

Council of Governors

Wed 26 June 2024, 16:00 - 18:00

Pinewood Education Centre



Agenda

16:00 - 16:00 **1. Welcome & Opening Remarks**
0 min
Marisa Logan-Ward, Interim Chair

16:00 - 16:00 **2. Apologies for Absence**
0 min
Marisa Logan-Ward, Interim Chair

16:00 - 16:00 **3. Declarations of Interests**
0 min
All

16:00 - 16:05 **4. Minutes of Previous Meetings: 28 February 2024 & 22 May 2024**
5 min
Decision Marisa Logan-Ward, Interim Chair
📄 04a - Public CoG Meeting Minutes - February 2024.pdf (9 pages)
📄 04b - Private CoG Meeting Minutes - May 2024.pdf (3 pages)

16:05 - 16:05 **5. Action Log**
0 min
Information Marisa Logan-Ward, Interim Chair
📄 05 - CoG Action Log - June 2024.pdf (1 pages)

16:05 - 16:15 **6. Chair's Report**
10 min
Discussion Marisa Logan-Ward, Interim Chair
📄 06 - Chairs Report - June 2024.pdf (5 pages)

16:15 - 16:35 **7. Non-Executive Directors Report**
20 min
Discussion Non-Executive Directors - Board Committee Chairs
• Including highlights from Board Committees
📄 07 - Non-Executive Directors Highlight Report - June 2024.pdf (5 pages)

16:35 - 16:45 **8. Operational Planning Update & Trust Corporate Objectives 2024/25**
10 min
Discussion Paul Buckley, Director of Strategy & Partnerships

McCarthy Rebecca
19/06/2024 14:52:34

16:45 - 16:55 **9. 2023 National Staff Survey Report**

10 min

Discussion *Amanda Bromley, Director of People & Organisational Development*

09 - 2023 National Staff Survey Results (Stockport).pdf (13 pages)

16:55 - 17:05 **10. CQC Maternity Services Inspection**

10 min

Discussion *Nicola Firth, Chief Nurse*

10a - CQC Maternity Services Inspection Report - June 2024.pdf (5 pages)

10b - CQC Inspection Report Maternity Services.pdf (25 pages)

MEMBERSHIP & ENGAGEMENT

17:05 - 17:20 **11. Membership Development Group Report**

15 min

Discussion *Howard Austin, Chair of Membership Development Group*

11 - Membership Development Group Report.pdf (3 pages)

GOVERNANCE

17:20 - 17:20 **12. Report from Joint Nominations Committee on Joint Chair Appointment**

0 min

Decision *Louise Sell, Senior Independent Director*

12a - Joint Nominations Committee Report - June 2024.pdf (9 pages)

12b - Appendix 1 - Joint Nominations Committee Terms of Reference.pdf (4 pages)

12c - Appendix 2 - Joint Chair Role Description & Person Specification.pdf (8 pages)

12d - Appendix 3 - Guide to the Appointment of a Joint Chair - SFT & T&G.pdf (11 pages)

17:20 - 17:30 **13. Nominations Committee Reports**

10 min

13.1. Outcome of Interim Chair's Appraisal 2023/24

Decision *Louise Sell, Senior Independent Director*

Senior Independent Director will lead the meeting for Outcome of Interim Chair's Appraisal. Interim Chair will leave the meeting for this item.

13.1 - Outcome of Interim Chair Appraisal 2023-24 - June 2024.pdf (3 pages)

13.2. Outcome of Non-Executive Directors' Appraisals

Decision *Marisa Logan-Ward, Interim Chair*

Interim Chair will re-join the meeting and present Outcome of Non-Executive Director Appraisals. Non-Executive Directors will leave the meeting for this item.


13.2 - Outcome of Non-Executive Director Appraisals 2023-24 - June 2024.pdf (2 pages)

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17:30 - 17:40
10 min

14. Council of Governors - Standards of Business Conduct


DecisionRebecca McCarthy, Trust Secretary

 14 - Council of Governors Standards of Business Conduct.pdf (8 pages)

17:40 - 17:50
10 min

15. Appointment of External Auditor

DecisionDavid Hopewell, Chair of Audit Committee

 15 - External Auditor Appointment.pdf (5 pages)

DATE, TIME & VENUE OF NEXT MEETING

17:50 - 17:50
0 min

16. 17 September 2024, 4pm, Pinewood Education Centre, Stepping Hill Hospital

PAPERS FOR INFORMATION

17:50 - 17:50
0 min

17. Council of Governors:

17.1. Calendar 2024/25

 17a - Corporate Calendar 2024-25 - CoG V3.pdf (1 pages)

17.2. Attendance 2023/24 & 2024/25

 17b - CoG Meeting Attendance 2023-24.pdf (1 pages)

 17c - CoG Meeting Attendance 2024-25.pdf (1 pages)


17:50 - 17:50
0 min

18. Governor Election Briefing

 18 - 2024 Governor Elections - Briefing Note.pdf (1 pages)

17:50 - 17:50
0 min

19. Draft Annual Members' Meeting Agenda

 19 - Draft AMM Agenda - 25 September 2024.pdf (1 pages)

STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting
Held on Wednesday 28th February 2024, 3.30pm
in Pinewood Education Centre, Stepping Hill Hospital

Present:

Dr M Logan-Ward	Interim Chair
Mrs Sue Alting	Appointed Governor
Mr Howard Austin	Public Governor
Mrs Val Cottam	Public Governor
Mrs Carol Greene	Public Governor
Cllr Keith Holloway	Appointed Governor
Mr Richard King	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mr John Morris	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr Tony Moore	Public Governor
Mr Adrian Nottingham	Public Governor
Mrs Michelle Slater	Public Governor
Prof. Chris Summerton	Public Governor
Mrs Sarah Thompson	Public Governor
Mr Steve Williams	Public Governor

In attendance:

Mr Anthony Bell	Non-Executive Director
Mrs Nic Firth	Chief Nurse
Mr John Graham	Chief Finance Officer
Mrs Karen James	Chief Executive
Dr Andrew Loughney	Medical Director
Mrs R McCarthy	Trust Secretary
Mrs J McShane	Director of Operations
Mrs Mary Moore	Non-Executive Director
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Apologies:

Mrs Janet Browning	Public Governor
Mr Lance Dowson	Public Governor
Mr Alan Gibson	Public Governor
Mrs Paula Hancock	Staff Governor
Mr Thomas Lowe	Public Governor
Mr David McAllister	Staff Governor
Mr Adam Pinder	Staff Governor
Mr Muhammad Rahman	Public Governor
Mrs Gillian Roberts	Public Governor
Mrs Karen Southwick	Staff Governor

Ref	Item	Action
06/24	<p>Welcome & Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence from governors were noted as above.</p> <p>Apologies were also received from:</p> <p>Dr Samira Anane, Non-Executive Director</p>	

	<p>Mrs Amanda Bromley, Director of People and Organisational Development Mrs Beatrice Fraenkel, Non-Executive Director Mr David Hopewell, Non-Executive Director Mrs Caroline Parnell, Director of Communications and Corporate Affairs</p>	
07/24	<p>Amendments to Declaration of Interests There were no declarations of interest.</p>	
08/24	<p>Minutes of Previous Meeting The minutes of the previous meeting held on 21st December 2023 were agreed as a true and accurate record of the meeting.</p>	
09/24	<p>Action Log There were no outstanding actions.</p> <p>Mr John Morris, Public Governor, referred to discussion regarding readmission rates, querying if there had been any adverse impact on readmission rates following the notable reduction in length of stay. The Interim Chair acknowledged this had been discussed at the informal governor meeting, with consideration to take place via Quality Committee.</p>	
10/24	<p>Interim Chair's Report The Chair presented the Interim Chair's Report, the first report since commencing as Interim Chair, providing reflections on recent activities within the Trust and wider health and care system including:</p> <ul style="list-style-type: none"> • External partnerships • Trust activities • Strengthening board oversight. <p>The Council of Governors received and confirmed the Interim Chairs' Report.</p>	
11/24	<p>Non-Executive Directors Report The Non-Executive Director Chairs of the Board Committees provided updates on high-level metrics and key assurance reports considered at Finance & Performance, People Performance, Quality, and Audit Committees.</p> <p><u>Finance</u> The Council of Governors acknowledged the Trust's position as a deficit of £28.1m at the end of Month 10 2023/24, which was £2.4m adverse to plan, with key drivers of the position. Mr Anthony Bell, Non-Executive Director, commented that the Board of Directors did not yet have full assurance regarding the financial outturn, with continued scrutiny as part of the Greater Manchester Integrated Care System (GM ICS) turnaround review, including the development of cost improvement plans for 2024/25.</p> <p>Mr Tony Moore, Public Governor, referred to previous experience of cost improvement, including opportunities to merge back office functions, and queried if this direction of travel was being considered. The Chief Executive commented that several corporate functions were now working collaboratively, with joint structures, across both Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G), with further collaboration to be developed.</p>	

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Operational Performance

The Council of Governors were informed that the Trust continued to perform below the national core operating standards, albeit the Trust still benchmarked comparatively well within Greater Manchester for the A&E 4-hour standard and diagnostics and cancer performance had showed improvement. It was noted that, since the beginning of the year, there had been an even greater challenge in elective restoration, with the number of patients waiting 78+ & 65+ weeks to commence treatment increasing in January, due to a combination of industrial action, the closure of Outpatients B, and bed pressures. Mr Anthony Bell, Non-Executive Director informed Council of Governors that the Trust was now receiving national support to help improve the position.

The Chief Executive added that there had been a 12% increase in growth for A&E over recent years, resulting in deteriorating performance. She commented that work was taking place with locality partners in response to this, with a system response required to improve patient flow. In response to Mr Richard King, Public Governor, seeking clarity regarding the 4 hour A&E standard, the Chief Executive confirmed that, following triage, if a patient required admission, this would be required within 4 hours to meet the access standard.

Mrs Sue Alting, Lead Governor, noted that the Trust had moved from Tier 2 to Tier 1 as part of the national elective recovery programme, and sought further information regarding support provided. The Director of Operations confirmed that support included review of the processes and actions the Trust had in place to support elective restoration, alongside some funding for additional consultants. She confirmed theatre productivity was reviewed on a daily basis, with an improving trend being seen, thus supporting more patients to receive treatment required.

People

The Council of Governors acknowledged sickness absence remained above target, as did workforce turnover, albeit the latter was showing steady decline and heading towards target.

The Council of Governors noted the processes in place to review and maintain safe and effective staffing on a daily basis. In addition, the Council of Governors acknowledged the focus on reduction of bank and agency costs as part of the GM financial turnaround process. It was acknowledged that, despite the above challenges, over recent months the Trust has continued to see a reduction in agency expenditure whilst mitigating the risks to patient safety. Actions taken included supporting staff to grow their own registered roles (Nursing and AHP), recruitment to turnover, conversion of agency to bank workers, and an executive led Staffing Approval Group.

Mrs Sue Alting, Lead Governor, referred to the Annual Review of Nursing & Midwifery Establishments presented to Board to Directors, noting the highest proportion of leavers were those with a year length of service, and sought further understanding of this. The Chief Nurse confirmed this was predominantly within the Healthcare Assistant workforce. She highlighted that exit interviews highlighted the challenging nature of the work,

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alongside cost of living, with other sectors e.g. retail, able to offer higher rates of pay within a less pressured environment. The Chief Nurse confirmed frequent recruitment exercises were taking place to ensure potential applicants understood the nature of the role, alongside benefits, and provision of training whilst in post.

Mr David Kirk, Appointed Governor, acknowledged the focus on conversion of agency to bank workers, and queried if there was an impact to the individual's pay. The Chief Nurse confirmed that there had been a reduction in the use of high cost 'off framework' agency usage. She confirmed that the rate of pay for individuals was largely similar when comparing agency and bank workers rates of pay, with the higher cost of agency largely related to the fee paid to the agency.

Quality

The Council of Governors acknowledged the Trust was performing well against the timely recognition of sepsis, however remained below target for antibiotic administration. Mrs Mary Moore, Non-Executive Director confirmed Quality Committee had considered and confirmed that the harm review processes, including the systems and processes for reviewing and learning from deaths, were fit for purpose at this time in relation to sepsis.

The Council of Governors noted HSMR (Hospital Standardised Mortality Rate) was showing an improving position and that work was taking place to support improvements in infection rates for C.diff and E.coli which continued to be significantly higher than the thresholds.

Dr Tad Kondratowicz, Public Governor, referred to Martha's Rule, and queried if the Trust had the capacity to implement this. The Medical Director confirmed, following initial introduction of Martha's Rule, a pilot had been undertaken in the paediatric unit and acute medical unit, informing patients, family and friends, of the right to talk to a second opinion. He confirmed there was had not been a significant take up of this. The Medical Director informed the Council of Governors that 100 Trust's had been identified to formally introduce Martha's Rule from April 2024; however, Stockport NHS Foundation Trust was not included as it did not have a Critical Care Outreach Team, and would therefore not be able to implement Martha's Rule in the exact form currently proposed. He reiterated that the Trust fully supported the right to a second opinion and would continue to promote this.

Mrs Sue Alting, Lead Governor, welcomed the improvement in HSMR, noting this had been an area of concern for governors. Furthermore, Mrs Sue Alting, Lead Governor, sought further information regarding the serious incidents relating to paediatric audiology. Mrs Mary Moore, Non-Executive Director, confirmed this matter had been discussed at Quality Committee on 27th February, with confirmation that the service was safe to continue following external review. The Chief Nurse provided further contextual information and confirmed four serious incidents, spanning several years, had been identified at Stockport NHS Foundation Trust. She confirmed that a national review of all paediatric audiology services was underway and reaffirmed that NHS England and GM ICS had reviewed the service in January to determine if the service was safe to

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	<p>continue, and determined it was a safe service, with actions in place to support service improvement.</p> <p><u>Audit Committee</u> The Council of Governors received an update on key matters and reports considered by the Audit Committee, including Internal Audit's, and the plan for the external audit to be conducted for 2023/24.</p> <p>The Council of Governors received and noted the Non-Executive Directors Report.</p>	
12/24	<p>d The Director of Operations presented an update on operational planning for 2024/25. It was noted that although planning guidance had not been formally published, work was underway, with interim draft planning assumptions received. The Director of Operations highlighted the planning process, key priorities and challenges in achieving these. In addition, the Director of Operations described next steps to develop a final operational plan, alongside corporate objectives and outcome measures 2024/25, The Director of Operations welcomed views and questions from governors on the Trust priorities for the year ahead.</p> <p>Mr Howard Austin, Public Governor, queried if further information would be presented at the next meeting, noting the final operational plan was not yet confirmed. The Interim Chair confirmed an update would be provided to the Council of Governors in June 2024 (ACTION).</p> <p>Mrs Sue Alting, Lead Governor, welcomed the focus on quality and safety and noted the Safer Care Reports considered by the Board of Directors which provided assurance with respect to safe staffing. She expressed concern regarding the draft planning assumption of no unplanned workforce growth, and expectation of a reduction in Whole time Equivalent (WTE). The Director of Operations shared this concern, in light of increasing demand for both elective and non-elective services. The Director of Operations acknowledged the assumption was no unplanned growth in WTE and expressed view that planned, evidenced-based, business cases requiring additional staffing to attain quality standards, would require a request for funding from GM Integrated Care Board (ICB).</p> <p>Mr Anthony Bell, Non-Executive Director, referred to recent meeting with the Chair of GM ICB, suggesting a confirmed control total (budget) for Trusts would be provided by 1st April 2024. The Director of Operations commented that this message had also been shared at the GM Finance Performance Recovery Meeting, recognising the importance of a control total to determine deliverables within this.</p> <p>The Council of Governors received the operational planning update and shared feedback regarding the key priorities.</p>	Director of Strategy & Partnerships
13/24	<p>Membership Development Group Report: Membership Action Plan 2023/34 The Council of Governors received a report from Mr Howard Austin, (Public Governor), Chair of the Membership Development Group (MDG), detailing key discussions from the meeting on 13th February 2024 and key</p>	

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	<p>initiatives to support implementation of the Membership Strategy 2022-2025.</p> <p>Mr Howard Austin, Public Governor, confirmed the MDG had considered a report on membership numbers, acknowledging that maintaining overall membership numbers would be challenging, with current attrition. He confirmed the MDG had supported a recommendation to the Council of Governors that development of a representative membership should be the primary focus, with consideration to determining a minimum membership number and further identification of under-represented target group/s for 2024/25.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none">- Reviewed and confirmed the current position against the Membership Action Plan 2023/24.- Endorsed the recommendation from the Membership Development Group that primary focus going forwards would be the development of a representative and engaged membership.																			
14/24	<p>Nominations Committee Membership</p> <p>The Interim Chair presented the membership of the Nominations Committee, following submissions of interest from governors.</p> <p>The Council of Governors confirmed the membership as follows:</p> <table><tr><th>Name</th><th>Position</th><th>Term Ends</th></tr><tr><td>Sue Alting</td><td>Lead Governor</td><td>End of Lead Governor Term</td></tr><tr><td>Sarah Thompson</td><td>Public Governor</td><td>4 December 2025</td></tr><tr><td>Richard King</td><td>Public Governor</td><td>4 December 2025</td></tr><tr><td>Michelle Slater</td><td>Public Governor</td><td>3 January 2027</td></tr><tr><td>Chris Summerton</td><td>Public Governor</td><td>29 December 2024</td></tr></table> <p>The Council of Governors:</p> <ul style="list-style-type: none">• Reviewed and approved the membership of the Nominations Committee.	Name	Position	Term Ends	Sue Alting	Lead Governor	End of Lead Governor Term	Sarah Thompson	Public Governor	4 December 2025	Richard King	Public Governor	4 December 2025	Michelle Slater	Public Governor	3 January 2027	Chris Summerton	Public Governor	29 December 2024	
Name	Position	Term Ends																		
Sue Alting	Lead Governor	End of Lead Governor Term																		
Sarah Thompson	Public Governor	4 December 2025																		
Richard King	Public Governor	4 December 2025																		
Michelle Slater	Public Governor	3 January 2027																		
Chris Summerton	Public Governor	29 December 2024																		
15/24	<p>Reappointment of Non-Executive Directors</p> <p>Mr Anthony Bell, Non-Executive Director, left the meeting at this point.</p> <p>The Interim Chair presented a report, outlining the recommendation of the Nominations Committee, to reappoint two Non-Executive Directors, Mr Anthony Bell and Mr David Hopewell. She highlighted the consideration of information & guidance regarding Non-Executive Directors appointments & reappointments, alongside rationale for the proposed reappointments.</p> <p>The Council of Governors approved the following recommendation from the Nominations Committee:</p> <ul style="list-style-type: none">- To reappoint Mr Anthony Bell as Non-Executive Director at Stockport NHS Foundation Trust for a further term of office of																			

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	<p>3 years, from 1st May 2024 to 30th April 2027.</p> <ul style="list-style-type: none"> - To reappoint Mr David Hopewell as Non-Executive Director at Stockport NHS Foundation Trust for a further term of office of 1 year, from 1 July 2024 to 30th June 2025. 	
16/24	<p>Remuneration of Non-Executive Directors and Interim Chair</p> <p>The Interim Chair and Non-Executive Directors left the meeting at this point.</p> <p>The Trust Secretary presented a report, outlining the recommendation of the Nominations Committee, regarding the annual review of remuneration for Non-Executive Directors and the remuneration of the Interim Chair. She highlighted contextual information regarding alignment with the NHS England framework to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts. Furthermore, she highlighted rationale for the recommendation that there was no change to the remuneration of Non-Executive Director remuneration for 2024/25, albeit this would be revisited should further guidance (revised framework) be published. In addition, the Trust Secretary outlined the recommendation of the Nominations Committee regarding the Interim Chair remuneration.</p> <p>Mr Tony Moore, Public Governor, sought clarification regarding the remuneration of Non-Executive Directors appointed pre and post March 2022. The Trust Secretary confirmed that a decision to align Non-Executive Director remuneration to the NHS England framework was taken by the Council of Governors in March 2022, and applied to all new Non-Executive Directors appointments. She confirmed that, at this time, decision was also taken that Non-Executive Directors, already in post, would continue to be remunerated at the higher rate to which they were originally appointed, including at re-appointment. Thus, Non-Executive Directors that had been at the Trust for a longer period were remunerated at the higher rate.</p> <p>With respect to the Interim Chair remuneration, Mr Adrian Nottingham, Public Governor, queried if this was within a range. The Trust Secretary confirmed the NHS England framework included remuneration ranges for chairs based on the size and complexity of Trust. Professor Chris Summerton, Public Governor, added that the ranges allowed consideration of remuneration based on experience also.</p> <p>The Council of Governors approved the recommendation from the Nominations Committee as follows:</p> <ul style="list-style-type: none"> - There is no change to Non-Executive Director remuneration structure for 2024/25. - The remuneration for the Interim Chair is set at £44,100, backdated to 1st January 2024. - Should further guidance be issued by NHS England during 2024/25, the Nominations Committee will review and make further recommendation to the Council of Governors regarding the Non-Executive, including the Chair, remuneration. 	

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17/24	<p>Process for Appraisal of Interim Chair and Non-Executive Directors The Interim Chair and Non-Executive Directors rejoined the meeting.</p> <p>Dr Louise Sell, Non-Executive Director and Senior Independent Director presented the proposed process for appraisal of the Interim Chair. She acknowledged that in conducting the 2023/24 appraisal, Dr Logan-Ward would have been the Interim Chair for 3 months; therefore, it was proposed a view from stakeholders would be gathered through a structured feedback conversation, based on key lines of enquiry, following by an appraisal discussion.</p> <p>Mr Howard Austin, Public Governor, referred to previous opportunity for all governors to contribute views to the appraisal ahead of the Lead Governor meeting with the Senior Independent Director, and queried if the same approach would be taken. Mrs Sue Alting, Lead Governor, noted that the peer assessment questionnaire, which included multiple questions, would not be utilised this year due to the short period of time the Interim Chair would have been in post, however all governors would again be given the opportunity to contribute views based on key lines of enquiry.</p> <p>The Interim Chair confirmed, as in previous years, the appraisal process for Non-Executive Directors would comprise one to one discussion to reflect on activities and performance during the year and establish any areas for development over the next 12 months.</p> <p>The Council of Governors</p> <ul style="list-style-type: none"> – Review and confirmed the process for the appraisal of the Interim Chair and Non-Executive Directors, noting that should further information regarding leadership competency framework be published prior to the commencement of appraisals, this would be reviewed, and any update required to the appraisal process would be communicated to the Council of Governors. – Noted the outcome of the Interim Chair and Non-Executive Director appraisals would be reported to the Nominations Committee, and subsequently the Council of Governors, in June 2024. 	
18/24	<p>Papers for Information</p> <ul style="list-style-type: none"> – Council of Governors' Calendar 2023/24 / 2024/25 & Attendance <p>Professor Chris Summerton, Public Governor, noted several governors had not attended consecutive meetings over the year and queried if governors were automatically removed. The Trust Secretary confirmed communication had taken place with governors to understand reasons for non-attendance and potential to attend meetings going forward. The Trust Secretary confirmed that communication would continue to support governors in returning. She confirmed that, if required, there was a formal process for removal, detailed within the Constitution.</p> <p>The papers for information were received by the Council of Governors.</p>	

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19/24	Any Other Business No other business.	
20/24	Date, time, and venue of next meeting 26 June 2024, 4pm, Pinewood Education Centre, Stepping Hill Hospital Pinewood Education Centre, Stockport NHS Foundation Trust	

Signed

Date

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STOCKPORT NHS FOUNDATION TRUST
Minutes of a Council of Governors Meeting held in Private
on Wednesday 22nd May 2024, 10.00am
via MS Teams

Present:

Dr M Logan-Ward	Interim Chair
Mrs Sue Alting	Appointed Governor
Mr Howard Austin	Public Governor
Mrs Janet Browning	Public Governor
Mr Lance Dowson	Public Governor
Mrs Carol Greene	Public Governor
Cllr Keith Holloway	Appointed Governor
Mr Richard King	Public Governor
Mr David Kirk	Appointed Governor
Dr Tad Kondratowicz	Public Governor
Mrs Victoria Macmillan	Public Governor
Mr Tony Moore	Public Governor
Mr John Morris	Public Governor
Mr Adrian Nottingham	Public Governor
Mr Adam Pinder	Staff Governor
Mrs Michelle Slater	Public Governor
Prof. Chris Summerton	Public Governor
Mr Steve Williams	Public Governor

In attendance:

Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People and Organisational Development
Mr Paul Buckley	Director of Strategy & Partnerships
Mrs Nic Firth	Chief Nurse
Mrs Beatrice Fraenkel	Non-Executive Director
Mr John Graham	Chief Finance Officer
Mrs R McCarthy	Trust Secretary
Mrs J McShane	Director of Operations
Mrs Mary Moore	Non-Executive Director
Dr Louise Sell	Non-Executive Director/Senior Independent Director

Apologies:

Mrs Val Cottam	Public Governor
Mr Alan Gibson	Public Governor
Mrs Paula Hancock	Staff Governor
Mr David McAllister	Staff Governor
Mrs Sarah Thompson	Public Governor
Mr Muhammad Rahman	Public Governor
Mrs Karen Southwick	Staff Governor

Ref	Item	Action
06/24	Welcome & Apologies for Absence The Chair welcomed everyone to the meeting. Apologies for absence from governors were noted as above. Apologies were also received from: Dr Samira Anane, Non-Executive Director Mr David Hopewell, Non-Executive Director	

	Mrs Karen James, Chief Executive Dr Andrew Loughney, Medical Director	
07/24	Amendments to Declaration of Interests There were no declarations of interest.	
08/24	Minutes of Previous Meeting – 28th February 2024 Minutes of the previous meeting were confirmed as a true and accurate record.	
09/24	<p>Joint Chair Appointment Proposal</p> <p>The Interim Chair introduced a paper setting out the proposal for a Joint Chair appointment for Stockport NHS Foundation Trust (SFT) and Tameside & Glossop NHS Integrated Care NHS Foundation Trust (T&G).</p> <p>The Interim Chair provided context to the proposal, which had followed significant consideration by the Trust Board with respect to the future challenges, risks and opportunities facing the Trust and the skills and expertise required within the Board to meet them. She confirmed discussion had taken place with the Council of Governors also, highlighting the further considerations raised by governors included within the paper.</p> <p>In response to the Lead Governor querying if the Joint Nominations Committee would be established in relation to the Joint Chair post only, the Interim Chair and Trust Secretary confirmed this was correct.</p> <p>The Lead Governor acknowledged the reflection and inclusion within the paper of the informal discussions and matters explored with the Council of Governors. In addition, the Lead Governor confirmed that governors had met in advance of the formal extraordinary meeting, and acknowledged the assurances provided within the paper regarding the proposal and the ongoing discussions and assurances that would take place as part of a recruitment and selection process.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> - Reviewed considerations for the Chair of Stockport NHS Foundation Trust (SFT). - Acknowledged that the Trust Board has considered all concerns and interests raised by the Council of Governors and approved the recommendation, as supported by the SFT Board of Directors, to progress the appointment of a Joint Chair of SFT and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G). - Agreed to establish a Joint Nominations Committee for both SFT and T&G, and delegate responsibility for the Joint Chair recruitment and selection process. - Noted that terms of reference of a Joint Nominations Committee would be agreed in principle outside of a formal Council of Governors meeting and ratified at the next meeting of the Council of Governors meeting. 	

