in ensuring we have a strong partnership in place, something upon which we can continue to build on and grow in the future.

It was also an opportunity to acknowledge the help and support both these organisations have provided to our Trust as we continue our improvement journey. Governor colleagues will recall that following the Care Quality Commission's last full inspection of the Trust in early 2020, which resulted in a rating of 'requires

improvement', NHS England/NHS Improvement (NHSE/I) convened an improvement board. The board included Trust Executive Directors as well as colleagues from commissioners, the local authority, ambulance and mental health services. Over the last two years they have worked together to address a range of issues highlighted by the inspection, and to monitor progress in delivering an improvement plan for health services in Stockport.

At the most recent meeting of Stockport Improvement Board NHSE/I agreed that so much improvement has been made by local partners that future meetings can be stood down. This is positive news for everyone in Stockport who has worked so hard over the last year to make so many positive changes to a wide range of services.

I attended two NHS England North West Regional, meetings. At the second meeting Sir David Sloman (Chief Operating Officer) spoke about the continuing need to protect our ambulance services and their ability to respond to the most serious Category 1 and 2 emergency 999 calls. Whilst the North West were, as a region, performing better than the rest of England, we are still not meeting the national targets for attendance times, and ambulance turnaround times. Continued and growing demands for emergency and urgent care coupled with rising numbers of patients medically fit, but not able to leave hospital because an appropriate place for on going care is not available, add to these difficulties. You will see for this months Integrated Performance Report, that despite extraordinary demands at our emergency department, over time, we are consistently having some of the best ambulance turnaround times in Greater Manchester.

I was able to spend a very informative and interesting afternoon with colleagues at Tameside & Glossop Integrated NHS Trust. I was able to meet with their Digital Health Team and also meet colleagues who had designed, built and were operating their digital patient information system. Both these were very powerful examples of how health care services can be transformed through the innovative use of new technology and in particular data analysis and management. These approaches are very much at the heart of our recently approved Digital Strategy.

I continue to actively use social media to promote and support the work of our Trust, and regularly feature my experiences as Chair of Stockport FT in my weekly blog. Last month I was able to participate in four Chair and NED webinars hosted by the Good Governance Institute – these looked at: Compassionate Leadership; Achieving Population Health; Patient Safety; and Clinical Presence/Clinical Voice.

I attended the *Stronger Things 2020* conference. Run by New Local, an independent thinktank and network with a mission to transform public services. It provides a home to over 70 councils, health care organisations and other independent community-based organisations with the aim of developing sustainable, inclusive and community powered public services. It was a very inspirational conference, and I have a great

deal to share as we continue to develop our approach to locality placed based services, and engagement with our communities.

### **3. TRUST ACTIVITIES**

I have continued to meet you both formally and informally. I would like to acknowledge the great deal of business that you were involved in last month, including approving the areas of skills and experience we will be seeking in individuals as we appoint new NEDs in the forthcoming months. I would also like to thank all Council of Governors colleagues who participated in what was a lively engagement event that was part of our review of our research strategy. The strategy will come to Board in due course.

Covid restrictions have continued to make it difficult to visit clinical areas as often as I would like. However, I was able to spend some time this month with colleagues working in the Stroke Services. We were able to have a wide-ranging discussion that looked at both the achievements and ambitions of the service as well as the wider vision for the Trust.

Since we last met, I have chaired three appointment panels for new Consultants. We have been able to appoint two new Gastroenterology Consultants, one Radiology Consultant and one Urology Consultant. Each of these panels attracted high calibre candidates, all of whom were active researchers and keen to work collaboratively with colleagues in strengthening services across the South East Sector.

### **4. STRENGTHENING BOARD OVERSIGHT**

Our Board development journey continues. Last month we participated in two externally facilitated sessions. The first helped us explore our role as an anchor organisation in contributing to the wider Greater Manchester Integrated Care System, and in particular, how we might engage in place-based approaches to health and care services. There was a clear opportunity to build back fairer with SMBC colleagues and organisations and groups in the voluntary sector.

The second session was very much a direct part of our well led improvement journey. The focus was on exploring how we might best build into our everyday activities, kindness and civility as we continue to work towards developing an organisational culture that is characterised by compassion, trust and kindness.

Work has been completed on reviewing the terms of reference for each of the Board assurance committees, the outcomes of which were noted and agreed at this month's Board meeting. The review also allowed me to pause and reflect on two other aspects of our well led improvement journey. It is almost a year since I joined our Trust. At that time, we did not have a Board Assurance Framework or an

Integrated Performance Report that were fit for purpose. As you will have been able to note in the published Board papers, we now have both, and both are now of a high standard in terms of providing Board oversight and assurance. So, it seems fitting to end this report by saying a huge thank you to all my Board colleagues who have made this achievement possible in such a timely way.

## **5. RECOMMENDATIONS**

The Council of Governors are asked to receive and note the content of the report.

### Stockport NHS Foundation Trust

Meeting date	27th April 2022	x	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	National Staff Survey Results 2021					
Lead Director	Amanda Bromley, Director of People & Organisational Development		Author	Amanda Bromley, Director of People & Organisational Development		

### Recommendations made / Decisions requested

**The Council of Governors is asked to receive and note the results of the National Staff Survey 2021.**

### Executive Summary

This report provides the Council of Governors with an overview of the results of the National Staff Survey 2021.

In 2021 the Trust undertook a full census survey, via a mixed mode of questionnaires (paper & email). There were 2392 responses received, which is 43% of eligible staff, slightly below the national average of 46.4%.

