

Stockport NHS Foundation Trust

# Annual Quality Accounts Report 2023/24

This page has been left intentionally blank.

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

---

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

It gives me great pleasure to introduce our Quality Account for 2023-24, which reflects the challenges our teams face in continuing to provide quality care for local people, as well as some of the improvements we have made to our services over the last 12 months.



Few of us could have predicted that NHS services would be affected by the longest running dispute in history between health unions and the Government, but that was a significant factor of the last year and looks set to continue into 2024-25.

Industrial action impacted on our plans to continue to reduce the number of people waiting for long periods of time for diagnostic tests and treatment which had built up during the pandemic.

Our teams made huge efforts to safeguard people in our care as well as re-arrange planned outpatient and inpatient treatments affected by the industrial action, and they worked hard with partners across Greater Manchester (GM) and the North West to reduce the number of people waiting more than 65 weeks for treatment.

During the strikes colleagues did their best to protect those people needing emergency or urgent care, as well as patients having treatment for cancer, and thanks to their efforts we continued to improve our performance against all the national cancer standards.

We also continued to make significant improvements to our performance against the referral to treatment standards, and while we continue to have challenges with delivering the 18 week incomplete pathway our teams have been focused on eliminating 65+ and 78+ week waits.

When we set out our plans at the beginning of 2023-24 to reduce the time local people are waiting for planned care none of us could have predicted having to close Outpatient B department on our hospital site. In November 2023, following a routine assessment of the structure, it was clear that it was no longer safe to continue to provide services in the building.

It was a huge challenge to find alternative space for those services displaced by the closure, however thanks to the efforts of clinical and support services we were able to relocate a significant percentage of the clinics affected, minimising disruption to patients. Those

services will continue in their temporary locations at least for the medium term, as we work on plans for new long term homes for those clinics either through capital investment, off-site accommodation, or different ways of work.

We have been very transparent about the many challenges that our ageing hospital presents to providing modern services, and this was the driving force behind our sadly unsuccessful bid to the Government's New Hospital fund. We still have a long-term ambition to replace our hospital, but in the meantime the day-to-day reality is that providing services on the current site means that we are regularly faced with issues that impact on the delivery of our services and our maintenance bill and as such we have to make difficult choices about where we spend our limited capital budget.

Having the capacity to provide the diagnostic tests and treatment people need is crucial to our ability to provide quality services in a timely way. Thanks to national funding we have partnered with Tameside and Glossop Integrated Care NHS Foundation Trust and an external provider to develop a community diagnostic centre. One of a network of such centres being developed across the region, we hope that once it opens later this year it will help to speed up the diagnosis of a range of conditions and reduce the length of time people wait for such tests.

Despite all of our current challenges, our teams continue to remain focused on providing safe good quality services, and these are monitored carefully by our Board of Directors and its Quality Committee, as well as by many external assessors.

One of the many quality standards that we keep under review is sepsis and I am pleased to be able to report that over the last year we have performed consistently well in the timely recognition of this potentially dangerous condition. There is still further work we need to do, but positive progress is being made.

All NHS trusts have a range of nationally determined standards to achieve, and we have also set our own challenging targets as we continue to strive to provide the best possible safe care. In 2023-24 we aimed to reduce the overall number of hospital acquired pressure ulcers by five per cent, following a number of years of making significant reductions in this area, and I am pleased to hear we are all on course to deliver our ambitious improvement target.

Over the last 12 months we also have delivered more pressure ulcer training than previous years, including increased training for our allied health professionals, and we are positive about the future impact of a digital version of a pressure ulcer risk assessment tool that we are currently developing.

One of the areas we have seen the biggest growth in demand is urgent and emergency care. In Stockport there has been a seven per cent year-on-year increase in patients seeking our support. Prior to the pandemic our A&E team rarely saw more than 300 patients a day, but that level of demand – and even higher – is now common-place, and the current department was not built to cope with such a large number of people.

Anyone visiting our hospital site over the last year will have seen the ongoing development of our new £31.6 m emergency and urgent care centre. Once complete this development will

make a major difference to the unplanned care, we will be able to provide to our local population.

Many people needing emergency or urgent care are acutely ill and need admission to hospital for further tests and treatment. As a result, we have had to keep open escalation wards that in the past we would only open in the winter to cope with the traditional seasonal increases in influenza and other winter illnesses and accidents.

Even with this extra capacity our bed occupancy has remained consistently high over the last year at around 95%, compared to the best practice standard of 85%. This was largely due to the ongoing challenge of having enough local care home beds and other facilities for patients to be promptly discharged to once they no longer need acute hospital care but may not be well enough to return home.

Due to bed occupancy levels, it is an ongoing challenge to ensure we have enough beds and staff available to care for people requiring planned procedures, as well as those admitted to hospital from A&E. This means that, in line with other emergency and urgent care departments, we were unable to meet the national standard for admission to hospital or discharge within four hours of attendance at A&E.

Increasing demand coupled with difficulties in releasing beds and the impact of industrial action on the availability of staff, all affected our ability to deliver plans for improving timely emergency and urgent care, and these factors will make it a real challenge for us to achieve the new national standard for 2024-25 of treating 78% of people within four hours of attendance at A&E.

Despite everyone's best efforts it is often difficult to promptly discharge people who no longer needs hospital care – freeing up beds for both emergency and planned care patients. We regularly have up to 100 people a day waiting to move on, including a substantial number from outside Stockport.

We are doing a huge amount of work with local universities and colleges to grow our workforce to meet current and future needs, as well as retaining our current colleagues by making the Trust a great place to work. The results of the latest NHS Staff Survey demonstrated that despite all the challenges facing our colleagues the work we are doing to support them in their roles and make them feel valued is paying dividends in their positive views about working for the Trust.

Many of the challenges we faced over the last 12 months and continue to face in 2024-25, are not unique to Stockport NHS Foundation Trust. They are experienced by NHS organisations across the country, but as a long standing advocate of the benefits of integration I believe that greater collaboration is the answer to many of the challenges facing our health and care system locally.

Over the last year, as a result of the Health and Care Act 2022, we have begun to see the embedding of integrated care and place-based systems designed to support greater collaboration across health and care systems, involving both statutory and third sector partners, to work together to address the needs of local communities.

Many members of our Board of Directors are playing active roles in these new systems, shaping how they are working across both GM and Stockport and setting out long terms aspirations as well as delivery plans for improving the health of local people.

I am sure that in the coming year we will be working in even great collaboration with a range of partners to address common issues, and I look forward to seeing more positive results from our efforts to work together with organisations across our health and care system.

Throughout this Quality Account are examples of how we are tackling the challenges that face us and continuing to make improvements to the quality of our services despite the difficult and complex environment we are working in. None of that would have been possible without the dedication, skills and sheer hard work of colleagues working in our hospital and community services, both in clinical and supporting roles.

Their enthusiasm and commitment to our services and the people of Stockport and the surrounding area never fails to impress me. With their ongoing support, and the strong partnerships we are building, I am confident that will continue to ensure local people receive good safe care from our hospital and community services into 2024-25 and beyond.

A handwritten signature in black ink, appearing to read 'Karen James'.

**Karen James OBE**  
**Chief Executive**

# Part 2.1: Priorities for Improvement

---

## Quality Strategy

In 2021 Stockport NHS Foundation Trust introduced the refreshed 2021-2024 Quality Strategy. This document sets out our three-year approach to achieve our goals and is relevant for the year 2023-24:

