Stockport NHS Foundation Trust

Annual Quality Accounts Report 2022/23

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Part 1: Statement on Quality from the Chief Executive of the NHS Foundation Trust

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Providing good quality care for the people who need our services is at the heart of our mission as an organisation – making a difference every day. To do that consistently across all services is a challenge when faced with increased demand for care, scarcity of some skilled staff, and the drive to recover services impacted by the pandemic.

That challenge was further complicated during 2022-23 by the on-going impact of Covid-19 as well as other viruses. Few of us could have imagined that we would continue to feel the effects of Covid-19 two years on from the first patients being admitted to our wards, but at the time of writing this report we still had 30 patients with Covid-19 in Stockport Hospital.

The success of the Covid-19 vaccination programme has undoubtedly enabled most of us to return to a normal life, but the population of Great Manchester (GM) and Stockport continued to see relatively high levels of the infection over the last year. At times this had a serious impact not only on patients using our services, but also on the number of staff we had available to care for them.

As we returned to a largely pre-pandemic way of life and people started to mix again we also saw an increasing level of other infections in the local population. Over the winter we cared for high numbers of people suffering from influenza as well as children with RSV (Respiratory Syncytial Virus), one of the world's leading causes of infants being hospitalized, and these added to the increased demand for care many of our services were seeing compared to pre-pandemic times.

As well as coping with the demands of these illnesses, we worked hard with partners across GM and the North West to restore services and address the long periods of time many local people were waiting for diagnostic tests and treatments delayed as a result of the pandemic. Our teams made huge efforts to treat those people who had waited over 102 and 78 weeks for planned care, and they are now working hard to reduce the number of people who have waited more than 65 weeks for tests and treatment.

The level of demand for emergency and urgent care was almost 7% higher than we planned for in 2022-23. Prior to the pandemic our A&E team rarely saw more than 300 patients a day, but that level of demand is now common place despite the department not being built to cope with such a large number of people.

The development of a new £30.4m emergency and urgent care campus will undoubtedly provide a much better environment for patients and staff once it opens next year, but in the meantime our A&E team has worked tirelessly to meet the increased demand for care in a timely and safe manner.

In line with other such departments across the country, our A&E does not consistently meet the 95% level for the national four hour standard, but it continued to be one of the top performers in GM. It also continued to perform well in ambulance turnaround times, which is so important to ensure patients get the timely care they need when they call an ambulance.

Across the NHS the prompt discharge of people who no longer need acute hospital care is an issue faced by many trusts, but it is particularly challenging for the Stockport health and care system due to the relatively high number of elderly people in our population who are living longer, often with a range of complex issues. They may need a package of care to be able to return home, or a move to an alternative facility to continue their recovery.

Over the last year we have continued to see rising numbers of patients in this position, and we regularly have around 100 patients in Stockport Hospital from Stockport and the surrounding areas who no longer need acute care.

We continue to work with our partners to address these issues on a daily basis for individual patients, as well as working on medium to long term plans to improve the situation across the Stockport health and care system.

Despite the pressure on our bed availability, our hospital and community services continued to work hard over the last year on prioritising the care of those patients who need our services the most, whether that was through partnerships with other trusts across GM to offer long awaited surgery at other sites, or investing in our own services and staff to continue to provide good safe care.

Our £3m investment in expanding our endoscopy capacity has undoubtedly helped to improve diagnostic waiting times, something that was particularly badly affected by the pandemic, and over the last year our teams worked hard to make big improvements against the national six week diagnostic standard.

We were also amongst the best performing in GM for seeing patients with suspected cancer within two weeks of a GP referral and then diagnosing them within 28 days – both very important standards for patients anxiously waiting for test results. This performance against key standards aimed at improving the care of patients with cancer was particularly impressive as our services saw a 22.3% increase in referrals for suspected cancer over the last year.

The industrial action during 2022-23 undoubtedly had an impact on our plans to recover services affected by the pandemic, as well as meet the increased demand for planned care. The effects of the industrial action are likely to be felt for some time during 2023-24 as we reschedule the appointments and planned treatments that had to be paused.

I am hugely impressed and proud of the way our teams – clinical and non-clinical, community and hospital – have dealt with the competing and difficult challenges we faced during 2022-23 and maintained a constant focus on providing the best care possible for local people.

To ensure we have the right workforce to meet the current demand for care and fill vacancies we have continued to invest in recruiting 113 international nurses, held regular recruitment events to sign up local nurses, nursing students and health care assistants; successfully attracted clinicians to often hard to fill roles, and invested in our future workforce through building strong relationships with local colleges and universities and supporting successful programmes, such as the trainee nurse associates and allied health professional apprenticeships.

It is increasingly apparent that the challenges that face our local health and care system cannot be tackled alone. It is only by working in partnership with statutory and third sector organisations across the area we serve that we can hope to achieve our ambitions for the health of local people.

So we welcomed the introduction of the Health and Care Act 2022 and the resulting creation of integrated care systems and Place-based systems across the country during the last year. This new architecture was designed to support greater collaboration across organisations to enable health and care systems, including statutory and third sector partners, to work together to address the needs of local communities.

As the Chief Executive of both Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust (T&GICFT), I have been delighted to see greater collaboration between the two organisations continue to develop over the last 12 months, but our collaborative efforts are not just limited to our work with T&GICFT.

Over the last 12 months we have continued to work with our other near neighbours – East Cheshire NHS Trust – on exploring ways that we can together sustain and improve local services. Clinicians from a range of specialist services in both organisations have worked together looking at the challenges they face and thinking about how they may be able to jointly overcome some of those issues.

Our collaborative work with partners is focused on sustaining and, where possible, improving the quality of care we provide to patients. Over the last year ensuring a consistent quality of care across all our services has continued to be a real area of focus under the leadership of our Chief Nurse and Medical Director.

We have continued to see the development of our ward accreditation scheme across both hospital and community services, and through our Quality Committee, which is a sub-group of the Board, there has been a keen focus on learning from patients and our staff on areas for where we can do better and providing the Board with robust assurance that our services are addressing areas of improvement.

Our services have not had an inspection visit by the Care Quality Commission (CQC) since November 2022 when they carried out an unannounced visit to our emergency department that resulted in an overall rating of "good" and praise from inspectors on the significant improvement made since the service was rated as "inadequate."

We have continued to provide the CQC and other regulators with information about our services and their performance across a range of metrics, and we look forward to sharing the improvements we have made with inspectors during a future visit to the Trust.

Our patients regularly compliment our teams on the care they provide, and our services are consistently rated highly in national Friends and Family tests as well as via feedback on the Patient Opinion website. This positive feedback is reflected in the many national awards our teams have been recognised with over the last year for the quality of the services they provide, whether that is exemplar catering, acknowledgement of the improvements our maternity team has made, or partnership initiatives that have made a huge difference to our patients. More information about these awards are available in the news section of our website www.stockport.nhs.uk

There is always more we can do to improve our services and over the last year we spent more than £40m on capital developments including starting work on our new emergency and urgent care campus, improvements to the endoscopy suite, and investment in new equipment. For 2023-24 we have secured significant funding for further capital investments, including completing the emergency and urgent care campus, delivering a much needed electronic patient record, creating extra ward space on the Stepping Hill Hospital site, and developing an aseptic unit for GM at the hospital.

Stockport NHS Foundation Trust is no different to many other NHS organisations across the country in the challenges we have faced over the last year and continue to face in 2023-24. However, this annual report demonstrates how we are taking robust action to address those challenges, often in partnership with others, to ensure that local people can continue to receive good quality safe care from the hospital and community services of which I am so proud.