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Signed

Date

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Council of Governors Action Log

Ref.	Meeting	Minute ref	Subject	Action	Bring Forward	Responsible
01/24	28 February 2024	12/24	Operational Planning 2024/25 Update	Operational planning update to be presented to next meeting of the Council of Governors confirming final plan submission.	On Agenda	Director of Strategy & Partnerships

On agenda

Not due

Overdue

Closed

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Meeting date	26 th June 2024	Public	X	Agenda No.	6
Meeting	Council of Governors				
Report Title	Chair's Report				
Presented by	Dr Marisa Logan-Ward, Interim Chair	Author	Dr Marisa Logan-Ward, Interim Chair		

Paper For:	Information	X	Assurance		Decision	
Recommendation:	The Council of Governors is asked to note the content of the report.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
X	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust

X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

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

McCarthy, Rebecca
19/06/2024 14:52:34

1. Purpose of the Report

The purpose of this report is to advise the Council of Governors of the Interim Chair's reflections on her recent activities.

2. Operational and Financial Pressures

Since my last report the Trust has continued to experience significant operational pressures both within the hospital and across community services. Our ageing estate, particularly on the hospital site, is a continuing challenge and regularly impacts on our services. This has become the focus of significant media attention over the last few weeks.

The GM system overall remains in a difficult position, both in terms of finances and operational performance. We continue to work with GM system leaders and partners to address the design and implementation of sustainable solutions.

Despite the challenges, the Trust is showing improvement across several of our operational performance metrics and continues to deliver against the NHS People Promise.

Thank you to all our colleagues who work hard to maintain the quality of our services and enhance patient, carer, and staff experience.

3. External Partnerships

I met with the CEO of Pennine Care NHS FT and discussed some of the exciting developments taking place, such as the opening of the new Female Psychiatry Intensive Care Unit at Stepping Hill and capacity and demand challenges across the locality. The mental health partnership across our respective organisations is working well.

I met with Caroline Simpson, CEO Stockport MBC, where we reflected on the improvements of partnership working at place and specific areas of challenge across health & care in 2024/25. We were optimistic about the approach to health prevention.

Following a successful board development session in April, further momentum is building around Stockport's partnership approach to tackling health inequalities. The Trust's Lead Nurse for Health Prevention and I met with the executives at Life Leisure CIC and explored areas for further collaboration on patient pathways and staff health and wellbeing.

4. Trust Activities

As part of the financial turnaround programme of NHS Greater Manchester, supported by PwC, I have attended the Finance and Recovery Meetings with executive colleagues. The requirements of the programme remain a significant challenge but focus remains on delivering high quality and safe care to our patients.

McCarthy, Rebecca
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I visited our Gastroenterology Service and had a tour around our new JAG-accredited endoscopy department. It was great to hear how the service has evolved over the last 10 years from just two consultants to now ten consultants.

Colleagues from Research and Innovation gave a tour around the department on Ward C2. It was a real insight to see the scale of our research operation and discuss the opportunities for expanding our capability for clinical studies and partnerships. Research active hospitals are associated with reduced mortality and improved overall care¹.

I spent an afternoon at Kingsgate House meeting teams who provide specialised community services: Continence, Heart Failure, Single Point of Access (SPOA), District Nursing, Diabetes, Dietetics, Pulmonary Rehab, Oxygen, Musculo-Skeletal/Physio and Orthotics.

I was invited by the Operational Support Team to observe the one of the monthly Long Length of Stay (LLOS) meetings chaired by the Deputy Medical Director. It was an insight into some of the complexities of discharges and demonstration of effective multidisciplinary team and multi-agency working to ensure our patients are safely discharged to the most appropriate place.

Another excellent annual Health & Wellbeing Event was held on 10th May in Pinewood. Very well attended and a good opportunity to talk to staff, partners and exhibitors about the Trust's health and wellbeing offer.

5. Strengthening Board Oversight

In line with NHS England good practice, I have carried out performance appraisals for the Chief Executive and all Non-Executive Directors. The process and outcome of those appraisals will be reported through the Remuneration Committee and Council of Governors, respectively.

The Senior Independent Director conducted my performance appraisal in line with Provider Chair Competency Framework and the outcome will be reported through the Nominations Committee and Council of Governors.

6. Other activities

I have continued to undertake a range of other activities, including: -

- Chair of Consultant Interview panels: Paediatrics, ENT Thyroid, Histopathology
- Regular discussions with Non-Executive Directors, Executive Directors, Chief Executive, and the Deputy Chief Executive, Chair of Tameside & Glossop NHS FT.
- Attended Maternity and Neonatal Safety Investigations Programme Team (MNSI) provider update meeting.
- Meetings with:
 - NW Regional Director and GM ICS Chief Executive

¹ Jonker L, et al. (2019) *Patients admitted to more research active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a cross sectional study.* Journal of Evaluation in Clinical Practice: 34

- GM Trust Chairs
- GM System Leaders
- Lead Governor
- Freedom to Speak Up Guardian
- Attended Staff Disability and Wellbeing Network
- Board sub-committee member: Charitable Funds.
- Chair - Council of Governors meeting (formal and informal meetings).

7. **Council of Governors Changes**

The following governors have recently confirmed their intention to step down from the Council of Governors:

- Thomas Lowe, Public Governor, High Peak & Dales
- Janet Browning, Public Governor, High Peak & Dales
- Gillian Roberts, Public Governor, Tame Valley & Werneth

On behalf of the Council of Governors and the Board of Directors, I would like to thank them for their contribution to the work of the Council of Governors and wish them the very best for the future.

The vacancies will be picked up as part of the forthcoming governor elections to be held this summer/autumn.

McCarthy, Rebecca
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Meeting date	26 th June 2024	Public	X	Agenda Number	7
Meeting	Council of Governors				
Report Title	Non-Executive Directors Highlight Report				
Director Lead	Non-Executive Directors	Author	Rebecca McCarthy, Trust Secretary		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Council of Governors are asked to review the Non-Executive Directors Highlight Report and request any further clarification.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to

		recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

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 to the organisational objectives to be monitored, and the type of improvement needed to be determined. A Key Issues 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 of Directors meeting and Board Committee meetings that took place between May – June 2024.

In addition, all Board committees reviewed the key operational systems and processes in place to support the Trust in its duty to exercise functions effectively, efficiently and economically, and have regard to likely effects of the decision in relation to the quality of services provided to individuals and on quality of care delivery. Specifically, this included the Staffing Approval Group Terms of Reference and the Quality Impact Assessment (QIA) process, alongside the Divisional Performance Framework process.

McCarthy, Rebecca
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1. Finance

- The Trust financial position at the end of 2023/24 was achieved; a deficit of £32.2m, in line with the year-end forecast agreed as part of the Greater Manchester Integrated Care System (GM ICS) position.
- Following an extended period of operational planning, and discussion with both GM ICS and NHS England (NHSE), the Trust resubmitted a financial plan (including revenue and capital) in June 2024. The Trust's revenue plan is a deficit of £43.78m, including a cost improvement programme (CIP) of £24.6m – this forms part of the GM ICS financial plan.
- At month 2, the Trust's position is a deficit of £8.4m and is in line with the plan. Achieving the financial plan will be a significant challenge in 2024/25.
- The CIP position at month 2 is £2.5m and is on target, however, at this point most of the savings are non-recurrent. The divisions are working towards delivery of recurrent schemes which should address this balance in the coming months.

2. Operational Performance

- Emergency Department performance has seen some improvement over recent months but is currently reported below trajectory for 4 hour and 12 hour waits. The Trust is receiving national support to help improve performance and achieve national standards by March 2025.
- The Trust continues to perform below the national core operating standards for diagnostic 6-week wait standard and cancer 62-day standard. However, cancer 28-day performance is well above trajectory and the national target.
- A closure of the main theatres took place from mid-April to mid-May 2024 to carry out building works for the new Emergency & Urgent Care Centre (EUCC). Mitigating actions were put in place, with operations moved to another available theatre where possible, and plans to ensure patients were rebooked within a short timescale after the shutdown period. Notwithstanding this, there has been significant improvement in the RTT position for 52+, 65+, and 78+ week waits due to the use of the independent sector, waiting list validation, and the expansion of elective capacity. The Trust is performing well against the trajectory plan to have zero 65+ waits by September 2024.
- Our Outpatient B facility has now been demolished, with plans for the longer term development of a new outpatient area being progressed. The Trust continues to monitor the ongoing impact of the closure on the delivery of outpatient services and the experiences of our patients and staff.

3. People

- In March 2022, we launched our Equality, Diversity and Inclusion (EDI) Strategy, setting out our ambitions for the next 3 years. The People Performance Committee has recently considered several reports, including the Trust's Workforce Race Equality Standard Report (WRES), Workforce Disability Equality Standard Report (WDES), Gender Pay Gap Report for 2023 and the 2022 NHS national staff survey results report, which demonstrate performance against the EDI targets set out within the EDI Strategy. Key headlines include:
 - Improvement in the proportion of BAME staff and disabled staff across the Trust at Bands 1-7, however further focus is required to improve representation of BAME and disabled staff at a senior manager level.
 - The Trust mean gender pay gap has fallen significantly, from 22.79% to 16.96%, and is just above the target of 15.5%.

McCarthy, Rebecca
19/06/2024 14:03:34

Priority areas for action have been identified to improve the working lives of BAME and disabled colleagues, with particular focus on actions relating to talent management and career progression.

- The Trust's widening participation and vocational learning programmes continue to go from strength to strength, with extended partnerships with local colleges supporting our Cadet Programme to increase from 10 to over 80 cadets. This programme is part of the Trust's wider programme to promote career prospects amongst the most under-represented groups including care leavers, long-term unemployed, under 25s and those living within areas of deprivation to tackle health inequalities.
- Improved performance against many 'people' related metrics has been seen at the start of the year, with substantive staff-in-post, sickness absence, agency costs compared to total pay costs, workforce turnover and mandatory training metrics all achieving target.
- Appraisal rates across all staff groups shows an improving trend, although divisions are still reported below the 95% target threshold. A fresh approach to improve the quality and outcomes of appraisal conversations has been launched, with updated appraisal templates now in place to reduce paperwork burden and support more meaningful appraisal.

4. Quality

- SHMI (Summary Hospital Mortality Indicator) mortality rates continue to be low, with the Trust reporting one of the lowest rates in GM. In addition, the HSMR (Hospital Standardised Mortality Rate) is now reported as "within expected range". The Council of Governors has previously been made aware of a risk relating to E3 mortality; the Quality Committee continues to gain assurance, via the Patient Safety Group, that there are no current concerns, and positive improvement has also been seen for E3 in the ward assessment scheme (Stockport Accreditation & Recognition Scheme (StARS)).
- The Trust is performing well against the timely recognition of sepsis metric, achieving above target levels. Antibiotic administration for sepsis within timescales remains particularly stubborn. Each episode of delayed antibiotic administration is reviewed for harm and continues to show that delays relate to a small number of patients, with no harm reported. NICE guidance regarding sepsis has recently been updated, the Trust will review the updated guidance and identify areas for improvement.
- Reported infection rates for C.diff are currently above target, however E.coli and MRSA are showing strong improvement.
- Written complaint rates and informal concerns have shown an increasing trend over the last 6 months. Despite continued pressures and the increased number of complaints being received, significant work has taken place to ensure complaints are responded to in a timely manner, with over 95% of complaints now responded to within agreed timescales.
- The NHS England (NHSE) Patient Safety Incident Response Framework (PSIRF), setting out a new approach to responding to patient safety incidents, went live from April 2024. Governors were previously engaged in developing the Trust's patient safety incident response plan, based on national requirements and local priorities. PSIRF is a significant shift from the preceding 'serious incident' framework and Quality Committee will continue to have focus on reporting in line with new framework.

5. Audit Committee

At its meetings in May 2024, Audit Committee reviewed the following matters:

- **Risk Management Committee Key Issues Report** – Reviewed and confirmed alignment between key risks considered by the Risk management Committee and the Board assurance committees.
- **Internal Audit Plan 2023/24** – The below internal audits were finalised and reported to Audit Committee:
 - Outpatient Booking Process – Substantial Assurance
 - ESR / Payroll – Substantial Assurance
 - Staff Wellbeing – Substantial Assurance
 - Medical Staffing – Substantial Assurance
 - Board Assurance Framework (BAF) Review – Standards Met
- **Internal Audit Plan 2024/25** – Reviewed and approved.
- **Internal Audit Charter 2024/25** – Reviewed and confirmed.
- **Draft Head of Internal Audit Opinion** – Reporting ‘Substantial Assurance’ that there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.
- **Anti-Fraud Annual Report 2023/24** – Reviewed and confirmed the work completed by the Trust’s Anti-Fraud Specialist (AFS) during the period from April 2023 to March 2024.
- **Declaration of Interests Annual Review** – Reviewed and confirmed compliance with Trust policy, including improvement actions undertaken to supported improved compliance.
- **Review of Waivers** – Reviewed and confirmed, noting areas for improvement in reporting of waivers.
- **External Auditor Appointment Proposal** – Reviewed and supported the proposal and recommendation from the External Auditor Appointment Working Group regarding appointment of an External Auditor to be made to the Council of Governors.

Year End Matters

- **Review of Accounting Policies** – Reviewed and confirmed the accounting policies for preparation of the annual accounts 2023/24.
- **Annual Self Certification: Continuity of Services 7 – Availability of Resources** – Reviewed and supported the Trust’s declaration regarding continuity of services to be presented to the Board of Directors for approval.
- **Draft Annual Report 2023/24** – Reviewed and provided comment prior to presentation of the final Annual Report to Audit Committee and Board of Directors in June 2024.
- **Draft Annual Governance Statement 2023/24** – Reviewed and supported inclusion of the Annual Governance Statement within the Annual Report.
- **Draft Annual Accounts 2023/24 & Key Accounting Issues Report** – Reviewed and confirmed the draft annual accounts 2023/24 and noted key issues. Confirmed external audit was underway.
- **Going Concern Basis of Preparation** – Reviewed and supported the recommendation to be made to the Board of Directors that the Directors should continue to adopt the going concern basis in preparing the accounts for 2023/24.
- **External Audit Update** – Reviewed and confirmed, noting the external audit for 2023/24 was underway.

The Council of Governors is asked to note that the Audit Committee will meet on 26th June 2023/24 to review the final Annual Report & Accounts 2023/24 and the outcome of the external audit. The outcome from this meeting will be formally reported to the Council of Governors at its meeting in September 2024.

McCaughy, Rebecca
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Stockport
NHS Foundation Trust

2024-25 Operational Planning Summary

Council of Governors

26th June 2024







McCarthy, Rebecca
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2024/25 National Planning Priorities

- Maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach.
- Improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity.
- Reduce elective long waits and improve performance against the core cancer and diagnostic standards.
- Make it easier for people to access community and primary care services, particularly general practice and dentistry.
- Improve access to mental health services so that more people of all ages receive the treatment they need.
- Improve staff experience, retention and attendance.

McCauley, Rebecca
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2024/25 Summary Operational Plans

	Workforce	No unplanned growth and a reduction in Whole Time Equivalents (WTE) through bank and agency decreases. Focus on reducing agency (to 3.2% from 3.7% in 2023/24) and improving sickness absence.
	Urgent Care	Ambition to meet 78% A&E 4hr target by March 2025
	Electives	Increase in elective activity beyond 2023/24 and eliminate 65 week waits to zero, which relies on locality support and mutual aid.
	Diagnostics	Increase access and improve 6 week waits – Community Diagnostic Centre (CDC) due online in August 2024.
	Cancer	Reflects achievement of all cancer targets and a focus on 62 day and Faster Diagnosis Standard (FDS) performance.
	Finance	Remains a significant challenge - a £43.78m deficit plan submitted and a high level of Cost Improvements (CIP £24.6m) required. Trust capital plan is now compliant with system requirements, but our capital needs far exceed this limit.

Meeting date	26 th June 2024	Public	X	Agenda No.	8
Meeting	Council of Governors				
Report Title	Corporate Objectives: Review of Outcome Measures 2023/24 and Outcome Measures for 2024/25				
Director Lead	Paul Buckley, Director of Strategy & Partnerships.	Author	Andy Bailey, Deputy Director of Strategy & Partnerships		

Paper For:	Information	X	Assurance		Decision	
Recommendation:	The Council of Governors is asked to note the delivery of the Trust's annual corporate objectives for 2023/24 and the agreed corporate objectives and outcomes measures 2024/25, which have been set in line with the Trust's Operational Plan 2024/25.					

This paper relates to the following Annual Corporate Objectives

✓	1	Deliver personalised, safe and caring services
✓	2	Support the health and wellbeing needs of our community and colleagues
✓	3	Develop effective partnerships to address health and wellbeing inequalities
✓	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
✓	5	Drive service improvement through high quality research, innovation and transformation
✓	6	Use our resources efficiently and effectively
✓	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

✓	Safe	✓	Effective
✓	Caring	✓	Responsive
✓	Well-Led	✓	Use of Resources

This paper relates to the following Board Assurance Framework risks

✓	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
✓	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
✓	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
✓	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
✓	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
✓	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
✓	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	Objectives 1-4
Financial impacts if agreed/not agreed	Objective 6
Regulatory and legal compliance	Objective 1
Sustainability (including environmental impacts)	Objective 7

Executive Summary

<p>This paper provides a summary report on progress against the Trust’s annual corporate objectives for 2023/24, the agreed corporate objectives and aligned outcomes measures 2024/25.</p> <p>The Council of Governors is asked to note the year end position against the annual corporate objectives for 2023/24 (Appendix 1), which show that of the 48 outcome measures, 5 were rated red, 13 rated amber and 30 rated green.</p> <p>The 2024/25 corporate objectives remain the same. However, the outcome measures have been updated (Appendix 2) to reflect:</p> <ul style="list-style-type: none">• New/updated outcomes in line with the national planning guidance for 2024/25• Continuation of measures from 2023/24 where relevant• Updates received from Executive Directors <p>Further detail on all objectives and a narrative report is included in the public Board papers.</p>
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McCarthy Rebecca
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Appendix 1 - Progress against the Trust's annual corporate objectives 2023/24

Corporate Objectives 2023/24 We Will:	Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating
1 - Deliver personalised, safe and caring services.	Deliver national waiting time / performance requirements, including:	●
	• 76% seen within 4hrs in ED by March 2024	●
	• 97% G&A bed occupancy by Mar 24 and Critical Care bed occupancy at 92%	●
	• Eliminate waits of over 65 weeks for elective care by Mar 24	●
	• Reduce No Criteria to Reside (NCtR) to 73 by Mar 24	●
	• 100% ambulance handovers within 60 mins.	●
	• < 82 cancer patients waiting over 62 days by Mar 24	●
	• 75% performance against cancer faster diagnosis standard by Mar 24	●
	• 90% of diagnostic tests in under 6 weeks by Mar 24	●
	• 80% Virtual Ward beds occupancy by Mar 24	●
	• 85% Theatre Utilisation	●
	• Move 5% of outpatient attendances to PIFU by Mar 24	●
	• 70% of Urgent community responses <2 hours	●
	To secure a local Ophthalmology service for Tameside through a partnership with Stockport NHS FT	●
	The new incident reporting system (PSIRF) is embedded across the organisation.	●
	To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2023/24.	●
	To meet maternity safety standards and CNST maternity requirements.	●
	To enhance and embed the end-of-life care model.	●
	To continue the roll out of the STARS Accreditation Programme, improving the number of areas achieving 'green' status.	●
	All SIs are reporting within 48 hours and a software system for all SIs is embedded across the organisations.	●
	To complete a well led assessment against key lines of enquiry.	●
2 - Support the health and wellbeing needs of our community and colleagues	To reduce sickness and absence levels through the roll out of the Trust's new Health and Wellbeing Policy.	●
	The Locality Provider Collaborative has established programmes to improve primary/secondary health and wellbeing outcomes through evidence-based interventions.	●
	The Trust Strategy is refreshed during 2023/24 financial year (Q4).	●
	The Trust Planning round is undertaken and completed in Q3-Q4 2023/24.	●
3 -Develop effective partnerships to address health and wellbeing inequalities.	In collaboration with partners and stakeholders, a Locality Plan is developed which is aligned with the GM ICP Strategy.	●
	To begin to integrate corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.	●
	To continue to explore areas for collaboration across clinical services across Tameside & Glossop and Stockport Trusts.	●

Corporate Objectives 2023/24 We Will:	Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating
	To progress the agreed plan to support a centralised model for Stockport's Intermediate Care Bed Base.	●
4 - Develop a diverse, talented and motivated workforce to meet future service and user needs	To increase integrated workforce models through the development of Trust outcomes.	●
	To complete a Medical Workforce Plan for those difficult to recruit specialties.	●
	To implement the Trust's Equality, Diversity and Inclusion Strategy objectives for 2023/24.	●
	To improve retention and reduce bank and agency usage in accordance with the Trust improvement trajectories.	●
	To respond to staff survey feedback to demonstrate improvements.	●
5 - Drive service improvement through high quality research, innovation and transformation.	Develop locality-wide research programmes through facilitation of system wide trials.	●
	To implement the Trust Research and Development Strategy objectives for 2023/24.	●
	To deliver, in partnership, the Community Diagnostic Centre, to the agreed specification and within Q4 2023/24.	●
	To complete an update of the Trust's website.	●
6 - Use our resources efficiently and effectively.	To deliver the Trust's Financial, Revenue and Capital Plan.	●
	To deliver the Trust's financial efficiency programme (TEP/CIP).	●
	To complete the final accounts for the year end which receive a compliant audit report.	●
	Achieve greater productivity and efficiency levels in endoscopy, outpatients, theatre, day cases, Length of Stay (LOS), to achieve upper quartile performance levels (model hospital).	●
7 - Develop our Estate and Digital infrastructure to meet service and user needs.	To deliver the Emergency Department (ED) expansion scheme.	●
	An EPR Business Case and recruitment process is completed across both Tameside and Stockport Foundation Trusts	●
	The rollout of the new digital Laboratory Information System is completed.	●
	Complete the Meadows PFI hand back process.	●
	To develop and implement a Way Finding Strategy.	●
	To deliver the Trust's Green Plan objectives for 2023/24.	●
	To continue to engage key stakeholders in the development of the new hospital OBC and to complete a transition plan for the hospital site to address the poor capital stock which will include Outpatients B and Pathology.	●

McCarthy, Rebecca
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Appendix 2 - Trust's annual corporate objectives and aligned outcomes measures 2024/25

Corporate Objectives 2024/25 We Will:	Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>
1 - Deliver personalised, safe and caring services.	Deliver national waiting time / performance requirements, including:
	<ul style="list-style-type: none"> 78% seen within 4hrs in ED by March 25
	<ul style="list-style-type: none"> 92% bed occupancy for G&A, Paediatric and Adult Critical Care across 2024/25
	<ul style="list-style-type: none"> Maintain zero waits of over 65 weeks for elective care by Sep 24
	<ul style="list-style-type: none"> Reduce waits of over 52 weeks for elective care by end of Mar 25
	<ul style="list-style-type: none"> 77% performance against cancer faster diagnosis standard by Mar 25
	<ul style="list-style-type: none"> 70% performance against cancer 62 day waits standard by Mar 25
	<ul style="list-style-type: none"> 95% performance diagnostic tests in under 6 weeks by Mar 25
	<ul style="list-style-type: none"> Improve access to virtual wards by ensuring utilisation is consistently above 80%, with a focus on frailty, acute respiratory infection, heart failure and CYP.
	<ul style="list-style-type: none"> 85% Theatre Utilisation
2 - Support the health and wellbeing needs of our community and colleagues	<ul style="list-style-type: none"> Proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.
	To ensure the new Patient Safety Incident Response Framework (PSIRF) is embedded across the organisation.
	To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2024/25.
	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition.
3 - Develop effective partnerships to address health and wellbeing inequalities.	To continue the roll out of the STARS Accreditation Programme, improving the number of areas achieving 'green' and 'blue' status.
	To support the Health & Wellbeing of our colleagues through a range of Health & Wellbeing initiatives, reducing sickness and absence levels.
	To take an active role in the delivery of Locality Provider Collaborative programmes to improve primary/secondary health and wellbeing outcomes through evidence-based interventions.
	The Trust Strategy is refreshed during Q4 following the appointment of a new chair.
	The Trust Planning round is undertaken and completed in Q3-Q4 2024/25.
	To progress further integration of corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.
	To develop joint working opportunities for collaboration between Tameside & Glossop and Stockport within the priority clinical services identified; Gastroenterology & Radiology.
	Develop and implement a process to monitor the benefits of collaboration between Tameside & Glossop and Stockport.
	To increase participation in and awareness of the wider partnership agenda across locality and GM collaborative programmes.
	As part of our role as an anchor organisation, continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people.
	Support the locality vision for development of an intermediate care facility ensuring it supports the needs of the Trust and Community Patient Population.