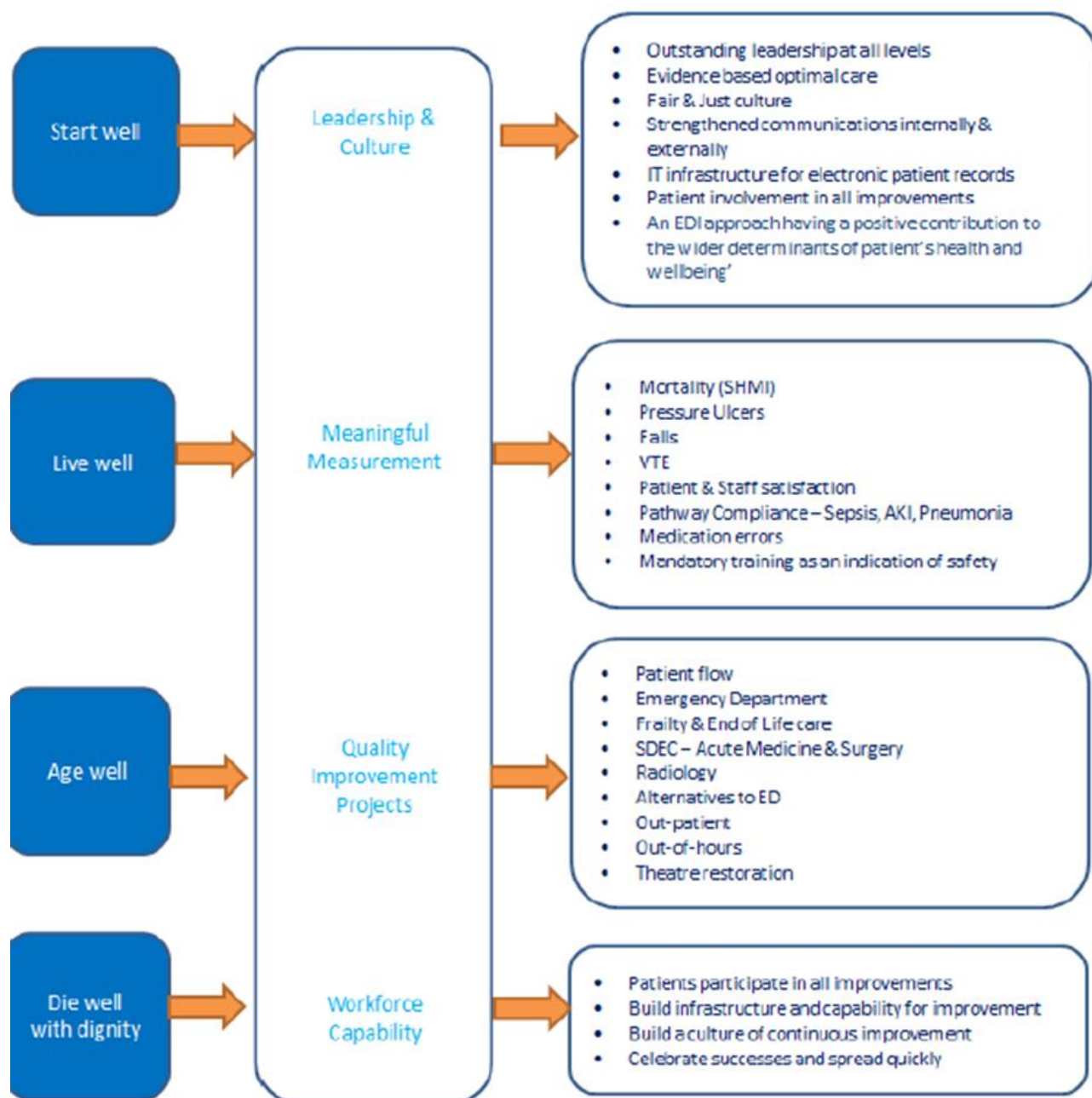
We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.

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

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

To deliver on our ambition to:

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





## Tissue Viability

### Tissue Viability Service Quality Improvement Strategy 2024-2025



**Lisa Gough**  
Tissue Viability Specialist  
Matron



**Tissue Viability Team**



**Helen Howard**  
Deputy Chief Nurse

#### AIM

#### HOW

**Embed our pressure ulcer prevention care practices to continue our reduction strategy**

- Use data collated from our digital platforms which support care delivery to monitor and target areas for improvement
- Update the core training material to reflect national guidance

**Expand the Tissue Viability training provision**

- Continue the support and development of the TV Link Nurses
- Promote opportunities for further training and CPD provided by industry partners

**Improve standards of leg ulcer management in the acute setting**

- Develop training sessions and resources to improve skills and knowledge of the acute workforce specifically around skin care and support bandages.

**Improve efficiency and effectiveness of the Tissue Viability Service**

- Promote the service referral criteria so utilised appropriately
- Provide data to support the cases for additional specialist services i.e. Lymphoedema and Dermatology to reduce inappropriate referrals to TVS

The focus of our quality improvement agenda will continue to build upon the achievements of last year, which resulted in the accomplishment of a 16% decrease in the number of pressure ulcer incidents in the hospital setting against a target of 5%. We will continue to monitor, challenge, and review our practice to reduce pressure ulcer incidents for patients both in hospital and community settings, by learning from incidents and improving our pressure ulcer prevention strategies.

In addition, the Tissue Viability Service will continue to look at improving patient outcomes in other areas of wound care such as leg ulcer management and strengthen links with colleagues in specialist services to best support skin integrity.

## Falls

The Trust Quality Improvement target for 2023/2024 was a 10% reduction in the overall number of falls, and a 5% reduction in those causing moderate and above harm. We also measured a 10% reduction in lapses in care/areas of concern which were measured as a rate per 1000 bed days.

This method allows more accurate tracking of performance against the target set, year on year as it represents a fairer way of comparing results from years or months where there are different numbers of patients in the hospital.

The total number of falls in 2023/2024 was 651, with a rate of 2.82 / 1000 bed days compared to 882 falls in 2022/2023 with a rate of 3.78 / 1000 bed days.

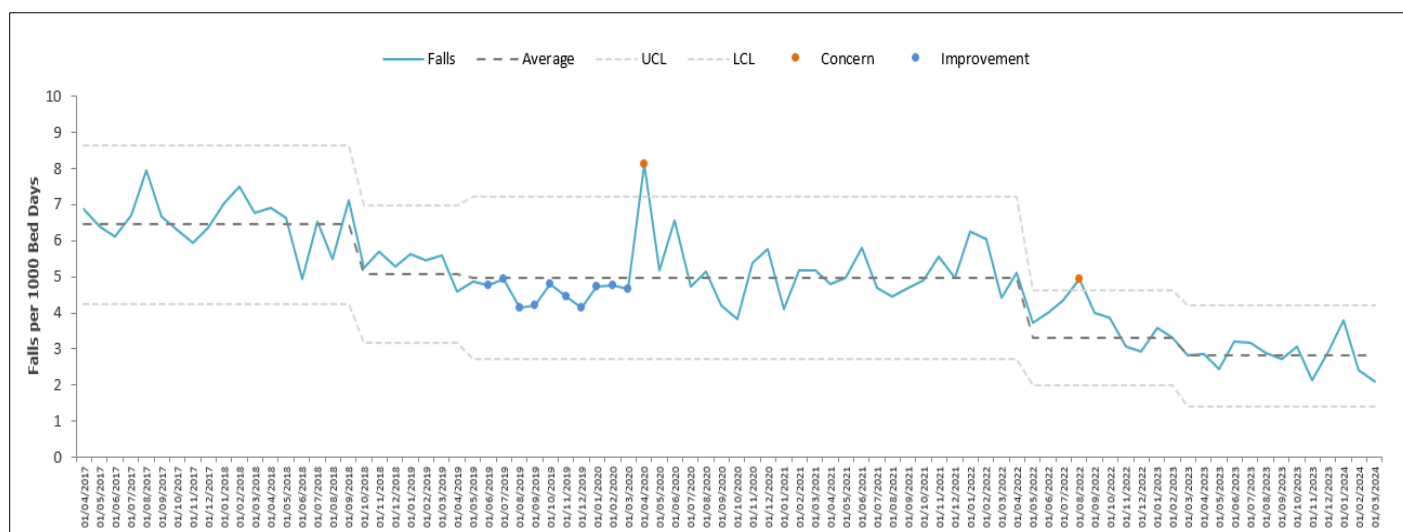
The target was 3.40 / 1000 bed days, which is reduction of 17% compared to 2022/2023.

Four falls in 2023/2024 resulted in moderate or above harm within the inpatient wards and the end of year rate was 0.02 / 1000 bed days. This is a reduction of 98% compared to 2022/2023.

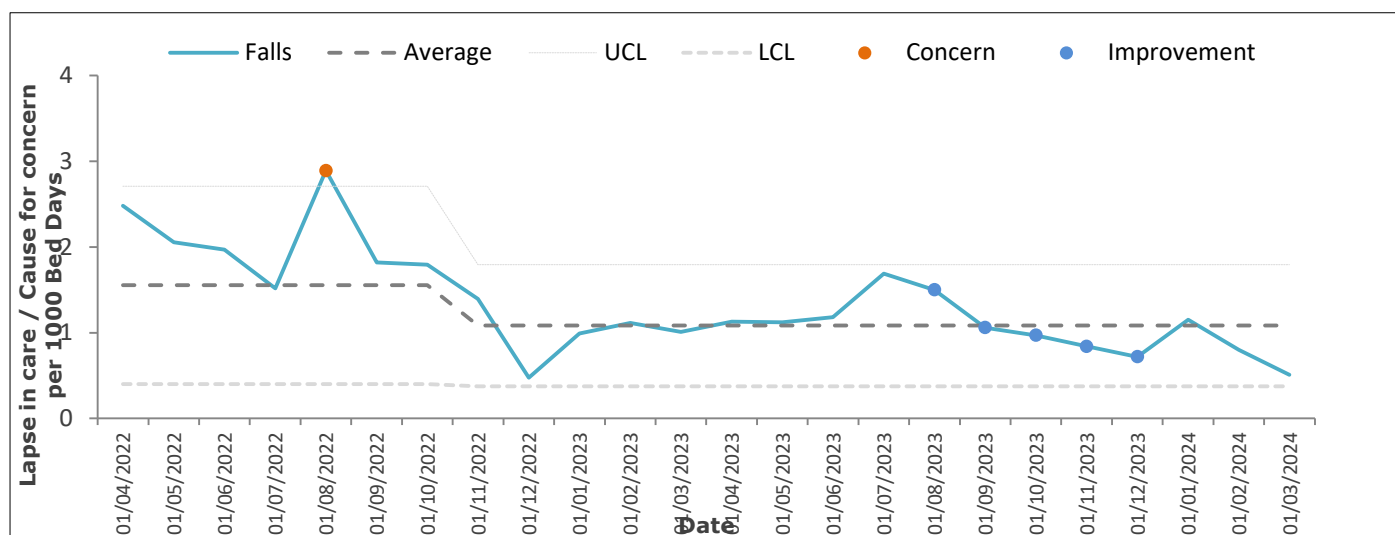
Rate of falls with lapses in care / areas of concern was 1.06 which is a reduction of 42%. We met our target which was set at beginning of the year.