Karen James OBE
Chief Executive

Part 2.1: Priorities for Improvement

Quality Strategy

In 2021 Stockport NHS Foundation Trust introduced the refreshed 2021-2024 Quality Strategy. This document sets out our three-year approach to achieve our goals and is relevant for the year 2022-23:
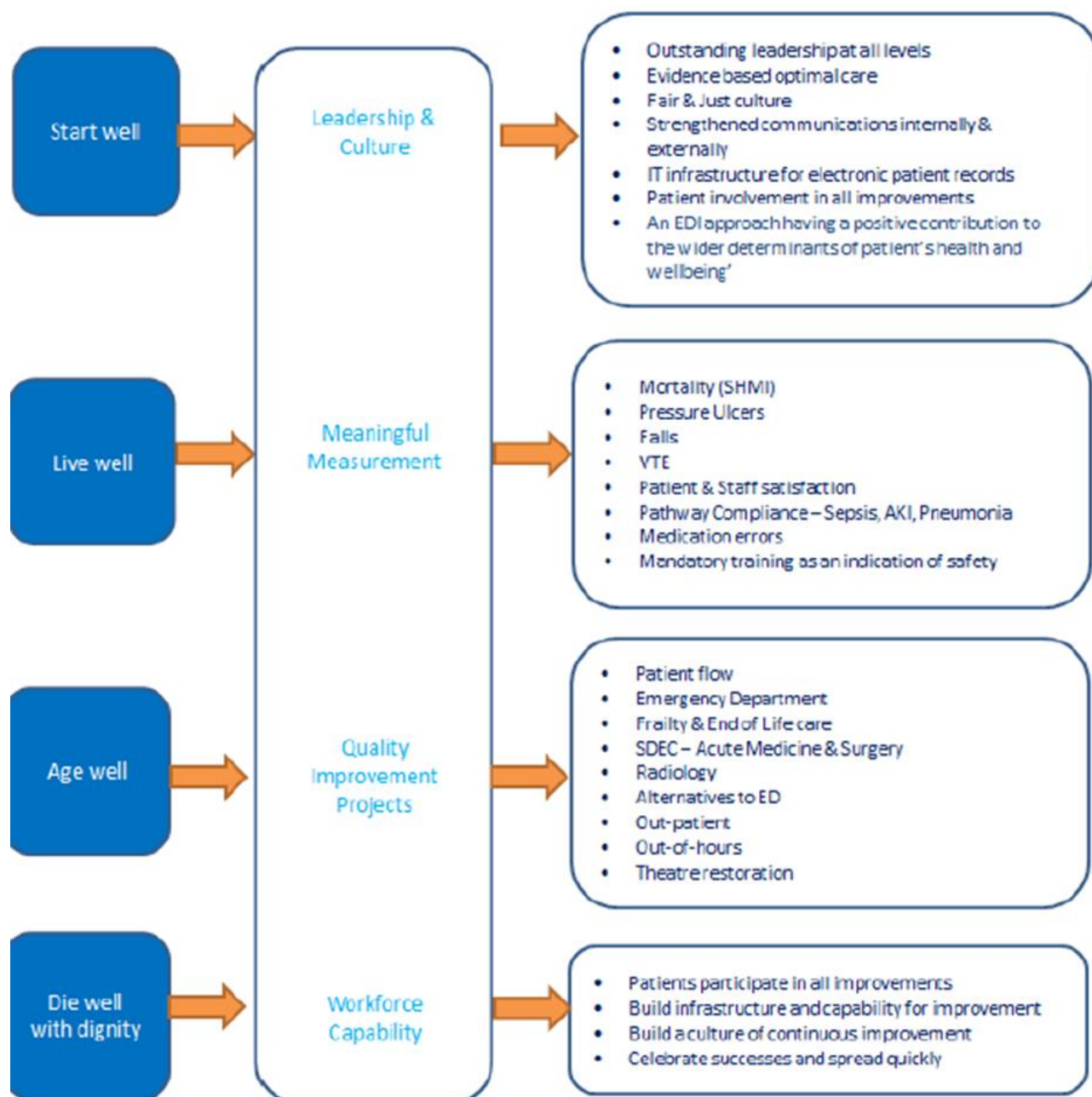
We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.

We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on quality across the Trust.

The quality strategy will link with other organisational strategies and support the Trust's objectives.

To deliver on our ambition to:

- Start well – Improve the first 1,000 days of life
- Live well – Reduce avoidable harm
- Age well – Reduce avoidable harm
- Die well with dignity – Improve the last 1,000 days of life

Start well	**Leadership & Culture**	• Outstanding leadership at all levels • Evidence based optimal care • Fair & Just culture • Strengthened communications internally & externally • IT infrastructure for electronic patient records • Patient involvement in all improvements • An EDI approach having a positive contribution to the wider determinants of patient's health and wellbeing'
Live well	**Meaningful Measurement**	• Mortality (SHMI) • Pressure Ulcers • Falls • VTE • Patient & Staff satisfaction • Pathway Compliance – Sepsis, AKI, Pneumonia • Medication errors • Mandatory training as an indication of safety
Age well	**Quality Improvement Projects**	• Patient flow • Emergency Department • Frailty & End of Life care • SDEC – Acute Medicine & Surgery • Radiology • Alternatives to ED • Out-patient • Out-of-hours • Theatre restoration
Die well with dignity	**Workforce Capability**	• Patients participate in all improvements • Build infrastructure and capability for improvement • Build a culture of continuous improvement • Celebrate successes and spread quickly

Tissue Viability Service
Quality Improvement Strategy 2023-2024

Lisa Gough
Tissue Viability Specialist
Matron

Tissue Viability Team

Helen Howard
Deputy Chief Nurse

AIM	HOW
Improve pressure area care through identifying common themes for targeted training	• Engage with divisions on action plans • Review training requirements for staff on ESR • Complete CQUIN audits
Promote wound and skin care assessment and management through engagement events, training workshops and TV Link Programme	• Pressure ulcer collaborative event • Role specific and multi-disciplinary study days • Engagement with industry partners to provide training and study events
Improve standards of leg ulcer and lower limb care across the acute and community settings	• Update and re-launch the guidelines for the management of lower limb wounds • Develop proposals on commissioning specialist lymphoedema services for Stockport
Enhance adherence to guidelines through digital optimisation of resources, care plans, and guides	• Collaborate with digital team • Develop specific work streams to action on identified themes for practice or process improvement

The key priorities set out in the tissue viability strategy for 22-23 have been achieved; however a number of quality improvement strategies and associated projects are on-going into 23-24. Pressure ulcer prevention remains a high priority in our quality improvement journey and the organisation has seen positive progress in the reduction of pressure ulcers in the hospital and community settings

Falls

The Trust Quality Improvement target for 2022/2023 were 10% reduction in both overall number of falls, and those causing moderate and above harm.

We changed the way we measured falls. We started to measure the number of falls as a rate per 1000 bed days. This method allowed more accurate tracking of performance against the target of a 10% reduction year on year as it represented a fair way of comparing results from years or months where there were different numbers of patients in the hospital, particularly important when considering 2020-21 and the Covid-19 pandemic.

Trust Strategic Priorities Aligned with falls prevention work:
1. Quality improvement: Keep our patients safe at all times
2. Operational performance: Provide excellent patient experience and deliver expected outcomes
3. Partnership working: Have effective partnerships that support better patient care
4. Leadership development: Create a culture of clinical excellence through highly developed and resilient leaders
5. Financial resilience: Be a well-led and governed Trust with sound finances.

We met our target which was set at beginning of the year.

Falls Data: April 2017 to March 2023
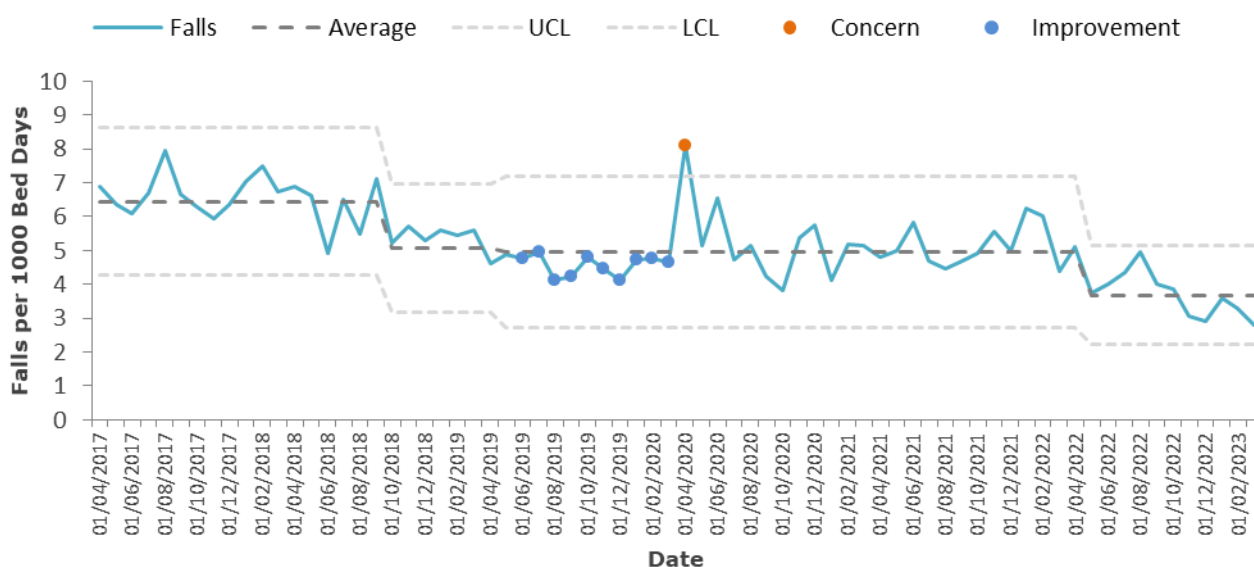
Falls Data – 2021/22 – 2022/23

2021/22

Month	Total Falls	Falls moderate Harm	Bed Days	Total Falls 1000 Bed Days	Falls Mod Harm / 1000 Bed Days
April	78	1	15598	5.00	0.06
May	81	2	16172	5.01	0.12
June	93	4	15860	5.86	0.25
July	80	3	16957	4.72	0.18
August	78	0	17312	4.51	0.00
September	82	0	17257	4.75	0.00
October	90	2	18121	4.97	0.11
November	99	5	17632	5.61	0.28
December	90	3	17865	5.04	0.17
January	116	6	19115	6.07	0.31
February	108	1	17666	6.11	0.06
March	85	0	19057	4.46	0.00
Year Total	1080	27	208612	5.18	0.13
				4.66	0.12

2022/23

Month	Total Falls	Falls moderate Harm	Bed Days	Total Falls 1000 Bed Days	Falls Mod Harm / 1000 Bed Days
April	85	1	18937	4.49	0.05
May	70	1	18818	3.72	0.05
June	77	2	18247	4.22	0.11
July	86	3	20017	4.30	0.15
August	100	0	20017	5.00	0.00
September	78	2	19370	4.03	0.10
October	78	4	20101	3.88	0.20
November	60	2	19316	3.11	0.10
December	59	1	19976	2.95	0.05
January	73	2	20390	3.58	0.10
February	60	3	18199	3.30	0.16
March	56	2	19934	2.81	0.10
Year Total	882	23	233322	3.78	0.10