Corporate Objectives 2024/25 We Will:	Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>
4 - Develop a diverse, talented and motivated workforce to meet future service and user needs	To continue with the OD, Talent and Leadership Plan, strengthening leadership and management approaches, fostering and improving working relationships within teams and across the organisation.
	To develop workforce plans that builds on the future workforce requirements, new roles, apprenticeships and is in line with the NHS Long Term Workforce Plan.
	Continue implementation of the Equality, Diversity & Inclusion Strategy focussing on progression/talent management and improving colleague experience.
	Continue to build the Place-Based collaborative working partnership with the Local Authorities within Tameside & Stockport, working with colleges in both localities to co-create and deliver employment opportunities for our residents of Stockport and Tameside.
	To reduce bank and agency usage, particularly premium expenditure in line with NHSE targets.
	Increase staff retention and attendance through implementation of all elements of the People Promise retention interventions.
	To respond proactively to staff survey feedback to demonstrate improvements.
5 - Drive service improvement through high quality research, innovation and transformation.	Develop locality-wide research programmes through facilitation of system wide trials.
	To implement the Trust Research and Development Strategy objectives for 2024/25.
	To implement the Trust Transformation & Service Improvement strategy objectives for 2024/25.
	To deliver, in partnership, the Community Diagnostic Centre, to the agreed specification by Q3 2024/25.
	To complete an update of the Trust's website.
6 - Use our resources efficiently and effectively.	To deliver the Trust's Financial, Revenue and Capital Plan.
	To deliver the Trust's financial efficiency programme (STEP/CIP).
	To complete the final accounts for the year end which receive a compliant audit report.
	To improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.
7 - Develop our Estate and Digital infrastructure to meet service and user needs.	To complete the Emergency Department (ED) expansion scheme.
	To complete the Meadows PFI hand-back process.
	To complete the EPR Business Case and recruitment process across both Tameside and Stockport
	The rollout of the new digital Laboratory Information Management System is completed.
	To agree a plan for the replacement or refurbishment of the Beech House datacentre to mitigate significant issues with cooling equipment.
	To develop and implement a Way Finding Strategy.
	To deliver the Trust's Green Plan objectives for 2024/25
	To continue to engage key stakeholders in the development of the new hospital OBC and to complete a transition plan for the hospital site to address the poor capital stock.
	To develop a business continuity plan for Pathology services to address the fragility of the estate.
	To progress the revised TIF scheme to build a new Outpatient facility subject to NHSE approval.

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Meeting date	26 th June 2024	Public	X	Agenda No.	9
Meeting	Council of Governors				
Report Title	2023 NHS Staff Survey Results – Stockport NHS Foundation Trust				
Director Lead	Amanda Bromley, Director of People and OD	Authors	Lisa Gammack, Deputy Director of Organisational Development and Stuart McKenna, Assistant Director of HR (Inclusion and Colleague Experience)		

Paper For:	Information	X	Assurance		Decision	
Recommendation:	The Council of Governors are asked to note the results of the 2023 NHS Staff Survey Results for Stockport NHS Foundation Trust.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
√	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
√	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe	√	Effective
	Caring		Responsive
√	Well-Led	√	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
√	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working

	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
√	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
√	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The 2023 NHS national staff survey was open from 25 September until 24 November 2023.

The Trust's full workforce (excluding bank staff) was invited to take part in the survey – a total of 6,114 staff. 2,642 staff completed the survey compared to 2,481 the previous year.

The Trust achieved an overall response rate of 43.49% which was 1.12% higher than last year's response rate (42.37%). Response rates varied across each division within the Trust. The Corporate Nursing Team achieved the most improved response rate increasing from 44% to 70%. The Allied Health Professionals staff group achieved the most improved response rate (+8%).

For the third consecutive year, the staff survey questions have been mapped to the elements and themes within the NHS People Promise. Each element and sub-theme of the People Promise is scored out of a possible 10. Significance testing by the National Survey Co-ordination Centre has demonstrated that the following changes in the People Promise Scores were significant changes/not significant changes).

We have improved scores for all 9 People Promise elements/themes, all of which were statistically significant:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Theme - staff engagement
- Theme – morale

There were 65 questions (68%) where the scores showed significant improvement from the previous year. There were no questions where there was significant decline since the previous survey. There were 3 new questions in the survey, which therefore had no historical comparison.

The Trust's employee engagement journey continues to grow and it is acknowledged that 2023 was a very challenging year with significant operational pressures, financial challenges, on-going industrial action, staffing issues and cost of living rises.

The Trust has achieved an impressive set of survey results which evidences the hard work, commitment and investment that the Executive Management Team, divisions/directorates, staff side representatives and staff network members have contributed to making our Trust a great place to work. As ever, there is always room for improvement and whilst there are some clear areas of focus relating to burnout and quality of appraisals we will ensure we are clear on our priorities and will continue to co-create a more compassionate and inclusive culture with colleagues.

We will continue to deliver our People and OD Plan and Workforce Equality, Diversity and Inclusion Strategy that addresses the areas our employees have identified as requiring improvement. Based on the findings of the 2023 NHS national staff survey our key priorities over the next 12 months include:

- **Improving culture and behaviours** – we will review our values and behaviours, as part of our continued approach to improving our leadership and management development offer and do more to enhance our speak-up culture.
- **Strengthening relationships** – we will continue to develop and implement tools and interventions that help strengthen the relationship between employees and their immediate line manager. This will include a new appraisal and 121 toolkit and continuing to provide team building support.
- **Career progression** – we will design and implement targeted interventions that support career progression linked to our EDI agenda plus introduce a talent management and succession planning approach.
- **Accelerating our EDI improvement journey** – through our refreshed Workforce EDI Strategy and consolidated EDI action plan we will continue to deliver key actions aimed at achieving our EDI performance targets and create a more inclusive workplace.

In addition, we will analyse the results by staff group, EDI, and health & wellbeing data to ensure any themes are picked up on. We will review the qualitative narrative comments which prove to be a rich source of information about staff and can often highlight areas where further focus is required. Our action plans will be cognisant of these and the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to inform any reprioritisation of actions.

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1. Introduction

- 1.1 The 2023 NHS national staff survey was open from 25 September until 24 November 2023.
- 1.2 The Trust's full workforce (excluding bank staff) was invited to take part in the survey – a total of 6114 staff. 2642 staff completed the survey compared to 2481 the previous year. This equated to an overall response rate of 43.49% which was 1.12% higher than last year (42.37%) and 1.74% lower than the average response rate for our national comparator group.
- 1.3 This report summarises the Trust's 2023 survey results including national benchmarking data.

2. Our NHS People Promise Scores

- 2.1 For the third consecutive year, the survey questions have been mapped to the elements and themes within the NHS People Promise. Each element and sub-theme of the People Promise is scored on a 0-10 scale.
- 2.2 The table below shows our People Promise scores over the last three years. In 2022 we improved our scores on 3 of the 9 elements/sub-themes with only one of those scores being statistically significantly higher as determined by the National Co-ordination Centre. This year, we have achieved improved scores on all 9 elements/sub-themes and they are all statistically significantly higher, plus our scores are better than the average score for our national comparator group on all 9 elements/sub-themes. This is an impressive set of results achieved against a backdrop of increased operational pressures, national pay disputes, industrial action and cost of living rises.

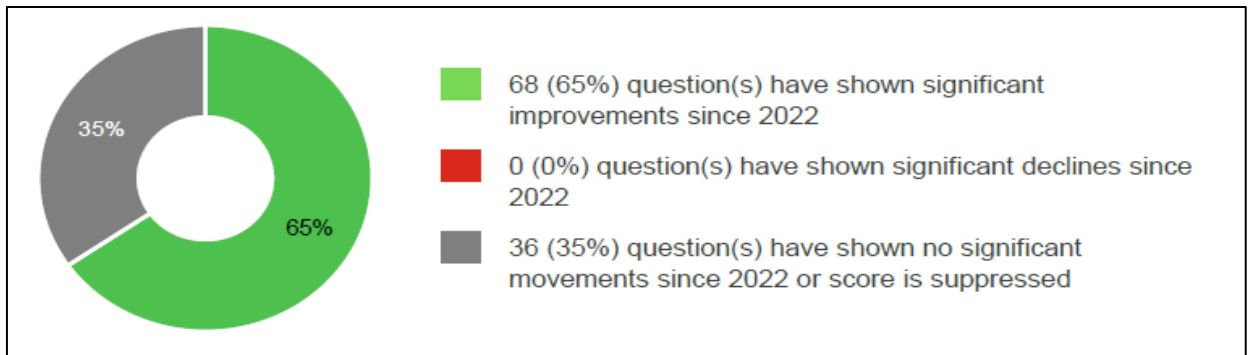
People Promise Element / Theme	2021	2022	2023	Statistically significant change compared to last year?	2023 comparator group's average score	Difference to comparator group
We are compassionate & inclusive	7.3	7.22 ↓	7.41 ↑	Significantly higher	7.24	+0.17
We are recognised & rewarded	5.8	5.78 ↓	6.08 ↑	Significantly higher	5.94	+0.14
We each have a voice that counts	6.7	6.66 ↓	6.81 ↑	Significantly higher	6.70	+0.11
We are safe & healthy	5.9	5.83 ↓	6.15 ↑	Significantly higher	6.06	+0.09
We are always learning	5.3	5.39 ↑	5.72 ↑	Significantly higher	5.61	+0.11
We work flexibly	5.9	6.08 ↑	6.33 ↑	Significantly higher	6.20	+0.13
We are a team	6.7	6.71 ↑	6.93 ↑	Significantly higher	6.75	+0.18
Theme - staff engagement	6.8	6.74 ↓	6.94 ↑	Significantly higher	6.91	+0.03
Theme – morale	5.7	5.66 ↓	5.96 ↑	Significantly higher	5.91	+0.05

- 2.3 The Trust's benchmark report which was published by the National Co-ordination Centre on the 7th March 2024 can be found here: cms.nhsstaffsurveys.com/app/reports/2023/RWJ-benchmark-2023.pdf

3. Our Question Scores

- 3.1 It is a positive picture when we compare our results for each of the 104 survey questions, compared to last year's scores. The diagram below summarises the number and percentage of questions that have significantly improved, declined, and remained the same.

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Carthy, Rebecca



3.2 **Appendix one** shows those survey questions where there has been statistically significant difference in the responses compared to last year.

3.3 The table below shows the 10 top question scores. Any questions where a lower score is better are shaded in **orange**. As negative measures are reported for these questions they may not appear to be in ranking order.

	Question	Score
1	In the last 12 months, I have personally experienced physical violence at work from managers.	0.6%
2	In the last 12 months, I have personally experienced physical violence at work from other colleagues.	1.2%
3	Experienced discrimination on grounds of sexual orientation.	2.9%
4	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from a manager / team leader or other colleagues.	3.3%
5	Experienced discrimination on grounds of religion.	4.1%
6	In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues.	6.6%
7	In the last 12 months, I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	6.9%
8	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public.	7.3%
9	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from managers.	8.7%
10	I am trusted to do my job.	91.1%

3.4 The table below shows the bottom 10 scored questions. Any questions where a lower score is better are shaded in **orange**. As negative measures are reported for these questions they may not appear to be in ranking order.

	Question	Score
1	I often / always feel worn out at the end of my working day / shift.	40.4%
2	My work often / always frustrates me.	35.1%
3	I never / rarely have unrealistic time pressures.	31.80%
4	I often / always find my work emotionally exhausting.	31.5%
5	The appraisal / review helped me to improve how I do my job.	26.8%
6	There are enough staff at this organisation for me to do my job properly.	30.0%
7	I am satisfied with my level of pay.	31.1%
8	I often / always feel burnt out because of my work.	29.6%
9	I do not have enough energy for family and friends during leisure time.	29.8%
10	The appraisal / review left me feeling that my work is valued by my organisation.	35.3%

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- 3.5 It is evident from the question scores above that some staff are feeling fatigued and suffering with burn out which will impact of individual's mental health and wellbeing and ultimately employee attendance and performance. Further analysis will be carried out to understand hotspot areas and ensure that the Trust's health and wellbeing support is accessible and where targeted interventions may be required. We will also triangulate the survey results with attendance and retention data.
- 3.6 The analysis of the bottom 10 scored questions has highlighted that the quality of appraisals is an area requiring improvement. As part of the Trust's Organisational Development Plan 2023-25, work is underway to implement a refreshed appraisal process with a supporting toolkit and training for line managers. We are working towards the new approach being in place in spring 2024 subject to approval.
- 3.7 It is very positive to see that our Staff Friends and Family Test results have significantly improved compared to last year and they are above the average score for our comparator group.

Question	Trust Score					Comparator Group Average Score
	2019	2020	2021	2022	2023	2023
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	61.68%	60.25% ↓	59.80% ↓	56.75% ↓	63.37% ↑	63.32%
I would recommend my organisation as a place to work	55.01%	54.91% ↓	55.41% ↑	53.36% ↓	60.78% ↑	60.52%

- 3.8 The 2023 survey included three new questions – below are the key findings.

Question	Description	Comparator Group Average Score	Trust Score
Q17a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives, or other members of the public?	% of staff that said they had experienced at least one incident	7.73%	7.21%
Q17b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues?	% of staff that said they had experienced at least one incident	3.82%	3.25%
Q22) I can eat nutritious and affordable food while I am working.	% of staff that selected 'often/always'	53.77%	54.72%

- 3.9 The above findings show that 7.21% of respondents (189 people) that answered question 17a have experienced unwanted behaviour of a sexual nature in the workplace from patients/service users and 3.25% (85 people) from staff/colleagues (question 17b). The work we are currently doing to implement the Sexual Safety in the Workplace Charter will help to address this issue.
- 3.10 It is also concerning that 45.28% of respondents (1192 people) that answered question 22 feel they cannot often or always eat nutritious and affordable food while they are working. The Trust's new Health and Wellbeing Plan 2023-24 aims to take targeted steps to help our staff to eat well.

4. Next Steps

4.1 Divisional Senior Leadership Teams and Directors of Corporate Services received their division's/directorate's detailed survey results on 7th March 2024. The People and OD Directorate is supporting divisions to maximise their results to help improve staff experience and retention.

4.2 The Trust's results will be cascaded within the organisation as follows:

Operational Management Group	14 April
Health & Wellbeing Steering Group	16 April
EDI Steering Group	23 April
People Leadership & Engagement Group	1 May
Educational Governance Group	24 May
Staff Partnership Forum	TBC

4.3 The Organisational Development Service is continuing to work with the Communications Team to implement our communication plan which will help to celebrate and translate our results both internally and externally. This provides a further opportunity to demonstrate to our employees that we listen and act upon their feedback and we continue to be fully committed to being a great place to learn, train and work.

5. Steps Taken to Improve Staff Experience

5.1 The following provides a summary of some of the activities undertaken by the Trust, based on staff feedback:

- Launched the Trust's Civility Saves Lives Programme which aims to raise awareness of the power of civility in healthcare and grow a culture of kindness.
- Launched and started delivering an Organisational Development Plan that includes a range of activities aimed at making our Trust a great place to learn, develop and work.
- Enhanced our leadership and management development offer through the introduction of new courses and individual coaching and mentoring support. This has included the 'Introduction to Compassionate & Inclusive Leadership' course which runs on a monthly basis.
- Launched and started delivering an Organisational Development Plan that includes a range of activities aimed at making our Trust a great place to learn, develop and work.
- Implemented a Staff Health and Wellbeing Plan which outlines a range of activities over the next 12 months, aligned to the NHS Health and Wellbeing Framework.
- Executive Directors have continued to host "Big Conversations" with teams across the organisation to listen to staff achievements and concerns.
- Launched the Staff Menopause Group and Staff Neurodiversity Network.
- Continued to deliver the Staff Psychology & Wellbeing Service plus support and advice on a range of matters through our Employee Assistance Programme.
- Launched training courses focusing on workplace adjustments and undertaking equality impact assessments.
- Bespoke OD support to help strengthen divisional leadership teams and establish better ways of working has been provided across a number of areas.

6. Key Priorities 2024-25

6.1 We will continue to deliver our People and OD Plan and Workforce Equality, Diversity and Inclusion Strategy that addresses the areas our employees have identified as requiring improvement. Based on the findings of the 2023 NHS national staff survey our key priorities over the next 12 months include:

- **Improving culture and behaviours** – we will review our values and behaviours, as part of our continued approach to improving our leadership and management development offer and do more to enhance our speak-up culture.
- **Strengthening relationships** – we will continue to develop and implement tools and interventions that help strengthen the relationship between employees and their immediate line manager. This will include a new appraisal and 121 toolkit and continuing to provide team building support.
- **Career progression** – we will design and implement targeted interventions that support career progression linked to our EDI agenda plus introduce a talent management and succession planning approach.
- **Accelerating our EDI improvement journey** – through our refreshed Workforce EDI Strategy and consolidated EDI action plan we will continue to deliver key actions aimed at achieving our EDI performance targets and create a more inclusive workplace.

6.2 In addition, we will analyse the results by staff group, EDI, and health & wellbeing data to ensure any themes are picked up on. We will review the qualitative narrative comments which prove to be a rich source of information about staff and can often highlight areas where further focus is required. Our action plans will be cognisant of these and the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to inform any reprioritisation of actions.

7. Conclusion

7.1 The Trust's employee engagement journey continues to grow and it is acknowledged that 2023 was a very challenging year with significant operational pressures, financial challenges, industrial action, staffing issues and cost of living rises. The NHS staff survey is a snapshot in time and it is important that these results are viewed amongst the context within divisions and teams where the richness of the data can truly be understood. Regularly listening to our employees with authenticity, and understanding what is working well and where improvements are required helps us to ensure that we are focusing on the things that matter the most to our workforce.

7.2 The Trust has achieved an impressive set of survey results which evidences the hard work, commitment and investment that the Executive Management Team, divisions/directorates, staff side representatives and staff network members have contributed to making our Trust a great place to work. As ever, there is always room for improvement and whilst there are some clear areas of focus relating to burnout and quality of appraisals we will ensure we are clear on our priorities and will continue to co-create a more compassionate and inclusive culture with colleagues.

8. Recommendation

8.1 The Council of Governors are asked to note the contents of this report.



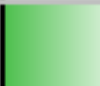













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Appendix 1: Significantly changed question results compared to 2022

















Significantly better scores:

Question	2022	2023	Difference
2a I look forward to going to work.	49.7%	54.3%	+4.5%
2b I am enthusiastic about my job.	66.5%	69.6%	+3.1%
3c There are frequent opportunities for me to show Initiative in my role.	72.1%	74.8%	+2.7%
3d I am able to make suggestions to Improve the work of my team / department.	70.8%	75.0%	+4.2%
3e I am Involved in deciding on changes Introduced that affect my work area / team / department.	49.9%	53.4%	+3.5%
3f I am able to make Improvements happen in my area of work.	54.1%	58.3%	+4.2%
3g I am able to meet all the conflicting demands on my time at work.	42.2%	45.6%	+3.4%
3h I have adequate materials, supplies and equipment to do my work.	48.2%	51.9%	+3.6%
3i There are enough staff at this organisation for me to do my job properly.	22.0%	30.0%	+8.0%

















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4a	I am satisfied with the recognition I get for good work.	49.6%	54.6%		+5.0%
4b	I am satisfied with the extent to which my organisation values my work.	39.9%	44.6%		+4.7%
4c	I am satisfied with my level of pay.	25.2%	31.1%		+5.9%
4d	I am satisfied with the opportunities for flexible working patterns.	53.0%	56.5%		+3.5%
5a	I never / rarely have unrealistic time pressures.	20.3%	24.4%		+4.2%
5c	Relationships at work are never / rarely strained.	46.3%	50.1%		+3.8%
6b	My organisation is committed to helping me balance my work and home life.	43.9%	50.1%		+6.2%
6c	I achieve a good balance between my work life and my home life.	53.3%	58.0%		+4.7%
7b	The team I work in often meets to discuss the team's effectiveness.	61.0%	64.8%		+3.8%
7c	I receive the respect I deserve from my colleagues at work.	73.0%	75.7%		+2.7%
7f	My team has enough freedom in how to do its work.	56.3%	60.0%		+3.7%
7g	In my team disagreements are dealt with constructively.	57.3%	60.5%		+3.2%
7h	I feel valued by my team.	71.4%	74.3%		+3.0%
8a	Teams within this organisation work well together to achieve their objectives.	52.9%	56.6%		+3.8%
8b	The people I work with are understanding and kind to one another.	74.4%	77.0%		+2.5%
9a	My immediate manager encourages me at work.	70.5%	75.1%		+4.6%











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9b	My Immediate manager gives me clear feedback on my work.	63.5%	68.5%		+5.0%
9c	My Immediate manager asks for my opinion before making decisions that affect my work.	56.7%	61.3%		+4.7%
9d	My Immediate manager takes a positive interest in my health and well-being.	67.6%	71.5%		+3.9%
9e	My Immediate manager values my work.	71.8%	75.2%		+3.4%
9f	My Immediate manager works together with me to come to an understanding of problems.	66.2%	71.5%		+5.3%
9g	My Immediate manager is interested in listening to me when I describe challenges I face.	70.0%	73.5%		+3.5%
9h	My Immediate manager cares about my concerns.	68.3%	72.7%		+4.4%
9i	My Immediate manager takes effective action to help me with any problems I face.	64.2%	70.2%		+6.0%
10b	I work additional PAID hours for this organisation, over and above my contracted hours.	38.4%	35.0%		-3.5%
10c	I work additional UNPAID hours for this organisation, over and above my contracted hours.	59.5%	53.4%		-6.0%
11a	My organisation takes positive action on health and well-being.	53.6%	59.7%		+6.1%
11b	In the last 12 months, I have experienced musculoskeletal problems (MSK) as a result of work activities.	30.3%	27.7%		-2.5%
11c	During the last 12 months, I have felt unwell as a result of work related stress.	46.5%	40.7%		-5.8%
11e	I have felt pressure from my manager to come to work.	23.1%	19.5%		-3.6%
12a	I often / always find my work emotionally exhausting.	37.0%	31.5%		-5.5%
12b	I often / always feel burnt out because of my work.	34.5%	29.6%		-4.9%

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12c	My work often / always frustrates me.	41.7%	35.1%		-6.6%
12d	I am often / always exhausted at the thought of another day / shift at work.	30.9%	25.7%		-5.1%
12e	I often / always feel worn out at the end of my working day / shift.	46.2%	40.4%		-5.8%
12f	I often / always feel that every working hour is tiring for me.	21.4%	18.0%		-3.5%
14a	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.	28.3%	22.6%		-5.7%
14b	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from managers.	12.4%	8.7%		-3.7%
14c	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from other colleagues.	18.6%	13.1%		-5.4%
16b	In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues.	8.4%	6.6%		-1.8%
19a	My organisation, treats staff who are involved in an error, near miss or incident fairly.	57.4%	60.5%		+3.1%
19c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	67.3%	70.2%		+2.9%
20a	I would feel secure raising concerns about unsafe clinical practice.	71.1%	74.0%		+3.0%
20b	I am confident that my organisation would address my concern.	55.9%	58.7%		+2.8%
23b	The appraisal / review helped me to improve how I do my job.	22.3%	26.8%		+4.6%
23c	The appraisal / review helped me agree clear objectives for my work.	32.3%	38.7%		+6.4%
23d	The appraisal / review left me feeling that my work is valued by my organisation.	29.6%	35.3%		+5.7%
24b	There are opportunities for me to develop my career in this organisation.	50.2%	53.6%		+3.3%

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24c	I have opportunities to improve my knowledge and skills.	67.0%	70.3%		+3.3%
24d	I feel supported to develop my potential.	51.3%	57.3%		+6.0%
24e	I am able to access the right learning and development opportunities when I need to.	56.4%	61.0%		+4.6%
25a	Care of patients / service users is my organisation's top priority.	70.1%	73.0%		+3.0%
25c	I would recommend my organisation as a place to work.	53.4%	60.8%		+7.4%
25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	56.7%	63.4%		+6.7%
25e	I feel safe to speak up about anything that concerns me in this organisation.	60.3%	63.9%		+3.6%
25f	If I spoke up about something that concerned me I am confident my organisation would address my concern.	47.2%	52.3%		+5.1%
26a	I often think about leaving this organisation.	31.4%	26.7%		-4.7%
26b	I will probably look for a job at a new organisation in the next 12 months.	21.9%	19.1%		-2.8%

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Maternity Services

CQC Inspection Update



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Overview of Inspection

- As part of the national maternity services inspection programme Stockport NHS Foundation Trust were inspected on 28th September 2023.
- The inspection included a full day site visit at Stepping Hill Hospital alongside review of evidence requests submitted to the CQC and interviews of key stakeholders including board safety champions, maternity leadership and maternity voices partnership chair.
- The CQC domains of safe and well led only were inspected.
- The inspection report (Appendix 1) was published on 10th May 2024 and rated maternity services as:
Safe: Requires Improvement
Well Led: Requires Improvement
- Ratings remained unchanged from previous assessment.

Must Do Actions

The report included the following 3 Must Do actions:

- The service must ensure staff complete daily checks of emergency equipment.
Regulation 12 (1) (2) (e)
- The services must ensure staff comply with systems in place to ensure risks are identified and acted upon in a timely manner. This includes but not limited to compliance with accurate interpretation and escalation of electronic foetal monitoring.
Regulation 12 (2) (a) (b)
- The service must ensure there are effective governance systems and processes to identify and manage incidents, risks, issues, and performance and to monitor progress through completion of audits, action plans and oversight of improvements and reduce the recurrence of incidents and harm including postpartum haemorrhage PPH and perineal tears & trauma. Regulation 17 (2) (a) (b)

Should Do Actions

The report included the following 3 Should Do actions:

- The service should ensure staff on the birth centre complete all mandatory training.
- The service should ensure stored breast and formula milk is labelled and stored correctly and in line with national guidance.
- The service should continue to minimise and mitigate the impact of short staffing.
- The services should continue to review and improve patient record keeping ensuring all staff have easy access to patient information they need.

Next Steps

- The Trust has developed a robust Board approved action plan (June 2024) to address are Must and Should Do actions and this has been submitted to the CQC.
- The action plan will be maintained and reported to the Patient Safety Group and Quality Committee in order to track progress through to completion.
- The Council of Governors are asked to receive the CQC Maternity Services Inspection Report and note that actions are in place to support improvement.