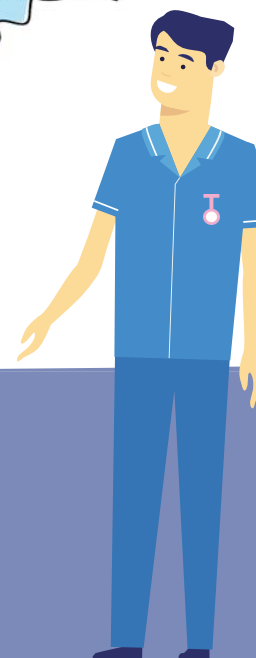
Our results are benchmarked against 126 Acute and Acute and Community providers as provided in the presentation.

# National NHS Staff Survey 2021

**NHS**  
Stockport  
NHS Foundation Trust

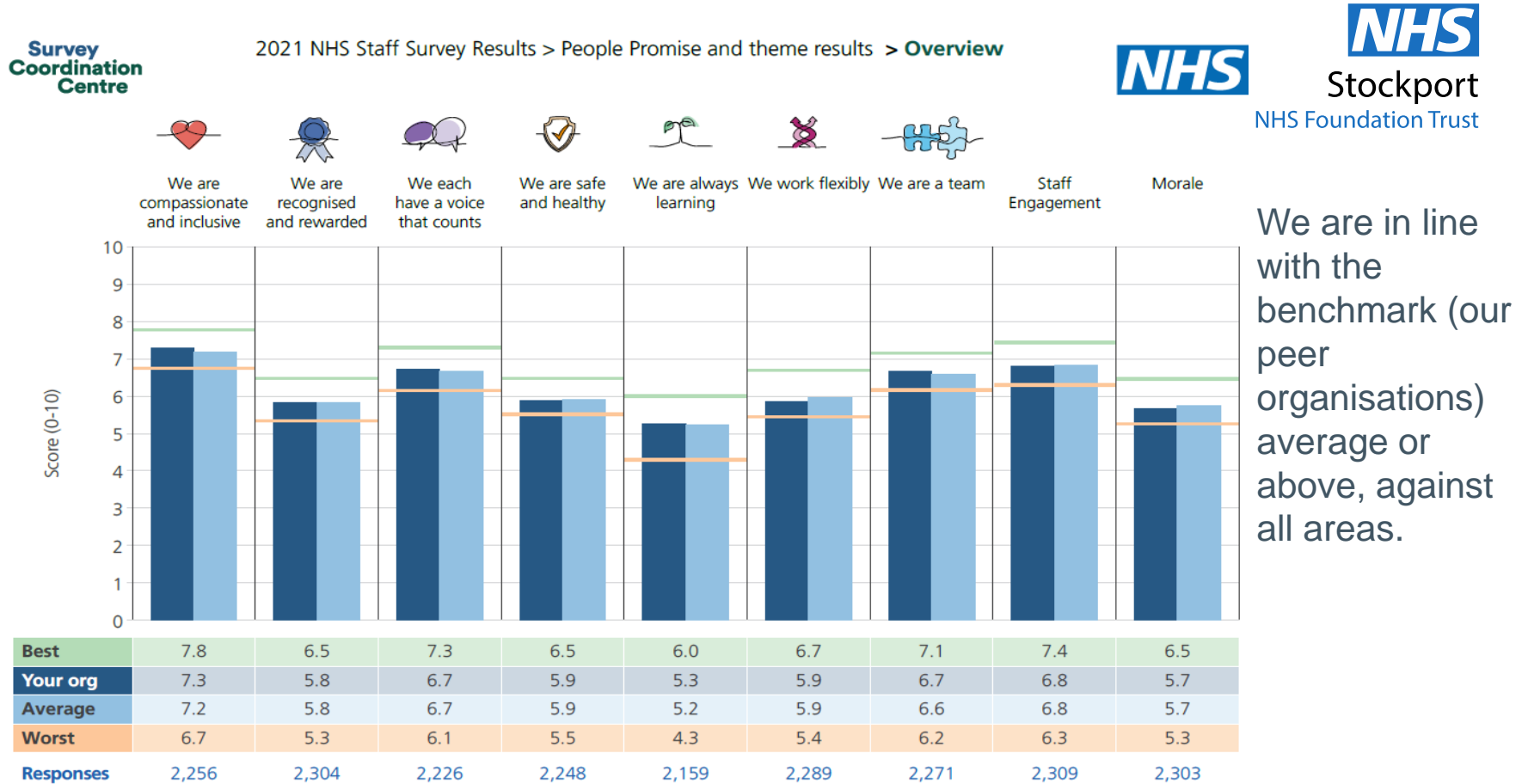


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**Under  
embargo until  
30/03/2022**

# People Promise Elements



## IMPROVEMENT HEADLINES

### 69.5%

**Q21b: My organisation acts on concerns raised by patients/service users.**

Up from 68.5% to 69.5%.

### 6.9%

**Q16b: In the last 12 months have you personally experienced discrimination at work from manager/team leader or colleague?**

Decreased from 8% to 6.9%.

### 74.9%

**Q7b: I would feel secure raising concerns about unsafe clinical practice.**

Increased from 71.4% to 74.9% and above the average for all other organisations in our peer group.

### 49.5%

**Q3h: I have adequate materials, supplies and equipment to do my work.**

Increased from 47.1% to 49.5%.