Falls Prevention Improvement Work
- Royal College of Physicians guidance of Lying and standing blood pressure as part of falls assessment, incorporated into falls risk assessment.
- Ongoing compliance of monitoring of lying and standing blood pressure using monthly Quality Metrics,
- Education – E-Learning package
- Overarching Falls Action Plan for each directorate will be monitored at the Quality & Safety Improvement Strategy Group
- Introduction of 'at a glance' ward moves/transfers during current patient admission episode supporting decision making around patient transfers
- Re-established 'Falls Sensors' programme
- All Fall Champions now have badges and regular meetings are taking place.
- Fall Champions will also be trained as 'Train the trainee' for fall sensors and Bay Nursing
- Fall resource files have been distributed to all areas.
- Bimonthly Falls Newsletters are being sent to all areas.
- The Falls Ambassador (volunteer) is supporting with falls every Thursday. She is visiting the ward areas with information.
- All areas can order slipper socks.
- Fall Safety Cross boards are now displayed in all areas.
- Areas are being presented with a certificate if they have had 0 falls in a month.
- Falls documentation and staff knowledge is also monitored in the StARS Accreditation
- Bay Nursing in place with yellow tabards and regular toolbox training is being delivered.
- Falls steering Group now has consultant lead and pharmacist lead.
- Post fall proforma for all Falls is in place.
- Working with ED matron to review Falls documentation for ED.
- New Falls information leaflet available.
- The staff Falls Prevention Microsite has been updated
- Pharmacy project and pilot will take place on selected wards.
- Phase 1 of the new Bay Coordinator pilot started in July 2022 with support from NHSP.
- Bay Coordinator- worked with health roster to build a template for Bay nursing staff.
- Working with risk team to review falls dashboard so we can capture lower to the floor incidents separately.
- Planning a Falls conference in June 2023 to celebrate the reduction in falls.
- Business Information team have implemented a new dashboard for all divisions to view their data.
- Applied for capital funds for ultra-low-rise beds and hover jack.
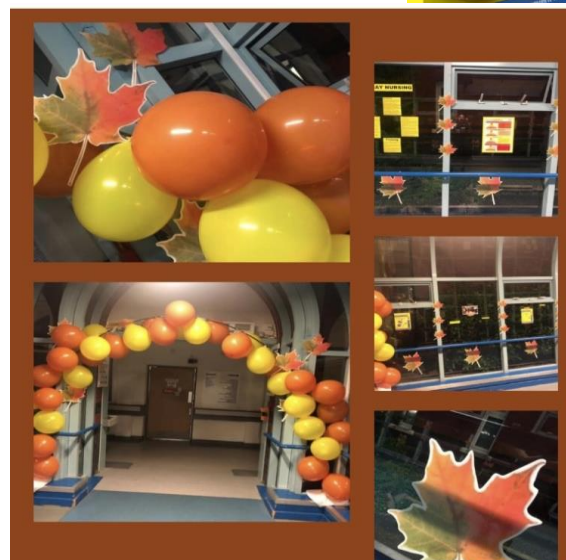
StARS - Stockport Accreditation and Recognition Scheme

The StARS accreditation programme was introduced in April 2021 to support the Trust with visibility and assurance about clinical area compliance against agreed standards. The vision of StARS is to create a system which ensures staff are motivated and recognised in delivering patient-centred, quality services. This accreditation programme helps to drive continuous improvement and patient safety across all care settings.

Achievements during 2022/2023

There have been 84 assessments across 41 clinical areas completed during 2022-2023. All inpatient areas continued to be assessed as per the accreditation schedule depending on previous outcomes. Assessments were also undertaken in Theatres, Paediatrics, Maternity, Emergency Department and Community Areas.

The Trust achieved **54%** Green Accreditation outcomes for all clinical areas against the 50% target set for the year.

31 March 2023
Accreditation Outcome for all Clinical Areas
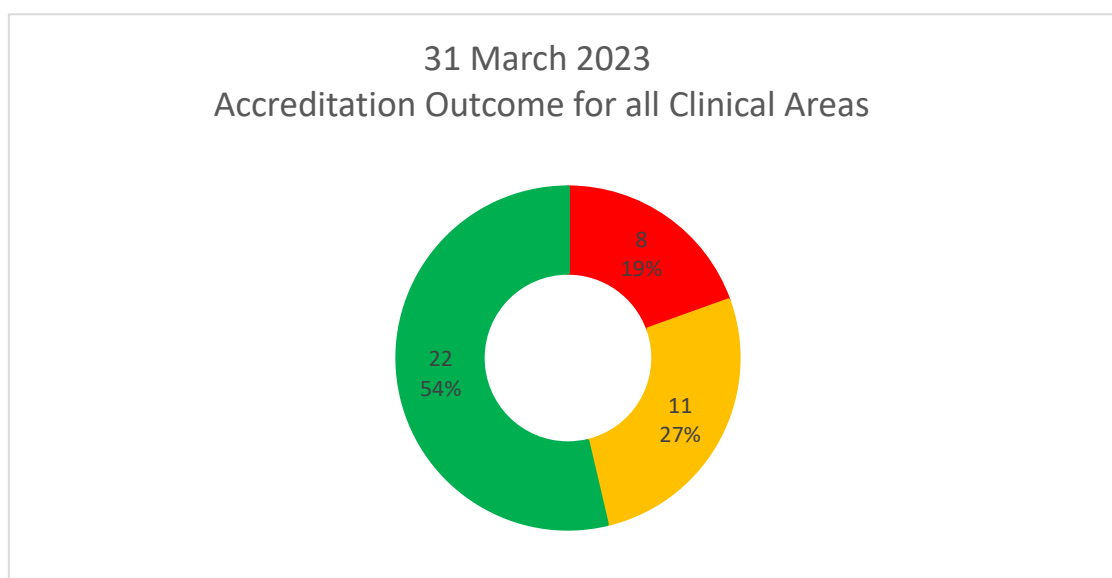
Further achievements

- New accreditation standards developed for Maternity services and all 3 inpatient areas assessed.
- New bespoke standards developed and implemented for Theatres.
- Successful implementation of a revised process for community accreditations over 2 days to provide greater opportunity to observe and assess practice.
- The Stockport accreditation programmed received 'Substantial Assurance' by MIAA
- Working with the Business Intelligence Team – the development of an Accreditation Dashboard to support monitoring and facilitate data analysis at a

granular level for each question within each standard. This will provide in depth understanding of areas of good practice and those which require improvement.

- Extensive review of adult inpatient standards undertaken including engagement forums and consultation with subject specialists. Revised standards provide have retained the essence of the current accreditation process but refined the detail. Approved for implementation April 2023.
- Review of Quality Metrics undertaken monthly by each clinical area to remain closely aligned to the StARS standards.

Patient Experience

At Stockport Hospital NHS Foundation Trust, we are committed to improving the experience of our patients, carers, families, and friends. Improving patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide great care to every patient, every day.

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

To assess and better understand the experience of our patients, carers, friends and families, the Trust actively seeks feedback from people using our services. This enables the Trust to make the necessary service improvements that ensure our patients receive safe, consistent, person-centred experience at every contact. Feedback is captured in Inpatient iPad surveys, Friends and family feedback, and National Surveys

Ongoing work related to Patient Experience

- Regular events / awareness weeks /sessions- Annual events planned and shared with teams.
- Environment work in the chaplaincy and spiritual care centre
- Monthly #hellomynameis Core values recognition
- Feedback Friday
- Implementation of mental health passport
- Care Opinion- continue to use a platform for people to provide feedback
- Carers- planning to work with carers to capture their experiences in carers survey.
- Be equal- Continue work to support accessible information standards and improving support for patients under the protected characteristics.
- Dress is best- looking at a location where we can have a central clothes bank for patients.

- Patient Experience feedback Qualitative Dashboard- Developing a dashboard with business intelligence as a way to triangulate and monitor feedback
- QR codes for feedback
- Supported meal times- Continue to work and support staff to show the importance of nutrition and hydration. Promoting Dining Companion.
- Newsletters
- Value my volunteer recognition- Volunteers nominated by staff for going above and beyond.
- 'You said, we did'- Patients stories to improve care and celebrate achievements and learning from feedback provided in iPad surveys, Friends and Family tests and National Inpatient surveys.
- Accessible surveys- to provide surveys that are in easy read format to facilitate feedback from hard-to-reach groups
- StARS Accreditation- Support to monitor Quality and patient experience
- Estates- Working closely with estates and facilities to provide safe spaces for patients care. Looking at a location for memorial garden next to the chaplaincy and spiritual care centre
- Care at all ages- Supporting to embed a new way to support our dying patients
- Working with Palliative care team to implement a Swan Model
- Restarting Hospedia
- Reviewing patient property policy
- Volunteer ambassadors in all areas
- Veterans work.
- Planning to have Patient Feedback stations around the hospital site
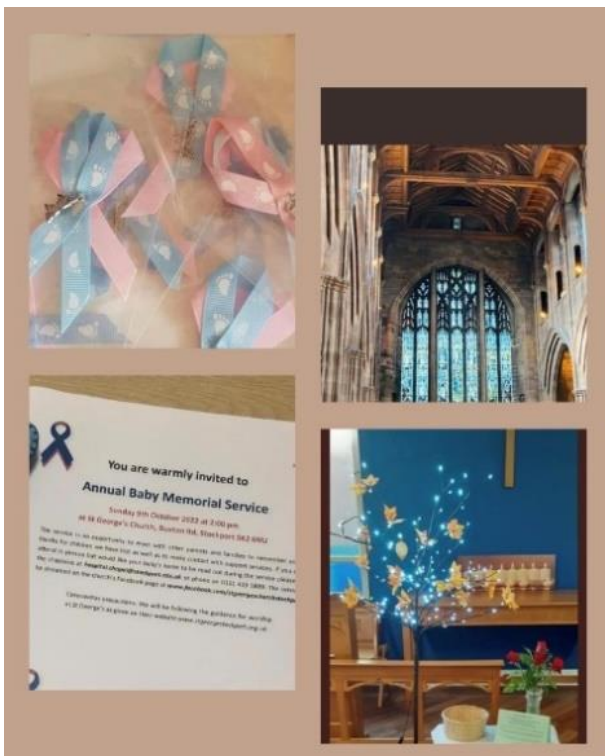
Service Transformation

Stockport NHS Foundation Trust benefits from a Service Transformation Team. This team supports both clinical and non-clinical services across the organisation to make improvements for the benefit of our patient population. The following examples demonstrate the activity undertaken throughout 2022/23.