Stockport NHS Foundation Trust




Stepping Hill Hospital

Inspection report

Poplar Grove
Stockport
SK2 7JE
Tel: 01614831010
www.stockport.nhs.uk

Date of inspection visit: 28 September 2023
Date of publication: N/A (DRAFT)

Ratings

Overall rating for this location	Requires Improvement 
Are services safe?	Requires Improvement 
Are services well-led?	Requires Improvement 

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Our findings

Overall summary of services at Stepping Hill Hospital

Requires Improvement   

Pages 1 to 3 of this report relate to the hospital and the ratings of that location, from page 4 the ratings and information relate to maternity services based at Stepping Hill Hospital.

We inspected the maternity service at Stepping Hill Hospital, which delivers maternity services for Stockport NHS Foundation Trust, as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

Stepping Hill Hospital provides maternity services to the population of Stockport and High Peak.

Maternity services include a maternity triage unit, a maternity ward including antenatal and postnatal care, co-located Stockport Birth Centre (midwifery led birth-unit (MLU)) consultant led delivery suite and enhanced care room, and transitional care area. The MLU has 4 individual birthing rooms, 3 of which have birthing pools and a 4 bedded bay for postnatal use when required. The MLU is located on the same floor as the maternity triage and antenatal day unit (ADU).

Between April 2021 to March 2022, there were 3250 babies born at Stepping Hill Hospital.

We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led key questions.

Our rating of this hospital stayed the same. We rated it as Required Improvement because:

- Our rating of Requires Improvement for maternity services did not change ratings for the hospital overall. We rated safe as Requires Improvement and well-led as Requires Improvement.

How we carried out the inspection

We provided the service with 2 working days' notice of our inspection.

We visited maternity triage, the delivery suite, 1 maternity ward which provided antenatal and postnatal care (which included 2 private rooms and a bay), the midwifery led unit (MLU), the antenatal day unit (ADU), delivery suite theatres and relevant recovery area, elective caesarean section theatres waiting area, the bereavement suite and the transitional care area provided within the neonatal unit. There was no transitional care area designated on the ward although staff told us they aimed to keep baby with mother, birthing person where possible.

We spoke with 25 midwives and 8 doctors, 3 maternity support workers and 6 women and birthing people. We received two positive feedback to our 'give feedback on care' posters which were in place during the inspection.

Our findings

We reviewed 10 patient care records, 10 observation and escalation charts and 10 medicines records. We attended handover meetings and safety huddles.

Following our onsite inspection, we spoke with senior leaders within the service. We also looked at a wide range of documents including standard operating procedures, guidelines, meeting minutes, risk assessments, recent reported incidents as well as audits and action plans. We then used this information to form our judgements.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

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Maternity

Requires Improvement  ➡ ⬅

Our rating of this service stayed the same. We rated it as requires improvement because:

- Not all staff working on the birth centre had completed training in key skills. However, staff worked well together for the benefit of women and birthing people, understood how to protect women and birthing people from abuse.
- Staffing levels did not always match the planned numbers, which could put the safety of women, birthing people, and babies at risk.
- Medicines were not always managed well, and care records were not always completed in full.
- Leaders did not always manage risk, issues, and performance well. They did not consistently monitor the effectiveness of the service.
- Staff did not always risk assess woman and birthing people.

However:

- Staff worked well together for the benefit of women and birthing people, understood how to protect women and birthing people from abuse.
- Leaders understood how health inequalities affected treatment and outcomes for women, birthing people, and babies from ethnic minority and disadvantaged groups in their local population.
- Staff understood the service’s vision and values, and how to apply them in their work.
- Staff felt respected, supported, and valued. They were focused on the needs of women and birthing people receiving care.
- We witnessed a cohesive effective communication between professionals focusing on the needs of the woman, birthing person.
- The service-controlled infection risk well.

Is the service safe?

Requires Improvement  ➡ ⬅

Our rating of safe stayed the same. We rated it as requires improvement.

Mandatory training

The service had an overall compliance rate of 94% of mandatory training compliance, against a trust target of 90%. However, there were some areas where there was lower compliance. For example, for adult basic life support (level 3) the overall compliance rate was 93%, but compliance for midwives on the birth centre was 71% and midwives working within the antenatal clinic had 87% compliance.

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Data showed the combined compliance for medicines training was 94% for all midwives across the maternity service. This met the trust target. In addition to the medicines training the service facilitated a medicines management midwives competency assessment. Not all midwives had completed the assessment with 68% of delivery suite midwives and 63% of midwives completing on the triage/assessment day unit. The service told us, staff who had not yet completed the training were working to do so.

The service told us they delivered mandatory training updates on perinatal mental health training which included information on the Mental Capacity Act (1983). The training included maternal health disorders, risk assessment and referral routes. However, data showed that 81% of midwives had completed this training against a trust target of 90% compliance. In triage and the antenatal day unit, only 55% of staff had completed this training.

The trust did not provide full details of all training compliance data for obstetric medical staffing.

The service made sure that all staff received multi-professional simulated obstetric emergency training. The mandatory training was comprehensive and met the needs of women and birthing people and staff. Records showed 94% of midwives and 93% of medical staff had completed cardiotocography (CTG) training. CTG is a continuous reading of fetal heart rate via an ultrasound transducer placed on the woman or birthing person's abdomen. Ninety four per cent of staff had completed Practical Obstetric Multi-Professional Training (PROMPT) training and obstetric emergency skills and drills training. This training included cardiotocograph (CTG) competency, skills and drills training and neonatal life support. Training was up-to-date and reviewed regularly. There was an emphasis on multidisciplinary training leading to better outcomes for women and birthing people and babies.

Ninety-three percent of staff had completed maternity specific training relevant to their role, which included infant feeding, newborn screening, blood transfusion and pool evacuation and met the trust's targets.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff said they received email alerts, so they knew when to renew their training. Managers gave staff time to complete the training.

The service told us that the maternity training need analysis was informed by local learning from incidents, audit and staff and patient feedback. The service practice development team told us they worked closely with the maternity governance team to look at themes or trends and that they adjusted the training programmes and adapted it to include national updates and local outcome data.

Safeguarding

Most staff had completed safeguarding training in line with trust policy and national guidance. Staff worked well together for the benefit of women and birthing people, understood how to protect women and birthing people from abuse.

Most staff had received training specific for their role on how to recognise and report abuse. The service training records showed that midwives received both level 3 safeguarding adults and level 3 safeguarding children training at the level for their role as set out in the trust's policy and the intercollegiate guidelines.

There was an overall midwife compliance across the service of 93% for level 3 safeguarding children's training and 96% for level 3 safeguarding adults training. Training compliance was above the service target of 90% in all areas other than the Birth Centre where 63% of midwives had completed adult safeguarding training level 3 and 80% compliance in level 3 children's safeguarding training.

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Medical staff, including consultants, were not always up to date with their safeguarding training. Data showed the medical staff safeguarding training compliance was 87% and slightly below the service compliance rate of 90% for both level 3 safeguarding adults and safeguarding children training at the level for their role (August 2023).

Staff could give examples of how to protect women and birthing people from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment was provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of women and birthing people with protected characteristics.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff asked women and birthing people about domestic abuse, and this was a mandatory field in the electronic records system. Where safeguarding concerns were identified, women and birthing people had birth plans with input from the safeguarding team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff explained safeguarding procedures, how to make referrals and how to access advice. The service had a safeguarding team who staff could turn to when they had concerns. Care records detailed where safeguarding concerns had been escalated in line with local procedures. The service safeguarding team worked in partnership with the perinatal mental health team, who was aligned to the infant parenting service. This team provided psychological support and support with personalized care plans.

Staff followed safe procedures for children visiting the ward.

Staff followed the baby abduction policy and undertook baby abduction drills. Staff explained the baby abduction policy and we saw how ward areas were secure, and doors were monitored. The service had practised what would happen if a baby was abducted within the 12 months before inspection.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. Staff used equipment and control measures to protect women and birthing people, themselves, and others from infection. They kept equipment and the premises visibly clean.

Maternity service areas were visibly clean and had suitable furnishings which were well-maintained. We saw “I am clean” stickers were used to show equipment was clean and ready for use and saw cleaning was in progress during the visit.

The service provided evidence of daily cleaning checklists and a cleaning schedule to demonstrate all areas including the birth pools had been checked and cleaned regularly.

The service provided evidence of Legionella testing. Data provided showed the service generally performed well for cleanliness. The monthly cleaning audit from July to September 2023 showed the delivery suite and the postnatal ward scored 99% for cleanliness. Staff inspected various areas of the maternity unit to review cleanliness and shared the results with trust infection control leads for oversight and support when required.

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Staff followed infection control principles including the use of personal protective equipment (PPE). Leaders completed regular infection prevention and control and hand hygiene audits. Data showed hand hygiene audits were completed every month in all maternity areas. In the last year compliance was consistently above 98%.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment generally kept people safe. Equipment was not always stored, checked, and maintained regularly. The bereavement room was not sound proofed impacting on the persons using it. However, staff were trained to use available equipment and managed clinical waste well.

The design of the environment did not always follow national guidance as the bereavement suite was not sound proofed. The service had a furnished bereavement room to care for bereaved mothers and their families. The room was in a quieter area of the ward but was not soundproof in line with national guidance. This meant that bereaved mothers could hear other babies crying on the ward and not in line with national recommendations.

The service otherwise had suitable facilities to meet the needs of women and birthing people's families. For example, all rooms had individual ensuite facilities. Rooms were spacious and light affording privacy and dignity and an accessible environment. We noted two birthing rooms did not have baby resuscitaire units in line with national recommendations. However, this was clearly communicated by staff on a central whiteboard. There was access to birthing pools, birth balls and stools to support movement in labour. The birth partners of women and birthing people were supported to attend the birth and provide support. The maternity unit was secure and there was a monitored entry system. The service had a mobilisation room with 'a home from home feel' with refreshments available to those wanting to wait to be in established labour.

The estate was outdated and was not always kept tidy. We saw holes in the ceiling in the domestic storage cupboard and the room was cluttered and with items stored on the floor including personal belongings of staff which should not have been stored in this area.

Equipment was not always serviced and maintained in a timely manner. We found an incubator stored on the postnatal ward that had not been serviced since 2021. Senior leaders confirmed this incubator had been out of use and acknowledged that it should have been disposed of. This was completed during the inspection.

The service had an equipment asset register to ensure all medical equipment was maintained and safe for use. The service electro biomedical engineering service (EBME) report August 2023 report showed that 70% of equipment had been serviced within the correct time frames and that 30% of equipment was awaiting service. This risk had been added to the trust risk register however, there were no mitigation measures shared by the service to address the issue.

Staff mostly carried out daily safety checks of specialist equipment. Records showed the neonatal resuscitation equipment on the birth centre was not always checked daily showing gaps in the checking with 6 days being missed in September 2023.

Records showed that resuscitation equipment checks on the birth centre had not always been completed. Two dates in September 2023, staff identified the clock / timer on the resuscitaire was not working and documented on the checklist, but no action had been taken at the time of the inspection to address this. It was also recorded in the same month, that the heater of the birth centre neonatal resuscitaire was not working but we did not see any evidence of actions taken. This was escalated to the staff at the time of inspection.

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The service had a clinical room accessible for staff by swipe card where sepsis, blood sugar monitoring equipment, postpartum haemorrhage (PPH) medicines and neonatal medicines were safely stored.

The service had a scavenger system for medical gases within maternity theatres. The service had completed a risk assessment. However, we found the birthing centre did not have a scavenger system and there had been limited mitigation put in place to monitor staff exposure to medical gases.

Call bells were accessible to women and birthing people if they needed support and staff responded quickly when called.

Managers completed environmental ligature and ligature point risk assessments. In clinical areas that were high risk of having individuals who were at risk of suicide and /or self-harm, staff completed an additional comprehensive environmental assessment, which were added to the incident reporting system and every month the trusts Health & Safety team reviewed them.

Staff disposed of clinical waste safely. Sharps bins were labelled correctly and not over-filled. Staff separated clinical waste and used the correct bins. They stored waste in locked bins while waiting for removal.

Assessing and responding to risk

Staff did not always complete and update risk assessments and did not always take action to remove or minimise risks. Staff did not always identify and quickly act upon women and birthing people at risk of deterioration.

Staff did not always use a 'fresh eyes' approach for cardiotocography (CTG). Cardiotocography is used during pregnancy to monitor fetal heart rate and uterine contractions and CTG interpretations is used as a part of a holistic review. Data from April to September 2023, showed that staff compliance with getting a 'fresh eyes' review of a CTG within safe time frames averaged 72% against a trust target of 90%. The fresh eyes audit completed in September showed compliance was 84.8%, which did not meet the trust target.

The service told us that cardiotocography (CTG) cases were reviewed at the weekly multidisciplinary (MDT) training sessions and during investigations of reported incidents. Staff told us lessons learned influenced the training and training was modified to ensure improvements in practice. Fresh eyes audits continued with general feedback to staff and management, and where appropriate additional support was provided to individual staff.

During the inspection, we saw women and birthing people who attended triage were seen and reviewed in a timely manner (within 15 minutes) although staff told us this was not always the case and that delays for medical reviews occurred. Staff in the maternity day assessment unit / triage used a red, amber, and green (RAG) rated prioritisation tool to risk assess women and people on arrival. The tool was designed to ensure that high risk women and people were seen within safe time frames and assessed at the time based on clinical indications. However, managers did not monitor arrival and wait times to make sure high-risk women were seen within safe time frames as set out in the triage guidance and in line with national recommendations. Service leaders had developed an action plan to improve triage services.

Staff told us they did not usually have a designated midwife allocated to answering the triage telephone line to ensure telephone triage was available in line with national recommendations. The service recognised this was a need and

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recruitment for a telephone triage midwife was planned for December 2023. Until this additional recruitment was in place, existing midwives covered the triage when able. The service told us they planned to allocate 2 midwives to work in triage and when possible, 2 midwives, to support telephone triage. On the day of inspection, the triage telephone had a designated midwife to answer all calls.

Staff used a nationally recognised tool to identify women and birthing people at risk of deterioration and escalated them appropriately. Staff used national tools such as the Maternity Early Warning Score (MEWS) for women and birthing people. MEWS is a tool that identifies signs of deterioration during admission to hospital or during childbirth. The staff told us that all pregnant women from 16 weeks of pregnancy and up to 42 days postpartum who attend the maternity assessment unit did have their observations recorded on MEWS.

Staff completed newborn risk assessments when babies were born using recognised tools and reviewed this regularly. Newborn babies classed as a high risk were monitored using a newborn early warning trigger and track chart (NEWTT). Newborn infants that triggered on the chart were escalated for paediatric review and management. The NEWTT's observation chart was only available in paper format because this wasn't yet established on the electronic patient record.

There was no monitoring in place of NEWTT. However, the NEWTT's audit was an area of work currently being developed by the neonatal and midwifery team as part of a Quality Improvement Plan.

Staff risk assessed women and birthing people at their booking appointment (first full risk assessment at the beginning of pregnancy) and used the five elements of the 'Saving Babies Lives Care Bundle version 2. The service had oversight of the use of the saving babies lives care bundle version 2 (SBLv2) through an action plan, which was regularly updated. However, there was no evidence the service had implemented saving babies lives care bundle version 3 (SBLv3, May 2023). Following the inspection the service provided assurance explaining SBLv3 would be implemented by March 2024.

Staff used a recognised tool to monitor fetal growth during pregnancy. Leaders implemented a competency assessment to ensure clinical staff accurately plotted women's abdominal growth during pregnancy. A specialist midwife for 'saving babies lives' calculated growth retrospectively every month to see if systems accurately detected reduced growth. The service reported a 44.6% detection rate in identifying small for gestational age babies born at the service January 2023 to March 2023 compared to a national average of 43.6%.

Staff provided women and pregnant people with information on fetal movements during pregnancy. We saw staff offering and providing this information to women, birthing people in their preferred language. Staff reviewed blood screening and scan results to help inform decisions around care.

Staff used a 'sepsis 6 care bundle' and flow chart to implement care for women and pregnant people showing signs of sepsis. The service did not undertake sepsis audits to monitor compliance.

The service had 'sepsis rapid response kits' which were sealed without a list of contents, meaning staff did not know what it contained. We raised this with service leaders at the time of inspection who took action to address this.

Staff provided enhanced care for women who were critically ill. The service had an enhanced care room which enabled staff to provide a higher level of care, with vital lifesaving equipment. Staff followed the trust's 'Care of The Critically Ill Woman in Childbirth' standard operating procedures. This document included a list of roles and responsibilities for medical staff, anaesthetists, and midwives. Staff liaised with clinicians who worked outside of the maternity unit when dealing with women who needed a higher level of care or who had different medical conditions. Training records

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showed that not all midwives on the labour ward were trained in caring for the critically ill woman, however there were 7 midwives who were qualified in critical care having completed the appropriate university course. Leaders told us they had an ongoing plan to train existing labour ward midwives to an enhanced level of care. All clinical staff attended a 3 yearly maternity Acute Illness Management (AIM) course and annual PROMPT training.

Theatre staff completed a World Health Organisation (WHO) checklist when women and birthing people arrived in theatre. Data collected from April 2023 to August 2023 for “labour rooms” showed that overall staff compliance of the safe use of the surgery safety checklist was 87.1% which did not meet local target of 90%. Data for “maternity theatres” and “maternity theatre risk” for this period showed both as having overall compliance of 100%, During the inspection theatre staff were observed to appropriately complete and the WHO safety checklist.

The service had 24-hour access to mental health liaison and specialist mental health support. Staff explained when and how they could seek assistance to support women and birthing people with mental health concerns.

Staff completed, or arranged, psychosocial assessments, ligature risk assessments and risk assessments for women and birthing people thought to be at risk of self-harm or suicide.

During the inspection we attended staff handovers and found all the key information needed to keep women and birthing people safe was shared when handing over care to other staff. Staff used the SBAR (situation, background, assessment, and recommendation) tool in paper form when handing over the care of women, birthing people, and babies to others. Staff told us that they also entered the SBAR information on to the electronic patient record. Staff had 2 safety huddles each shift to ensure all staff were up to date with key information. Each member of staff had an up-to-date handover sheet with key information about women and birthing people.

There was a multidisciplinary team handover at 8.30 am daily, and doctors performed a ward round on the delivery suite every morning and evening in line with national guidance. Audits completed by the service showed occasions where ward rounds had taken place three times depending on medical shift changes and ward acuity and demonstrated a positive response to service needs.

Staff completed risk assessments prior to discharging women and birthing people into the community and ensured third-party organisations were informed of the discharge. Staff told us there were some delays to discharging women and birthing people and their babies which sometimes led to self-discharge without assurance of all required assessments and reviews had been completed.

Midwifery Staffing

The service did not have enough midwifery staff. Staffing levels did not always match the planned numbers putting the safety of women and birthing people and babies at risk.

Staffing levels did not always match the planned numbers putting the safety of women and birthing people and babies at risk. On the day of inspection midwifery staffing should have been 37 midwives plus 3 supernumerary coordinators for the 24-hour period. However, there were 27 midwives plus 3 supernumerary coordinators on duty.

Staff told us low staffing numbers on duty made them feel unsafe. The delivery suite staff roster for July 2023 and August 2023 showed 299 registered midwives shifts plus 3 delivery suite coordinators remained unfilled. Staffing data for the

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maternity ward in July 2023 and August 2023, showed 141 registered midwives shifts remaining unfilled, and in maternity triage for this same period, there were 87 unfilled registered midwives shifts remaining. A review of the service's staff roster showed the maternity unit had 527 unfilled midwifery shifts in July and August 2023 for triage, delivery suite and in the maternity ward.

The service completed a maternity safe staffing workforce review in line with national guidance in February 2023. The "Midwifery Workforce Report" February 2023 showed the service at that time had funded clinical, specialist and management midwives' roles of 172.93 whole-time equivalent (WTE). This was above the report recommendations that midwifery staffing be 158.29 WTE, indicating a positive variance of 14.64 WTE of midwifery staff. Despite this, service leaders and staff told us at the time of inspection they did not have enough midwives because of sickness, challenges with recruitment and maternity leave.

The bi-annual maternity services highlight report dated August 2023, showed a vacancy rate of 20.8 whole time equivalent (WTE) midwives with 13.03 WTE due to commence post in Autumn 2023. This would leave a shortfall of 7 WTE. The service reported challenges in the recruitment and retention of staff but shared successful recruitment planning and several staff were awaiting start dates to bring the service to full midwifery staffing levels.

Data showed that midwifery sickness within the midwifery service was consistently being above the service target of 4%. The sickness rate in May 2023 was 8.3%.

At the time of our inspection the service had added three safe staffing risks to the maternity risk register. Risks included not being able to meet the recommendations of safe staffing within the maternity unit, risk of poor quality and unsafe care provision relating to delayed induction of labour due to increase in induction rate and the unavailability of inpatient Diabetes Specialist Nurses within maternity.

The service told us they had recognised they did not have enough staff to meet safe minimum staffing requirements despite the midwifery workforce review and had ceased further roll out of Midwifery Continuity of Carer (MCoC) in line with national guidance. MCoC is a way of delivery maternity care so that women receive dedicate support from the same midwifery team throughout their pregnancy. However, the service was still able to roll out community midwifery teams which provided enhanced care to vulnerable groups.

The service reported maternity 'red flag' staffing incidents in line with National Institute for Health and Care Excellence (NICE) guideline 4 'Safe midwifery staffing for maternity settings'. A midwifery 'red flag' event is a warning sign that something may be wrong with midwifery staffing. Records showed that between January and August 2023 there were 46 red flag incidents. In July 2023, there were 18 red flags incidents, which included 3 episodes when the service was unable to accept any admissions affecting 11 women. Staff recorded all red flags as incidents.

Data showed us that in July 2023 they provided 1:1 care in labour to 96% of women and birthing people. Leaders monitored the midwife to birth ratio via the Maternity Quality Improvement Project Dashboard. Records for July and August 2023 showed this was 26:1 and below (better than) the recommended national standard.

There was a supernumerary shift co-ordinator allocated to be on duty around the clock. Their role was to retain oversight of staffing, acuity, and capacity. However, it was not always possible for the shift co-ordinator to remain supernumerary which meant there was not always clinical oversight of the unit to keep women, birthing people, and babies safe. To support the supernumerary status of the shift co-ordinator, maternity staff had 24hr access to a senior midwifery manager on-call as well as the manager of the day rota.

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Managers accurately calculated and reviewed the number and grade of maternity support workers needed for each shift in accordance with national guidance. Service leaders told us they had a manager who walked around all clinical maternity areas 3 times a day, to enable monitoring and redeployment of staff around the unit depending on staffing, acuity and the women and birthing people's needs.

The service had a 'recruitment and retention' midwife and a locally developed a standard operating procedure to improve the retention of nursing and midwifery staff called 'Grow and Retain Our Workforce (GROW).'

Leaders described an escalation process when there were staffing issues. Managers calculated and reviewed the number and grade of midwives, maternity support workers needed for each shift in accordance with national guidance. A manager of the day (MOD) was responsible for monitoring staffing and acuity levels every 4 hours, reporting red flag incidents and escalating concerns to the matron who escalated concerns to the deputy head of midwifery. Leaders told us that during times of increased operational pressure staff would follow the 'maternity escalation procedure' and diverted women and birthing people to other maternity services. The service reported 8 service diverts between February 2023 – September 2023 and lack of staffing was the most common cause of the diverts.

The ward manager did not always have the resources to adjust staffing levels daily according to the needs of women and birthing people. Managers moved staff according to the number of women and birthing people in clinical areas, but staff told us this was at short notice and expected to work in areas unfamiliar to them. Managers requested bank staff familiar with the service and made sure all bank and agency staff had a full induction and understood the service.

The service had professional midwifery advocates available to support midwives and staff, in addition to their managers. Midwives and managers told us the midwives had the opportunity to attend supervision sessions.

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Managers supported staff to develop through yearly, constructive appraisals of their work for all midwifery registered, and unregistered staff. A practice development team had 2 practice development lead midwives supporting midwives with their learning and appraisals. Data showed 97% of staff had appraisals in the 12 months before the inspection.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training, and experience to keep woman and birthing people and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough medical staff to keep women and birthing people and babies safe. The medical staff matched the planned number. The service had low vacancy, turnover and sickness rates for medical staff. Records showed that the service was overseen by 13.61 whole time equivalent (WTE) consultants, 11.7 WTE registrars and 12.38 WTE senior house officers (junior doctors).

A new on call rota was implemented in April 2023 which enabled twice daily ward rounds to reflect the recommendations of the most recent Ockenden (2022) report recommendations.

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The service had low rates of bank and locum staff. Managers could access locums when they needed additional medical staff and made sure locums had a full induction to the service before they started work. This included a locum induction checklist that required sign off. Locums had to demonstrate they had fire safety training, understood the IT systems could access relevant policies, knew how to report incidents, and had completed a health and criminal declaration.

The service had a good skill mix and availability of medical staff on each shift and reviewed this regularly.

The service always had a consultant on call during evenings and weekends.

Managers supported obstetric and medical staff to develop through yearly constructive appraisals. A practice development team supported medical staff with learning and appraisals. Data showed 11 medical staff had appraisals in the 12 months before the inspection, 6 were reported as in progress and one person's appraisal had missed the year milestone by days. At time of the inspection, the service told us that the one outstanding appraisal was being arranged.

The service made sure medical staff received any specialist training for their role and ongoing support.

Records

Records were not always up to date, complete and contemporaneous. Paper records were stored securely but due to notes being spread over several paper pages and electronic systems information was not always easily available to all staff providing care.

Managers completed monthly documentation audits and data showed that record compliance varied in each area. For example, in September 2023 an audit of 10 sets of records found that all had been completed accurately. However, the same audit found that staff on the labour ward had an overall compliance of 91% and the reviewed records from the birth centre showed an overall compliance of 74.6%. This was below the trust 95% target. Risk and governance staff monitored maternity care record through case reviews and learning was shared with maternity teams.

The record audit showed medical information was not always shared across the maternity pathway. This could pose a risk to women, birthing people, and their babies. Following our inspection leaders told us that they were developing a new audit programme to develop a better reflective audit process and to improve data collection.

We reviewed 10 sets of records and found they were not always clear and complete. Notes spread over several paper pages and electronic systems created opportunity for omission, inaccuracies, and inconsistencies. This had been recognised by service leaders and was recorded on the risk register.

We found areas where documentation had not been completed in line with trust policy. This included lack of legible notes, incomplete risk assessment, record of carbon monoxide monitoring, theatre checklists, fetal monitoring, and swab counts. Data showed the lack of a robust records management had been previously identified.