Rate of Total Falls 2022/23 (per 1000 bed days)	Rate of falls with moderate harm 2022/23 (per 1000 bed days)	Rate of falls with Lapse in care 2022/23 (per 1000 bed days)
<b>3.78</b>	<b>0.09</b>	<b>2.02</b>
Target for 2023/24 (per 1000 bed days)	Target for 2023/24 (per 1000 bed days)	Target for 2023/24 (per 1000 bed days)
<b>3.40</b>	<b>0.85</b>	<b>1.82</b>
Rate of Falls at end of March 2024 (per 1000 bed days)	Rate of falls with moderate harm at end of March 2024 (per 1000 bed days)	Rate of falls with lapse in care at end of March 2024 (per 1000 bed days)
<b>2.82</b>	<b>0.02</b>	<b>1.06</b>

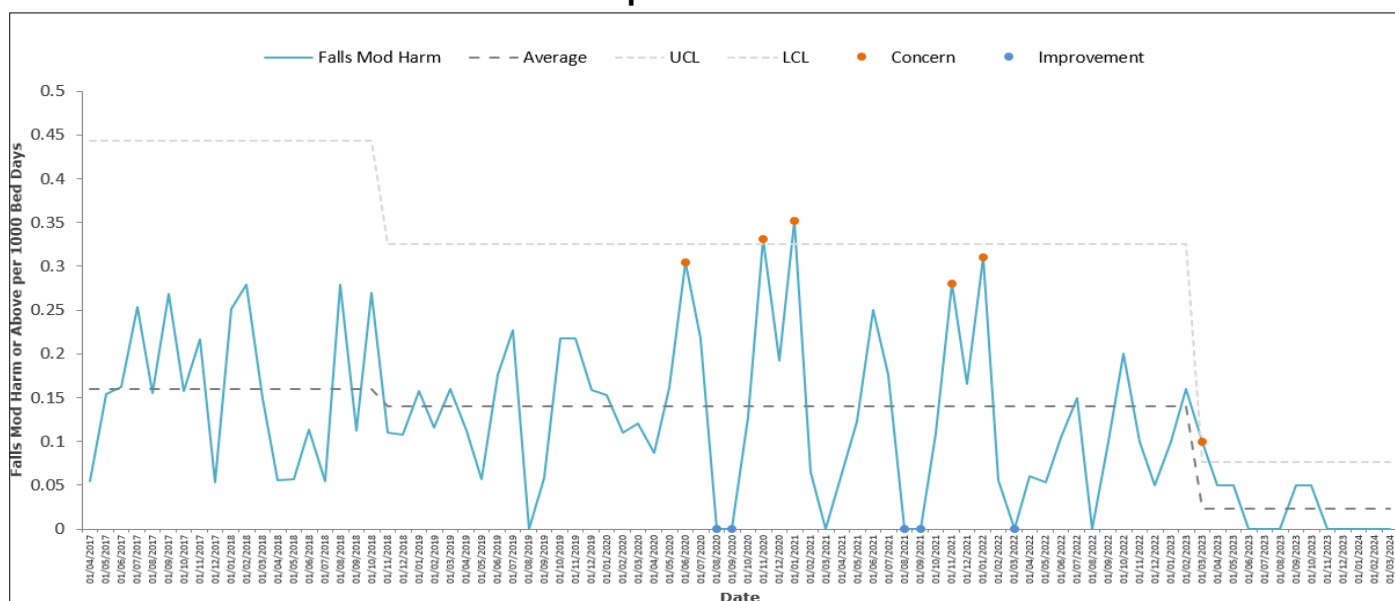
## Falls Data: April 2017 to March 2024



## Lapses in Care / Areas of Concern: January 2022 to March 2024



## Falls – Moderate Harm or Above: April 2017 to March 2024

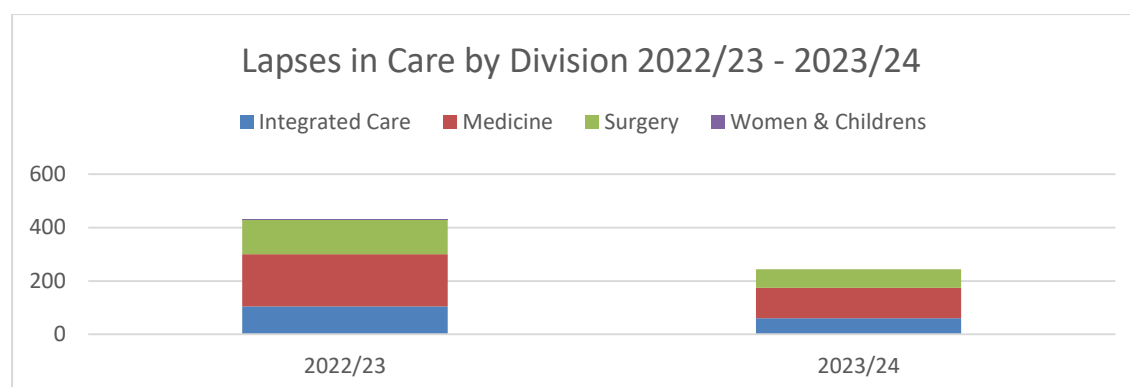
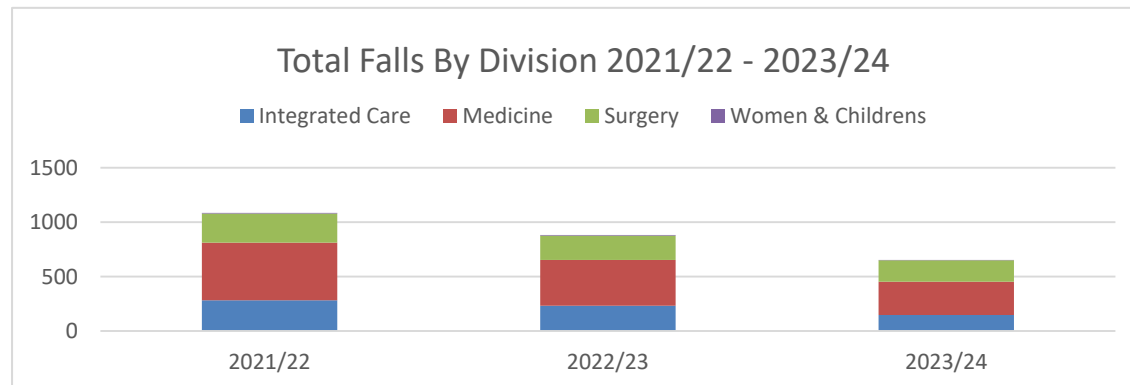
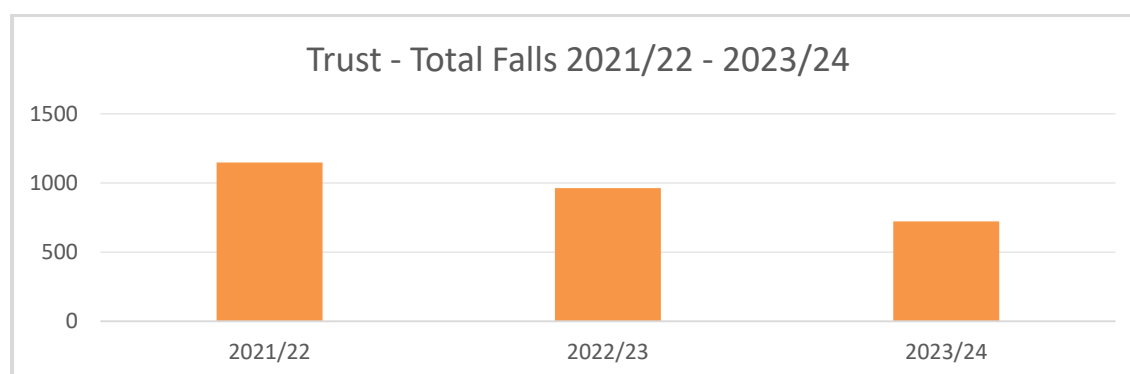


According to National Falls Guidelines the cost for a no harm / low harm fall per person is £2,600 and for moderate and above harm falls, it costs £9,000 per person.

During 2023/2024 the Trust saved £600,600 with no harm / low harm falls, £162,000 for moderate and above harm falls, compared to 2022/2023 figures.

This constitutes a total saving of £762,600 compared to the period 2022/2023.