Pain Functional Activity Scale (FAS) Pilot

Introducing the functional activity scoring for pain assessment post lower limb arthroplasty surgery found benefits to our patients and staff:

- Improved day 1 mobilisation from 71% to 100%
- Reduced post-operative opioid usage
- 100% of staff reported FAS was easy to use
-
Following the successful pilot, the tool is now being rolled out across the Trust.

The project received Highly Commended Pain Initiative of the Year and the 2022 National Acute Pain Symposium.

Radiology Efficiency and Productivity

This project focused on improving efficiencies and productivity of the Radiology service, to support the service to be responsive and meet the demand.

Through time in motion studies were completed alongside capacity and demand modelling to truly understand the opportunities to improve the utilisation.

Tests of changes have also occurred within CT & MRI to support our cancer pathways including a same day chest x-ray to CT pathway (where clinically appropriate) and an outpatient appointment within 24hours. This has improved our patient experience whilst awaiting a diagnosis.

Results Governance Project

This corporate transformation scheme supported our governance processes for pathology results provided by the Trust, linked to National Patient Safety Standards.

Key achievements included:

- A trust-wide results governance Standard Operational Policy developed and implemented.
- Inpatient pathology paper results switch off was completed successfully, contributing to financial savings.
- A new Clinical Interface Group was established to ensure the sustainability of the project with ambitions in place to progress the paper switch off to outpatient areas.

Medical Out of Hours Improvement Project

The Medical Out-of-Hours Project was established in response to the Trust's results from the General Medical Council survey, showing Stockport as an outlier for its below average support to our junior Doctors.

Through this project a successful business case was approved to recruit an additional 23 Junior Clinical Fellow (JCF) posts in Medicine and Acute Care. To date 21 of these posts have been filled.

Standardising the Doctor's handover process was a key outcome, including a new central location for handover to be held.

E-task is the request system for Doctor interventions out-of-hours. The e-Task improvements implemented have seen a positive impact on the quality and reduction of inappropriate tasks being handed over to the Out-of-Hours Team – very positive feedback was received from Junior Doctors.

Following the success of this scheme, our GMC survey results for out-of-hours support have vastly improved and a Surgery out-of-hours scheme has commenced to build on the learning from the Medicine & Urgent Care Division.

Out-of-Hours (OOH) Improvement

Our aims & why this was important...

- Our aim was to improve clinical leadership and safe provision of hour-of-hours medical services for inpatients.
- Improving OOH care provides:
  - better patient outcomes
  - improved patient safety
  - improved patient flow and reduced length of stay
  - better clinical supervision leading to improved quality of training, recruitment and retention

Our multi-disciplinary workstream teams worked together to deliver..

An enhanced OOH Medical Workforce

From August 2022 we will have:
- Two extra Junior Clinical Fellows (JCFs) on shift out-of-hours to support specialty wards (medicine)
- Two extra JCFs in AMU to allow one additional JCF out-of-hours to support AMU

Further improvements are being explored for FY1-2 rotas.

An improved eTask system

- Introduction of mandatory SBAR fields were implemented
- Provision of SBAR training to over 400 ward staff
- Streamlining the eTask categories enabling more effective prioritisation of ward tasks
- Introduction of a trustwide eTask SOP setting expected standards, roles and responsibilities

A standardised medical handover

- Development of handover standards in line with best practice
- Introduction of a standard agenda
- Development of an electronic handover tool linked to eTask
- Identification of an OOH hub that can be used for handover meetings and team huddles OOH
- Surgical OOH escalation guide produced

Tomorrow Hour

Tomorrow Hour focused on planning ahead for inpatients who could potentially go home the next day. This occurred through an afternoon handover process between junior doctors, physician associates and advanced clinical practitioners. This also included a partnership with the Pharmacy Team to ensure take out medications (TTO's) were completed following the afternoon handover and pharmacy would ensure medication would be ready for returning home.

This resulted in the median discharge time reducing by 2.5 hours. There was also a correlation of approximately 50% of discharges also occurring before midday.

TOMORROW HOUR

What is Tomorrow hour?

Tomorrow Hour aims to embed good practice to get patients discharged earlier in the day to support both patient experience and flow within the hospital.

Tomorrow Hour, it is a junior doctor initiative whereby the junior doctors identify who has potential to go home the next day during an afternoon huddle. Once these patients are identified, the junior doctors should complete any relevant paperwork that day so that everything is ready for a discharge as early as possible the following day.

Why do we need tomorrow hour?

- Get patients home earlier in the day
- Improve patient flow from AMU and support for ED
- Better organisation will improve staff experience.

What did we do?

During the project we conducted 2 PDSA to test tomorrow hour.

First, we ran a pilot across 6 wards with one Junior doctor championing the whole pilot. We held a kick off event and ensured that tomorrow hour was included in junior doctor and ward inductions.

From the data analysis of this first trial, we decided in our next phase to increase the Tomorrow hour champion to 6 champions and changed the pilot wards depending on where our champions were resident. This helped us to embed the tomorrow hour across the wards.

The Outcome

Our data showed an improvement in median discharge and Tomorow hour brought median discharge time down. There was a correlation with approx 50% of discharges before midday once tomorrow hour was implemented.

Staff felt Tomorrow hour also had an impact on improving communication and enhanced working relationships within the MDT, as well patients got home earlier with less delays in discharges.

The best improvement of **2.5 hours** was seen on E2 which had a **ACP** as the champion and was part of the project from the start.

Ref 042

Looking into 2023-24 our service transformation work continues. The following schemes are currently active across the organisation with the following expected outcomes:

Cancer Improving Outcomes Programme

To support the implementation of the NHS Long Term Plan objectives, the cancer programme has focused on 2 key areas: 'Faster Diagnosis and Standardised Care' and 'Personalised Care'.

Faster Diagnosis and Standardised Care

Pathways have been remapped and tests of change continue to be carried out to improve our faster diagnosis performance. This year has seen the implementation of the lung, prostate, colorectal, oesophageal and gynaecological pathways. This has seen an effort across all divisions to improve our cancer care for patients, ensuring a diagnosis or ruling out of cancer within 28 days. Tests of change have included one stop clinics for diagnostics in lung, with next day outpatient appointments, and improved vetting processes for an MRI scan in the prostate pathway. Over the last 12 months, Stockport FT have seen a marked improvement in performance from 60% compliance with the faster diagnosis standard to 73%. CQUIN targets have also been met in quarters 1, 2 and 3, with quarter 4 data to be submitted in early April.

Personalised Care

All tumour groups now have dedicated hollistic needs analysis templates for use with their patients, alongside end of treatment summaries. A gap analysis has recently been completed to understand how each tumour site utilises these in an effort to standardize this approach. Next year will focus on the implementation of the personalised stratified follow up pathways, and the new digital platform 'Infoflex', to support this pathway.

Elective Bookings Admin Review

This project aimed to centralise the booking and scheduling service for teams that book elective procedures. In doing so, the service will:

- Provide equitable cover during periods of planned and unplanned leave
- Standardise processes and ensure early identification of any deviation from process
- Optimise administrative capacity to reduce process delays and reductions waiting times
- Improve data quality

Through this scheme, a new operating model has been defined. The service is now one team, which is centrally managed and co-located. Staff will continue to support

their specialisms, but provide a buddy system and cross-cover at times of pressure. Standardised processes have been brought in, where possible, and a new deputy booking and scheduling manager to oversee the teams.

The service went live on the 13th March 2023 and the impact being monitored to ensure sustainability when we withdraw support in April 2023.

Frailty Programme

As a Stockport health and care system, our Frailty programme has been focusing on standardising the approach for identification of patients living with frailty and developing a clear operating model and pathways dependent on individual needs.

To support this, a train-the-trainer programme has been developed and rolled out to educate staff on the Rockwood Clinical Frailty Scale.

Two end-to-end interactive service models have been developed to support the next steps to recording a frailty score. This interactive document enables a user to access services that may be appropriate to a person depending on their level of frailty, and with the interactive capability to click through to a services internet page containing information on the service, referral criteria and ability to refer.