Medicines

Medicines were not always stored safely and not all midwives had completed their medicines competency training to safely administer medicines. Expressed breast milk and formula milk was not stored in accordance with national guidance.

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Staff did not always complete their medicines training in line with trust policy. Leaders told us that there was a clear process for medicines training for each staff group and that midwives should complete a medicines training and competency assessment, however not all midwives had completed this medicine management competency.

Data provided by the service told us midwifery medicines training compliance overall was reported by the service as 94%, just below the service compliance level of 95%, however, the midwifery competency assessment element of the training to be completed by all midwives was reported to be between 63% and 75% in all clinical areas and 100% for midwives in specialist roles. Leaders told us there was no requirement for the competency part of this training, but they had introduced this as good practice.

During the inspection it was observed that medicines were not always stored securely. The inspection team raised these concerns during the inspection, and we were given assurances the issues identified and raised were rectified immediately.

Women and birthing people had prescription charts for medicines that needed to be administered during their admission. We reviewed 10 prescription charts and found staff had correctly completed them.

The service used an electronic prescribing system. Midwives could access the full list of midwives' exemptions, so they were clear about administering within their remit.

Staff reviewed each person's medicines regularly and provided advice to women and birthing people and carers about their medicines.

The pharmacy team supported the service and reviewed medicines prescribed.

Some staff completed medicines records accurately and kept them up to date.

The clinical room where the medicines were stored was locked and could only be accessed by authorised staff. Medicines were in date and stored at the correct temperature. Staff monitored and recorded fridge temperatures and knew to act if there was variation.

Incidents

Staff recognised and reported incidents and near misses. Managers investigated incidents When things went wrong, staff apologised and gave woman and birthing people honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff told us they knew what incidents to report and how to report them. Managers investigated incidents thoroughly and made sure they were reviewed within safe time frames. Data provided by the trust showed that as of September 2023 there were only 5 open incidents over 60 days since the incident was initially recorded. Managers had oversight of the outstanding incidents and provided clear rationale for the reasons why they remained open.

The services most recent 'Maternity Service Highlight report' (April – September 2023) stated that there were no incidents of moderate harm in July 2023 relating to patient care. However, we found examples on the maternity quality




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improvement dashboard for July 2023 that could have warranted a moderate score. We noted one incident where a patient lost more than 2.5 litres of blood and required a blood transfusion and 5 reported cases of perineal trauma (also referred to as 3rd and 4th degree tears), which were not mentioned in the report. These incidents were graded as “no harm.”

In the last 6 months, the trust has made one referral to the Healthcare Safety Investigation Branch (HSIB) for investigation. The service most recent ‘Maternity Service Highlight report’ showed that from 6 month prior to the inspection there had been one HSIB referral.

The service had 8 serious incidents reported from 1 February 2023 to 21 August 2023, which included 5 incidents where the maternity services were closed temporarily.

Is the service well-led?

Requires Improvement   

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women, birthing people, and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills and abilities to run the service. Leaders were visible and approachable in the service for women, birthing people, and staff. Leaders were well respected, and staff told us they were well supported by their line managers, ward managers and matrons. The executive team visited wards on a regular basis. Staff told us they saw the executive team regularly and spoke of how accessible and encouraging they were.

Maternity services were managed as part of the maternity business unit in the division of women’s and children’s service. The maternity service had a clear leadership structure including a senior leadership team known as “the triumvirate” which included a consultant obstetrician clinical lead, a divisional director, director of midwifery and a clinical director. The service was managed by a divisional director of midwifery and nursing and a head of midwifery. The Divisional director of midwifery and nursing was support by the chief nurse, labour ward lead obstetrician and obstetric maternity safety champion.

The service was supported by two maternity safety champions who were executive and non-executive directors. The safety champions acted as ambassadors for safety and enabled communication from ‘floor to board’ (in other words from the wards up to the senior management and trust board of directors). They encouraged staff to speak up so they could gather their feedback to improve on the service.

Leaders supported staff to develop their skills and take on more senior roles. Leaders encouraged staff to take part in leadership and development programmes to help all staff progress.

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Service leaders supported midwives in showing outstanding care, assisting with problems beyond their usual workload and duties to support refugees new to the United Kingdom. This included changing the service to meet the holistic needs of the refugees to reduce health inequalities.

Leaders regularly held meetings to review the service governance processes. Where applicable the service worked with external partner organisations. Decisions made at meetings would then be shared with frontline staff via leadership channels.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to implement them.

The service had a comprehensive vision for what it wanted to achieve and a precise and well-organised strategy to turn it into action, developed with all relevant stakeholders. The maternity strategy and vision were published in 2022 and provided a 3-year plan up to 2025. The service's main objectives were providing a safe and high-quality service, in partnership with local families, patients and communities. The strategy included investing for the future with a culture for learning, improvement, addressing health inequalities, and working with service users to include local maternity initiative for integrated working.

The vision and strategy demonstrated the service's understanding of the local population. They had developed the vision and strategy in consultation with staff at all levels, and staff could explain the vision and what it meant for women, birthing people, and babies. The strategy contained specific actions to identify and tackle health inequalities that affected the local population.

The service was part of the northwest regional maternity team who supported the Local Maternity and Neonatal System (LMNS) and maternity providers to deliver visions set out in line with national plans and guidance.

The services maternity triumvirate leadership team assessed the service against this strategy and updated the board through the patient safety group and quality committee.

Leaders had considered the recommendations from the Ockenden 2020 and 2022 reports on the review of maternity services and planned to revise the vision and strategy to include these recommendations.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of women and birthing people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women and birthing people, their families, and staff could raise concerns without fear.

Staff felt respected, supported, and valued. Staff were positive about the department and its leadership team and felt able to speak to leaders about difficult issues or when things went wrong.

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Results of the 2022 NHS Staff Survey were mostly positive. Staff described a positive and friendly culture where managers and colleagues were kind, caring, and showed respect for individual differences. However, the survey showed staff had concerns about staffing and excessive workload impacting on staff taking breaks in a reasonable time frame. Staff felt that they were valued by senior management but had wished to have additional access and visibility of their senior management which was actioned by the senior leadership team. Following suggestions by staff the senior leadership now had regular walk rounds to meet staff, women, birthing people, families, and volunteers. The service regularly shared newsletters with staff. The service had introduced a 'manager of the day' (MOD), huddle meetings and a feel-good Friday initiative. Feedback, including compliments from women were shared with staff.

Leaders had recently introduced 'civility training' which promoted respectful and considerate behaviour on the part of all members of the workforce and team building events to encourage and provide a positive team working environment. Staff told us they welcomed this training.

Staff were focused on the needs of women and birthing people receiving care. Staff worked within and promoted a culture that placed women and birthing peoples' care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

Leaders understood how health inequalities affected treatment and outcomes for women, birthing people, and babies from ethnic minority and disadvantaged groups in their local population. They monitored outcomes and investigated data to identify when ethnicity or disadvantage affected treatment and outcomes, which they shared with teams to help improve care. They also developed and delivered a training programme to educate all staff on how to identify and reduce health inequalities. Staff said that it helped them understand the issues and provide better care.

The service made plans and took action to reduce inequalities and improve outcomes, they produced a standing operating procedure (SOP) for 'Reducing inequality in Black, Asian and minority ethnic communities during the perinatal period'. They collected specific maternity data which enabled them to map services in relation to local population and deprivation utilising postcodes to level out perinatal outcomes for women and birthing people. The effectiveness of this had not yet been evaluated by service leaders at the time of inspection.

A community midwife was appointed as a designated cultural & diversity champion. They delivered mandatory training to the maternity workforce, including training which was designed to address issues relating to unconscious bias, and cultural sensitivity.

The service had an open culture where women, birthing people, their families, and staff could raise concerns without fear. Women and birthing people, relatives, and carers knew how to make a complaint or raise concerns. Staff understood the policy on complaints and knew how to handle them. Complaints and concerns were handled fairly, and the service used the most informal approach that was applicable to deal with complaints. Women and birthing people received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes, shared feedback with staff, and learning was used to improve the service. This was a fixed agenda item on each regular team meeting. Staff could give examples of how they used women and birthing people's feedback to improve daily practice. The trust policy was to process, respond and close complaints within 25 days. Between July and September 2023, the service received 9 formal complaints, and 8 of these were managed in a timely way according to trust policy.

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The trust submitted data to the NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). In WRES data 2022, 4 out of 9 metrics showed statistically significant differences between white staff and staff from ethnic minority groups. This indicated poorer working experiences for staff from “all other ethnic groups at the trust” compared to the “white staff at the trust”. WRES data was discussed at the people performance committee meetings and worked into the service vision and strategy. WDES data showed notable differences between the experiences of staff with a long-term condition or illness compared to staff without. This indicated poorer working experiences for staff with long-term conditions or illnesses.

Governance

Leaders mostly operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service assessed, monitored, and improved the service through audits and then implemented actions and mitigations to reduce risks. However, there were some missed opportunities to ensure all parts of the service were monitored. For example, the service did not always recognise themes and trends and complete action plans to prevent recurrence including post-partum haemorrhage (PPH) and 3rd and 4th degree trauma. Nevertheless we found the service had a governance structure that supported the flow of information from frontline staff to senior managers.

Governance oversight needed to be improved to ensure all aspects of care were safe for women and that best practice was followed.

The senior leadership team held maternity and divisional governance meetings to plan and develop actions to improve the service. Minutes of meetings showed discussions included divisional objectives, senior medical vacancies, and performance review.

Monthly divisional governance and risk meeting were held, and this fed into the divisional quality board and trust boards. The leaders had an ongoing improvement, performance, and safety plan to give assurance through the directorate and division to the board. Leaders told us that they had strengthened the divisional governance programme.

The senior leadership team, including the executive director, had a weekly ‘walk around’. This enabled them to engage with staff, women, birthing people, and their families and to seek their views to inform practice and patient care.

There were monthly maternity and women’s health governance group meeting minutes which showed leaders discussed any service issues in both obstetrics and gynaecology. Staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service. The leaders told us they monitored the maternity improvement plan, key performance indicators, discussed incidents, baby loss, and any hot topics to improve the service. This meeting also evidenced service user feedback was obtained, however no actual action plans were reviewed at this meeting.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Staff understood their role within the wider team and took responsibility for their actions. They knew how to escalate issues to the clinical governance meetings and divisional management team. Information was shared back to sub-committees and all staff.

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Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Leaders monitored policy review dates on a tracker and reviewed policies every 3 years to make sure they were up to date. We noted that induction of labour guidance (Greater Manchester & Eastern Cheshire Maternity Strategic Clinical Network Induction of Labour Guidance, Stockport NHS Foundation Trust version 1) had been updated but it was not in line with most current national guidance to promote best practice. At the time of inspection, the service did not have an agreed induction of labour guidance ratified for use, instead the service was working to a regional Greater Manchester & Eastern Cheshire Maternity Strategic Clinical Network guideline which was not owned by the service.

Management of risk, issues, and performance

Leaders did not always carry out audits to identify themes and trends to identify where improvements were needed. However, they identified and escalated relevant risks and issues.

The service did not always ensure all relevant audits had been completed and there was a lack of effective sharing of audit results to drive improvement. This meant there was a possibility that learning opportunities could be missed and failure to identify themes and trends to drive improvement.

Leaders did not identify all risks as the service did not complete local audits on the use of the neonatal early warning track and trigger tool (NEWTT) trigger system, Maternity Early Warning Score (MEWS), triage audit, sepsis or audited the safety and effectiveness of handover processes (situation, background, assessment, recommendation (SBAR) audit). All of which would inform the service and help understand areas needing improvements.

The service mostly captured performance and indicator data on their “Maternity Dashboard” to monitor and improve outcomes. This included the recording of the perineal trauma rate of 3rd and 4th degree trauma/ tears which the service reported to NHS Digital National Maternity Dashboard. In September 2023 the service reported 34 incidents of 3rd or 4th degree tears per 1000 births, which was significantly higher than the national average of 24 incidents per 1000 births reported by NHS Digital. Data provided by the service showed the service was consistently above the national rate with the highest rate reported in 2023 with 43 per 1000 births compared to national average of 26 per 1000 births.

The leadership team did not always oversee timely completion of required actions to make changes where risks were identified including action identified relating to infection prevention control, and record keeping.

The service provided a clinical audit programme for 2023 to 2024 to indicate the current status of compliance with national audits. The programme included the use of antenatal risk assessments and smoking cessations audits, as well as national audits such as the national maternity and perinatal audit. However, the clinical audit programme showed were no completed audits for each quarter of 2023 to 2024 and the service did not provide evidence to show recent audits had been completed. The service told us there were current delays with submitting information to national audits due to service pressures. Following the inspection, the service told us they were consistently submitting to the National Pregnancy in diabetes audit and the most recent report was published in October 2023.

Leaders told us they reviewed and audited data about Avoiding Term Admissions to the Neonatal Unit (ATAIN). Data showed that between April and June 2023, there were 32 babies admitted to the neonatal unit and the audit identified 6 avoidable neonatal unit admissions. ATAIN was previously audited by the service for the period between January 2023

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and March 2023 where the review concluded there were 29 admissions to the neonatal unit of which 3 were potentially avoidable. The service had created an action plan (dated 1st August 2023); which showed all actions has been completed. However, despite actions that had been taken to reduce admissions to the neonatal unit due to respiratory distress syndrome (RDS), this continued to be an ongoing theme of avoidable admissions since January 2023.

The maternity dashboard included details of reducing smoking during pregnancy. Data from September 2022 to August 2023 showed staff compliance for carbon monoxide (CO) screening at booking was consistently above the service target of above 95%. The number of women and birthing people smoking at booking had decreased significantly by delivery each month from November 2022 to August 2023. CO screening was also audited through the 'saving babies lives' action plan. The plan identified that in June 2023, CO monitoring at 36 weeks compliance was 89.6%, which did not meet the service target of 95%. However, the service identified that there had been a sustained improvement in monitoring of CO at 36 weeks and the service had been above 80% compliance for the last 6 months. The service reported that further work was ongoing improve compliance and reach the target of 95%.

The service audited cardiotocograph (CTG) fetal monitoring and fresh eyes in line with guidance and Ockenden recommendations. Where issues were identified, action plans were in place to monitor and improve the quality of the service. The 10 care notes we reviewed, were completed in full in relation to CTG monitoring.

Leaders monitored readmissions to the obstetric unit and women and birthing people re-attending the service within 30 days of delivery. Records showed that during July 2023 there were 23 readmissions from 239 registerable births (9.6%) compared a national average of 3.3% showing the service to have a higher than national readmission rate. These readmissions were not recorded on the service maternity dashboard. The service did not have action plans to reduce women, and persons postnatal readmissions.

Staff did not always report post-partum haemorrhages (PPH) on the electronic incident recording system. The NHS national maternity dashboard reports "major obstetric haemorrhage" as a volume of 1500 millilitres (mls) or more, however the service reported on their local dashboard "massive post-partum haemorrhages" of only of 2500mls or more.

The service told us that their top risks included staffing, delayed induction of labour and delayed caesarean sections due to poor theatre capacity. The risk register showed mitigating actions and forward planning with clear dates for review. Between April 2023 – August 2023 there were 13 days of multiple episodes when inductions of labours and augmentation of labours were delayed, including delays to high-risk pregnancies and delays to category two emergency caesarean sections. We saw in one case the delay was more than 4 hours despite national guidance of "performing category 2 caesarean birth (which is not immediately life-threatening) as soon as possible, and in most situations within 75 minutes of making the decision" to proceed with a caesarean birth. We also found one occasion where there was a 3-hour delay in a woman, birthing person having an instrumental delivery and 5 cases during this time frame when women did not receive 1-1 care in labour.

Service leaders recognised a problem with patient flow through the unit which affected the service. The service told us they had a 'Manager of the Day' to have oversight, ease pressures and effectively manage these issues by visiting areas 3 times a day.

The service had reported 46 delays in care from January 2023 to August 2023 due to staffing and acuity but there was no evidence the service followed the maternity escalation policy and operational pressures escalation guidance to reduce delays for all these incidents. No risk assessment tool was seen to have been completed in the cases of delays in care during the inspection.

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The service had a low rate of stillbirth compared with the national average and there were robust processes for recording and managing investigations through the national standardised Perinatal Mortality Review Tool (PMRT) pathway. The PMRT tool supported objective, robust and standardised reviews of baby deaths to provide answers for bereaved parents. When improvements were required, these were implemented swiftly by service leaders.

The service worked to co-produce a homebirth emergency training day with the local ambulance service which provided an opportunity for professionals to collaborate and learn together and improve patient care. The training day was also open to external professionals working within the local maternity and neonatal system.

Service leaders told us they had implemented “Stockport Accreditation & Recognition System” (StARS) is designed to measure the quality of care provided by individuals and teams throughout the trust it incorporates key clinical indicators and supports the service in improving standards and providing evidence for the CQC 14 fundamental standards evidenced in action plans.

Information Management

The service collected data and analysed it. Staff could mostly find the data they needed to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required. However, staff used several paper and electronic systems and patient records were not always complete which impacted finding and analysing accurate data.

The service collected data and analysed it. They had a live dashboard of performance data which was accessible to senior managers. Key performance indicators were displayed for review and managers shared this information with the regional Greater Manchester and Eastern Cheshire Strategic Clinical Networks.

Staff could mostly find the data they needed to understand performance, make decisions and improvements. However, as records were not always completed in full, this impacted on leadership ability to monitor performance. The service used paper records, electronic patient record system and clinical computer systems, staff told us that they had ongoing concerns regarding the systems. Although staff told us information and data needed could be mostly found, the service recognised risks with the systems and there was an ongoing action to review the digital information systems. The service had a digital strategy and relevant personal employed to improve digital provision in line with national guidance.

The service provided all maternity staff with digital news updates via “Maternity DigiNews”, giving updates on the digital transformation and quality improvements with the aim of alleviating issues and risk in information management.

Data and notifications were consistently submitted to external organisations as required including NHS Digital.

Engagement

Leaders and staff actively and openly engaged with women and birthing people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women and birthing people.

Leaders worked with the local maternity voices partnership (MVP) to contribute to decisions about care in maternity services. Local MVP co-chairs told us they had a positive working relationship with staff and a positive appetite for

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change and improvement at the service. MVP meeting minutes showed progress against strategic actions on the workplan which covered a comprehensive task list. This included but was not limited to engagement, patient information, and strategy group meetings. MVP representatives were invited and attended service meetings including perinatal mortality reviews, perinatal mental health meetings, and maternity & maternal voice meetings.

The service worked collaboratively with the MVP to develop a closed communication group using technology to improve communication within the network. The aim was to improve maternity services and encourage positive service development between the maternity service managers and the MVP.

The MVP representatives told us they had been working to develop a more inclusive organisation which represented the local population. They told us they worked with partners and families to make sure the voices of women, birthing people and their family were heard. The MVP aimed to build links with community leaders, vulnerable groups and hard to reach groups within the local community to breach the gaps in health inequalities.

The MVP representatives informed us they had identified a disconnect between the maternity services and women and birthing people with a pregnancy loss prior to 16 weeks gestation. It was their aim to improve this and ensure that the voices of these women and birthing people were heard.

The service made interpreting services available to women and birthing people and collected data on women and birthing people's ethnicity. This was considered in their care planning, and in the review of incidents and outcomes. Leaders understood the needs of the local population and tailored services according to them.

The service worked with local stakeholders to improve maternity outcomes and experiences of women and people using the service. There was a focus on people who faced inequality because of their circumstances or protected characteristics, such as ethnicity, faith, belief, sexual orientation, and disability.

We received two responses to our give feedback on care posters which were in place during the inspection. Both responses were positive.

Learning, continuous improvement and innovation

Staff told us they were committed to learning and improving services. Leaders supported staff to develop and to innovate the service, implement changes and improvements to meet service needs.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Staff told us the service was committed to improving services by learning when things went well or not so well and promoted training and innovation.

Staff told us there were several quality improvement programmes in progress including a focus on health inclusion, inequalities, and deprivation which had led to development of new community outreach clinics and partnership working with local refugee populations.

Midwives and leaders worked collaboratively with the local agencies where women, people and babies were being supported with a multi-agency approach to meet all essential needs such as housing, health, and community support. The service recognised the benefits of developing this model of enhanced care and the community midwives provided continuity of care where required.

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The service community midwives had been recognised for a unique service of providing safe and equitable care with enhanced care pathways and engagement. This service ensured there was an interpretation service at each and every contact they had with vulnerable women and birthing people. The enhanced pathway included provision of care and support for woman, baby, and the wider family. The service provided evidence of excellent service user feedback.

The service was a finalist at the Heath Service Journal awards 2023, recognising the midwifery service working to support refugees. One midwife and team of community midwives received recognition for their work with refugees in Stockport, specifically focused on promoting equality and diversity for staff and patients, tackling health inequalities, improving outcomes, experience, and health. This group of community midwives provided support to other vulnerable groups including pregnant teenagers, pregnant substance misuser with a large awareness drive on alcohol use and mental health needs adapting Midwifery Continuity of Carer MCoC to “enhanced care” adapting personalised care case by case including labour care when able.

Two individual midwives and the perinatal mental health team in 2022 received awards from chief midwifery officer. The service had received a recognition award for the ‘maternity perinatal mental health team’, for their “walk into wellbeing” initiative to provide support to new parents during and beyond the pandemic. The service maternity leadership team were recognised nationally for their work in reducing term admissions to the neonatal unit in September 2022.

Community midwives had specifically focused on promoting equality and diversity for staff and patients, tackling health inequalities, improving outcomes, experience, and health. This group of community midwives provided support to other vulnerable groups including pregnant teenagers, pregnant substance misuser with a large awareness drive on alcohol use and mental health needs adapting Midwifery Continuity of Carer MCoC to “enhanced care” adapting personalised care case by case including labour care when able.

The service had received a recognition award for the ‘maternity perinatal mental health team’, for their “walk into wellbeing” initiative to provide support to new parents during and beyond the pandemic. The service maternity leadership team were recognised nationally for their work in reducing term admissions to the neonatal unit in September 2022.

Outstanding practice

We found the following areas of outstanding practice:

- Midwives at this service have recognised the need to develop an enhanced care pathway to support refugees and other vulnerable groups such as pregnant teenagers and women and pregnant people living with addiction. Midwives have won awards and recognition nationally in creating this service. The midwives have also implemented a transport service to ensure women and birthing people who lived in areas that had difficult access to the hospital, could attend scans and appointments more easily to reduce missed appointments.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

Maternity

Stockport NHS Foundation Trust Maternity Services

- The service must ensure staff complete daily checks of emergency equipment. Regulation 12 (1) (2) (e)
- The services must ensure staff comply with systems in place to ensure risks are identified and acted upon in a timely manner. This includes but not limited to compliance with accurate interpretation and escalation of electronic fetal monitoring. Regulation 12 (2) (a) (b)
- The service must ensure there are effective governance systems and processes to identify and manage incidents, risks, issues, and performance and to monitor progress through completion of audits, action plans and oversight of improvements and reduce the recurrence of incidents and harm including postpartum haemorrhage PPH and perineal tears & trauma. Regulation 17 (2) (a) (b)

Action the trust **SHOULD** take to improve:

Stockport NHS Foundation Trust Maternity Services

- The service should ensure staff on the birth centre complete all mandatory training.
- The service should ensure stored breast and formula milk is labelled and stored correctly and in line with national guidance.
- The service should continue to minimise and mitigate the impact of short staffing.
- The services should continue to review and improve patient record keeping ensuring all staff have easy access to patient information they need.

McCarthy Rebecca
19/06/2024 14:52:34

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and two other CQC inspectors, one obstetric specialist advisor, and two midwifery specialist advisors. The inspection team was overseen by Carolyn Jenkinson, Deputy Director of Secondary and Specialist Care

McCarthy Rebecca
19/06/2024 14:52:34

Meeting date	26 June 2024	Public	X	Agenda Number	11
Meeting	Council of Governors				
Report Title	Membership Development Group Report				
Presented by	Howard Austin, Public Governor & Chair of Membership Development Group	Author	Soile Curtis, Deputy Company Secretary		

Paper For:	Information		Assurance	X	Decision	X
Recommendation:	<p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> Review and confirm the current position against the Membership Action Plan September 2023 – September 2024. Confirm under-represented group for targeted recruitment during September 2024 – September 2025 as Age Group 17-21. Recognising focus on a representative and engaged membership, agree to support a minimum membership number of 2.5% of the eligible membership, corresponding to 7,370 members. 					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe	X	Effective
	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's

		wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Executive Summary

The Membership Development Group (MDG) meets quarterly, with the most recent meeting held on 11 June 2024. The following governors were in attendance:

- Howard Austin, Public Governor (Chair of Membership Development Group)
- Sue Alting, Appointed Governor
- Richard King, Public Governor
- Tony Moore, Public Governor

The meeting was supported by the Trust Secretary and Deputy Trust Secretary.

The MDG considered the following items at the meeting:

- Membership Action Plan – Progress Report
- Membership Demographic Analysis

The Council of Governors is asked to note that, going forward the Membership Action Plan will run from September to September, to align with the governor year / cycle of governor elections. This will also ensure that a full year is given to implementation of the Membership Action Plan, noting the demographic analysis takes place in June each year, to inform the Membership Action Plan which is approved each September.

Membership Recruitment

The current Membership Action Plan (September 2023 – September 2024) set an aim to maintain an overall membership number and increase the number of members in the 16-21 age group by +100% in year.

	September 2023	June 2024
Overall Membership Number	10,282	10,220
Age 16-21	14	50

Since September 2023, the number of members in the 16-21 age group has increased by 36 (+257%). This has predominantly been as a consequence of new cadets signing up as members.

The Corporate Affairs Team has continued to liaise with the People & Organisational Development Team to explore opportunities to engage with young people. Opportunities with Stockport Colleges have been explored, however dates to attend sessions at the Stockport College sites have not yet been confirmed – this is likely to take place in the new academic year.

Event for Members & Public

A proposed date for the next event is Monday 22 July 2024, 2.30pm-3.30pm (TBC). The Corporate Affairs Team are currently sourcing a speaker / topic and will confirm details with governors as soon as possible. It was acknowledged the events are an excellent opportunity for governors to engage with members and the public.