Although there is evidence that staffing numbers for enhanced care by Care Support Workers has increased, there has been a significant reduction in security bed watches.



## Falls Prevention Improvement Work

- Royal College of Physicians guidance of Lying and Standing Blood Pressure is part of the Falls assessment.
- Improved compliance to monitoring of Lying and Standing Blood Pressure as seen in the monthly Quality Metric audits.
- Education – E-Learning packages are in place.
- An overarching Falls Action plan is in place for each Division and is monitored at the monthly Quality & Safety Improvement Strategy Group.
- All Falls Champions now wear badges and attend regular meetings to discuss falls activity and address any identified shortfalls.
- Falls Champions to be trained as ‘Train the trainee’ to support Bay Nursing.
- Falls resource files have been distributed to all areas, which highlight falls management information.
- A bimonthly Falls Newsletter is circulated across the Trust.
- Slipper socks are now readily available for staff to order from the Trust’s Materials Management department.
- Falls Safety Cross boards continue to be displayed in all areas.
- Areas are presented with a certificate if they have had 0 falls in a month.
- Falls documentation and staff knowledge is also monitored via the Stockport Accreditation Recognition Scheme (StARS).
- Staff who are Bay Nursing wear yellow tabards so they can be easily identified.
- The Matron for Patient Experience and Quality delivers toolbox training x3 per month.
- The Falls Steering Group now has both a Consultant and Pharmacy lead representative.
- A Post Fall proforma has been introduced to ensure patient falls are managed appropriately with the aim of minimising risk and support patient safety.
- A new Falls information leaflet is available on the Trust Patient Information Leaflet microsite.
- The Falls microsite has been updated.
- A Pharmacy project is being piloted on the Acute Medical Unit. This sees the review of patient medication to consider drug interactions to reduce the risk of patient falls. In addition, this work helps support doctor training.

- Work has been undertaken to enable a digital platform for assessing and monitoring patients at risk of falls.
- A submission has been made applying for capital funds for ultra-low-rise beds and a hover jack to better support at risk patients.

## StARS - Stockport Accreditation and Recognition Scheme

The StARS accreditation programme was introduced in April 2021 to provide assurance to the board of compliance against agreed care and safety standards. The purpose of StARS is to create a system which ensures staff are motivated and recognised in delivering evidenced based patient-centred care, strengthen patient safety and promote continuous improvement across all care settings.

### Achievements during 2023/2024

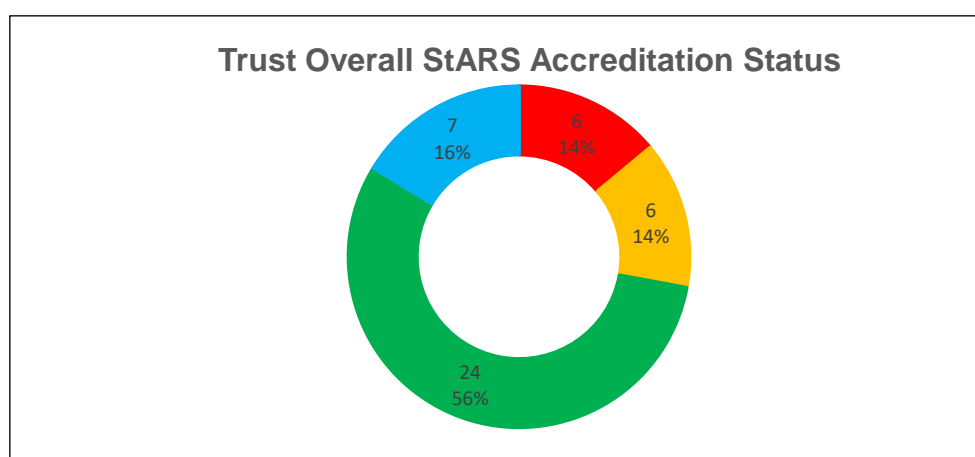
78 accreditations were completed across 43 clinical areas between April 2023 - March 2024. Assessments were undertaken in Theatres, Paediatrics, Maternity, the Emergency Department and in Community settings with District Nursing teams.

The Trust achieved **56%** Green Accreditation outcomes and **16%** Blue Accreditation Outcomes. This is currently surpassing the targets set for 2023/2024 which were:

*Target 1 - All divisions to achieve 50% Green/Blue clinical areas.*

*Target 2 - To ensure no more than 25% Red outcomes.*

In addition, all Divisions are currently achieving their individual target and showing good progress towards a reduction in Red outcomes.



### Blue StARS Process

In the event of a ward / department achieving green status on three consecutive occasions, the process allows the opportunity to achieve “Blue Star” status. Achieving Blue StAR status not only recognises quality standards have been consistently achieved and embedded, but



also affords the opportunity for the ward / department to be re-accredited annually as opposed to every eight months.

We proudly recognise the wards below who have achieved Blue StAR status.

Ward B2



Ward C6



Ward E2



Ward B4



Ward A10



Ward A11



Ward D2



## Further achievements and ongoing work related to StARS

- In April 2023, an extensive review of the adult inpatient standards was conducted to reflect learning from assessments and ensure the document remained a valid and robust tool. The review process involved engagement forums and consultation with subject specialists. The revised standards retained the core principles of the existing

process and has resulted in a more comprehensive set of standards, delving deeper into detail and utilising available objective data. Approved for implementation in April 2023, these refined standards signified a significant step forward in our pursuit for quality improvement in the Trust's healthcare provision.

- Work has also been undertaken to make amendments to wording and add additional questions to strengthen the Medication, Patient Safety, and Care of the Dying Standards. These revisions were introduced in April 2024 to ensure our assessment process remains robust and aligned with current best practices.
- Work is being undertaken with colleagues in the Business Intelligence Team for the development of an Accreditation Dashboard to support monitoring and facilitate data analysis at a granular level for each question within the standards. This will provide in depth understanding of areas of good practice and those which require improvement.
- During Quarter 4, a total of 23 assessments were conducted. The Quality Team aim to complete two assessments per week. A decision was taken to suspend the accreditation programme during periods of industrial action and operational pressures (OPEL 4), which has impacted on the overall number of assessments undertaken. Additional dates were added to the schedule to minimise this impact. A total of 23 assessments were completed out of the 26 scheduled. The assessment programme has been further reviewed and additional dates added to help get back on track by mid-May 2024.
- Work is currently being undertaken with our colleagues from Community and Maternity specialties to review standards to ensure they remain relevant and credible.
- The Quality Team support Divisional colleagues in addressing any shortfalls identified as part of the accreditation process and lead on a number of separate quality projects.

## Patient Experience

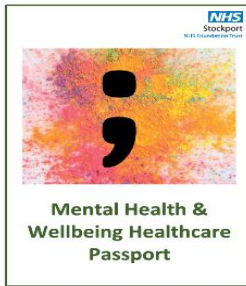
At Stockport Hospital NHS Foundation Trust, we are committed to improving the experience of our patients, carers, families, and friends. Improving patient experience is one of the Trust's key objectives and forms a central part of our mission to provide great care to every patient, every day.

The views of the people who use our services are important to us. This enables us to make the necessary service improvements ensuring our patients receive a safe, consistent, person-centred experience at every contact. Good progress has been made in the previous 12 months of the Patient, Carers, Family & Friends Strategy. The Patient Experience team continue to work towards completing outcomes outlined in the pledges, working alongside staff and partner agencies to raise awareness of initiatives to develop and embed quality improvements at the Trust.



## Ongoing work related to Patient Experience

- Hello My Name Is – continued support of the campaign, initiative is included in the Care Certificate and Trainee Nursing Associates training packages.
- Patient Bed Boards - supporting areas to complete the boards accurately for patients.
- Supported mealtime standards – volunteer involvement via dining companions. Importance of nutrition and hydration highlighted to staff; good links and support from the Catering team.
- Dressed Is Best – working with Estates to identify a location for a central clothes bank for patients.
- Patient Stories – patients and families invited to share their stories by film or power point, presented at various meetings. Learning used to support awareness campaigns, such as Mental Health patient story led to the development of Mental Health & Wellbeing Passport
- Patient feedback – collected via various surveys to drive improvement. QR codes now set up for several areas to facilitate wider access.
- Lost Patient Property – patient property boxes available to keep patients' small items safe. New posters and leaflets due to be launched.
- Waiting times – working with outpatients to improve information relating to appointment times. Plan for each clinic to display their waiting times.
- Communication – communication posters displayed in all inpatient and community areas. New communication boxes currently in development.
- End of Life Care – Involved in the implementation of the SWAN model to support people receiving end of life care, treatment, and support. Volunteers' involvement in the SWAN companion initiative.
- Accessible Information Standard (AIS) – focus on AIS work for 2024/25. Development of welcome signs, leaflets in different languages and formats.
- Walkabout Wednesday – take place on scheduled Wednesday each month, involving Executive and Non-Executive board members, speak to patients and staff regarding their experience.
- Noise at Night audits – continued monitoring and support from the night teams. Sound Ears are in place across many areas, and due to be launched on Theatres and Endoscopy.
- Mental Health Passports – developed and in place for patients with Mental Health issues.
- Chaperone policy – new policy awaiting final approval. Poster and leaflet to be distributed to all inpatient and outpatient areas.
- Learning Disabilities (LD) – easy read Friends & Family survey available. Deaf Awareness free training now available for staff as we part of the Deaf First Responder Service with Walthew House.
- Volunteers Service – new uniform introduced. Provide pet therapy, and regularly undertake visits to engage with different religious groups.
- Chaplaincy and Spiritual Care team – involved in various initiatives including supporting introduction of the SWAN model, member of Greater Manchester Muslim chaplaincy network, appointment of Chaplain volunteers.