### Team working

scores increased and above the average.

<b>7a</b>	<b>SFT:</b>	<b>73.7%</b>
	average:	71.6%
<b>7b</b>	<b>SFT:</b>	<b>57.8%</b>
	average:	55.7%
<b>7c</b>	<b>SFT:</b>	<b>72.7%</b>
	average:	69.5%
<b>7d</b>	<b>SFT:</b>	<b>74.5%</b>
	average:	71.3%
<b>7e</b>	<b>SFT:</b>	<b>84.4%</b>
	average:	80.8%



## MOST IMPROVED – from Last Survey

Most Improved Scores		2020		2021
Q13d	Last experience of physical violence reported	66%	→	76%
Q9c	Immediate manager asks for my opinion before making decisions that affect my work	52%	→	58%
Q7b	Team members often meet to discuss the team's effectiveness	53%	→	58%
Q17a	Would feel secure raising concerns about unsafe clinical practice	71%	→	75%
Q7a	Team members have a set of shared objectives	70%	→	74%

## ENGAGEMENT SCORES (OUT OF 10)

– for each of our People Promise Domains

Domain	SFT	Median	Best	Worst
We are compassionate and inclusive	7.3	7.5	7.9	7.0
We are recognised and rewarded	5.8	6.3	6.7	5.8
We each have a voice that counts	6.7	7.0	7.4	6.4
We are safe and healthy	5.9	6.2	6.6	5.9
We are always learning	5.3	5.5	6.0	4.7
We work flexibly	5.9	6.5	7.1	6.0
We are a team	6.7	6.9	7.3	6.5

## Themes – WRES & WDES



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### % of staff experiencing bullying or abuse from patients, service users

	2017	2018	2019	2020	2021
<b>White: Your org</b>	23.6%	21.4%	25.1%	24.0%	23.3%
<b>BME: Your org</b>	23.4%	21.4%	28.2%	25.8%	23.6%
<b>White: Average</b>	27.1%	27.1%	27.7%	25.4%	26.5%
<b>BME: Average</b>	27.5%	28.8%	29.5%	28.0%	28.8%
White: Responses	1,820	514	2,315	2,176	1,831
BME: Responses	171	70	291	299	288

### % of staff believing that the organisation provides equal opportunities for career progression

	2017	2018	2019	2020	2021
<b>White: Your org</b>	58.5%	55.1%	58.3%	59.1%	59.5%
<b>BME: Your org</b>	48.8%	38.9%	40.0%	47.6%	50.2%
<b>White: Average</b>	61.0%	59.0%	60.0%	59.4%	58.6%
<b>BME: Average</b>	48.8%	46.4%	46.6%	45.2%	44.6%
White: Responses	1,803	514	2,319	2,259	1,888
BME: Responses	168	72	290	315	303



### % of staff experiencing bullying or abuse from staff

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	2017	2018	2019	2020	2021
<b>White: Your org</b>	21.6%	22.7%	25.0%	23.7%	21.2%
<b>BME: Your org</b>	27.2%	25.7%	29.1%	27.6%	22.5%
<b>White: Average</b>	23.9%	25.0%	24.4%	24.4%	23.6%
<b>BME: Average</b>	27.6%	28.7%	28.4%	29.1%	28.5%
White: Responses	1,802	512	2,317	2,176	1,833
BME: Responses	169	70	289	297	285

### % of staff experiencing discrimination at work from manager/team leader/colleagues

	2017	2018	2019	2020	2021
<b>White: Your org</b>	5.6%	4.3%	5.3%	6.4%	5.4%
<b>BME: Your org</b>	15.5%	8.7%	14.3%	18.1%	15.4%
<b>White: Average</b>	6.6%	6.3%	5.9%	6.1%	6.7%
<b>BME: Average</b>	14.9%	14.6%	14.1%	16.8%	17.3%
White: Responses	1,828	508	2,326	2,264	1,899
BME: Responses	168	69	287	309	305



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### % of staff experiencing bullying or abuse from staff

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	22.8%	21.0%	24.0%	16.6%
Staff without a LTC or illness: Your org	13.2%	11.9%	11.2%	9.1%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%
Staff with a LTC or illness: Responses	101	453	442	465
Staff without a LTC or illness: Responses	479	2,178	2,051	1,661

Average calculated as the median for the benchmark group

### % of staff experiencing discrimination at work from manager/team leader/colleagues

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	22.8%	21.0%	24.0%	16.6%
Staff without a LTC or illness: Your org	13.2%	11.9%	11.2%	9.1%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%
Staff with a LTC or illness: Responses	101	453	442	465
Staff without a LTC or illness: Responses	479	2,178	2,051	1,661

### % of staff experiencing bullying or abuse from patients, service users

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	26.5%	30.9%	28.5%	28.7%
Staff without a LTC or illness: Your org	20.3%	24.6%	23.2%	21.9%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%
Staff with a LTC or illness: Responses	102	453	445	464
Staff without a LTC or illness: Responses	483	2,196	2,061	1,672

### % of staff believing that the organisation provides equal opportunities for career progression

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	47.1%	48.3%	51.7%	55.4%
Staff without a LTC or illness: Your org	54.2%	57.6%	58.4%	58.8%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%
Staff with a LTC or illness: Responses	102	458	458	480
Staff without a LTC or illness: Responses	485	2,193	2,149	1,729