Overall Progress - Membership Action Plan

The MDG confirmed that, overall, positive progress had been made, particularly in improving representation of young people within the membership. The MDG reaffirmed the importance of governors using their own networks to seek feedback to support identification of themes from members and the community at large.

Membership Demographic Analysis

The MDG considered a membership analysis of the Trust's public constituencies to identify under-represented group/s for targeted recruitment during September 2024 – September 2025. In conclusion of a discussion, the MDG agreed a continued focus on the 17-21 age group, noting this remained the most under-represented demographic, with a further 100% increase targeted.

Minimum Membership Number

In February 2024, the Council of Governors endorsed the recommendation from the MDG that primary focus going forward would be the development of a representative and engaged membership, with consideration to determining a minimum membership number.

The MDG considered a minimum membership number benchmarked against other Greater Manchester Trusts, and agreed that it would be 2.5% of the eligible membership, recognising the attrition that took place on a monthly basis. It was acknowledged that this was not a target but a minimum number and that recruitment opportunities would continue to be implemented.

A Membership Action Plan (September 2024 – September 2025) will be developed and presented to the Council of Governors in September 2024.

There are currently six governors on the MDG, if any more governors wish to join, please contact Soile Curtis, Deputy Trust Secretary – soile.curtis@stockport.nhs.uk / 0161 419 5166.

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Meeting date	26 th June 2024	Public	X	Agenda No	12
Meeting	Stockport NHS Foundation Trust Council of Governors				
Report Title	Joint Nominations Committee Report: Joint Chair Appointment				
Director Lead	David Curtis, Senior Independent Director, Tameside & Glossop Integrated Care NHS FT Dr Louise Sell, Senior Independent Director, Stockport NHS FT	Author	Rebecca McCarthy, Trust Secretary		

Paper For:	Information	X	Assurance		Decision	X
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> - Receive the report from the Joint Nominations Committee. - Ratify the Joint Nominations Committee Terms of Reference (Appendix 1) as recommended by the Joint Nominations Committee. - Receive and note the Role Description and Person Specification for the Joint Chair as developed and approved by the Joint Nominations Committee. - Approve the remuneration of the Joint Chair to be set within the range of £55,000 and £63,300, noting the final remuneration will be presented to the Council of Governors as part of the appointment of the Joint Chair. - Approve the terms and conditions of the Joint Chair with respect to time commitment of an average of twelve days per month. - Receive and note the Joint Chair appointment process as approved by the Joint Nominations Committee. - Receive and note the draft recruitment timetable for the Joint Chair appointment. 					

This paper relates to the following Corporate Annual Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively

	7	Develop our estate and digital infrastructure to meet service and user needs
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The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Executive Summary

At the Stockport NHS Foundation Trust (SFT) and Tameside & Glossop NHS Foundation Trust (T&G) Councils of Governors meetings held in May and March 2024 respectively, both Councils of Governors agreed to progress the appointment of a Joint Chair. In doing so, the Councils of Governors agreed to establish a Joint Nominations Committee (Joint NomCo) for SFT and T&G, with delegated responsibility for the Joint Chair recruitment and selection process.

The Joint NomCo met on 10th June for its first meeting. The Joint NomCo considered the draft Joint Nominations Committee Terms of Reference, and, further to revision discussed at the meeting, agreed the Terms of Reference (Appendix 1) to be recommended to the Councils of Governors for ratification. Notably, the draft Terms of Reference were revised to ensure equal representation of governor members from both SFT and T&G, via 2 additional co-opted members from the T&G Council of Governors.

In addition, the Joint NomCo comprehensively reviewed and approved the Joint Chair Role Description & Person Specification (Appendix 2) incorporating the six competencies of NHS England's Leadership Competency Framework. Alongside this, the Joint NomCo reviewed available benchmarking information and recommended to the Councils of Governors a remuneration range and terms and conditions of office including time commitment for approval. The Joint NomCo noted the time commitment of the Joint Chair was a key area of concern for both Councils of Governors, and that both Trusts would need to remain alert to the concerns raised and review this matter as required.

In addition, the Joint NomCo reviewed and approved the appointment process as set out in the Guide for the Appointment of a Joint Chair (Appendix 3).

A draft recruitment timetable has been developed. This is an operational document and subject to review based on availability of key personnel and other stakeholders. The Joint NomCo, and the Councils of Governors, will be kept apprised of key changes to the timetable and will seek to ensure dates are confirmed at the earliest opportunity to support a timely recruitment process.

The Joint Nominations Committee Report was considered by the T&G Council of Governors at the Council of Governors meeting on 13th June 2024.

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1. Purpose

- 1.1 At the Stockport NHS Foundation Trust (SFT) and Tameside & Glossop NHS Foundation Trust (T&G) Council of Governors meetings held in May and March 2024 respectively, both Councils of Governors agreed to progress the appointment of a Joint Chair. In doing so, the Councils of Governors agreed to establish a Joint Nominations Committee for SFT and T&G, with delegated responsibility for the Joint Chair recruitment and selection process.
- 1.2 The purpose of this report is to update the Councils of Governors on the discussions and decisions of the Joint Nominations Committee and provide recommendation in line with the statutory duties of the Council of Governors, as outlined within the report.

2. Joint Nominations Committee

- 2.1 The first meeting of the Joint Nominations Committee (Joint NomCo) was held on 10th June 2024, bringing together the respective Nominations Committees of SFT and T&G.
- 2.2 The following were in attendance:

SFT	T&G
Sue Alting, Lead Governor/Appointed Governor	Dr Lesley Surman, Lead Governor/Public Governor
Richard King, Public Governor	Neil Phillips, Public Governor
Michelle Slater, Public Governor	Dr Raja Swaminathan, Staff Governor
Prof. Chris Summerton, Public Governor	
Sarah Thompson, Public Governor	
Dr Louise Sell, Senior Independent Director	David Curtis, Senior Independent Director (Chaired the meeting)
Karen James, Chief Executive (SFT and T&G)	

- 2.3 In addition, Amanda Bromley, Director of People & Organisational Development, (SFT and T&G) and Rebecca McCarthy, Trust Secretary (SFT) were in attendance and supported the meeting.
- 2.4 The following matters were considered by the Joint NomCo. A summary of the discussions that took place, alongside core documents reviewed and any decisions taken and/or recommendations to be made to the Councils of Governors are set out in relation to:
- Joint Nominations Committee Terms of Reference
 - Joint Chair Role Description & Person Specification (Including Remuneration & Terms & Conditions of Office)
 - Joint Chair Appointment Process

Joint Nominations Committee Terms of Reference

- 3.1 In agreeing to establish a Joint NomCo, the SFT and T&G Councils of Governors noted that Terms of Reference for the Committee would be agreed in principle outside of a formal Council of Governors meeting, and ratified at a subsequent meeting, to allow timely progress of the recruitment and selection process.

3.2 Comprehensive review and discussion of the draft Terms of Reference took place at the Joint NomCo, with summary of key matters highlighted:

- Each Trust, as independent legal entities, has a Council of Governors. The recommendations of the Joint NomCo will be made to the two distinct Councils of Governors, therefore all references should be to “**Councils** of Governors”, except where preceded by “each”. It was noted that this point was relevant to the Terms of Reference and to all documents being considered by the Joint NomCo.
- At the inaugural meeting of the Joint NomCo, all constituent members of the respective Trust Nominations Committees were present. As the Nominations Committee of SFT has five (5) governor members, and the Nominations Committee of T&G has three (3) governor members, it was agreed that the Joint NomCo Terms of Reference would be revised to include the following: “*All constituent members of Tameside & Glossop NHS Foundation Trust Nominations Committee, plus two (2) co-opted members of the T&G Council of Governors*”, thereby ensuring equal representation of governor members during the appointment process.
- The addition of further provision to include decision making in the situation of non-consensus i.e. voting, was to be included. This would be included in the section to be revised as ‘Quorum & Voting’.
- Discussion took place regarding the remit of the Joint NomCo, specifically whether the Terms of Reference should be extended to incorporate the role of the Joint NomCo in developing success criteria and receiving the Joint Chair’s appraisal. It was determined that, at this stage, it was important to focus on the appointment of the Joint Chair, and therefore the remit of the Joint NomCo, and the Terms of Reference, would be specific to the appointment of the Joint Chair as agreed with the Councils of Governors. Further discussion would take place with each Council of Governors regarding any further role of the Joint NomCo.

3.3 Incorporating the revisions highlighted within 3.2, the Joint NomCo supported a recommendation to be made to the Councils of Governors to approve the Joint Nominations Committee Terms of Reference - Appendix 1.

4. Joint Chair Role Description & Person Specification (Including Remuneration & Terms & Conditions of Office, including time commitment)

4.1 Role Description & Person Specification

4.1.1 Comprehensive review of the Role Description & Person Specification took place. The Joint NomCo acknowledged that the Role Description & Person Specification took full account of the NHS England (NHSE) Leadership Competency Framework (LCF) for board members.

4.1.2 The Joint NomCo reviewed and approved the Role Description & Person Specification (Appendix 2), to be presented for information to the Councils of Governors.

4.2 Remuneration

4.2.1 The Joint NomCo comprehensively discussed the remuneration for the Joint Chair role, referring to the below information. A summary of key matters discussed and recommendation to the Councils of Governors is highlighted:

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- The remuneration of the most recent/current substantive Chair of SFT and T&G was £47,100.
- NHS England's (NHSE) 'Remuneration structure for NHS provider chairs and non-executive directors' proposes remuneration ranges relative to the organisation size (annual turnover) and complexity, ranging from £40,000 - £63,300k.

Trust size	Annual turnover (£ pa)	Designation	Chair remuneration (£ pa)		
			Lower quartile	Median	Upper quartile
Small	<200m	Group 1	40,000	43,000	45,100
Medium	201m–400m	Group 2	44,100	47,100	50,000
Large	401m–500m	Group 3	45,000	49,500	51,400
Extra large	501m–750m	Group 4	50,500	55,000	58,500
Supra large	>750m	Group 5	55,500	60,000	63,300

- The NHSE remuneration structure suggests that where it is the case that a chair assumes responsibility for leading more than one provider trust, all relevant local factors will need to be considered in determining an appropriate level of remuneration. Notwithstanding, it is reasonable to expect that this is likely to be closer to the upper quartile value associated with the largest sized organisation¹.
- Benchmarking data was obtained from the Annual Report and Accounts of local provider trusts, alongside regional benchmarking from NHS Providers annual remuneration survey (based on remuneration for 2022/23) which included opportunity to consider remuneration for shared chair roles. In the main, local and regional benchmarking highlighted compliance with NHS England's remuneration structure.
- In addition, other available benchmarking was considered for Trusts who have recently advertised for a joint chair within the last 12 months. This benchmarking information showed that the Trusts did not appear to have complied with the NHSE remuneration structure. However, it was noted that these examples included considerably larger organisations than SFT and T&G, and in one example the joint chair spanned three organisations.
- Based on the benchmarking information available, and mindful of both Councils of Governors decisions to align with the NHSE remuneration structure for newly appointed non-executive directors, the Joint NomCo agreed to recommend to the Councils of Governors that the remuneration for the Joint Chair for Stockport NHS FT and Tameside & Glossop NHS ICFT was agreed within the range of £55,000 and £63,300, noting the final remuneration would be presented to the Council of Governors as part of the appointment of the Joint Chair.

4.3 Terms & Conditions of Office, including time commitment

¹ Structure to align remuneration for chairs and non-executive directors of NHS Trusts and NHS foundation trusts; NHS England and NHS Improvement November 2019.

4.3.1 With respect to terms and conditions, the Joint NomCo specifically discussed the time commitment for the role, with a summary of key discussions and recommendation to the Councils of Governors as follows:

- Governor members of Joint NomCo acknowledged that, in considering whether to progress the appointment of a Joint Chair, time commitment had been a key area of concern for both Councils of Governors, with concern expressed regarding the proposed time commitment of 3 days per week.
- It was acknowledged by the Joint NomCo that, in proposing a time commitment, discussion and advice had been sought from current Joint Chairs, many of whom were chairing larger and/or more than two organisations. It was highlighted that the Joint Chairs had clearly highlighted the importance of the strategic nature of the Joint Chair role. Furthermore, it was highlighted that the time commitment had been proposed as an average of twelve days per month, thereby enabling flexibility for a Joint Chair to decide how to manage their time.
- The importance of the Joint Chair as a strategic leader position, with the ability to lead the development of effective governance processes across both organisations was recognised, alongside the importance of accessibility and visibility. In this light, the Joint NomCo recognised that the skills and style of leadership to balance this should be tested at interview.
- The Joint NomCo agreed to recommend to the Councils of Governors that the terms and conditions of the role included an average of around twelve days per month, however both Trusts would need to remain alert to the concerns raised regarding time commitment and review this matter as required.

5. Joint Chair Appointment Process

5.1 Comprehensive review and discussion took place regarding the Joint Chair appointment process. A summary of key matters discussed, and decisions taken is highlighted as follows:

- Acknowledging the Joint Chair role was a new role for both Trusts, the Joint NomCo confirmed that an external advisor would be appointed to support the Joint Chair recruitment process, particularly supporting in generating the candidate pool for the Joint Chair role.
- Discussion took place regarding the interview & interview panel. It was agreed that the composition of the interview panel would comprise two (2) governors from each Trust, including (where possible) the Lead Governor from each Trust, who would be the voting members of the interview panel and make recommendation to the Joint NomCo.
- With respect to non-voting members of the interview panel, specific discussion took place as to whether the Chief Executive would be included as a non-voting member of the interview panel or the Chief Executive would have a discussion with each candidate, and feedback views to the interview panel as part of the decision meeting. The Joint NomCo determined that, in line with previous practice at both SFT and T&G, the importance of a constructive relationship between the Chair and the Chief Executive, and the value of the Chief Executive's input, the Chief Executive would

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- be a non-voting member of the interview panel, in addition to the following non-voting members:
- Chair of Interview Panel who will be an independent NHS Trust Chair (i.e. ideally an experienced Chair in Common/Joint Chair)
 - NHS England: One representative – from the NHS North West region
 - Greater Manchester Integrated Care System (ICS): One representative
- It was noted that all governor members of the Joint NomCo were invited to express interest in being a governor member of the Interview Panel to the Senior Independent Directors by Monday 17th June, including overview of relevant experience. Should more than 1 governor member from each Trust express an interest, the Senior Independent Directors would review the composition of the interview panel and confirm the governor members. In line with both Trusts' practice, the interview panel will aim to include diverse representation.
 - In addition to the formal interview, it was agreed that there would be stakeholder groups consisting of directors and governors from both Trusts and external stakeholders. The stakeholder groups' views would be shared with the interview panel during the post-interview discussion to aid deliberations.
 - Only the four (4) governor representatives on the interview panel will vote on a suitable candidate for appointment to the Joint Chair role for recommendation to the Joint NomCo, and subsequently to the Councils of Governors. However, all members of the Joint NomCo will be invited to attend the final decision meeting as observers to offer additional assurance to the wider Councils of Governors of the robustness, transparency and fairness of the process. They will have the opportunity to ask questions for clarification and assurance.
 - A 'Guide to the Appointment of a Joint Chair' had been developed as operational document to support governors in understanding the process the Joint NomCo will follow in the recruitment of the Joint Chair, clearly setting out the various roles and responsibilities. The Joint NomCo approved the appointment process as set out in Appendix 3.

6. Recruitment Timetable

- 6.1 The Joint NomCo reviewed and approved the draft recruitment timetable as set out below. It was acknowledged that this operational document would be under continual review, subject to guidance from the external advisor, and availability of key personnel and other stakeholders.
- 6.2 The Joint NomCo, and the Councils of Governors, will be kept apprised of any changes to the timetable and will seek to ensure dates are confirmed at the earliest opportunity to support a timely recruitment process.

Date	Meeting/Stage	Key Decisions
10 th June	Joint Nominations Committee	<p>Agree Joint Nominations Committee Terms of Reference to be presented for ratification to the Council of Governors.</p> <p>Determine the engagement of external advisors to support the Joint Chair recruitment process.</p>

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		<p>Review and approve draft Role Description & Person Specification (including remuneration) noting, where required, revision will be made, and the final Role Description & Person Specification disseminated for virtual approval.</p> <p>Review and approve draft Appointment Process, noting, where required, revision will be made, and the final Appointment Process disseminated for virtual approval.</p>
13 th June / 26 th June	T&G Council of Governors / SFT Council of Governors	<p>Both Councils of Governors are to receive update from the Joint Nominations Committee and:</p> <ul style="list-style-type: none"> - Ratify the Joint Nominations Committee Terms of Reference - Receive and note the Role Description & Person Specification - Ratify the remuneration and terms and conditions of the Joint Chair - Receive and note the Joint Chair appointment process - Receive and note the draft recruitment timetable
17 th – 21 st June	Applications Open	
15 th – 19 th July	Applications Close	
29 th July – 2 nd August	Longlisting Meeting (<i>If required</i>)	Identify candidates to be longlisted and invited to Preliminary Interview.
19 th – 23 rd August	<p>Shortlisting Meeting</p> <p>Governor Recruitment Training (Interview Panel Members)</p>	<p>Identify candidates to be shortlisted and invited to interview.</p> <p>Determine questions for Interview Panel.</p> <p>Determine questions for Stakeholder Groups.</p>
2 nd – 6 th September	<p>Stakeholder Groups</p> <p>Interview Panel and Decision Meeting</p>	Joint Nominations Committee members to observe the Interview Panel decision meeting and agree the recommendation regarding appointment to be made to each Council of Governors regarding the Joint Chair.
11 th September / 17 th September	T&G Council of Governors / SFT Council of Governors	Approve recommendation from Joint Nominations Committee regarding appointment of Joint Chair.

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Or Extraordinary Meeting (TBC)		
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Joint Nominations Committee

Established by:

Stockport NHS Foundation Trust Council of Governors

Tameside & Glossop Integrated Care NHS Foundation Trust Council of Governors

Terms of Reference

1 Introduction and Purpose

- 1.1 The following parties have agreed to establish a Joint Nominations Committee of the Councils of Governors:
 - Stockport NHS Foundation Trust (SFT); and
 - Tameside & Glossop Integrated Care NHS Foundation Trust (T&G).
- 1.2 The principal purpose of the Joint Nominations Committee (the Committee) is to establish and oversee the recruitment process for a Joint Chair of SFT and T&G, including making a recommendation for appointment to each Council of Governors.
- 1.3 Due to representation from each constituent Nominations Committees, including co-opted members, it is anticipated that decisions reached by the Joint Nominations Committee will be endorsed when presented to each Council of Governors.

2 Membership

- 2.1 The membership of the Committee shall comprise of the following:
 - All constituent governor members of SFT Nominations Committee
 - All constituent governor members of T&G Nominations Committee, plus two (2) co-opted members from the T&G Council of Governors
 - Senior Independent Directors (SIDs) from both Trusts (non-voting members)
 - Chief Executive (non-voting member)
- 2.2 The Committee shall be chaired by a Senior Independent Director, who will alternate the chairing of the meetings.

3 Attendance at Meetings

- 3.1 Only members of the Committee have the right to attend meetings.
- 3.2 Other individuals will be invited to attend for all, or part of, any meeting as appropriate, specifically the Director of People & Organisational Development and external advisors.

4 Secretary to the Committee

- 4.1 The Trust Secretariat function within the Trusts will provide support to the Committee including arranging meetings and
- Agreeing the agenda with the Committee chairs.
 - Ensuring that meeting papers are distributed in a timely manner.
 - Ensuring that all the minutes are taken, action points and matters arising are recorded.
 - Advising the Committee on pertinent areas.

5 Quorum & Voting

- 5.1 The Committee shall be quorate when at least two governor members, as stated in Section 2.1, are present, and either Senior Independent Director who will chair the meeting.
- 5.2 Each governor member of the Committee shall have one vote.
- 5.3 Decisions shall be reached by consensus of the members present.
- 5.4 If any governor member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum for the purposes of that agenda item.

6 Conflicts of Interest

- 6.1 Each Committee member must abide by all policies of the Trust it represents in relation to conflicts of interest.
- 6.2 Where any Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Committee chairs at their discretion shall decide whether that member may participate in meetings (or parts of meetings) in which the relevant matter is to be discussed.

7 Frequency of Meetings

- 7.1 The Committee shall meet as frequently as required to fulfil its duties as the Committee chairs shall decide.

8 Duties

- 8.1 As part of its **nominations** role the Committee shall:
- 8.1.1 Agree a clear recruitment process and timetable for the nomination of a Joint Chair ensuring an open and transparent approach.
- 8.1.2 Consider the appointment of the services of external advisers to facilitate the recruitment process.
- 8.1.3 Take into account the views of both Boards of Directors on the skills and experience required for the Joint Chair position.
- 8.1.4 Prepare a description of the role, capabilities and expected time commitment required.
- 8.1.5 Identify and nominate a suitable candidate to fill the post for recommendation to each Council of Governors; this recommendation will include a description of the

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skills and experience required for the position and demonstrate how the candidate meets these requirements.

- 8.1.6 Ensure that the proposed candidate is a 'Fit and Proper' person in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5
- 8.1.7 Ensure that the proposed candidate discloses any other significant commitments and/or business interests that may result in a conflict of interest prior to appointment.
- 8.1.8 Determine whether or not the proposed candidate is independent (according to the definition in Code of Governance for NHS Provider Trusts and/or in both Trusts' constitution and/or governance procedures)
- 8.1.9 Ensure that on appointment the Joint Chair receives a formal letter of appointment setting out clearly the time commitment expectations.

8.2 As part of its **remuneration** role the Committee shall:

- 8.2.1 Recommend to each Council of Governors the remuneration and terms and conditions of appointment of the Joint Chair, using benchmarking information and ensuring that the time commitment and responsibilities of the role are taken into account.

9 Reporting

- 9.1 The Joint Nominations Committee shall report and provide recommendations to each Council of Governors after each meeting.

10 Review

- 10.1 The Terms of Reference will be reviewed at least annually and as required.

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Joint Nominations Committee Membership

SFT		T&G	
Governors		Governors	
Mrs Sue Alting	Lead Governor / Appointed Governor	Dr Lesley Surman	Lead Governor / Public Governor
Mr Richard King	Public Governor	Mr Neil Phillips	Public Governor
Mrs Michelle Slater	Public Governor	Mr Raja Swaminathan	Staff Governor
Prof. Chris Summerton	Public Governor	TBC	TBC
Mrs Sarah Thompson	Public Governor	TBC	TBC
Directors		Directors	
Dr Louise Sell	Senior Independent Director	Mr David Curtis	Senior Independent Director
Mrs Karen James	Chief Executive	Mrs Karen James	Chief Executive

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Joint Chair Role Description & Person Specification

Role Description

Strategic Leadership

In their strategic leadership role, the Joint Chair is responsible for:

- Ensuring both Boards and Councils play a full part in developing and determining each Trust's vision, values, strategy and overall objectives to deliver organisational purpose and sustainability
- Providing leadership necessary to retain and strengthen a culture within both organisations which aligns with the values of the NHS and the Trusts' own visions and values
- Ensuring that the obligations to and the interests of stakeholders and the wider community and population are understood and fairly balanced at all times
- Providing single visible leadership for the populations the Trusts serve as well as in place-based partnerships
- Providing strategic leadership across provider collaborative arrangements, particularly in the Greater Manchester ICS and the North West of England region.

Providing robust governance and assurance

The Joint Chair is responsible for:

- Leading on the development of governance processes to enable further collaboration and partnership working between the two Trusts.
- Encouraging both organisations to work to the highest standards of probity, integrity and governance, and ensuring that the internal governance arrangements support each Trust's strategy and direction, as well as conform with best practice and statutory requirements
- Ensuring both Boards and Councils operate effectively and function within the legal and regulatory framework, understanding their own accountability and compliance with their approved procedures
- With the assistance of the relevant Trust Secretaries, ensuring that the Boards and Councils have an effective corporate governance framework with an annual cycle of business and with committees that are properly constituted and effective
- Ensuring that Fit & Proper Persons processes are in place for all Board members.

Creating a compassionate, just and positive culture

In the role of shaping organisational culture and setting the right tone at the top, the Joint Chair is responsible for:

- Providing visible ethical, compassionate and inclusive leadership in developing a healthy, open and transparent co-production culture for the organisations where all staff have equality of opportunity to progress, the freedom to speak up and debate is encouraged

Leading the work of the Boards and Councils in a positive and collaborative fashion, and maintaining appropriate links with individual Directors and Governors

- Ensuring the Boards reflect and promoting equality, diversity and inclusion for the Trusts' service users, staff and other stakeholders
- Developing constructive, open and effective relationships with all Board Directors particularly the Chief Executive, providing support, guidance and advice while respecting executive responsibility.

Building a trusted relationships with partners and communities

In the role as an ambassador for both Trusts within their local communities and with partners and stakeholders at local, regional and national levels, the Joint Chair is responsible for:

- Acting in and promoting the common interests of both Trusts, representing the organisations externally, developing and facilitating strong partnerships and promoting collaborative whole system working that focuses on integrated high-quality services and outcomes that meet the population's healthcare needs, through engagement with:
 - Patients, service users, and members and the public
 - All staff
 - Key partners
 - Regulators
 - Other Chairs in the system and the wider NHS provider Chair community including where appropriate through integrating with other care providers, and identifying, managing and sharing risks
- Helping to ensure effective collaboration, not only between the Trusts and their unitary Boards, but just as importantly, with places and boroughs across all the localities we serve
- Developing and extensively communicating a single shared narrative to the public and internally within both organisations, alongside other members of the Board

This role description highlights the main areas of responsibility for the role of the Joint Chair and is not exhaustive. There will be other responsibilities and requirements that will be commensurate to this role.

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Person Specification

We are looking for candidates who want to use their energy, skills and experience to help drive the delivery of sustainable healthcare services for the people in Stockport and Tameside & Glossop.