## Service Transformation

Stockport NHS Foundation Trust benefits from a Service Transformation Team. This team supports both clinical and non-clinical services across the organisation to make improvements for the benefit of our patient population. The Trust has carried out many improvements over the last twelve months, both internally as an organisation, and as a system. Below shows all of the Transformation schemes that have been running throughout 2023/24.



### Stockport Transformation Programme 2023-24

Division	Corporate		Medicine				Women & Children's				System
Scheme	Cancer Improving Outcomes	Medicolegal Pathway	Diabetes	Respiratory Outpatients	Haematology	Medical Theatres	Antenatal Pathway Review	Children's, Young People & Families	ADHD pathway redesign	Gynae SDEC	Frailty
Objective	To improve our efficiencies in time to diagnosis, and ensuring personalised care and follow ups.	To improve processes to ensure the organisation meets compliance with the UK GDPR Subject Access Request timescales.	To review the internal Stockport FT adult diabetes services and pathways for patients living with diabetes.	To improve efficiency of Respiratory Outpatient Service in light of high demand and limited services.	To improve patient experience and maximise the services productivity by enhancing the efficiency and responsiveness of the Haematology Service.	To ensure theatre usage is maximised within ophthalmology & ENT services by reviewing the patient journey from pre-op to post-op care.	Ensure safety of service users of the antenatal services & timely review for women on scan pathways.	To improve pathways that our patients under the age of 18 access, including supporting their transition to adult services.	To improve the ADHD pathway by bringing all services in-house, making efficiencies and improving experience.	To complete a service review on Jasmine Assessment Unit against national Gynae SDEC standards to develop a Stockport Gynae SDEC service model.	To support a system wide approach to improving Stockport's frailty offer, including a standardised approach to identifying frailty & developing clear pathways.
Division	Integrated Care			Clinical Support Services		Surgery					
Scheme	Digital Health Development	District Nursing Redesign	Advanced Practice Future Model	Outpatients	Endoscopy	Pain Management EBCD	Pain Management EBCD phase 2	Elective Bookings Admin Review	Surgery Out of Hours	Theatres Efficiency & Productivity	Opioid Stewardship
Objective	To increase our digital offer so patients can be treated in the right place through implementing a new LCAS 111 pathway, a virtual ward & increased support to care homes.	To review and redesign the District Nursing team and processes to make efficiencies, contributing to improved patient care and staff engagement.	To develop the model for Advanced Clinical Practitioners, improving efficiencies and productivity within the service.	To improve patient experience of their outpatient journey, enhancing the efficiency of Trust outpatient services.	To ensure that the utilisation of endoscopy sessions are fully maximised.	To identify opportunities to maximise efficiency of current practices for triage and initial appointment, through a co-designed model of practice.	To expand the success of phase 1 by identifying opportunities to improve the remainder of the patient journey, through a co-designed model of practice.	To deliver a fully centralised elective booking and scheduling structure for surgical specialties across the Trust.	To improve the provision of out of hours medical staffing and support in the surgical division, improving effective flow of patients from ED to SAU.	To ensure theatre usage is maximised by reviewing the patient journey from pre-op to post-op care.	To maximise peri-operative patient opioid management pathways in line with national guidelines

### Advanced Clinical Practice Future Model

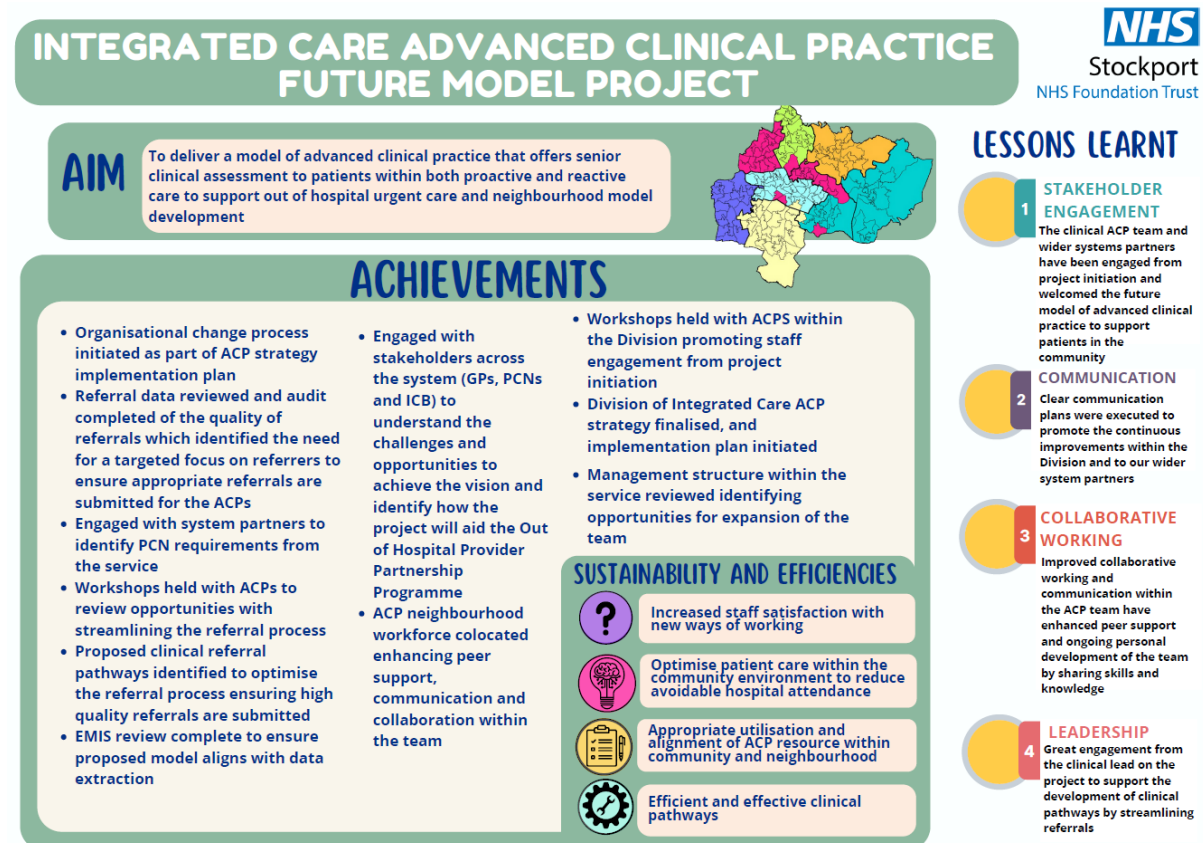
The advanced clinical practice future model project focused on revising our advanced clinical practice (ACP) model within our community integrated care division. The aim was to deliver a model of ACP that offered senior clinical assessment to patients within both proactive and reactive care to support out of hospital urgent care and neighbourhood model development.

This project has seen the following achievements:

- Staff engagement carried out from the outset to enable staff to support the design of the new model.
- Engaged with system partners and stakeholders to understand the challenges and opportunities of the service and identify their requirements.



- ACP strategy developed and implementation plan initiated.
- ACP neighbourhood workforce co-located to enhance peer support, communication, and collaboration within the team.
- New model agreed and organisational change process initiated.
- Referral pathways reviewed and streamlined.



## Attention-deficit hyperactivity disorder (ADHD) Pathway

The overarching aim of this programme is to improve patient access to ADHD services by developing a single service to improve patient experience, quality, and cost efficiencies.

Objectives include reviewing patient pathways and commissioning funding streams to improve patient waiting times; improve patient experience; and develop streamlined patient pathways including a single service commissioning tariff.

## Diabetes Improvement Programme

As a Stockport Locality, five transformation priorities have been set by the Provider Partnership Board. One of these is our Diabetes Improvement Programme. Internally at Stockport FT, we have been reviewing our pathways and reviewing our compliance against national guidance and best practice. Key areas for development have been highlighted as:

- Structured education.

- Meeting diabetic pump demand.
- Diabetes in children & young people.
- Diabetic foot clinic.
- Type 1 & Type 2 Pathways for adults with diabetes.