# Onwards ...

- Full report published – 30<sup>th</sup> March 2022
- Report shared with Divisions, Teams and Colleagues
- Divisions will be supported by People and OD to develop their action plans
- Staff Survey results will be included bi-annually as part of the Divisional Performance Reviews



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### Stockport NHS Foundation Trust

Meeting date	27 <sup>th</sup> April 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Non-Executive Directors Report including: Update from Board Committees					
Presented by	Chairs of Board Committees	Author		Rebecca McCarthy, Trust Secretary		

#### Recommendations made/ Decisions requested

**The Council of Governors is asked to review the Non-Executive Directors Report and seek any further clarification required on key matters.**

#### Executive Summary

The work plans of the Board Committees, each chaired by a Non-Executive Director, are aligned to the agreed Corporate Objectives for the year. This includes review of high-level metrics and key assurance reports which enable performance relative the organisational objectives to be monitored and the type of improvement needed to be determined. A Key Issues & Assurance Report from all Board Committee's is routinely provided to the Board of Directors including Finance & Performance Committee, People Performance Committee, Quality Committee and Audit Committee.

This report highlights key matters for the Council of Governors attention following the most recent Board Committee meetings that took place in March/April 2022.

## 1. Finance

- Despite the significantly challenging operating environment, the Trust has delivered a break-even position at year end. Work is now underway to agree the financial plan for 22/23,
- The total Trust Cost Improvement Programme (CIP) target for 2021/22 was a total of £13.6m. The CIP plan has been achieved, predominantly on a non-recurrent basis.
- The final capital spend for 2021/22 was £27.9m. This was in line with the final target agreed with Greater Manchester.

## 2. Operational Performance

- The Trust continues to perform below the national target against the core operating standards, with significantly challenging operational pressures.
- Emergency Department performance remained static at the end of March 2022, however the Trust still remained the best in Greater Manchester (GM) for Type 1 performance. The most significant driver of the 4hour standard remained challenges to patient flow due to bed occupancy beyond 95% limiting the Trusts ability to swiftly transfer admitted patients to wards or other departments and reduced capacity in the community for domiciliary care and intermediate care limiting the Trusts ability to discharge patients. Attendances have also increased again in month.
- Work with locality partners to put in place actions to mitigate the above remain on going, however represent national challenges in social care.
- Diagnostic performance has continued to improve month on month, with Endoscopy having achieved a significant reduction in 6+ week waits in March 2022. The highest volume of 6+ week waits now lies within Echocardiography, and estates works have now been completed providing an increase in capacity which will start to address the backlog.
- The latest 62 cancer performance shows improvement in month, however performance is still being affected by the elective operating and workforce constraints. There has been improved performance against the 28 day Faster Diagnosis Standard in February and March, supporting earlier diagnosis and treatment planning for patients.
- 18 week performance has slightly improved in month, but continues to be impacted by the urgent care demand and workforce constraints leading to longer waits for non-urgent patients. The Trust is continuing to utilise the independent sector and The Christie for elective procedures. A step change in elective operating capacity is planned throughout Quarter 1 of 2022/23, with the re-opening of the day-case unit planned in May. Recovery is also reliant upon no further surge in COVID demand.

## 3. People

- Following a significant increase in sickness absence in January 22 with a rate of 8.4% - the highest across the whole reporting period, February sickness levels dropped back to expected levels, however, in line with increasing Covid infection rates in the community, there was an increase in March.
- In support of the above, work continues to support colleagues in accordance with our Supporting Attendance policy and support provided by occupational health. Furthermore, wellbeing initiatives have continued to be promoted during January-March 2022 including the launch of the Staff Psychological & Wellbeing Support (SPAWs) service in February, with a positive uptake via self-referrals.
- There has been a significant improvement in appraisal levels with compliance currently at 92.3% (95% target) despite the constraints of high sickness absence.
- Workforce turnover levels are continuing to increase and are above target for the year. The top known leaving reason is 'voluntary resignation' with work/life balance, relocation and retirement

featuring. Further work is taking place to fully understand the reasons of high turnover, with a revised approach to exit interviews has been agreed and launched. Flexible working initiatives continue to be promoted and managers supported to consider requests and staff in achieving an improved work-life balance.

- The People Performance Committee reviewed the Public Sector Equality Duty Assurance Report, which highlighted the inequalities that exist for our colleagues with protected characteristics, reporting higher levels harassment, bullying or abuse at work, greater inequalities in access to employment, development, and progression. In support of this, the Board of Directors approved the Trust's Equality, Inclusion & Diversity Strategy in April 2022. The strategy sets out ambitious plans to address the inequalities that currently exist.
- The People Performance Committee discussed the results of the National Staff Survey (to be presented to the Council of Governors) including confirmation of next steps to be taken by divisional colleagues to support teams in planning and tracking actions to support improvement.