Required skills, experience and attributes:

- A clear commitment to the NHS and the values and principles of the Trusts
- An understanding of the communities we serve in Stockport and Tameside & Glossop

Candidates must have:

- A commitment to the principles of the NHS, a passion for the values of both Trusts and a track record of delivering social justice, addressing health inequalities and improving services to deliver to the highest standards
- Experience of chairing a complex organisation where they have led a Board of diverse talents to deliver sustained improvement through their cohesive, facilitative and collegiate style
- A sound understanding of the strategic agenda facing both Trusts and the wider systems coupled with an appreciation of the current and future pressures on the NHS, with the ability to identify strategic priorities and risks, as well as the ability to exploit opportunities for collaborative working
- Demonstrable experience of developing successful partnerships, with the ability to handle complex inter-relationships and to manage ambiguity including the ability to develop the executive leadership of the Trusts to optimise collaboration
- Strong interpersonal, communication and leadership skills
- Experience of building effective teams, encouraging change and innovation and shaping an open, inclusive and compassionate culture through setting the right tone at the top
- A strong focus on the experience of all staff and patients
- A strong focus towards issues of equality, diversity and inclusion, and championing diversity at all levels.
- Robust knowledge and experience of best-in-class governance systems and processes with an understanding of how to work flexibly and make things happen within highly regulated environments
- But most of all our new chair needs to be a people person, caring, kind and able to demonstrate a commitment to compassionate, values-led leadership and a sustained focus on meeting the needs of our patients and residents of Stockport and Tameside & Glossop.

You will also be able to demonstrate skills and behaviours in line with the NHS leadership competency framework:

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisation, team culture and performance. We have worked with a wide range of leaders from across the NHS to help describe what we do when we operate at our best.

The competency domains reflect the NHS values, and the following diagram shows how they are aligned:



More information domains can be found at Appendix 1

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	Improving lives
Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	Everyone counts
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

The competency domains are aligned to Our NHS People Promise, Our Leadership Way and the Seven Principles of Public Life (Nolan Principles).

The Six Leadership Competency Domains

Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

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Terms of Appointment

Terms of Office

- This is a single role, chairing two NHS Foundation Trusts
- The initial appointment will be for a period of up to three years after which you may be considered for a further term of office subject to the needs of both organisations and good performance in the role*
- In exceptional circumstances you may serve longer than six years subject to annual reappointment and subject to external competition if recommended by the Boards and approved by the Councils in accordance with the Trusts' constitutions
- The Joint Chair is required to be a member of both Trusts
- The Joint Chair must demonstrate high standards of corporate and personal conduct.
- The Trusts constitutions include disqualification criteria for those who may not become or continue as a member of the Boards of Directors.

Time Commitment*

- You will have considerable flexibility to decide how you manage the time needed to undertake this role.
This role will require an average of around twelve days per month including preparation time away from the Trusts, the occasional evening engagement and events designed to support your continuous development.
- Given the relative uniqueness of this role and the intensity of focus expected to develop and implement appropriate governance mechanisms that support a Joint Chair model and recognising the need for functioning Board arrangements across both Trusts, it is expected that initially in this transitional period the time commitment will be greater.

Remuneration*

- The role will be competitively remunerated. The Councils of both Trusts are responsible for setting the remuneration of the Chair and Non-Executive Directors and will review these levels annually
- Remuneration is taxable and subject to Class 1 NI Contributions; it is not pensionable
- The Joint Chair is eligible to be reimbursed for travel, subsistence and other associated costs necessarily incurred on Trust business in accordance with the Trusts' policies. In line with the terms of office for both Trusts, travel is not covered from home to the main hospital sites, considered as the usual place of business.

Independence Requirement

The Joint Chair should at all times meet the independence requirement:

- A major contribution of the Joint Chair is to bring wider experience and a fresh perspective to the boardroom. Although required to establish close relationships with the Executive Directors and be well-informed, the Joint Chair needs to be independent of mind and willing and able to challenge, question and speak up
The Joint Chair is considered independent in character and judgement and there are no relationships or circumstances that could affect, or appear to affect, the person's judgement

**Subject to approval by the Council of Governors*

- The Financial Reporting Council's UK Corporate Governance Code currently provides that a chair should be independent of management and free from any business or other relationship which could materially interfere with the exercise of their independent judgement.

Fit and Proper Persons Criteria for Directors in the NHS

- Given the significant public profile and responsibility members of NHS Boards hold, it is essential that those appointed inspire confidence of the public, patients, service users, carers and NHS staff at all times
- A number of specific background checks will therefore be undertaken to ensure that those appointed are 'fit and proper' people to hold this important role
- All candidates will be required to complete a self-declaration that they meet the requirements of the Fit and Proper Persons regulations; and the successful candidate will be required to meet these regulations on a continuing basis.

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Appendix 1 - Values and concepts from NHS Leadership Competency Framework

Our people promise

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team.

NHS values

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts.

Our leadership way

- We are compassionate
- We are inclusive, promote equality and diversity, and challenge discrimination
- We are kind and treat people with compassion, courtesy and respect.
- We are curious
- We aim for the highest standards and seek to continually improve, harnessing our ingenuity
- We can be trusted to do what we promise
- We are collaborative
- We collaborate, forming effective partnerships to achieve our common goals
- We celebrate success and support our people to be the best they can be.

Health and Care Act 2022

- Collaborate with partners to address
- our shared priorities and have the
- core aim and duty to improve the
- health and wellbeing of the people of
- England.
- Improve the quality, including safety, of services provided.
- Ensure the sustainable, efficient use of resources for the wider system and communities.

Seven principles of public life

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership.

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Guide to the Appointment of a Joint Chair

June 2024

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1. Introduction

- 1.1. The Councils of Governors (CoG) from both Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G) have agreed to:
 - Establish a process for the appointment of a Joint Chair
 - Establish a Joint Nominations Committee (Joint NomCo) comprising of governor members from both SFT and T&G Nominations Committees, plus 2 additional co-opted members from the T&G Council of Governors to ensure equal representation of governor members.
 - Delegate responsibility for the Joint Chair recruitment process to the Joint NomCo.
- 1.2. The aim of this document is to:
 - Describe the process for the appointment of a Joint Chair including the role of the Joint NomCo, the Councils of Governors, the Boards of Directors (Board) and other stakeholders in the process.
 - Ensure that the appointment is made as smoothly and effectively as possible in a fair, open and transparent way.
 - Ensure that the successful candidate has the skills and experience to lead both Trusts over the coming years.
- 1.3. For further information, advice and guidance on the appointment, contact:
 - Amanda Bromley, Director of People & Organisational Development at SFT and T&G by email amanda.bromley@stockport.nhs.uk / amanda.bromley@tgh.nhs.uk
 - Rebecca McCarthy, Company Secretary at SFT by email rebecca.mccarthy@stockport.nhs.uk

2. Context

- 2.1. A Joint Chair is defined as *'an individual who is appointed to chair two Trusts through a single recruitment process'* to maximise the potential for synergy, in particular to:
 - Lead and enable both organisations to harness the strengths of each other.
 - Share resources, innovation and leadership for the benefits of the populations we serve.
 - Provide leadership to collaborative arrangements in the systems of which both Trusts are part.
- 2.2. The Joint Chair will be a single post across the two separate statutory organisations, each responsible for delivering their own services but ensuring a strengthened delivery of joint commitments for improving the quality of care and efficiency for the populations served.
- 2.3. The Joint Chair will be the chair of both Trusts' Board of Directors and Councils of Governors.
- 2.4. The aim of the recruitment process is to ensure the Trusts attract and recruit the best person to lead the organisations within the context they are currently operating in, particularly in respect of a move towards greater collaboration, the delivery of better outcomes for patients and sustainability of both organisations.

3. Responsibilities

3.1. Role of Governors

Under the NHS Act 2006, the Council of Governors appoints the Chair and decides their remuneration, allowances and other terms and conditions of office.

The Councils of Governors have agreed to delegate the responsibility for the recruitment process of the Joint Chair to a Joint Nominations Committee (Joint NomCo). The Committee does not have any formal powers delegated by the individual Trusts; all responsibilities are undertaken in support of the Councils of Governors who hold the responsibility for decisions relating to the appointment of a Joint Chair.

Through a robust recruitment process, and representation from each constituent Nominations Committees (and co-opted members), it is anticipated that decision regarding appointment reached by the Joint NomCo will be endorsed and approved when presented to each Council of Governors.

3.2. Role of the Boards

It is vital that the views of the Boards and the Chief Executive (CEO) in particular are taken into account with regards to the skills and experience required for the Joint Chair role particularly in respect of Board balance and succession planning as well as both the local and national NHS context.

In this light, it is anticipated that Board members would form part of any stakeholder groups held as part of the recruitment process.

3.3. Role of the Joint Nominations Committee

The membership of the Joint Nominations Committee (Joint NomCo) for the appointment of a Joint Chair is to comprise of the following from both Trusts:

- All constituent governor members of SFT Nominations Committee
- All constituent governor members of T&G Nominations Committee, plus two (2) co-opted members from the T&G Council of Governors
- Senior Independent Directors (SIDs) from both Trusts (non-voting members)
- Chief Executive (non-voting member)

The Committee shall be chaired by a Senior Independent Director, who will alternate the chairing of the meetings.

Other individuals will be invited to attend for all, or part of, any meeting as appropriate, specifically the Director of People & Organisational Development and external advisors.

The Committee, will have a Terms of Reference, setting out delegated responsibility to select candidates to fill the Joint Chair vacancy and recommend a candidate to the Councils of Governors for appointment. This includes:

- Agreeing a clear recruitment process and timetable for the nomination of a Joint Chair ensuring an open and transparent approach.
- Determining the use of an external recruitment agency to facilitate the search and support the overall recruitment process.

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- Preparing a description of the role, capabilities, skills, knowledge and experience and expected time commitment required taking account of the view of both Boards regarding the Trusts current and future challenges and opportunities.
- Carrying out the recruitment process on behalf of the Councils of Governors for the identification and nomination of a suitable candidate that fits the criteria for the appointment of the Joint Chair.
- Recommending to each Council of Governors the Joint Chair's remuneration and terms and conditions of office including time commitment.
- Ensuring compliance with any mandatory guidance and relevant statutory requirements.
- Providing assurance to the Councils of Governors that it has followed due process and highlight the proposed candidate's significant attributes.

3.4. **Role of the People & Corporate Governance Teams**

The People & Corporate Governance departments, primarily via the Director of People & Organisational Development & Company Secretary, from SFT and T&G, will support the Joint NomCo with the selection process. This will include:

- Preparation: This will include understanding the demands of the role, criteria, the timetable and advertising opportunities
- Supporting the identification of the candidate pool: Ensuring diversity through a fair, balanced and inclusive process, as well as undertaking relevant Fit and Proper Persons checks
- Selection: This will cover support throughout the recruitment process including with sifting, longlisting, shortlisting, stakeholder panels and interviews.

3.5. **Role of the Recruitment Agency**

The Joint NomCo may determine that a recruitment agency should be appointed to support the recruitment and selection process, where deemed necessary and appropriate. Should this be determined, working in partnership with the Joint NomCo, the Recruitment Agency will use their expertise to help identify the best candidates for the vacancy. The Recruitment Agency may support:

- Preparation: this will include understanding the demands of the role, criteria, the timetable and advertising opportunities
- Generating the candidate pool: this will include developing a pool of candidates for the role using their relevant networks and contacts, and ensuring diversity through a fair, balanced and inclusive process, as well as undertaking relevant Fit and Proper Persons checks.
- Selection: this may cover support throughout the recruitment process including with sifting, longlisting, shortlisting, working alongside the Director of People & Organisational Development & Company Secretary.

4. **Joint Chair Role Description and Person Specification**

- 4.1 As mentioned above, the development of the role description and person specification will be undertaken by the Joint NomCo and will be informed by the Trust Boards view of the skills and experiences required for the Joint Chair role.

The role description and person specification will ensure the NHS England Leadership Competency Framework, which includes a set of competencies which should be

incorporated into all NHS board member job/role descriptions and recruitment processes, has been fully considered.

- 4.2 The role description and person specification will be included within the Candidate Information Pack. It will highlight skills, knowledge, experience and attributes required to undertake the Joint Chair duties efficiently and effectively given the existing composition of the Boards, the Trusts' vision and strategic priorities, as well as the external NHS environment.

5. Terms and Conditions

- 5.1 The terms and conditions, including appropriate remuneration and required time commitment, are also considered by the Joint NomCo. Remuneration will be considered using benchmarking information and ensuring that it reflects the time commitment and responsibilities of the role.

In addition, consideration will be taken of the NHS England (NHSE) remuneration structure for NHS provider chairs and non-executive directors.

- 5.2 The Joint NomCo will provide recommendation to the Council of Governors for approval regarding terms and conditions.

6. Recruitment Campaign

- 6.1 The vacancy will be advertised as agreed with the Joint NomCo and will include both local and national advertising as well as through social media, and the use of the Trusts' own internal communications function.
- 6.2 An advert will be included in the Candidate Information Pack.
- 6.3 During the advertising phase, potential candidates will have the opportunity of having information conversations with the CEO and/or Chairs/SIDs and the Lead Governor if requested.

7. Selection Process

This section covers arrangements from the applications closing date to completion of interviews and appointment. Dependent on the number of applications, the process may be subject to change.

7.1. Sifting

The 'sifting' process will be undertaken to reduce the number of applications to a manageable list proposed for longlisting/shortlisting. This would usually take the form of grading each candidate for consideration for the next stage, e.g. recommended, marginal, not recommended. This process will be undertaken by either the Recruitment Agency or the Director of People & Organisational Development to ensure that candidates to be considered for longlisting/shortlisting have met the application requirements and agreed competencies of the post as included in the person specification.

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7.2. Longlisting

The Trust will reserve the right to implement a longlisting stage to help manage the shortlisting process. This will be largely dependent on the number and quality of applications received.

If a specific longlisting stage is required, information on all candidates will be circulated to the Joint NomCo for consideration prior to a longlisting meeting. This will include a 'sift' summary and application letters and CVs.

The aim of a longlisting meeting would be to identify those candidates who meet the application requirements and agreed person specification, and to invite them to a preliminary interview with either the Recruitment Agency or the Director of People & Organisational Development.

7.3 Preliminary Interviews

The Recruitment Agency or the Director of People & Organisational Development will undertake preliminary interviews with applicants confirmed by the Joint NomCo to be invited to preliminary interview. The interviews will explore the applicant's background, lived experience and achievements, their style and overall suitability for the role. The interview will also cover other considerations such as time commitment, conflicts of interest and remuneration.

A short report on the preliminary interviews will be produced by the Recruitment Agency or Director of People & Organisational Development. This will highlight the strengths and areas of concern/development for each candidate interviewed and include recommendations for shortlisting and an equal opportunity monitoring report.

7.4 Shortlisting

The shortlisting process is to be conducted by the Joint NomCo with the aim of identifying suitable candidates for interview, based on the report on the preliminary interviews and the suitability, eligibility and credibility of applicants.

Only those applicants who have been shortlisted will be invited to interview.

It is recommended that a maximum of no more than five (5) candidates be identified for interview.

7.5 Interview Panel

The Joint NomCo is to agree the composition of the interview panel which would comprise:

Voting members:

- **Governors:** Two from each Trust who will be voting members (one of which should be the Lead Governor from each Trust where possible)

Non-Voting members:

- **Chair of Interview Panel:** Who will be an independent NHS provider Chair (i.e. ideally an experienced Chair in Common/Joint Chair)
- **NHS England:** One representative – from the NHS North West region
- **Greater Manchester Integrated Care System (ICS):** One representative
- **Chief Executive**

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In line with both Trusts' practice, the interview panel will aim to include diverse representation.

The Director of People & Organisational will also be in attendance to provide support and guidance on governance and HR queries.

7.6 Role of the Interview Panel

The role of the interview panel is to make objective and reasoned decisions concerning the relative merit of competing candidates against the criteria included in the person specification, and thereby identify the appointable candidate for recommendation to the Joint NomCo and subsequently to the Councils of Governors.

The key elements of the interview panel's role are to:

- Interview each shortlisted candidate against the established selection criteria
- Assess which candidates are appointable in the light of all the relevant evidence including the interview and taking account of feedback from stakeholder groups.
- Identify appointable candidates, describing how and the extent to which they met the key criteria.
- Preserve the confidentiality of candidates throughout the selection process.
- Ensure any personal or family relationships with candidates are declared within the panel and dealt with appropriately and consistent with the principles of fairness and merit.

7.7 Role of the Governors on the Interview Panel

In addition to the roles described in 7.6 above and following due consideration, the four governor representatives on the interview panel will vote on a suitable candidate for appointment to the Joint Chair role for recommendation to the Joint NomCo and subsequently to the Councils of Governors.

Only these four Governors will have a vote at the final decision meeting.

In this light, membership of the interview panel will demand a certain level of experience and understanding, and this should be borne in mind when agreeing the members of the interview panel. All governors involved on the interview panel will be required to attend recruitment refresher training which also covers the relevant equality and diversity requirements.

7.8 Role of the Independent Chair and Non-Voting Panel Members

The independent chair and other non-voting panel members will:

- Ensure that appointments are made on merit after a fair, open and transparent process.
- Provide guidance to the interview panel on the calibre, ability and attributes of the candidates at interview.
- Contribute to the discussion among interview panel members when discussing the candidates' performance in the post interview discussions.
- May play a part in the interview process, i.e. may ask questions.
- Do not vote.

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7.9 Recruitment Refresher Training

Governors on the interview panel should possess a common understanding and consistent approach on the recruitment arrangements which also covers the relevant equality and diversity requirements. Additional refresher recruitment training session will be provided to ensure panel members have the necessary skills and knowledge reflecting the Trusts' recruitment policies.

7.10 Stakeholder Groups

In addition to the formal interviews, there will be an opportunity for key stakeholders to meet with the candidates on an informal structured basis.

The key stakeholders usually included are:

- Directors from both Boards
- Governors
- External stakeholders (e.g. representatives from Local Authorities, Voluntary and Partner Organisations).

The sessions will be structured so that the same format and the same questions/requirements are asked of each candidate and will be supported by an independent representative (this could be the Senior Independent Director and/or another independent Board member).

The stakeholder groups' views will be shared with the interview panel by the independent representative during the post-interview discussion to aid deliberations.

Governor members of the Joint NomCo, who are not part of the interview panel, will be invited to be part of the stakeholder groups.

7.11 Checks and References

The Recruitment Agency or the Workforce/Corporate Governance Department will:

- Take up references for the candidates shortlisted for interview in advance of the interview.
- Carry out relevant checks including certain Fit and Proper Persons checks, disqualification checks with Companies House and other government agencies, and due diligence checks including various media searches.

7.12 The Interview

The aim of the interview is to identify the most suitable candidate for the role.

(a) Interview Preparation

Prior to the interviews, the interview panel will agree a set of questions to ask each candidate taking account of the criteria in the person specification and both Trusts' values.

The interview panel will be chaired by an independent Trust Chair who will manage the welcome and closing remarks at the interview, as well as post interview discussions.

All interview panellists should ensure that they have reviewed the applications in preparation for the interview and remind themselves of the key requirements and role description of the Joint Chair.

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(b) Interview

Interview packs will be provided consisting of the interview programme and questions sheet as well as the role description, person specification, CVs and application forms and scoresheets.

Copies of the interview panel interview notes will be collected by the Trusts for filing in line with Trusts' records retention policy.

7.13 Recommendation to Appoint

Following completion of all interviews, the interview panel, chaired by the independent Trust Chair, will hold a decision-meeting to review the evidence collected as part of the recruitment process, including the responses and scores to interview questions to support with identifying the preferred candidate.

At this meeting, which will include all members of the Joint NomCo as observers, the interview panel will:

- Hear the advice and opinion of the non-voting interview panel members;
- Hear the views from the stakeholder groups; and
- Hear from interview panel members regarding their opinion of each candidate.

Once agreement has been reached regarding preferred candidate, references for the preferred candidate which will have been obtained in advance, will be provided to the interview panel for review alongside confirmation that initial checks have been undertaken and are satisfactory.

With these being considered satisfactory and the interview panel in agreement, the Joint NomCo will formally receive the outcomes of the interviews and appointment recommendation. Members of the Joint NomCo will have the opportunity to ask questions for clarification and assurance.

Subject to agreement/support by the Joint NomCo a verbal offer may be made to the preferred candidate; this can be through the Director of People & Organisational Development. However, any offer of appointment will be made subject to:

- Satisfactory health clearance
- Final Fit & Proper Persons checks
- Right to work and remain in the UK checks
- Formal approval by both Trusts Council of Governors.

It should be noted that a verbal offer of appointment may be legally binding and therefore care should be taken to ensure the relevant information is discussed with the successful candidate.

7.14 Decision to Appoint: Councils of Governors

A report from the Joint NomCo will be presented to each Council of Governors at separate meetings in private with the appointment recommendation. This report should also provide an overview of the various stages of the recruitment process and the reasoning behind the selection proposal, including the attributes of the preferred candidate.

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Due to representation from each constituent Nominations Committees, and co-opted members, it is anticipated that decisions reached by the Joint NomCo will be endorsed when presented to each Council of Governors.

8 Post Selection Actions

- 8.1 Following approval by the Councils of Governors of the appointment to the Joint Chair role, the Director of People & Organisational Development will formally inform the successful candidate of their appointment. The appointment letter will include the terms and conditions of office.

9 New Starter Requirements and Induction

9.1 New Starter Requirements

The following will also need to be actioned (but not limited to):

- Relevant HR processes including DBS checks and OH referral
- Completion of FPPR checks
- Preparation of a joint Press/Media Release and communications to staff

9.2 Induction

The successful candidate will be required to undertake the Trusts' induction programme, complete mandatory online training, and attend relevant development programmes.

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Meeting date	26 th June 2024	Public	X	Agenda No	13.1
Meeting	Council of Governors				
Report Title	Outcome of Interim Chair Appraisal 2023/24				
Director Lead	Dr Louise Sell, Senior Independent Director	Author	Dr Louise Sell, Senior Independent Director		

Paper For:	Information		Assurance		Decision	X
Recommendation:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> – Confirm that the process undertaken for the performance assessment / appraisal for the Interim Chair for 2023/24 was robust and; – Support the outcome of the Interim Chair’s appraisal process as recommended by Nominations Committee. 					

This paper relates to the following Corporate Annual Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Executive Summary

<p>This report outlines the process adopted for the performance assessment and appraisal of the Trust’s Interim Chair for 2023/4. The process was reviewed and approved by the Council of Governors at its meeting in February 2024.</p> <p>Correspondence was received in May 2024 from Richard Barker CBE, Regional Director to inform the appraisal process.</p> <p>A multi-source peer assessment process was subsequently initiated, culminating in a formal one to one appraisal in May 2024 led by the Senior Independent Director. The outcome of the appraisal was considered by the Nominations Committee on 7 June 2024, and this report summarises the outcome to the Council of Governors.</p>

1. Summary

- 1.1 This report outlines the process adopted for the performance assessment and appraisal of the Trust's Interim Chair for 2023/24. The process was reviewed and approved by the Council of Governors at its meeting in February 2024.
- 1.2 A letter was received by the Senior Independent Director from Richard Barker CBE, Regional Director, on 15th May 2024 in which he explained that he would only become directly involved in Chair's Appraisals by exception "where we are working in difficult local issues". However, he set out areas of focus which he expects all appraisals to cover. At a high level, these are Working in Partnership, Oversight of Performance, Quality and Finance, and Good Governance and Board Ways of Working. The appraisal template includes sign off requirements for the Regional Director and NHSE COO.
- 1.3 A multi-source peer assessment process was initiated in March 2024, culminating in a formal one to one appraisal in May 2024.

2. Process Outline

- 2.1 The process adopted for the performance assessment and appraisal of the Trust's Interim Chair comprised the following stages:

- Pre-meeting to agree appropriate stakeholders to seek feedback, acknowledging the Interim Chair would have been in post for three months at the time of the appraisal.
- Structured feedback conversations with identified stakeholders, based on key lines of enquiry in relation to the six competency domains included in the new NHS England Leadership Competency Framework.

Identified stakeholders included:

- o Mrs. Sue Alting, Lead Governor (on behalf of the Council of Governors)
- o Mrs Karen James, (on behalf of Executive Directors)
- o Non-Executive Directors
- o Cllr Keith Holloway, Cabinet Member for Health and Social Care, Stockport MBC
- o Mrs. Jane McCall, Chair of Tameside and Glossop Integrated Care NHS Foundation Trust
- o Ms. Claudette Elliott, Deputy Chair of Pennine Care NHS Foundation Trust
- o Jo McGrath, Chief Executive of Sector3, Stockport
- Thematic analysis of stakeholder feedback conversations.
- One to one performance appraisal. The appraisal discussion covered;
 - o the Interim Chair's self-assessment and reflection
 - o thematic feedback from the stakeholder conversations
 - o agreement of objectives and personal development for the year ahead
 - o completion of the required Chair Appraisal documentation

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3. Nominations Committee

At its meeting on 7th June 2024, the Nominations Committee considered the outcome of the above process. This included themes regarding the Interim Chair's strengths and areas in which there maybe opportunities for increasing impact and effectiveness. The Nominations Committee received the objectives for the year ahead.

4. Overall Outcome and Senior Independent Director (SID) Summary

- 4.1 This has been a thorough appraisal process with feedback from Executive Directors, Non-Executive Directors, External Partners and the Lead Governor. It has been achieved through semi-structured feedback meetings.
- 4.2 The appraisal discussion covered the Interim Chair's self-assessment, the verbal feedback and the requirements of the regional letter. It covered the Interim Chair's reflection on this information.
- 4.3 The outcome of the appraisal indicates that Dr Logan-Ward is highly regarded within and externally to the Trust. It was noted that she took on the role at very short notice but moved rapidly to ensure there was no gap in leadership of the organisation. Dr Logan-Ward's tenure as Interim Chair has coincided with a period of extreme financial and performance challenge. She has quickly got to grips with the necessary level of detail and has supported the executives in their meetings with PWC and GM colleagues, ensuring that the Board is correctly sighted on key issues and taking the necessary actions. She effectively steered the process for the Board to make a recommendation to the governors about whether Stockport would continue with an independent Chair or whether the Chair role would become a joint one with Tameside and Glossop Integrated NHS Foundation Trust. She is regarded by internal and external colleagues as demonstrating the required competencies of a Chair.
- 4.4 Following discussion, the Interim Chair and SID agreed areas for development and objectives for the year ahead. The objectives cover leadership of the board as it delivers financial and performance recovery, leading Board improvement in strategic thinking and addressing health inequalities.
- 4.5 The SID also confirmed the Fit and Proper Person requirements for the Chair.