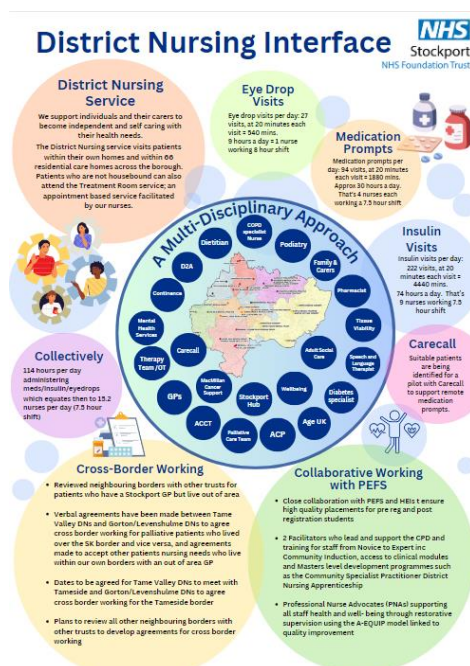
## District Nursing

This programme aimed to improve efficiencies and productivity within the District Nursing Team. It sought to create a better working model for our staff, including improved wellbeing; improved staff turnover rates; and investment in staff to retain within our service, whilst supporting continuous improvements to patient care.

The programme outcomes included:

- The implementation of two six-month secondment roles for the Rapid Response Team proof of concept.
- Centralised recruitment for the service with a workforce profile completed.
- Capacity & Demand Tool developed to allow for improved daily resource allocation.
- Deferral Guide developed to ensure safe deferrals of home visits.
- Pharmacy reviews introduced for polypharmacy and insulin dependent patients.
- Boundaries and cross border working agreed with neighbouring trusts.

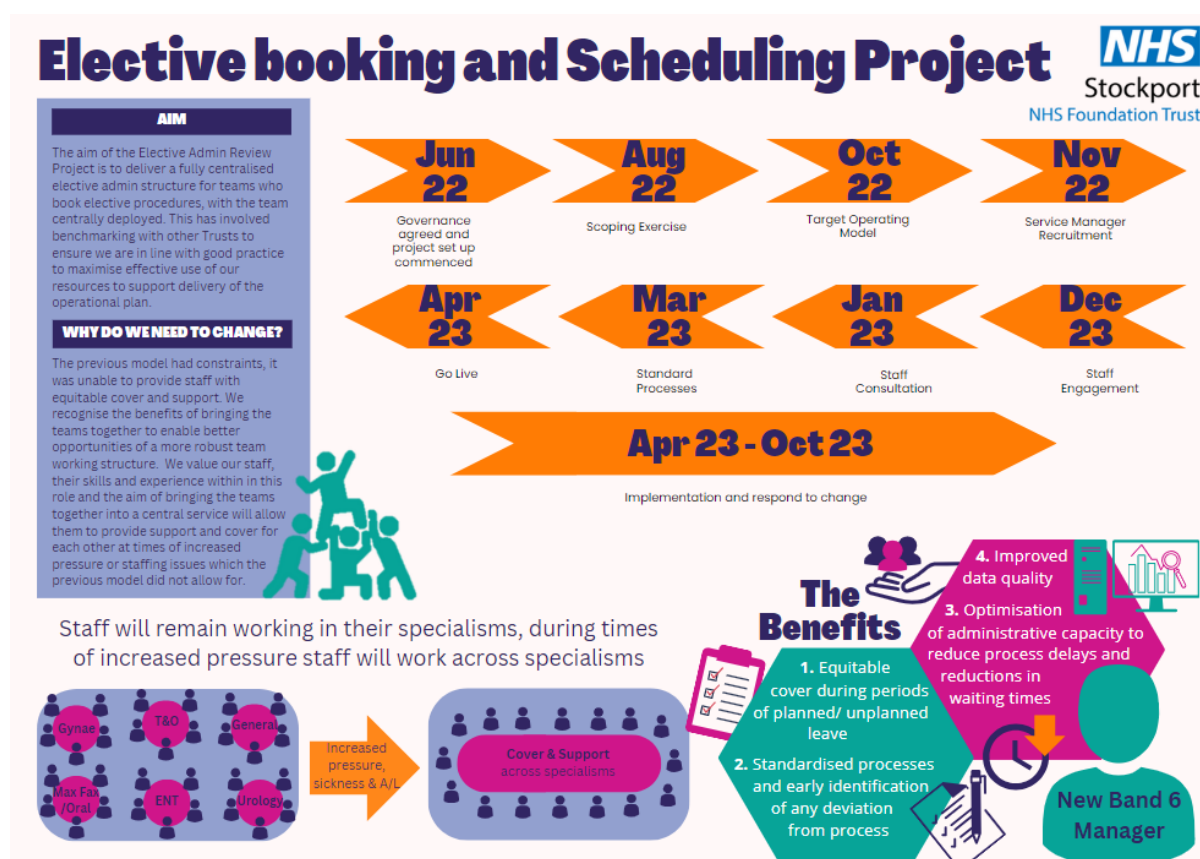
The success of the District Nursing Improvement Project was widely communicated and celebrated, including at the Greater Manchester Community Services forum.



## Elective Booking & Scheduling Project

This project supported the centralisation of the booking and scheduling service for teams that book elective procedures. A new operating model was defined, and the team now operates as a single team who are centrally managed and co-located. The new system supports cross-cover of specialisms during times of pressure or leave.

A new dashboard became operational in September 2023, to support the team in monitoring their performance against set KPI's, supporting effective and robust performance reporting of the centralised service.



## Endoscopy Improvement Project

The Endoscopy Improvement Project vision and aim was to improve the efficiency, productivity and patient experience while meeting the growing demand of the service. The quality improvement initiative has supported the endoscopy unit to achieve JAG Accreditation and compliance of DM01, whilst supporting the elective recovery national initiative.

The project objectives focused on the multifactorial reasons causing the inefficiencies across the service, focusing on pre-procedure pathways; utilisation and efficiency; workforce; patient experience.

The initiative enabled the team to work smarter, improving efficiency and increasing productivity.

The project has resulted in multiple improvements which have been sustained. The backlog from the covid pandemic has reduced from over 5000 patients to 0 by January 2024, resulting in patients being able to access the service in a timely and efficient manner. It has also helped prioritise those in need of endoscopy, supporting the cancer national targets for faster diagnosis.



## Frailty Programme

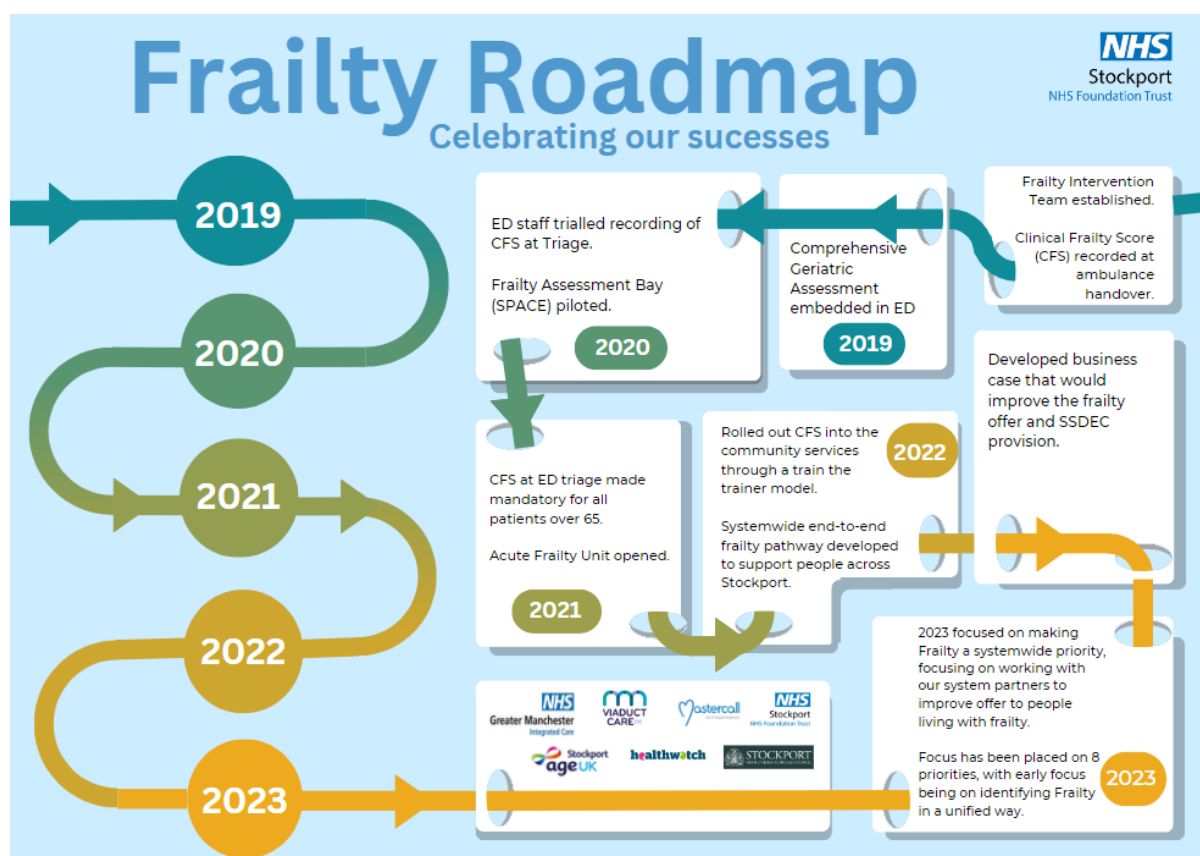
Frailty is an area highlighted as a system priority through Stockport's Provider Partnership Board. System partners have come together and built a programme based on the "Joining the dots: A blueprint for preventing and managing frailty in older people". 8 workstreams were consequently developed.