#### 4. Quality

- Timely recognition of sepsis and compliance with timely antibiotic administration continues to be above trajectory. There is continued focus on this, with Sepsis performance is reviewed as part of the StARS accreditation.
- Improvements to note relating to quality include the Medication Incident rate, which has remained below the local benchmark now for three consecutive months, and the significant reduction in the Falls rate (Moderate Harm and above) in month.
- There has been an increase in Clostridium Difficile (CDiff) across the Trust over recent months and the trust is over trajectory for the year. This is a trend that is also being seen across Greater Manchester and nationally. Microbiologists are working with ICU staff on a trial to review a marker prior to prescribing antibiotics to ensure appropriateness of antibiotic usage. In addition, discussions are taking place with the Health Protection Team to review the prescribing of antibiotics during the pandemic.
- Following a positive trajectory, a notable increase in complaints was seen in February 2022. The top theme related to communication, with the impact of restricted visiting noted. The PALS & Complaints team continue to focus on resolving concerns informally where appropriate with the hope to reduce the number of formal complaints being received.
- In March 2022, the Quality Committee reviewed the Maternity Services Report incorporating a review of all improvement/action plans the service is currently working towards. (This is provided for information at Appendix 1). Furthermore, the Quality Committee received an update on progress against the 7 Immediate and Essential actions identified with the Ockenden report – 'One Year On', confirming there are no areas of non-compliance. The Quality Committee will review the outcome of the Ockenden 2 Report.
- In addition, the Maternity Sustainability Plan was reviewed, following recommendation that the Maternity Unit is taken off the Improvement Programme and moves to the Sustainability phase. The Sustainability Plan was supported and recommended to the Board for approval
- The Quality Committee received a regular progress report regarding the processes in place to ensure patients on the waiting lists are regularly reviewed to ensure no harms comes to them. Specifically, the Committee reviewed the process in place within ENT, with a focus on the size of paediatric waiting list. Over the coming months, the Quality Committee will undertake further review of the 'Waiting Well project', a project designed to support patients whilst they are waiting and help ensure that these patients get the best outcome possible outcome from their surgery.

#### 5. Audit Committee

- Internal Audit Plan 2021/22 Progress – There following internal audits had been finalised during December – March 2021

Internal Audit	Assurance Level
Business Case Planning	Substantial
Committee Effectiveness	Substantial
Board Assurance Framework	NHS Requirements Met

- Audit Committee received confirmation that internal audits were progressing well and on schedule to finalise in time of the 2021/22 Head of Internal Audit Opinion.
- Anti-Fraud Plan 2021/22 Progress – Audit Committee reviewed and confirmed counter fraud work that had taken place between November-March 2022.
- The Committee approved the 2022/23 Internal Audit and Anti-fraud plans.
- External Audit Progress Report – The Committee received the External Audit Strategy Memorandum for 2021/22 and received confirmation that the interim audit work in January/February had progressed positively.
- The Audit Committee reviewed and approved the accounting policy for production of the Annual Accounts 2021/22, noting the policy had been prepared in accordance with relevant International Financial Reporting Standards and latest NHS England/Improvement, Department for health & Social Care and HM Treasury guidance.
- The Audit Committee received a comprehensive report on the work of the Risk Management Committee, including significant risks at the 1st March 2022.

# Maternity Improvement Plan

Quality Committee March 2022

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# Maternity Improvement Plan

The Aim: The Maternity Improvement plan incorporates all improvement/action plans the service is currently working towards. These plans are:

- CQC standards
- CNST Year 4
- Saving Babies Lives (SBL)
- Continuity of Carer pathway (COC)
- Maternity Safety Support Programme (MSSP)
- Ockenden Report

**The Improvement plans are monitored and progressed through the Divisional Governance Structure, through to the Trust Patient Safety Group, then Quality Committee and Board of Directors as appropriate and in line with the workplan**

# Maternity Safety Support Programme (MSSP)



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- Recommendation following the previous visit from the MSSP Support team is for the maternity unit to formally be exited from the programme, following development of a sustainability plan to be signed off through local, regional and national boards.
- Sustainability plan in full attached as appendix. This has been approved by the MSSP Improvement Adviser, Divisional Governance Meetings, Patient Safety Group, and is now presented to the Quality Committee for final ratification.

The Trust is required to submit a return for “Ockenden – 1 year on”

Workforce planning:

The Trust has fully engaged with national standards and recommendations and can confirm:

- Ensured compliance with “Birthrate plus” standards
- Submit Continuity of Carer compliance returns as requested by NHSE/I North West
- Engage with the universities regarding the progression of maternity students
- Are working with local and regional; colleagues regarding international recruitment of midwives

**The full response is attached and has been through the Divisional Governance Structure, Patient Safety Group, with regional NHSE/I and is now presented to the Quality Committee for final view, and oversight before final presentation to the Board of Directors through the QC highlights report in April 2022.**



7 Ockenden IEAs Update: One Year on		Compliant	Partially Compliant	Non-Compliant
1) Enhanced Safety				
A plan to implement the Perinatal Clinical Quality Surveillance Model	Compliant <ul style="list-style-type: none"><li>A plan is in place with the LMS to implement the Perinatal Clinical Quality Surveillance Model.</li></ul>			
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	Compliant <ul style="list-style-type: none"><li>Maternity Serious Incidents are presented at the Serious incident review group within 72 hours of being reported. All maternity serious incidents are discussed at the Local Maternity Systems (Greater Manchester and East Cheshire) safety Serious incident group. All incidents which meet HSIB’s criteria are reported to HSIB and also investigated within the Trust.</li></ul>			
2) Listening to Women and their Families				
Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services	Compliant <ul style="list-style-type: none"><li>All areas of maternity service included in Friends and Family feedback and display “You said – we did” boards. Bi- Monthly meetings with MVP take place. A work plan has been developed annually to address any midwifery issues which will inform any improvements to the service. Service users involved in the review of our Induction of Labour pathways and will be members of a disability discrimination audit team reviewing service improvement.</li><li>A good example of coproduction at SFT: As part of the induction of labour pathway the MVP are developing an induction of labour passport for women to improve the overall experience. The MVP have also recently completed an induction of labour survey from which we are awaiting feedback.</li></ul>			
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion	Compliant <ul style="list-style-type: none"><li>Process and meetings in place for working collaboratively with the Maternity Safety Champions including bi-monthly meetings with compliance monitored via CNST. Membership is fully compliant with HOM, CD for O&amp;G, Consultant Paediatrician, Exec Director (Medical Director) and Non-Exec director</li></ul>			
3) Staff Training and working together				
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week		Fully compliant - Monday to Friday Partially Compliant - Saturday and Sunday until the new consultants starts April 2022, when we will be fully compliant 7 days a week.		
Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.		Compliant <ul style="list-style-type: none"><li>Multi disciplinary team training is undertaken on a monthly basis via PROMPT. The sessions are delivered by Consultant Obstetricians, PROMPT trained Midwives and Anaesthetists. Sessions are attended by Obstetricians, Anaesthetists, midwives and theatre team staff. Training compliances monitored and discussed at monthly Quality Board.</li></ul> Partially Compliant <ul style="list-style-type: none"><li>Report to LMS 3 times per year – Submission document in draft with LMS awaiting final ratification due in May 22</li></ul>		