This programme is now expanding to review opportunities for improving frailty care in in the acute and interface settings.
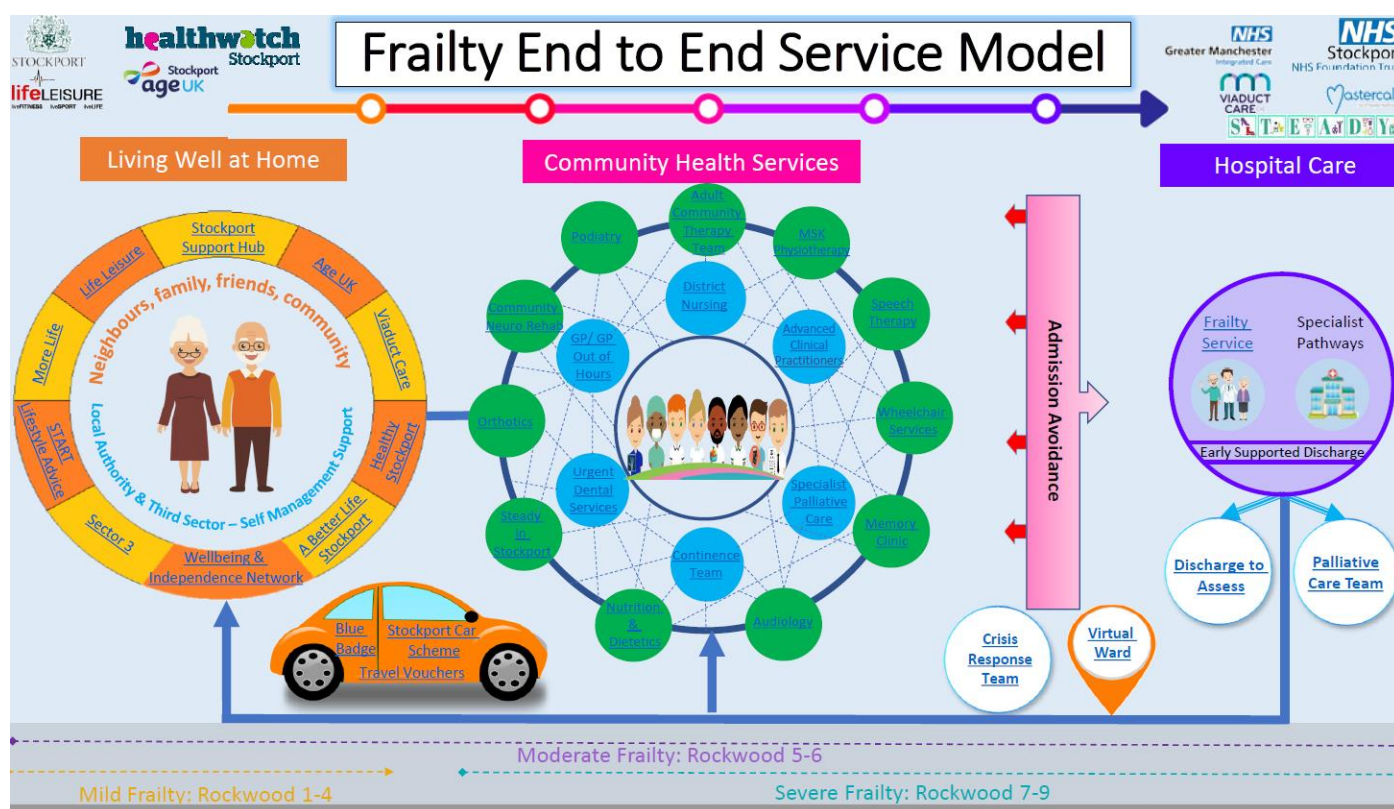
Outpatients Improvement Programme

This programme aims to meet the ambitions set out in the NHS Long Term plan and Operational Planning Guidance, including:

- Reducing outpatient follow ups
- Implementing patient initiated follow ups (PIFU)
- Increasing the use of advice and guidance (A&G) prior to referral
- Increasing virtual appointments

To support this work, a gap analysis has been completed against the GIRFT priorities, and benchmarking and horizon scanning completed. This has led to the development of speciality specific engagement packs and action plans being developed.

Tests of change have also been underway to support the rollout of these pathways:

- Urology and Respiratory directorates have piloted A&G as their default offer at referral vetting.
- A workforce survey has been developed to understand the issues virtual consultations present.
- Speciality specific protocols and information leaflets have been developed to promote PIFU.
- Patient engagement calls have been made as part of a root cause analysis into the reasons people do not attend their appointments.

Endoscopy Improvement Project

This scheme seeks to maximise the efficiency and productivity of the endoscopy service and, in turn, enhance the responsiveness of the service.

Time in motion studies have been completed, alongside root cause analysis to ascertain why patients have not attended their appointments.

An early area of success has been around the pre-assessment clinics now being virtual, which has improved the attendance rates, and consequently, a reduction in cancellations of operations/procedures. To support this, a bowel prep process is under review, to make the process of picking up bowel prep easier and more efficient for our patients, consequently improving their experience.

Updates to the endoscopy dashboard are currently being made to monitor the impact of these improvements.

Pain Management Evidenced Based Co-Design

Patients and carers have been placed at the heart of this scheme, with an aim to redesign and transform the pain management service into a system that is designed for, and with, the people that use it. In doing so, the scheme aimed to identify

opportunities to maximise efficiency of current practices and processes and provide a future model for the service.

Through this programme, a number of tests of change and PDSA cycles have been conducted. This has included a review of the MDT triage processes and the Information on Management of Pain sessions (IMPS) with patients, which have been trialled both virtually and face-to-face. Patient and staff views have been sought throughout to refine the model. The final sessions have now been completed and the new model was operationalised in April 2023.

Through the work to date, including the development of an opt-in process for patients, there has been a reduction in the number of people waiting 10 weeks or more for an appointment.

FAS PAIN TOOL

NHS Stockport NHS Foundation Trust

Functional Activity Scale Pilot - Introducing functional activity scoring for pain assessment post lower limb arthoplasty surgery

Improved post-op mobilisation

Reduce opiod useage

Improved patient experience

Pilot FAS tool

Identify Evidence based tool

Aim - What we wanted to achieve

100% of patients had pain assessed using **FAS**

100% of staff said **FAS** was easy to use

Patient Story

A 40 year old lady who has been living with hip dysplasia and arthritis for the past 3 years and struggling day to day with her pain management. This has impacted on her family life and career as a district nurse. Various analgesia used preoperatively with little effect. Anna came in for a right total hip replacement on 12/10/22. Anna stood up on the first day of her operation, and went on to pass physio on day 2 (14/10/22). She will be discharged on day 2. Anna has found that the nurses have assessed her pain and given her analgesia efficiently when needed in order for her to achieve her physio goals.

Anna

Anna is aware that the medicines will not take the pain away and movement is really important to her recovery, so she has been determined to not just rely on analgesia but use her determination to get up and moving.

Patient and staff engagement

Improved day 1 mobilisation from **71%** to **100%**

Results

Reduced post op opioid usage

Introducing FAS was straight forward, worthwhile and received universally positive staff/patient feedback. It improved day 1 mobilisation despite complex cohorts post covid.

Our Approach

Functional Assessment Tool

Designed processes

Communication materials

CNS support to wards

FAS Training Video

Next Steps

Elective Surgical Wards

Medical Wards

Learning & Education

SEP 22 Review Pilot

22 OCT

NOV 22 All Surgical Ward

22 JAN

FEB 22 Stabilisation

23 MAR

Part 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.

During 2022/23 Stockport NHS Foundation Trust provided and or sub-contracted 48 relevant health services. We have reviewed all the data available to us on the quality of care in all of these NHS services and through our performance management framework and assurance processes. Our total income from service user activities was £399m and our total income was £453m, with income from service user activities accounting for 88% of this total.

Participation in Clinical Audit

During 2022/23, 45 national clinical audits / confidential enquiries covered relevant health services that Stockport NHS Foundation Trust provides.

During that period Stockport NHS Foundation Trust participated in 96% of the national clinical audits / national confidential enquiries which it was eligible to participate in.

The table below shows:
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust was eligible to participate in during 2022/23 are as follows.
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in during 2022/23 are as follows.
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed below 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.

National clinical audit: actions to improve quality

The reports of 45 national clinical audits were reviewed by the provider in 2022/23 and Stockport NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Clinical leads for the speciality relevant to the audit review all report findings and action plans are developed. The reviews are approved by the Divisional Quality Groups.
- Approved reviews formed part of the Clinical Effectiveness Group agenda as part of the governance framework.

The reports of **47** local clinical audits were reviewed by the provider in 2022/23 and Stockport NHS Foundation 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.
- Divisions are advised of outcomes and as part of the governance framework an outcomes report is submitted to the Clinical Effectiveness Group to advise of compliance level, risk and escalation requirements.