The programme aims to introduce a standardised approach to recording Frailty through the Rockwood Clinical Frailty Score (CFS) across the system. Data is now available to track progress at Stockport FT. Work is ongoing to review opportunities for data collection to monitor the improvements in the wider system.

Additionally, the group seeks to ensure assessment of holistic needs are occurring and people are cared for on the most appropriate pathway, alongside work to prevent hospital admission and support people to be treated in the most suitable setting for them.

Key successes to date include:

- Agreement to the use of the Rockwood Clinical Frailty Score across all parts of the system.
- An exercise benefits video produced for people living with Frailty was published in conjunction with service users and the University of Manchester – [In conversation with Jan - Dr AG strength research \(full\) \(youtube.com\)](#).
- Care Home Pilot complete, implementing increased MDT support and supporting improved Advanced Care Planning.
- Launched the Keep On Keep Up (KOKU) application across Stockport, a digital strength & balance programme to prevent physical decline and frailty.
- Frailty core capabilities training framework created against the Core Skills Framework.





## **Gynaecology SDEC Service Model Project**

The Gynaecology SDEC service model project aims to complete a service review on the Jasmine Assessment Unit against the national Gynaecology SDEC standards, with a view to developing the Stockport NHS Foundation Trust Gynaecology SDEC service model.

The project will seek to review the service delivery models; theatre processes and pathways; and explore opportunities for advice and guidance and bookable 111 slots. Workforce skill mix, training and education and job planning is also to be reviewed to ensure an effective service.

## **Haematology Improvement Project**

This project has enabled a whole service review reviewing the competing demands the Haematology team support. The aim of the project is to maximise the efficiency and productivity of the Haematology Service, ensuring we achieve high quality patient care and meet the demand of the service across the different multifaceted services Haematology provide.

4 workstreams were established to focus on processes and pathways; booking and scheduling of appointments; data and performance; workforce.

The project continues to support continuous improvement methodology and key successes to date include:

- Agreed single point of referral process to Laurel Suite.
- Escalation pathway revised and agreed.
- Updated job planning for Haematology CNSs to support MDTs and patients diagnosed with Cancer.
- Pilot plans developed to implement Advice & Guidance model at triage.
- Agreed single point of referral pathway to ensure safe and timely referrals to the Haematology Service from neighbouring specialities within inpatient and outpatient setting.

## **Medicolegal Pathway Improvement**

The Medicolegal pathway improvement project was undertaken to streamline processes and pathways; provide clear clarification on roles and responsibilities within the team; and ensure Subject Access Requests (SARs) are completed in a timely manner to meet the UK General Data Protection Regulation (GDPR) Standards.

Some of the achievements through this project include:

- Cleanse of backlog completed.
- Processes reviewed and streamlined.

- Clear roles and responsibilities established.
- Activity log dashboard created to support management and tracking on SARs.
- Utilised Egress for solicitors to ensure timely and secure communications.

Through the project, we have seen a reduction in complaints, a reduced backlog and SARs now being recorded in a timely manner.

# Medico-Legal Project

**NHS**  
Stockport  
NHS Foundation Trust

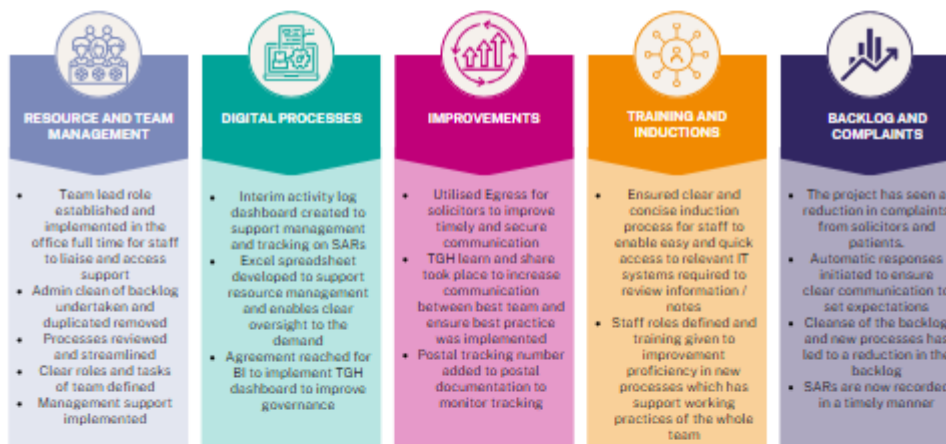
The Medico-Legal project was undertaken To streamline processes and pathways, with clear clarification on roles and responsibilities within the team, ensure Subject Access Requests (SAR's) are completed in a timely manner to meet the UK General Data Protection Regulation (GDPR) Standards.

## Our targeted focus approach aimed to:

- Resource management to support the reduction of application back log
- Streamline administrative processes to maximise efficiency and productivity
- Maximise patient experience
- Improve workforce satisfaction
- develop a new system with a failsafe process incorporated to meet statutory requirements
- Improve digital processes which support requirements



The project commenced with an engagement workshop whereby workstreams and objectives were developed and a process map of the current administrative process was completed.



Following the handover of the project to business as usual the Medico-Legal team aim to continue to monitor and review improvements and have an action plan to ensure there service is continually improving.

## The next steps of the project are:

- Further improve working practices to continue to reduce backlog
- Implement TGH Dashboard with support from SFT BI team to improve monitoring and governance of requests
- Implement staff competency framework to support staff and promote development
- Increase roll out of Egress to improve communication amongst teams

**Making a  
DIFFERENCE  
every day**

## Opioid Stewardship Improvement Project

Our Opioid Stewardship Improvement Project seeks to reduce the risk from opioid use across the trust with particular focus on peri-operative opioid prescribing. Looking at our processes pre and post operative, alongside patient education, this project aims to increase adherence to post-surgical opioid prescription guidelines, improve patient experience and increase utilisation of our peri-operative clinic. Additional financial benefits of this project are also being reviewed, alongside our quality and benefit markers.

## Surgery Out of Hours

This programme aimed to improve the provision of Out of Hours medical staffing in the Surgical division. Through reviewing the current service model, staffing and patient flow areas of efficiencies and improvement were identified. Workload audits, workforce ratio modelling and benchmarking were completed alongside process mapping for our eTask out of hours tasking. This helped to understand and complete improvements made within this programme, which include:

- Introduction of a weekend handover proforma for patients.
- An update of the Same Day Emergency Care (SDEC) Standard Operating Procedure (SOP).
- A business case developed for additional Out of Hours Surgery staffing.
- The programme outcome was a business case for additional Out of Hours Surgery staffing, which included the data and evidence gathered as part of the Transformation programme was developed.

# Surgery Out of Hours Improvement

**NHS**  
Stockport  
NHS Foundation Trust

**AIM**

To improve the provision of out of hours medical staffing in the Surgical division by reviewing the current service model, staffing and patient flow to identify and improve efficiencies in these areas.

**INTRO**

The Surgical division requested transformation resourcing as there appeared to be insufficient tier 1b and tier 2 medical cover out of hours across the division. This seemed to be particularly acute at weekends when the tier 1b doctor was shared across urology and general surgery, leading to delays in review of both urology and general surgery patients referred from the emergency department. This was problematic when the surgical teams were performing emergency surgery as there was effectively no one available to take referrals, or review acutely unwell patients on the ward. In addition, out of hours, the tier 1a doctor covered all surgical specialty wards and provided support for the gastroenterology ward (D1). There is only support from a tier 1b doctor who can often be busy with emergency department referrals.

**WORKSTREAMS AND OBJECTIVES**

- 1 People and Workforce**  
To improve efficiencies and out of hours flow in the hospital, including emergency out of hours admissions
- 2 Workload and eTask**  
To improve the provision of out of hours medical staffing in the Surgical division
- 3 Handover**  
To develop a robust electronic handover process to ensure that patients scoring highest on the NEWS2 (National Early Warning Score) are highlighted to clinicians

**METHODS & ACHIEVEMENTS**

**STAFF SURVEYS**

FY1s (Foundation Year doctors) leading in Surgical Assessment Unit patient outcome review, actively seeking quality improvement initiatives including suggesting improvements to weekend on call rota.

Weekend FY1 on call rota amended based on feedback from FY1s re preferred shift pattern.

Clinical scenario handbook written to support FY1s on Surgical rotation.

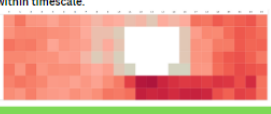
Benchmarking exercise against similar sized trusts completed to inform business case.