Confirmation that funding allocated for maternity staff training is ring fenced	<b>Compliant</b> <ul style="list-style-type: none"> <li>Funding has been ring fenced into the maternity budgets for training and this has been reinforced by the introduction of a PEF team which has increased capacity for leadership and training.</li> </ul>		
<b>4) Managing complex pregnancy</b>			
All women with complex pregnancy must have a named consultant lead and mechanisms to regularly audit compliance must be in place	<b>Compliant</b> <ul style="list-style-type: none"> <li>All women are risk assessed at booking and any woman not suitable for midwifery led care are allocated a named consultant. An annual spot check audit is undertaken.</li> </ul>		
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	<b>Compliant</b> <ul style="list-style-type: none"> <li>There is a referral process in place for women requiring maternal medicine input. The Trust works jointly across GMEC and has access to tertiary level care if indicated according to pathways and guidelines. Maternal medicine consultant is involved in regional maternal medicine network.</li> </ul>		
<b>5) Risk Assessment throughout pregnancy</b>			
A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance	<b>Compliant</b> <ul style="list-style-type: none"> <li>All women are risk assessed at the antenatal booking and this is recorded on the maternity electronic patient records Euroking. The Trust has introduced a risk assessment which is attached to the antenatal hand held records. This risk assessment is completed at every contact and includes an ongoing review. Training re PCPs and informed consent is due to commence for all Midwives and Obstetricians on a mandatory basis April 2022 to support this.</li> </ul>		
<b>6) Monitoring Fetal Wellbeing</b>			
Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	<b>Compliant</b> <ul style="list-style-type: none"> <li>The Trust has two Consultant Obstetrician leads for fetal physiology and a band 7 midwife who has a dedicated 2 days a week. There are monthly fetal monitoring teaching sessions in addition to monthly review of CTG cases.</li> </ul>		
<b>7) Informed Consent</b>			
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	<b>Compliant</b> <ul style="list-style-type: none"> <li>Pathways of care are clearly described on the Stepping Hill maternity service website and place of birth is described. Documents are available in different languages and there is a signpost to information of interpreters services if required.</li> </ul>		

# Maternity Sustainability Plan

Sustainability Action Plan	Specific actions to be implemented to ensure ongoing sustainability	Progress	Measurement	Outcomes	RAG Rating	SRO	Action Owner	Target Date/ Timeline
Sustained assurance surrounding safe staffing, appropriate skill mix & delivery suite coordinator supernumerary status - this oversight will be split to ensure clear delineation of Direct Clinical Care staffing /DS coordinator supernumerary status & all non-clinical roles	<p>Ongoing midwifery staffing paper to Executive Team and Trust Board as per NICE</p> <p>Consider the Development of an on call senior leadership rota to ensure daily senior manager oversight</p> <p>Develop a duty manager/bleep holder position/rota to maintain and feed into the daily sitrep.</p> <p>GMEC joint recruitment of student midwives (ongoing)</p>	<p>Continue with daily sitreps</p> <p>Daily staffing is submitted of safe care live</p>	<p>Regular evidence of midwifery staffing to ET/Board as per NICE safer staffing. Input into Safe Care Life</p> <p>Monthly Dashboard</p> <p>Red Flag Incident Reporting</p> <p>Evidence of opt in midwives taking posts on qualification</p>	<p>Reduced divert/closures</p> <p>Robust oversight of staffing</p> <p>Safe service provision</p>	<p>Develop an on call senior leadership rota to ensure daily senior manager oversight</p> <p>Develop a duty manager/bleep holder position/rota to maintain and feed into the daily sitrep.</p> <p>GMEC joint recruitment of student midwives (ongoing)</p>	Chief Nurse	Divisional Triumvirate	01/08/2022
Sustain leadership roles in line with the Royal College of Midwives Manifesto & the national self assessment tool for what good looks like within Obs/Gynae & Maternity - ensuring the maintenance of clinical and non clinical roles	<p>Deputy Post approved</p> <p>Consider an increase to Clinical Directors PAs to a minimum of 3 PA's</p> <p>Triumvirate Coaching</p>	<p>Deputy HoM starts on 7th March 22</p> <p>Head of Midwifery role reviewed and after discussion with North west Regional midwife and Chief nurse job title amended in line with other Directors of nursing within the organisation</p> <p>Explore with wider GMEC &amp; University re the role of a consultant midwife for the trust (consider shared provision with the university)</p>	<p>Leadership as per national recommendations (Self Assessment Tool &amp; RCM manifesto)</p>	<p>Improved governance surrounding womens health and maternity</p> <p>Improved experience for both staff &amp; service users</p>	<p>Triumvirate Coaching to be arranged</p> <p>Consider expansion of CD PA's as part of 2022 job planning</p>	Chief Nurse	Divisional Triumvirate	01/09/2022
Enhance Medical workforce	<p>Additional MDT twice daily ward rounds including weekend and prespective cover</p>	<p>Recruited to one of the two 10 PA posts</p> <p>On going recruitment to second post</p>	<p>Ward rounds are in place but only every other weekend currently</p>	<p>Staff recruitment &amp; retention</p> <p>Safe staffing levels</p> <p>Safer care</p>	<p>Start Date confirmed as 6th June 2022 Second consultant post out to advert with a provisional interview date held in June</p>	Medical Director	Divisional Triumvirate	01/10/2022
Develop an enhanced Professional Midwifery Advocate model widening the support for all midwives	<p>Service reconfiguration re: team model</p>	<p>Engaged with the Birmingham Model - model to be explored and query to link with GMEC colleagues to explore provision</p>	<p>KPI framework to monitor &amp; evaluate the model to be developed. Matrix can be benchmarked on Birmingham's model</p>	<p>improved work morale</p> <p>improved sickness &amp; retention</p> <p>safe care</p>	<p>Recruitment and retention midwife post out to advert 4 x PEF team 9 PMA in post to work along side R&amp;R midwife</p>	Chief Nurse	Divisional Triumvirate	01.09.2022