No.	Programme / Work stream	Provider organisation	Is at applicable?	Did we participate?	Stage or %/no of cases submitted
1	Breast and Cosmetic Implant Registry	NHS Digital	No	NA	
2	Case Mix Programme	Intensive Care National Audit and Research Centre	Yes	Yes	326
3	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	Yes	Yes	Data collection not finalised.
4	Cleft Registry and Audit NEtwork Database	Royal College of Surgeons - Clinical Effectiveness Unit	No	NA	
5	Elective Surgery: National PROMs Programme	NHS Digital	Yes	Yes	100%
6	Emergency Medicine QIPs :	Royal College of Emergency Medicine			
6.1	a. Pain in children	Royal College of Emergency Medicine	Yes	Yes	122
6.2	b. Assessing for cognitive impairment in older people	Royal College of Emergency Medicine	Yes	NA	Now delayed until May 2023
6.3	c. Mental health self harm	Royal College of Emergency Medicine	Yes	Yes	60 (audit was delayed until November 22)
7	Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	Royal College of Paediatrics and Child Health	Yes	Yes	Data collection not finalised.
8	Falls and Fragility Fracture Audit Programme:	Royal College of Physicians			
8.1	a. Fracture Liaison Service Database	Royal College of Physicians	Yes	Yes	Data collection not finalised.
8.2	b. National Audit of Inpatient Falls	Royal College of Physicians	Yes	Yes	7 patients / 100%
8.3	c. National Hip Fracture Database	Royal College of Physicians	Yes	Yes	537
9	Gastro-intestinal Cancer Audit Programme:	NHS Digital			
9.1	a. National Bowel Cancer Audit	NHS Digital	Yes	Yes	100%
9.2	b. National Oesophago-gastric Cancer	NHS Digital	Yes	Yes	100%
10	Inflammatory Bowel Disease Audit	IBD Registry	Yes	No	Trust subscription to Infoflex® discontinued in anticipation for new data system, however, delays with the launch of this has prevented participation this year.
11	LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	NHS England and NHS Improvement	Yes	Yes	100%
12	Maternal and Newborn Infant Clinical Outcome Review Programme	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Data collection not finalised.
13	Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	Yes	Yes	Various studies - all organistaional questionnaires complete
14	Mental Health Clinical Outcome Review Programme	University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health	No	NA	
15	Muscle Invasive Bladder Cancer Audit	The British Association of Urological Surgeons	Yes	Yes	46
16	National Adult Diabetes Audit:	NHS Digital			
16.1	a. National Diabetes Core Audit	NHS Digital	Yes	Yes	Data collecting ongoing
16.2	b. National Diabetes Foot care Audit	NHS Digital	Yes	Yes	Data collection not finalised.
16.3	c. National Diabetes Inpatient Safety Audit	NHS Digital	Yes	Yes	Ongoing collection.
16.4	d. National Pregnancy in Diabetes Audit	NHS Digital	Yes	Yes	Data collection not finalised.
17	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:	Royal College of Physicians			
17.1	a. Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Deadline for 2022-23 not until 12 May
17.2	b. Chronic Obstructive Pulmonary Disease Secondary Care	Royal College of Physicians	Yes	Yes	Deadline for 2022-23 not until 12 May
17.3	c. Paediatric Asthma Secondary Care	Royal College of Physicians	No	NA	
17.4	d. Pulmonary Rehabilitation- Organisational and Clinical Audit	Royal College of Physicians	Yes	Yes	100%
18	National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	No	NA	
19	National Audit of Cardiac Rehabilitation	University of York	Yes	Yes	Awaiting information
20	National Audit of Cardiovascular Disease Prevention (Primary Care)	NHS Benchmarking Network	No	NA	
21	National Audit of Care at the End of Life	NHS Benchmarking Network	Yes	Yes	50
22	National Audit of Dementia	Royal College of Psychiatrists	Yes	Yes	80 cases submitted / 100%
23	National Audit of Pulmonary Hypertension	NHS Digital	No	NA	
24	National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	No	NA	
25	National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre	Yes	Yes	Data collection 100% complete up to end of Q3, Q4 deadline beginning of June 2023

No.	Programme / Work stream	Provider organisation	Is at applicable?	Did we participate?	Stage or %/no of cases submitted
26	d. National Audit of Cardiac Rhythm Management	Barts Health NHS Trust	Yes	Yes	Submissions Complete for Q1/2/3 - deadline for Q4 = June 2023
27	e. National Audit of Percutaneous Coronary Interventions	Barts Health NHS Trust	No	NA	
27	f. National Heart Failure Audit	Barts Health NHS Trust	Yes	Yes	Data collecting ongoing
27	National Child Mortality Database	University of Bristol	No	NA	
28	National Clinical Audit of Psychosis	Royal College of Psychiatrists	No	NA	
29	National Early Inflammatory Arthritis Audit	British Society of Rheumatology	Yes	Yes	293 patients
30	National Emergency Laparotomy Audit	Royal College of Anaesthetists	Yes	Yes	111
31	National Joint Registry	Healthcare Quality Improvement Partnership	Yes	Yes	100%
32	National Lung Cancer Audit	Royal College of Surgeons	Yes	Yes	Data collecting ongoing
33	National Maternity and Perinatal Audit	Royal College of Obstetrics and Gynaecology	Yes	Yes	Data collection not finalised.
34	National Neonatal Audit Programme	Royal College of Paediatrics and Child Health	Yes	Yes	Data collection not finalised.
35	National Obesity Audit	NHS Digital	No	NA	
36	National Ophthalmology Database Audit	The Royal College of Ophthalmologists	Yes	No	Did not have the appropriate database to facilitate participation
37	National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	Yes	Yes	Data collection not finalised.
38	National Perinatal Mortality Review Tool	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Data collection not finalised.
39	National Prostate Cancer Audit	Royal College of Surgeons (RCS)	Yes	Yes	100%
40	National Vascular Registry	Royal College of Surgeons (RCS)	No	NA	
41	Neurosurgical National Audit Programme	Society of British Neurosurgeons	No	NA	
42	Out-of-Hospital Cardiac Arrest Outcomes	University of Warwick	No	NA	
43	Paediatric Intensive Care Audit	University of Leeds / University of Leicester	No	NA	
44	Perioperative Quality Improvement Programme	Royal College of Anaesthetists	Yes	Yes	22
45	Prescribing Observatory for Mental Health :	Royal College of Psychiatrists			
45	a. Improving the quality of valproate prescribing in adult mental health services	Royal College of Psychiatrists	No	NA	
45	b. The use of melatonin	Royal College of Psychiatrists	No	NA	
46	Renal Audits :	UK Kidney Association			
46	a. National Acute Kidney Injury Audit	UK Kidney Association	No	NA	
46	b. UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	No	NA	
47	Respiratory Audits :	British Thoracic Society			
47	a. Adult Respiratory Support Audit	British Thoracic Society	Yes	Yes	Data collection underway, sample period 01/02/23-31/03/23 and data collection period ends 31/05/23
47	b. Smoking Cessation Audit- Maternity and Mental Health Services	British Thoracic Society	Yes	NA	Audit start deferred.
48	Sentinel Stroke National Audit Programme	King's College London (KCL)	Yes	Yes	Data collection ongoing
49	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Serious Hazards of Transfusion	Yes	Yes	19 cases submitted
50	Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine	Yes	Yes	100%
51	Trauma Audit and Research Network	Trauma Audit and Research Network	Yes	Yes	384 - deadline not until 7/7/23
52	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	NA	
53	UK Parkinson's Audit	Parkinson's UK	Yes	Yes	Data submitted. Unsure of total as the consultant who submitted left the Trust

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Participation in Clinical Research

The Trust is committed to research and innovation as a driver for improving the quality of care we provide to our patients. Participation in clinical research enables out staff and the wider NHS to improve the current and future health outcomes of the people we serve.

The number of patients receiving relevant health services provided or subcontracted by Stockport NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee and/ or the Health Research Authority is 1,182.

Research, Development and Innovation: Key Achievements, Challenges and On-going Work:

2022-23 has been a significant year for Research, Development and Innovation (RD&I) at Stockport. The local, regional and global response to the COVID-19 pandemic has highlighted the critical importance of clinical research, increasing awareness and interest from our staff and patients alike. It is well known that clinical research provides the evidence base to answer key questions that help us tackle health and care issues in our population. However, clinical research and its outcomes can also make a real difference to clinical care, patient experience, and organisational reputation, as well as staff satisfaction, development, recruitment and retention.

We saw the launch of our joint RD&I strategy in October 2022 across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust to help foster a better future for our patients and staff. This was the first joint Trust strategy, with a real focus on maximising the potential of this service across our two organisations. Our RD&I strategy sets out how we will build on the existing research infrastructure and collaboration across the two Trusts, with scope to expand across the whole South East Sector of Greater Manchester. Our aspiration is to establish our reputations as organisations with regionally and nationally acclaimed research portfolios, delivering high quality research in collaboration with system partners and Integrated Care Systems to make a tangible difference to patient care. This strategy isn't just about those staff that currently deliver research within our Trusts. It looks to the wider workforce to consider their role in RD&I, from signposting patients to research opportunities for their conditions, sharing our research active ethos, updating clinical skills and practices in line with the latest research, to undertaking their own research activities. Our mission is to make a positive difference with clinical research every day, with our vision focussing on improving patient health through clinical, translational and applied health sciences research and a culture of innovation.

Staffing capacity has been a real challenge in RD&I across 2022-23 as the delivery team has undergone re-structuring, expansion and diversification of roles. There has

been significant focus on recruitment of new staff to fill our expanded team vacancies. This did limit the progress made on delivery of our strategic goals in the last half of 2022-23, along with delays in the re-development of our quality management and training system to better support staff. However, at the end of 2022-23, the staffing infrastructure was finalised. This will enable acceleration of delivering on our strategic aims in the year ahead; A research show case is planned for September 2023 and our research capacity will be further expanded by development of our laboratory and pharmacy infrastructure within the RD&I department.

The RD&I team are proud of the contribution we have made to re-setting our research portfolio after the pandemic. We continue to build on embedding an inclusive research active culture within our community with RD&I now being involved in training sessions with clinicians, associate practitioners and advanced clinical practitioners to raise the research profile. We have also worked closely with our communications team to showcase our RD&I achievements in the wider community, such as our continued work on various vaccine and treatment trial programmes, including RSV, Influenza and COVID. For the >1,100 participants newly enrolled into research studies in 2022-23, we have been able to offer access to research opportunities across 18 specialities. We have also received really positive feedback from our participant research experience survey about the professionalism, dedication and friendliness of our RD&I staff, a gold standard example of a team incorporating Trust Values.