5. Recommendation

The Council of Governors is asked to:

- Approve the recommendation from the Nominations Committee to confirm the robustness of the process adopted for the 2023/24 performance assessment / appraisal of the Trust's Interim Chair and support the outcome.
- Note that the Interim Chair's appraisal will be reviewed by the Regional Director NHSE and the Chief Operating Officer of NHSE.

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Meeting date	26 th June 2024	Public	X	Agenda No	13.2
Meeting	Council of Governors				
Report Title	Outcome of Non-Executive Directors Appraisal's 2023/24				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	Author	Dr Marisa Logan-Ward, Interim Chair		

Paper For:	Information		Assurance		Decision	X
Recommendation:	The Council of Governors is asked to: <ul style="list-style-type: none"> – Confirm that the process undertaken for the performance appraisal of the Non-Executive Directors for 2023/24 was robust and; – Support the collective outcome of the Non-Executive Director appraisal process as recommended by Nominations Committee. 					

This paper relates to the following Corporate Annual Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Executive Summary

<p>This paper outlines the process adopted for the performance appraisal of the Trust's Non-Executive Directors during 2023/24. The process, including proposed timescale, was approved by the Council of Governors at its meeting in February 2024 and was initiated in March 2024.</p> <p>One to one appraisals were conducted during March – May 2024, focussing on performance and future development needs. A summary of the outcome from the individual appraisal discussions was presented to the Nominations Committee at its meeting on 7th June 2024, including overview of performance and areas of development. This report confirms that the collective outcome of the Non-Executive Director appraisals was that all Non-Executive Directors continue to make an effective contribution to the work of the Board.</p>
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1. Process outline

- 1.1 The process adopted for the Non-Executive Director appraisals comprised three essential elements:
- A self-assessment of performance for 2023/24 against the core competences of the role.
 - A one to one discussion of the self-assessment, leading to a summary of overall performance and a note of professional and personal development activities.
 - A set of agreed objectives and a personal development plan for the coming year.

2. Summary Performance Outcome

- 2.1 The individual outcomes from the appraisal discussions was considered by the Nominations Committee at its meeting on 7th June 2024, including overview of performance and key areas of development.
- 2.2 The collective outcome of the Non-Executive Director appraisals was that all Non-Executive Directors continue to make an effective contribution to the work of the Board and to Stockport NHS FT over the last 12 months. Committee chairs have provided leadership and direction, resulting in board committees that are effective and have impact. The Non-Executive Directors bring a diverse range of specific skills and experience but are also curious and challenging in areas outside of their professional area of expertise. Non-Executive Directors have demonstrated visible leadership in 2023/4. They have had regular walkabouts, visits and have used conversations with staff and patients to triangulate assurance. Objectives for 2024/5 were agreed with the Non-Executive Directors along with a personal development plan. The appraisal meetings were also opportunity to have health and wellbeing conversations and discuss any support requirements.

3. Recommendation to the Council of Governors

The Council of Governors is asked to:

- Approve the recommendation from the Nominations Committee to confirm the robustness of the process adopted for the 2023/24 appraisals of the Non-Executive Directors and support the outcome.

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Meeting date	26 June 2024	Public	X	Agenda No	14
Meeting	Council of Governors				
Report Title	Council of Governors Standards of Business Conduct: <ul style="list-style-type: none"> - Governor Register of Interests - Fit and Proper Persons - Code of Conduct 				
Presented by	Rebecca McCarthy, Trust Secretary	Author	Rebecca McCarthy, Trust Secretary Soile Curtis, Deputy Trust Secretary		

Paper For:	Information		Assurance		Decision	X
Recommendation:	The Council of Governors is asked to: <ul style="list-style-type: none"> – Review and confirm the Register of Interests of the Council of Governors and that, to the best of their knowledge, that governors are eligible to remain a governor in line with the Stockport NHS Foundation Trust Constitution. 					

This paper relates to the following Corporate Annual Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan

	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Executive Summary

This report presents the Council of Governors Register of Interests for annual review and confirms to the best of the Trust's knowledge, following self-declaration, that all governors are considered a 'fit and proper person' in line with the Trust's Licence. Furthermore, the report confirms all governors have reviewed and signed the Code of Conduct.

McCarthy, Rebecca
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1. Introduction

- 1.1 There is a legal requirement for the Trust to maintain a Register of Governors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution. Members of the Council of Governors are required to declare any interests they have which are relevant and material to their role.
- 1.2 In addition, Governors must self-certify as part of the election process, that they are a fit and proper person in line with the Stockport NHS Foundation Trusts' (SFT) Licence and Trust Constitution. The Trust should make arrangements that no person who is an 'unfit' person may continue as a governor.

2. Register of Interests

- 2.1 The Register of Governors' Interests is maintained by the Trust Secretary and is updated to reflect any amendments which may from time to time be declared during the normal course of business. In this way, an up to date register is always available. It is considered good practice for the Council to complete a formal review on an annual basis to ensure currency and accuracy of register content.
- 2.2 The current Register of Governors' Interests is included for reference at Appendix 1 to this report.
- 2.3 Governors are requested to review the Register of Interests and confirm that current content is accurate and up to date.

3. Fit & Proper Persons

- 3.1 As part of the governor election process, governors are required to self-certify that they are eligible to become a member of the Council of Governors in line with the Trust's Licence and Constitution and are not:

15.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

15.1.2 a person in relation to whom a moratorium period under a debt relief order applies under Part 7A of the Insolvency Act 1986;

15.1.3 a person who has made a composition or arrangement with, or granted a trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

(Stockport NHS Foundation Trust - Constitution)

- 3.2 Appendix 1 provides confirmation that all governors have self-declared that they are not an 'unfit' person and eligible to continue as a member of the Council of Governors.

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4. Code of Conduct for Stockport NHS Foundation Trust Directors and Governors

- 4.1 A Code of Conduct for Directors and Governors is in place, setting out the standards and behaviours that Stockport NHS Foundation Trust expects from its Directors and Governors (individually and collectively) when acting on behalf of, or representing, the Trust. The Code of Conduct complements the Trust's Constitution.
- 4.2 Appendix 1 provides confirmation that all governors have signed the Code of Conduct and will adhere to the highest standards of conduct in the performance of their duties.

5. Recommendation

The Council of Governors is asked to:

- Review and confirm the Register of Interests of the Council of Governors and that, to the best of their knowledge, that governors are eligible to remain a governor in line with the Stockport NHS Foundation Trust Constitution.

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Appendix 1: Council of Governors Register of Interests

Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
Sue Alting	Appointed – Age UK Stockport	<ul style="list-style-type: none"> • Chair – Age UK Stockport • Chair – Step Out Stockport • Director – Pebble Enterprises Limited • Member – Healthwatch Stockport • Member – Parochial Church Council of St Martin's Norris Bank • Husband is a volunteer chaplain at the Trust 	Yes	Yes
Howard Austin	Public – Tame Valley & Werneth	<ul style="list-style-type: none"> • Member of the Liberal Democrats 	Yes	Yes
Val Cottam	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> • Nil 	Yes	Yes
Lance Dowson	Public – High Peak & Dales	<ul style="list-style-type: none"> • Member of the Labour Party • Member of the Co-op Party • Member of the Court of the University of Derby • Member of the C21/Better Services Closer to Home working group (Derbyshire CCG) • Member of the East Midlands Ambulance Service Foundation Trust • Member of the Derbyshire Community Health Service Foundation Trust • Founder & Counsellor “Mantalk” • Founder & Counsellor – Cosmetic Surgery Helpline & Advisory Service • Chairman of the Hayfield branch of the Royal British Legion 	Yes	Yes
Alan Gibson	Public – Tame	<ul style="list-style-type: none"> • A full subscribing member of the Labour Party 	Yes	Yes

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Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
	Valley & Werneth	<ul style="list-style-type: none"> A community trainer for “The Community Heartbeat Trust” 		
Carol Greene	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> Independent Advisory Committee Member Stockport Police Chair Independent Community Scrutiny Panel Stockport Police 	Yes	Yes
Paula Hancock	Staff	<ul style="list-style-type: none"> Committee member of LMRCA railway club 	Yes	Yes
Keith Holloway	Appointed – Stockport MBC	<ul style="list-style-type: none"> Member of the Liberal Democrats Councillor, Cheadle Hulme South Ward Cabinet member, adult social care and health portfolio Chair, Stockport Health and Well-being Board Member, Greater Manchester Integrated Care Partnership Board Member, governing body, Oak Tree Primary School 	Yes	Yes
Richard King	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> Treasurer – Friends of Torkington Park Treasurer – Cheshire & North Wales Orchid Society Secretary – Stockport Greenspace Forum Administrator – Hazel Grove Carnival Treasurer to the Hazel Grove Carnival Association 	Yes	Yes
David Kirk	Appointed – Stockport Healthwatch	<ul style="list-style-type: none"> Member of Healthwatch Stockport, Operations Team 	Yes	Yes
Tad Kondratowicz	Public – Heaton & Stockport West	<ul style="list-style-type: none"> Nil 	Yes	Yes

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Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
Victoria MacMillan	Public – Heaton & Stockport West	<ul style="list-style-type: none"> Senior Lecturer in Nursing at the University of Salford 	Yes	Yes
David McAllister	Staff	<ul style="list-style-type: none"> Unison Member of Labour Party Member of Co-operative Party 	Yes	Yes
Tony Moore	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> Financial Adviser, includes private medical insurance 	Yes	Yes
John Morris	Public – Marple & Hazel Grove	<ul style="list-style-type: none"> British Red Cross Board member of Your Housing Group 	Yes	Yes
Adrian Nottingham	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> Community Computers Business Development Manager for Stockport charity, Renewal North West – Engaged in Stockport DigiKnow initiative to address digital exclusion 	Yes	Yes
Adam Pinder	Staff	<ul style="list-style-type: none"> Member – Conservative Party 	Yes	Yes
Muhammad Zuhedur Rahman	Public – Outer Region	<ul style="list-style-type: none"> Fellow of the Royal Society of Arts Assistant Secretary of Hyde Bangladesh Welfare Association Fundraiser of MacMillan Cancer Support. Champion of the Greater Manchester Answer Cancer 	Yes	Yes
Michelle Slater	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> Governor of Inscape School (Together Trust) Member of Healthwatch Stockport Member of the British Dental Association Member of Motor Neurone Disease Association 	Yes	Yes

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Name	Constituency	Declared Interests	Confirmed Eligible to Continue as a Governor	Confirmed signed Code of Conduct
		<ul style="list-style-type: none"> Member of Parkinsons Disease Association 		
Karen Southwick	Staff	<ul style="list-style-type: none"> Nil 	Yes	Yes
Christopher Summerton	Public – Heatons & Stockport West	<ul style="list-style-type: none"> Private medical and medico-legal practice at the Alexandra Hospital, Cheadle Shareholder of Hope Citadel Healthcare CIC Board member: Renew Stockport; Christian Medical Fellowship Memberships and Fellowships: British Association for the Study of the Liver; British Medical Association; British Society of Gastroenterology; Evangelical Alliance; Royal College of Physicians of Edinburgh; Royal College of Physicians of London; St Martin's Church, Stockport 	Yes	Yes
Sarah Thompson	Public – Bramhall & Cheadle	<ul style="list-style-type: none"> Nil 	Yes	Yes
Steven Wiliams	Public – Heatons & Stockport West	<ul style="list-style-type: none"> Nil 	Yes	Yes

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Meeting date	26 th June 2024	Public	X	Agenda Number	15
Meeting	Council of Governors				
Report Title	Appointment of the External Auditor				
Director Lead	Chair of Audit Committee	Author	Rebecca McCarthy, Trust Secretary Lisa Byers, Associate Director of Finance		

Paper For:	Information		Assurance		Decision	X
Recommendation:	<p>Following confirmation that all proper steps had been taken to evaluate and appropriately select an External Auditor for the Trust, the External Auditor Appointment Working Group, and the Audit Committee, recommends the Council of Governors approve:</p> <p>The appointment of Mazars as the External Auditor of Stockport NHS Foundation Trust for a period of three years (i.e. conducting the 2024/25, 2025/26 and 2026/27 external audit) with an option for this to be extended by a further 2 years subject to mutual agreement.</p>					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation, and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality transformation programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial recovery plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Executive Summary

The current external auditor contract will come to an end at the conclusion of the current financial year 2023/24 audit. A procurement process for the appointment of an external auditor was therefore required to ensure the Trust has an external auditor in place no later than 1 October 2024.

The Council of Governors has a statutory duty to appoint (and remove) the NHS foundation trust's external auditor. Audit Committee has responsibility for overseeing, in liaison with the Council of Governors, the process for the appointment of an external auditor and, based on the outcome, making a recommendation to the Council of Governors for award of contract.

In September 2023, the Council of Governors approved the proposed approach for the appointment of an external auditor, including agreement that an External Auditor Appointment Working Group would be established to support this process, with appropriate representation from the Audit Committee and the Council of Governors.

The External Auditor Appointment Working Group has met on two occasions to support the process. Firstly, in January 2024 to consider the recommendation from Audit Committee regarding procurement route and Specification & Offer Schedule. At this meeting the External Auditor Appointment Working Group supported the preferred procurement route of a direct award using an existing framework, approved the External Audit Specification & Offer Schedule, and based on the positive evaluation of the incumbent External Auditor, supported request to approach Mazars, as the preferred supplier. A second meeting took place in April 2024 to review the Specification & Offer Schedule completed by Mazars, and meet with the potential members of the audit team to explore any key matters.

Further to the above the External Auditor Appointment Working Group acknowledged Mazars commitment, competence, and robustness of systems and processes in place to support a high-quality, efficient, and independent audit. The new pricing schedule represented an increase in cost from the previous contract award, however benchmarked positively to prices on the framework, and acknowledged recent updates to auditing standards that required additional external audit activity. It was recognised that any impact on pricing due to changes in financial reporting or auditing standards would be presented to the Audit Committee in advance for consideration.

In light of the above, the External Auditor Appointment Working Group confirmed to Audit Committee that all proper steps had been taken to evaluate and appropriately select an External Auditor and recommended that Audit Committee support a recommendation to the Council of Governors to appoint Mazars as the external auditor of Stockport NHS Foundation Trust for a period of three years, with an option for this to be extended by a further 2 years subject to mutual agreement. Audit Committee supported this recommendation at its meeting on 21st May 2024.

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1. Introduction

- 1.1 The current external auditor contract will come to an end at the conclusion of the current financial year 2023/24 audit. A procurement process for the appointment of an external auditor was therefore required to ensure the Trust has an external auditor in place no later than 1 October 2024.
- 1.2 The Council of Governors has a statutory duty to appoint (and remove) the NHS foundation trust's external auditor. Audit Committee has responsibility for overseeing, in liaison with the Council of Governors, the process for the appointment of an external auditor and, based on the outcome, making a recommendation to the Council of Governors for award of contract.
- 1.3 In September 2023, the Council of Governors approved the proposed approach for the appointment of an external auditor, including agreement that an External Auditor Appointment Working Group would be established to support this process, with appropriate representation from the Audit Committee and the Council of Governors.
- 1.4 Membership of the External Auditor Appointment Working Group included the following:
 - Sue Alting, Lead Governor
 - Sarah Thompson, Public Governor
 - David Hopewell, Chair of Audit Committee/Non-Executive Director
 - Anthony Bell, Chair of Finance & Performance Committee (and member of Audit Committee)/Non-Executive Director

Supported by:

- John Graham, Chief Financial Officer
- Lisa Byers, Associate Director of Finance
- Angie Gunn, Deputy Head of Procurement (Operational)
- Rebecca McCarthy, Trust Secretary

2. Appointment Process

- 2.1 The first step of the agreed process was for the Audit Committee to develop a specification, defining the role, capabilities and contract length required for appointment of an external auditor and agree it with the External Auditor Appointment Working Group.
- 2.2 In addition, Audit Committee would recommend to the External Auditor Appointment Working Group a procurement process to enable selection of an external auditor in a fair, economical, and transparent manner. The procurement process would be in accordance with NHS procurement rules and compliant with procurement law. The above steps were completed by Audit Committee in November 2023.
- 2.3 The External Auditor Appointment Working Group met on 11th January 2024 to consider the recommendation from Audit Committee, specifically considering the review undertaken of:
 - Governance considerations relevant to the appointment of an external auditor, namely provision within the Code of Governance for NHS Provider Trusts
 - Procurement Options
 - Preferred Procurement RouteDraft External Audit Specification & Offer Schedule
Incumbent External Auditor Evaluation
- 2.4 Following discussion, the External Auditor Appointment Working Group:
 - Considered the options for the procurement of external audit services and supported the preferred option of a direct award at this time, using the NHS Shared Business Services

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(SBS) Framework for Internal and External Audit, Counter Fraud and Financial Assurance Services, specifically designed to assist organisations in the appointment of external auditors.

- Approved the External Audit Specification & Offer Schedule.
- Based on positive evaluation of the incumbent external auditor, supported request to approach Mazars, as the preferred supplier, to complete the External Audit Specification and provide best pricing through the framework on the Offer Schedule.
- Confirmed that a second meeting of the External Auditor Appointment Working Group would be arranged to meet with the preferred supplier on completion of the Specification and Offer Schedule.

- 2.5 The External Auditor Appointment Working Group met again on 19th April 2024. The meeting included:
- Part 1: Review of the Specification & Offer Schedule completed by Mazars, including benchmarking information regarding pricing.
 - Part 2: Informal Discussion with proposed External Audit Team – Exploring key areas of the Specification & Offer Schedule.
 - Part 3: Confirmation of Recommendation from External Auditor Appointment Working Group to the Audit Committee, and subsequently the Council of Governors.
- 2.6 A review of the Specification, and further discussion with the proposed External Audit Team, confirmed Mazars demonstrable standing within the healthcare sector, competence, and robustness of systems and processes in place to support a high-quality, efficient, and independent audit.
- 2.7 The Offer Schedule was reviewed and benchmarked. The new pricing schedule represented an increase in cost from the previous contract award, however benchmarked positively to prices on the framework, and acknowledged that the previous Stockport NHS Foundation Trust pricing benchmarked as one of the lowest compared to local organisations. Recent updates to financial and auditing standards and Codes of Practice were also acknowledged, which required additional external audit activity. With respect to annual price increases, assurance was received that the annual increase would be the average CPI/RPI at the time of increase or 5% - whichever is the lower. The impact on pricing of any changes to financial reporting or auditing standards would be presented to the Audit Committee in advance for consideration.
- 2.8 In light of the above, the External Auditor Appointment Working Group confirmed to Audit Committee that all proper steps had been taken to evaluate and appropriately select an External Auditor and recommended that Audit Committee support a recommendation to the Council of Governors to appoint Mazars as the external auditor of Stockport NHS Foundation Trust for a period of three years, with an option for this to be extended by a further 2 years subject to mutual agreement. Audit Committee supported this recommendation at its meeting on 21st May 2024.

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	apr-24	mai-24	jun-24	jul-24	aug-24	sep-24	okt-24	nov-24	des-24	jan-25	feb-25	mar-25
Board of Directors (Public)	4th 9.30-3.30		6th 9.30-3.30		1st 9.30-3.30		3rd 9.30-3.30		5th 9.30-3.30		6th 9.30-3.30	
Council of Governors (meetings held in Pinewood House)		22nd 10.00 - 11.00 Extraordinary Meeting	26th 4.00-6.00 Pre-meeting for governors 3.15-3.45			17th 4.00-6.00 Pre-meeting for governors 3.15-3.45			9th 4.00-6.00 Pre-meeting for governors 3.15-3.45			19th 3.30-5.30 Pre-meeting for governors 2.45-3.15
Informal Council of Governors / Non-Executive Directors Meeting (virtual)	23rd 11.00-12.00	15th 2.00 - 3.00		23rd 11.00-12.00			21st 11.00-12.00			28th 11.00-12.00		
Nominations Committee (Nominations Committee members only)			4th 9.30-10.30									11th 9.30-10.30
Membership Development Group (virtual)			11th 12.30-1.30			3rd 12.30-1.30		25th 12.30-1.30				4th 1.30-2.30
Governor Training												
Core Skills								5th 9.30-12.15				
Effective Questioning and Challenge / Holding to Account								5th 1.00-3.30				
NHS Finance (virtual)						10th 10.00-12.00						
Governor Training (virtual)											10th 10.00-12.00	
NHS Providers Training: dates to be disseminated to governors as scheduled												
Annual Members Meeting						25th 4.00-5.30						

Stockport NHS Foundation Trust Council of Governors 2023/24 Meeting Attendance

Name	Constituency	Jun-23	Sep-23	Dec-23	Feb-24
Paula Hancock	Staff	Y	Y	Y	A
David McAllister	Staff	Y	A	Y	A
Adam Pinder	Staff	A	Y	Y	A
Karen Southwick	Staff	A	A	A	A
Adrian Nottingham	Bramhall & Cheadle	Y	Y	Y	Y
John Pantall	Bramhall & Cheadle	A	Y		
Carol Greene	Bramhall & Cheadle			Y	Y
Michelle Slater	Bramhall & Cheadle	Y	A	Y	Y
Sarah Thompson	Bramhall & Cheadle	Y	Y	Y	Y
Howard Austin	Tame Valley & Werneth	Y	Y	A	Y
Alan Gibson	Tame Valley & Werneth			Y	A
Gillian Roberts	Tame Valley & Werneth	Y	A	A	A
Jamie Hirst	Heatons & Stockport West	Y			
Tad Kondratowicz	Heatons & Stockport West	Y	Y	A	Y
Victoria MacMillan	Heatons & Stockport West			A	Y
Chris Summerton	Heatons & Stockport West	Y	Y	Y	Y
Steve Williams	Heatons & Stockport West			Y	Y
Val Cottam	Marple & Hazel Grove	Y	Y	Y	Y
Michael Cunningham	Marple & Hazel Grove	Y			
Richard King	Marple & Hazel Grove	Y	A	Y	Y
Tony Moore	Marple & Hazel Grove	Y	Y	A	Y
John Morris	Marple & Hazel Grove			Y	Y
Janet Browning	High Peak & Dales	A	Y	Y	A
Lance Dowson	High Peak & Dales	A	A	A	A
Thomas Lowe	High Peak & Dales	A	A	A	A
Muhammad Rahman	Outer Region	Y	Y	A	A
Keith Holloway	Stockport MBC	A	Y	Y	Y
Sue Alting	Age UK Stockport	Y	A	Y	Y
David Kirk	Healthwatch Stockport	A	Y	Y	Y
Was Meeting Quorate (Y/N)		Y	Y	Y	Y
Key					
Y	= Present				
A	= Apologies				
A(D)	= Attended as Deputy				

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Council of Governors 2024/25 Meeting Attendance

Name	Constituency	May-24	Jun-24	Sep-24	Dec-24	Mar-24
Paula Hancock	Staff	A				
David McAllister	Staff	A				
Adam Pinder	Staff	Y				
Karen Southwick	Staff	A				
Adrian Nottingham	Bramhall & Cheadle	Y				
Carol Greene	Bramhall & Cheadle	Y				
Michelle Slater	Bramhall & Cheadle	Y				
Sarah Thompson	Bramhall & Cheadle	A				
Howard Austin	Tame Valley & Werneth	Y				
Alan Gibson	Tame Valley & Werneth	A				
Gillian Roberts	Tame Valley & Werneth	A				
Tad Kondratowicz	Heatons & Stockport West	Y				
Victoria MacMillan	Heatons & Stockport West	Y				
Chris Summerton	Heatons & Stockport West	Y				
Steve Williams	Heatons & Stockport West	Y				
Val Cottam	Marple & Hazel Grove	A				
Richard King	Marple & Hazel Grove	Y				
Tony Moore	Marple & Hazel Grove	Y				
John Morris	Marple & Hazel Grove	Y				
Janet Browning	High Peak & Dales	Y				
Lance Dowson	High Peak & Dales	Y				
Muhammad Rahman	Outer Region	A				
Keith Holloway	Stockport MBC	Y				
Sue Alting	Age UK Stockport	Y				
David Kirk	Healthwatch Stockport	Y				
Was Meeting Quorate (Y/N)		Y				
Key						
Y	= Present					
A	= Apologies					
A(D)	= Attended as Deputy					

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Council of Governor Elections 2024 – Briefing Note

The terms of office for a number of current governors will come to an end in October 2024 and consequently elections will be held in the following constituencies for a 3-year term of office:

Staff

- Staff (4 seats)

Public

- Tame Valley & Werneth (4 seats)
- High Peak & Dales (3 seats)
- Outer Region (1 seat)

The timetable for the election is detailed below:

ELECTION STAGE	TIMETABLE
Notice of Election / nomination open	Thursday, 4 Jul 2024
Nominations deadline	Thursday, 1 Aug 2024
Summary of valid nominated candidates published	Friday, 2 Aug 2024
Final date for candidate withdrawal	Tuesday, 6 Aug 2024
Notice of Poll published	Thursday, 22 Aug 2024
Voting packs despatched	Friday, 23 Aug 2024
Close of election	Wednesday, 18 Sep 2024
Declaration of results	Thursday, 19 Sep 2024

Governors are reminded that individuals whose term of office is due to expire, and who have served six years or less as a governor, have the option to choose to stand for re-election and must submit a nomination form.

Governors are not able to re-stand if they have served, or another term of office would mean that they have served, more than nine (9) consecutive years in total. If any governors would like confirmation as to whether they can re-stand, please contact Soile Curtic, Deputy Trust Secretary, soile.curtis@stockport.nhs.uk

Governors are requested to assist in notifying members and the public of the election process wherever possible.

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Annual Members' Meeting

Wednesday 25 September 2024

4.00pm – 5.30pm

**Pinewood House Education Centre
Poplar Grove
Stockport SK2 7JE**

Agenda

3.15pm	Sign In & Refreshments Opportunity to meet your governors and share feedback.	
4.00pm	Welcome and Opening Remarks	Dr Marisa Logan-Ward, Interim Chair
4.10pm	Outcome of Governor Elections 2024	Dr Marisa Logan-Ward, Interim Chair
4.15pm	Review of the Year 2023/24 and Looking Ahead	Karen James OBE, Chief Executive
4.35pm	Annual Accounts 2023/24	John Graham, Chief Finance Officer
4.50pm	Service Presentation: TBC	TBC
5.05pm	Question & Answer Session	Dr Marisa Logan-Ward, Interim Chair
5.25pm	Closing Remarks	Dr Marisa Logan-Ward, Interim Chair
5.30pm	Meeting Close	

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