March 2022

# Maternity Sustainability Plan

Action ID Sustainability Action Plan	Sustainability Action Plan	Specific actions to be implemented to ensure ongoing sustainability	Progress	Measurement	Outcomes	RAG Rating	SRO	Action Owner	Target Date/ Timeline
S05	Continue with the Quality Improvement work streams surrounding care provision with & without East Cheshire - focus on workforce sustainability in line with Continuity  Commence MDT collaborative response to the rise in Induction of labour Ensure that QI methodology & tools are as part of business as usual & delivering in line with the maternity	A maternity strategy & vision to be presented at quality board Induction of labour task and finish groups facilitated by GMEC Sustainability paper in development with and without East Cheshire Capital investment in to the redesign of Maternity services in Stockport Continued representation on Matneo service improvement programme	Maternity Strategy Complete and awaiting ratification Task and Finish groups established for induction of labour Capital investment approved for design phase of refurbishment in Feb 2022 Maternity Sustainability paper in progress	Maternity Dashboard Paper to Operational Management Group Capital Investment Group	Safer & responsive care provision	Ongoing strategy work with SHH and EC	Chief Nurse/Medical Director/ Exec Director of Operations	Divisional Triumvirate	March 2023 Capital Investment plan over 3 years
S06	Ensure out of area women receive routine care in geographical area (regardless of place of birth choice) - therefore ensuring continuity & fluidity surrounding care is upheld	To collaborate with neighbouring Trusts	QI Working Group developed November 2021 to address OOA women opting for Stockport as a place of birth receives routine care with the named midwife from that specific geographical area.	CoC KPI Undertake a 6 monthly audit and feedback to Maternity G&R	Improved women experience  COC upheld  Safer care (particularly safeguarding)	Benchmarking against other trusts currently being undertaken	Chief Nurse	Divisional Triumvirate	01.09.22
S07	Maintain safety for mothers and babies, inclusive of the World Health Organisations five steps to safer surgery are carried out regularly to adhere to national recommendations and will be part of the ongoing annual forward audit plan.	NatSSIPs and LocSSIPs audit (ongoing) & forward annual audit plan	LocSSIPs audits routinely undertaken and recorded on AMAT.	Audits monitored monthly at Directorate meeting and Quality Board.  Governance oversight at newly developed directorate governance and risk meetings.	Safe service provision  Reduction in clinical incidents & never events	Business as usual	Chief Nurse	Divisional Triumvirate	Quarterly review at Maternity Governance