Goals agreed with Commissioners
Stockport NHS Foundation Trust income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

For 2023/24 there are 5 designated CQUINs. Organisations are required to participate in all CQUINs applicable to them, but of these there are 5 to be included in contract that would have normally had funding associated with them. The 5 to be included in contract are 3 that are being imposed by Greater Manchester Integrated Care Board and 2 that are agreed as local ones.

Statements from the Care Quality Commission (CQC)
Stockport NHS Foundation Trust is required to register with the Care Quality Commission at all of our sites and our current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Stockport NHS Foundation Trust during 2022/23.

Stockport NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

In 2022/23 the Trust has not been inspected by the CQC. The Trust has engaged in regular oversight meetings with the CQC and maintains a relationship through established contacts. Although no formal inspections have been carried out in year the Trust continues to measure its services across the domains assessed by the CQC: safe, effective, caring, responsive and well led.

The table below shows an overview of recent CQC inspection activity at Stockport NHS Foundation Trust.

Financial Year	Inspection Overview	Outcome
2021/2022 November 2021	Unannounced inspection of the urgent and emergency care service at Stepping Hill Hospital covering the domains of safe, effective, caring, responsive and well led.	The inspection report published in January 2022 showed improvement across every domain. | Domain	Assessment
---	---
Safe	Good
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-Led	Good
Overall	Good	 The action plan related to the inspection is reported to the Patient Safety Group and Quality Committee at the Trust. The Trust is exceptionally proud of the improvements made to urgent and emergency care during a time of significant pressure.
2019/2020 January – February 2020	Unannounced inspection of the urgent and emergency care services, medical care (including older people), maternity, services for children and young people, well led inspection and use of	A Section 31 letter and 29a warning notice was issued to the Trust related to urgent care services, which have since been rated as good in 2021. The publication of the inspection

	resources inspection	report gave a Trust overall rating of 'requires improvement'
		<table><tr><td>Domain</td><td>Assessment</td></tr><tr><td>Safe</td><td>Requires Improvement</td></tr><tr><td>Effective</td><td>Requires Improvement</td></tr><tr><td>Caring</td><td>Good</td></tr><tr><td>Responsive</td><td>Requires Improvement</td></tr><tr><td>Well-led</td><td>Requires Improvement</td></tr><tr><td>Overall</td><td>Requires Improvement</td></tr><tr><td>Use of Resources</td><td>Requires Improvement</td></tr></table> Immediate action was taken during and post inspection and the CQC confirmed all requirements set out in the section 29a notice had been met. All action plans related to the inspections of 2019/20 have been closed by the Trust.

NHS number of General Medical Practice code validity

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 the patient from the Trust to the patient's General Practitioner (GP).

Stockport NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number and valid General Medicine Practice Code was:

Percentage of records in the published data submitted to the SUS :	Valid NHS Number	General Medical Practice Code

Admitted Patient Care	99.9%	100%
Outpatient Care	99.9%	100%
Accident and Emergency Care	99.6%	100%

Information Governance and Information Security Assurance

For 2021-22 Data Security and Protection Toolkit (DSPT) submission, the scoring criteria/status for meeting the required standards were revised. Previously compliance against standards were scored as "standards not met", "standards met, or "standards exceeded". For this year's submission the compliance measures have been revised to "approaching standards", "standards met, or "standards exceeded".

Stockport NHS Foundation Trust's Data Security and Protection Toolkit Assessment Report overall status for 2021- 2022 was published as "Approaching Standards". This was due to the Trust's compliance for annual Data Security Awareness training only reaching 92% of staff having completed this training before the annual expiry date,. The required measure was 95%. This was down to additional work pressures on front line staff, which caused a delay in maintaining compliance with their mandatory training as well an increased staff absence which was over 5% absence over the last 2 years.

Clinical Coding Error Rate

Clinical coding is the process of translating the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standardised recognised codes. This coding should provide an accurate representation of a patient's stay.

In 2022 the Trust received the national 'CHKS Data Quality award for Acute NHS Trusts', this was an award for excellence in data quality based on the following indicators:

- Average diagnoses per finished consultant episode
- Percentage of non-specific diagnoses
- Percentage of un-coded finished consultant episodes
- Percentage of episodes with a 'sign or symptom' primary diagnosis.

The Trust is committed to continual improvement of coded clinical data and in line with the requirements of the Data Security and Protection Toolkit undertook a clinical coding data quality audit in 2022 to provide assurance on the provision of accurate coded data.

The audit was conducted by two NHS Terminology and Classifications Delivery Service Approved Clinical Coding Auditors using the latest version of the NHS Classifications Service Clinical Coding Audit Methodology. The audit focused on 200

randomly selected Finished Consultant Episodes (FCEs) across the range of specialities.

The Trust achieved the level 'Standards Met'.

	Trust records valid %	Data Security and Protection Toolkit (DSPT) Level of Attainment	
		Standards Met %	Standards Exceeded %
Primary Diagnosis	90.0%	90%	95%
Secondary Diagnosis	88.3%	80%	90%
Primary Procedure	90.3%	90%	95%
Secondary Procedures	80.6%	80%	90%

The overall % accuracy scores should be greater than or equal to the attainment levels indicated above.

Data Quality

Stockport NHS Foundation Trust recognises that high- quality data and information underpins the effective delivery of patient care and is essential in making improvements to patient care and safety.

Data quality is defined as the state of accuracy, timeliness, validity, completeness, and consistency that makes data fit for purpose. High- quality data is essential to support operational processes, clinical and strategic decision making, and enabling an appropriate response to our service delivery.

Stockport NHS Foundation Trust continues to report a high- level of data. During 2022/23 MIAA conducted a Provenance of Data Review, which included assurance arrangements on the accuracy of data provided to the Board and its committees, and that the metrics reported are, therefore, reliable. The Trust received a high assurance rating (the highest level of assurance which can be awarded).

The Trust's Data Quality Assurance Group provides assurance on the accuracy, completeness and timeliness of data critical to key processes, pathways, and performance indicators ensuring that system users are engaged in the continuous improvement of data quality through informed discussion and shared knowledge.

- The group ensures that data is of a standard required to support patient care and safety, effective decision making, and meets financial and contractual performance frameworks.

- The group provides an open forum to discuss data quality and information issues in the Trust; all externally published data- quality dashboards are reviewed and improvement plans set.
- The group sets and contentiously reviews the Trust's Data Quality Scorecard, identifying areas for improvement, and supporting the development of plans to achieve this.

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

- Data Quality Team will continue to validate patient records against national spine systems including NHS number tracing and checking demographics including GP details.
- Continuation of the regular rolling audits of RTT data and accuracy checks on service user data so training needs are identified and supported with the aim of achieving a Getting it Right First Time (GIRFT) culture.
- Review of Community Services data quality, particularly in relation to the Community Services Data Set (CSDS).
- Improved training and feedback to clinical coders.
- Programme of clinical engagement in relation to clinical documentation to enhance quality and depth of coding.
- Implementation of a new clinical coding audit system.
- Review scope for further Robotic Process Automation (RPA) developments to reduce and eliminate manual data entry recording errors.

Learning from Deaths

During Q1 to Q4 of 2022/23, 1594 of Stockport NHS Foundation Trust patients died.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

Quarter	Number of patient deaths	Case Record Reviews completed*	Case Record Reviews within outcome 1 and 2
Quarter 1	390 patients	172	16 (9%)
Quarter 2	379 patients	101	14 (14%)
Quarter 3	375 patients	129	16 (12%)
Quarter 4	450 patients	130	10 (8%)

Total	1594 patients	532	56

*at the time of submission of data for the formation of the Quality Account.

By 27th March 2023, 532 case record reviews (33%) have been carried out in relation to 1594 of the deaths included in the table above. The number of deaths in each quarter for which a case record review was carried out is shown in the table.

When a case record review is completed the outcome of the review is recorded in one of the following categories of outcome:

1. Evidence of serious failings in clinical management
2. Evidence of suboptimal management in a patient who was likely to die
3. Patient managed to a satisfactory level
4. Evidence of exemplar clinical management

56 of the cases reviewed, representing 10.5% percentage of the total number of case reviews are initially rated to have fallen into outcome 1 and outcome 2. The number in each quarter is shown in the table.

All 56 deaths were therefore referred to either Serious Incident Review Group or for Morbidity & Mortality review for more detailed review. All cases were reviewed and where required a serious incident declared with a full root cause investigation complete. 2 of the cases were escalated in this manner with full investigation report and action plan developed.

All reviews completed by the trust are disseminated for clinical learning by the Learning from Death Lead via a quarterly newsletter and are populated onto the trust microsite.

The key messages taken from the Learning from Death quarterly newsletters include:

- NG tube insertion – learning identified regarding discussing and documenting the rationale for insertion, the patient's capacity and where capacity is lacked ensuring best interest decisions and discussion with next of kin or independent mental capacity advocate are clearly documented.
- Timeliness of out of hours review of patients by a senior decision maker
- Access to SALT and dietician input, ensuring that MUST scores and Body Mass Index recording immediately prompts referral where needed.
- Escalation of patients in line with NEWS2 policy
- The risk of caring for patients in a busy emergency department and the continued efforts to improve flow across the organisation and system

- Complexity of the patient population requires complex multidisciplinary care, including early involvement of other specialities both within and outside of the organisation.
- The importance of recognition of the dying patient to support both the patient and family, and minimise distress for all involved.

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Part 2.3: Reporting against Core Indicators

Since 2012/13, 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.