March 2022

## Maternity Sustainability Plan

Action ID Sustainability Action Plan	Sustainability Action Plan	Specific actions to be implemented to ensure ongoing sustainability	Progress	Measurement	Outcomes	RAG Rating	SRO	Action Owner	Target Date/ Timeline
S08	Maintain assurance surrounding clear robust monitoring systems to improve quality and safety of women and babies using the service via the Maternity Risk Strategy & aligned with the Board Assurance Framework	Reconfiguration of divisional governance team (ongoing)  Continue to triangulate themes from governance /service user voice & any compliments/concerns raised Maternity Risk Strategy	Dashboard metrics to be regularly reviewed via Directorate governance meetings & Labour ward forums - targeted work dependent on red flag areas / incident themes, escalation to Executive team meeting /Board where required  Recently reconfigured & relaunch of governance WH meetings	Monthly Dashboard presented at Divisional Patient safety and quality board  MVP feedback  Friends & Family Survey / Inpatient survey  Staff Survey  Compliments & Concerns  Incident Reporting  HSIB/SI's & Maternity Risk Strategy (annual	Safe service provision  Responsive  Improved women's experience	Continue to triangulate themes from governance /service user voice & any compliments/concerns raised. Maternity Risk Strategy complete	Chief Nurse	Divisional Triumvirate	Complete
S09	Maintain robust oversight of maternity divers and unit closures, ensuring divers are kept to a minimum and limiting the impact on women using the service. Enhancing patient experience and providing assurance that patient safety is central to decision making	Twice daily staffing sitreps All Divers are presented to the trust wide Serious Incident review Group which is held 3 times per week Follow GM Divert Policy	Local twice daily sitreps in place  LMS daily sitreps - recoded via tableau for regional oversight/Collaborative working.	Safe care live / health roster  Evidence of midwifery staffing to Executive Team / Board	Improved service user experience  Improved staff experience  Safer staffing principles upheld	Complete Business as usual	Chief Nurse	Divisional Triumvirate	Complete
S10	Sustain appropriate monitoring of any staff being moved from community or birth centres or from one clinical area to another.	Develop a monitoring system for when community staff are move from one clinical area to another -	included in the daily sitrep - ongoing monitoring	This can be audited via sitreps  Board staffing papers	Improved staff & women experience, ensures triangulation of safer staffing and maintaining options for birth	Complete Business as usual	Chief Nurse	Head of Midwifery /Deputy Head of Midwifery	Complete
S11	Sustain appropriate monitoring when staff have been redeployed from planned mandatory study days to work in the clinical area - this will be captured via the annual TNA	Develop a monitoring system for when staff have redeployed from planned mandatory study days to work in a clinical area	Continue with daily SITREP & dependent on red flags - board paper/escalation	Evidence of monitoring system DD/ HOM approval needs to be sought before cancelling mandatory training  Board staffing papers  Stat Man monthly trajectory  TNA to be revisited annually & inclusive of monthly trajectory vs staffing (maintain built in	Staff recruitment & retention  Safe staffing levels  Safer care	Complete Business as usual	Director of Workforce & OD	Head of Midwifery /Deputy Head of Midwifery	Complete

March 2022

## Maternity Sustainability Plan

Action ID Sustainability Action Plan	Sustainability Action Plan	Specific actions to be implemented to ensure ongoing sustainability	Progress	Measurement	Outcomes	RAG Rating	SRO	Action Owner	Target Date/ Timeline
S12	Ensure maternity strategy & vision is revisited annually & aligns with the direction of travel/evolving national picture	Periodic review of the strategy - Annually	26/02/21 - all strategy sessions have now taken place. Drafts have been sent out and the strategy will go through the following forums in March/April 21. Labour ward forum, obs and Gynae directorate meeting, WCD quality board and safety champions. Meeting also being set up with chief nurse and medical director 30/03/21 - strategy draft completed and going through approval route 15/06/2021 - Strategy is completed	Strategy uploaded onto trust intranet and internet.	Strategy available to all Trust staff and members of the general public, outlining the maternity service vision for the next 3 years. The strategy will be updated in line with National Guidance.	Complete	Director of Strategy, Partnerships & Transformation	Divisional Triumvirate	Annual review

March 2022

### Stockport NHS Foundation Trust

Meeting date	27 <sup>th</sup> April 2022	X	Public		Confidential	Agenda item
Meeting	Council of Governors					
Title	Developing the Membership Strategy					
Presented by	Rebecca McCarthy, Trust Secretary	Author		Rebecca McCarthy, Trust Secretary		

### Recommendations made/ Decisions requested

#### The Council of Governors is asked to:

- Review the briefing and confirm steps to develop the Council of Governors Membership Strategy
- Confirm interest in joining the Task & Finish Group to the Deputy Trust Secretary by Wednesday 4<sup>th</sup> May.

### Executive Summary

As an NHS Foundation Trust, Stockport NHS Foundation Trust is locally accountable to its members. Members elect the majority of the Council of Governors, who have a statutory duty to represent the interests of members and the public. In view of this, the Council of Governors, supported by the Corporate Affairs team, will wish to develop plans to establish and maintain a representative membership with which to engage, and monitor the effectiveness of such plans.

As with many organisations, the Trust's membership plans were impacted by the pandemic, largely because of the limitations of social distancing, shielding and staff focusing on urgent operational issues. Recognising the ongoing operational challenges and the changing health and social care landscape within which the Trust operates, it is now timely to refresh the Membership Strategy, outlining the Trust's aims for membership. Furthermore, in recognition of the operational challenges, the guiding principles for our approach to membership will continue to be:

- Membership activities should be of value to members of the Trust, public and the organisation
- Membership activities should be prioritised to ensure achievability within the time and resources available.

Initial discussion regarding the Membership Strategy, including membership recruitment and representation and engagement with members and the public, commenced at the governor development session held on 5<sup>th</sup> April 2022. It was agreed that a task and finish group would be established to develop the Membership Strategy, alongside an annual action plan to support implementation. The task and finish group will meet regularly during May-June to develop the strategy, which will be presented to the Council of Governors for approval at its meeting on 6<sup>th</sup> July 2022.

Governors are asked to confirm their interest in joining the task and finish group by emailing the Deputy Trust Secretary, Soile Curtis ([soile.curtis@stockport.nhs.uk](mailto:soile.curtis@stockport.nhs.uk)) by **Wednesday 4<sup>th</sup> May**.

The task and finish group will take place virtually between 10-11am on the following:

- 10<sup>th</sup> May
- 24<sup>th</sup> May
- 7<sup>th</sup> June
- 21<sup>st</sup> June