Indicator		July 2018 - June 2019	July 2019 - June 2020	July 2020 - June 2021	July 2021 - June 2022	December 2021 - November 2022
SHMI value and banding	Stockport NHS Foundation Trust	0.97	0.98	1.00	0.98	0.98
	National Average	1.00	1.00	1.00	1.00	1.00
	Highest	1.192	1.207	1.119	1.211	1.222
	Lowest	0.697	0.676	0.894	0.705	0.714

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons.
Summary Hospital-level Mortality Indicator (SHMI) is reported within the expected range. Mortality reduction remains a focus of the Trust with continued efforts made to improve mortality and reduce harm by focussing on quality improvements referenced within the content of this Quality Account.

Indicator		July 2018 - June 2019	July 2019 - June 2020	July 2020 - June 2021	July 2021 - June 2022	December 2021 - November 2022
Patient Deaths with Palliative Care Coding	Stockport NHS Foundation Trust	30%	24%	25%	24%	25%
	National Average	36%	36%	39%	40%	40%
	Highest	60%	60%	64%	65%	66%

	Lowest	15%	9%	11%	12%	13%

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons; the Specialist Palliative Care Service reviewed and updated the local coding policy in March 2019 with the coding department and has continued to monitor the accuracy of this data since that time. Therefore the data changes likely represent improvements in the accuracy of the coding.

Indicator		Apr 17 to March 18	April 18 to March 19	April 19 to March 20	April 20 to March 21	
Hip Replacement Surgery (PROMS)	Stockport NHS Foundation Trust	92%	93%	89%	91%	No data available since March 2021
	National Average	90%	90%	89%	90%	
	Highest	100%	100%	100%	100%	
	Lowest	33%	60%	67%	57%	

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons:
Stockport NHS Foundation Trust reports a higher than national average PROM scores for hip replacement surgery. Although this data is not currently available and up to date, we continue to review our service to drive improvements in outcomes for our patients.

Indicator		Apr 17 to March 18	April 18 to March 19	April 19 to March 20	April 20 to March 21	
Knee Replacement Surgery (PROMS)	Stockport NHS Foundation Trust	87%	87%	89%	91%	No data available since March 2021
	National Average	82%	82%	82%	82%	
	Highest	100%	100%	100%	100%	
	Lowest	57%	60%	43%	50%	

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons:
Stockport NHS Foundation Trust reports a higher than national average PROM scores for knee replacement surgery. Although this data is not currently available and up to date, we continue to review our data to drive improvements in outcomes for our patients.

Indicator		2018/19 (CHKS)	2019/20 (CHKS)	2020/21 (HED)	2021/22 (HED)	2022/23 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 0-15	Stockport NHS Foundation Trust	11.0%	11.9%	13.4%	12.4%	13.7%
	National Average	9.6%	9.7%	9.1%	9.8%	9.9%
	Highest	16.8%	17.0%	20.6%	19.1%	19.2%
	Lowest	0.0%	0.0%	0.0%	0.0%	0.0%

The Stockport NHS Foundation Trust considers that this data is as described for the following reasons:
We have a strong community nursing team and therefore use them to minimise length of stay, they provide nursing in the community with open access and options to readmit. This means out length of stay is low but by safety netting children to allow them to return to PAU for review. This also reduces ED attendance. PAU reviews and investigations are coded currently as readmissions inflating this figure.

Indicator		2018/19 (CHKS)	2019/20 (CHKS)	2020/21 (HED)	2021/22 (HED)	2022/23 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 16+	Stockport NHS Foundation Trust	8.6%	8.0%	10.8%	9.9%	9.0%
	National Average	8.3%	8.4%	9.1%	8.2%	7.7%
	Highest	11.9%	12.4%	18.0%	17.0%	21.1%

Indicator		2017/18	2018/19	2019/20	2020/21	
	Lowest	0.0%	0.0%	0.0%	0.0%	0.0%
The Stockport NHS Foundation Trust considers that this data is as described for the following reasons. The Stockport NHS Foundation Trust reports a readmission rate that sits slightly above the national average rate – although well within expected normal variation. The Trust continues to monitor to readmission rate for patients to identify opportunities for learning and improvement.						
Indicator		**2017/18**	**2018/19**	**2019/20**	**2020/21**	
The trust's responsiveness to the personal needs of its patients during the reporting period.	Stockport NHS Foundation Trust	65	66	65	72	No data published since 2020/21
	National Average	69	67	67	75	
	Highest	85	85	84	85	
	Lowest	61	59	60	67	

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

The Stockport NHS Foundation Trust has taken the following actions to improve this measure and so to improve the quality of its services, by working closely with all the divisions to ensure person centred care remains at the heart of all we do.

There has been a number of areas of focus including:

- falls prevention
- mouth care matters
- pressure ulcer reduction
- nutrition & hydration monitoring and compliance
- Dressed is best initiatives
- Therapeutic interventions for those living with dementia
- Improved menus and food provision for all patients
- Communication passports

- Veterans passports
- Improved documentation to aid risk assessments
- Implementation of a ward accreditation scheme with all inpatient areas being assessed

Indicator		2018**	2019**	2020**	2021**	
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Stockport NHS Foundation Trust	64	62	61	60	Return discontinued no further data available
	National Average	70	71	73	68	
	Highest	90	90	96	100	
	Lowest	41	49	50	38	

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

The Stockport NHS Foundation Trust continues to take action to improve this score and the quality of its services it provides. The Trust has developed opportunities for leaders to meet with all colleagues through a number of engagement events to understand the responses and develop action plans that will be included in Divisional performance reviews to deliver an improvement in this area

Indicator		2018/19	2019/20	2020/21	2021/22	2022/23
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.	Stockport NHS Foundation Trust	97.0%	97.8%	97.5%	98.2%	98.3%
	National Average	95.6%	95.4%	*	*	*
	Highest	100.0%	100.0%	*	*	*
	Lowest	64.5%	71.8%	*	*	*

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 and monitored by the Thrombosis Group. The exclusion cohort is also 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: Electronic data collection for VTE risk assessment is included in mandatory training for all clinical staff, and e-learning packages have been developed. The Thrombosis Group closely monitor the Trust's performance and any areas of non-compliance are investigated. The figures are included in a quarterly VTE prevention report to the Trust Patient Safety & Quality Group. In April 2021 the Trust was awarded national VTE exemplar site status.

Indicator		2017/18	2018/19	2019/20	2020/21	2021/22
The rate per 100,000 bed days of cases of C.difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.	Stockport NHS Foundation Trust	9.3	13.9	19.1	11.7	28.3
	National Average	13.6	12.2	13.6	15.4	16.2
	Highest	0.0	0.0	0.0	0.0	0.0
	Lowest	90.4	79.8	51.0	80.6	53.6

Stockport NHS Foundation Trust considers that this data is as described for the following reasons:
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:
- Robust weekly Health Care Associated Infection (HCAI) panel – with an expectation that Divisional medical & nursing team present the case
- Reintroduction of face-to-face antimicrobial stewardship rounds following reduction in Covid cases
- Multidisciplinary sections highlighted on the CDI Root Cause Analysis form for completion

Part 3: Other Information

Annex 1: Statements from commissioners, local Health watch organisations and overview and scrutiny committees

Stockport Health Watch and Stockport Metropolitan Borough Council overview and scrutiny committee received the Stockport NHS Foundation Trust Quality Accounts 2022/2023, with no additional comments received.

**NHS Greater Manchester Integrated Care Board response
to Stockport NHS Foundation Trust Quality Account**

20th June 2023

Thank you for the opportunity to review, and contribute to, the Annual Quality Accounts Report 2022-23. NHS Greater Manchester Integrated Care Board (NHS GM) would like to acknowledge Stockport NHS Foundation Trust's (SFT) achievements against a significant number of the priorities for improvement for 2022-2023. We acknowledge the Trust's commitment and professionalism, in achieving these objectives in a particularly challenging and pressured time for the NHS.

NHS GM would firstly commend the Trust who have continued to demonstrate improvements against the backdrop of these challenges over the last three years. Since the COVID pandemic the increase in demand on services have resulted in emergency department (ED) pressures and waiting times, and bed availability has impacted on the four-hour A&E treatment standard, but it is encouraging to see that the Trust were amongst the best performing ED Teams in GM.

NHS GM is also pleased to note the outcome of the unannounced visit conducted by the Care Quality Commission (CQC) during November 2022 which resulted in an overall rating of 'Good'. It was pleasing to see that CQC recognised the significant improvements made in improving patient care.

It is positive to note the Trust's performance for seeing patients with suspected cancer within two weeks of a GP referral and then diagnosing them within 28 days. This performance against key standards aimed at improving the care of patients with cancer was particularly impressive given a 22.3% increase in referrals for suspected cancer over the last year.
There has been substantial collaborative working across the Stockport health and social care economy, which has resulted in real dedication to patient safety, incident reporting and implementation of lessons learned. We look forward to continuing to work with the Trust on the improved incident reporting framework as part of the Patient Safety Incident Response Framework (PSIRF). The framework has been implemented to ensure that learning continues to be embedded across the Stockport Locality.

Finally, NHS GM wishes to acknowledge and thank every member of staff at the Trust who continue to uphold the NHS Constitutional values for their hard work, courage, and dedication. The last 3 years has been challenging for staff of all disciplines who work to deliver care to the populations served. NHS GM commends the continued commitment to quality improvement and innovation of the trust alongside increased collaboration and partnership working across the Greater

Manchester Integrated Care System (ICS). The year ahead will provide further challenges, notably elective recovery. NHS GM look forward to continuing to work in a collaborative partnership with the Trust to further improve the quality of care to our patients.

Mark Fisher
Chief Executive
NHS Greater Manchester Integrated Care Board