Surgical Assessment Unit / Same Day Elective Care standard operating procedure updated to provide clear process of escalation for junior doctors.

**HEAT MAPPING DATA**

eTask data analysis identified patterns of clinical resource pressures including heatmap of activity and correlation of eTasks not completed within timescale with data to be used to support business case.

eTask out of hours deep dive exercise and process mapping completed to evidence peak times for demand against capacity / tasks not completed within timescale.




**CLINICAL HANDOVER PDCA**

Weekend handover proforma designed and implemented to improve handover process and prioritise patients based on clinical need, including NEWS2 score.

Handover proforma developed as part of a Plan, Do, Study, Act (PDCA) cycle.

SHO workload audit completed to inform business case.



**SUMMARY**

The outputs of this programme have supported the creation of a business case for additional out of hours surgical staffing provision. Business case to be completed and presented by the end of October 2023.

v4 Oct 23

## Theatres Efficiency & Productivity Programme

The aim of this programme is to optimise surgical care pathways and theatre utilisation, ensuring efficiency to enable sustainable elective recovery. Despite many challenges, through this programme there have been some key achievements. These include:

- Improved working across divisions and directorates to enhance theatre utilisation.
- A targeted communications campaign to ensure everyone is aware of the improvement work happening with the programme, alongside how utilisation is measured.
- Business case development for My Pre-Op.
- Time in motion studies to identify areas of inefficiency and how to make system lean.
- Loan kit process reviewed.
- Coordinators checklist developed to aid surgical flow.



## Part 2.2: Statements of Assurance from the Board

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

During 2023/24 Stockport NHS Foundation Trust provided and or sub-contracted 48 relevant health services. We have reviewed all the data available to us on the quality of care in all of these NHS services and through our performance management framework and assurance processes. Our total income from service user activities was £399m and our total income was £439m, with income from service user activities accounting for 91% of this total.

### Participation in Clinical Audit

During 2023/24, 50 national clinical audits/confidential inquiries covered relevant health services provided by Stockport NHS Foundation Trust.

During this period, Stockport NHS Foundation Trust participated in 94% of the eligible national clinical audits/confidential inquiries.

#### Table 1 provides details on:

- Eligible national clinical audits/confidential inquiries for Stockport NHS Foundation Trust in 2023/24.
- National clinical audits/confidential inquiries in which Stockport NHS Foundation Trust participated during 2023/24.
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage or the number of registered cases required by the terms of that audit or enquiry.
- National clinical audits/confidential inquiries where Stockport NHS Foundation Trust participated, including the percentage or number of cases submitted.

### National clinical audit:

Actions Taken by Stockport NHS Foundation Trust to Enhance Quality:

In 2023/24, the provider reviewed reports from 46 national clinical audits and Stockport NHS Foundation Trust is committed to implementing the following measures to enhance the quality of healthcare provided:

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

Additionally, 80 local forward program clinical audits were reviewed in 2023/24 and Stockport NHS Foundation Trust aims to enhance healthcare quality through the following actions.

- Production of a comprehensive report and action plan, as needed, for each audit.

Dissemination of outcomes to divisions, with an outcomes report submitted to the Clinical Effectiveness Group to provide assurance levels, risk assessments, and escalation requirements within the governance framework.

**TABLE 1** - National clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in during 2023/24

No.	Programme / Work stream	Provider organisation	Is it applicable?	Did we participate?	Stage or %/no of cases submitted
1	Adult Respiratory Support Audit	British Thoracic Society	Yes	Yes	21
2	BAUS Nephrostomy Audit	The British Association of Urological Surgeons (BAUS)	Yes	Yes	3
3	Breast and Cosmetic Implant Registry	NHS Digital	No	N/A	N/A
4	British Hernia Society Registry	British Hernia Society	No	N/A	N/A
5	Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	775
6	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	6
7	Cleft Registry and Audit Network (CRANE) Database	Royal College of Surgeons of England (RCS)	No	N/A	N/A
8	Elective Surgery (National PROMs Programme)	NHS Digital	Yes	Yes	100%
9	Emergency Medicine QIPs: Care of Older People	Royal College of Emergency Medicine	Yes	Yes	80
10	Emergency Medicine QIPs: Mental Health (Self-Harm)	Royal College of Emergency Medicine	Yes	Yes	231
11	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Royal College of Paediatrics and Child Health	Yes	Yes	Data collection not finalised
12	Falls and Fragility Fracture Audit Programme (FFFAP): Fracture Liaison Service Database (FLS-DB)	Royal College of Physicians	Yes	Yes	
13	Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	Royal College of Physicians	Yes	Yes	8
14	Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database (NHFD)	Royal College of Physicians	Yes	Yes	483
15	Improving Quality in Crohn's and Colitis (IQICC)	IBD Registry	Yes	No	The delays in launching the new data system have hindered participation in the audit. The registry closed at the end of March 2024.
16	Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	NHS England	Yes	Yes	1
17	Maternal, Newborn and Infant Clinical Outcome Review Programme	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Data collection not finalised
18	Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	1
19	Mental Health Clinical Outcome Review Programme	The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	No	N/A	N/A



No.	Programme / Work stream	Provider organisation	Is it applicable?	Did we participate?	Stage or %/no of cases submitted
20	<b>National Adult Diabetes Audit (NDA):</b> National Diabetes Footcare Audit (NDFA)	NHS Digital	Yes	Yes	100%
21	<b>National Adult Diabetes Audit (NDA):</b> National Diabetes Inpatient Safety Audit (NDISA)	NHS Digital	Yes	Yes	Data collection still ongoing
22	<b>National Adult Diabetes Audit (NDA):</b> National Pregnancy in Diabetes Audit (NPID)	NHS Digital	Yes	Yes	Data collection not finalised
23	<b>National Adult Diabetes Audit (NDA):</b> National Diabetes Core Audit	NHS Digital	Yes	Yes	Data collection still ongoing
24	<b>National Asthma and COPD Audit Programme (NACAP):</b> COPD Secondary Care	Royal College of Physicians	Yes	Yes	Data collection still ongoing
25	<b>National Asthma and COPD Audit Programme (NACAP):</b> Pulmonary Rehabilitation	Royal College of Physicians	Yes	Yes	100%
26	<b>National Asthma and COPD Audit Programme (NACAP):</b> Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Data collection still ongoing
27	<b>National Asthma and COPD Audit Programme (NACAP):</b> Children and Young People's Asthma Secondary Care	Royal College of Physicians	Yes	Yes	Data collection not finalised
28	<b>National Audit of Cardiac Rehabilitation</b>	University of York	Yes	Yes	Data collection still ongoing
29	<b>National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)</b>	NHS Benchmarking Network	No	N/A	N/A
30	<b>National Audit of Care at the End of Life (NACEL)</b>	NHS Benchmarking Network	Yes	Yes	100%
31	<b>National Audit of Dementia (NAD)</b>	Royal College of Psychiatrists	Yes	Yes	80
32	<b>National Audit of Pulmonary Hypertension</b>	NHS Digital	No	N/A	N/A
33	<b>National Bariatric Surgery Registry</b>	British Obesity & Metabolic Surgery Society	No	N/A	N/A
34	<b>National Cancer Audit Collaborating Centre:</b> National Audit of Metastatic Breast Cancer	Royal College of Surgeons of England (RCS)	No	N/A	N/A
35	<b>National Cancer Audit Collaborating Centre:</b> National Audit of Primary Breast Cancer	Royal College of Surgeons of England (RCS)	No	N/A	N/A
36	<b>National Cardiac Arrest Audit (NCAA)</b>	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	45
37	<b>National Cardiac Audit Programme (NCAP):</b> National Adult Cardiac Surgery Audit (NACSA)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	No	N/A	N/A
38	<b>National Cardiac Audit Programme (NCAP):</b> National Congenital Heart Disease Audit (NCHDA)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands	No	N/A	N/A



No.	Programme / Work stream	Provider organisation	Is it applicable?	Did we participate?	Stage or %/no of cases submitted
39	<b>National Cardiac Audit Programme (NCAP):</b> National Heart Failure Audit (NHFA)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	Yes	Yes	Data collection still ongoing
40	<b>National Cardiac Audit Programme (NCAP):</b> National Audit of Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	Yes	Yes	Data collection still ongoing
41	<b>National Cardiac Audit Programme (NCAP):</b> Myocardial Ischaemia National Audit Project (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	Yes	Yes	Data collection still ongoing
42	<b>National Cardiac Audit Programme (NCAP):</b> National Audit of Percutaneous Coronary Intervention (NAPCI)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	No	N/A	N/A
43	<b>National Cardiac Audit Programme (NCAP):</b> National Audit of Mitral Valve Leaflet Repairs (MVLRL)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	No	N/A	N/A
44	<b>National Cardiac Audit Programme (NCAP):</b> The UK Transcatheter Aortic Valve Implantation (TAVI) Registry3	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	No	N/A	N/A
45	<b>National Child Mortality Database (NCMD)</b>	University of Bristol	Yes	Yes	Data collection not finalised
46	<b>National Clinical Audit of Psychosis (NCAP)</b>	Royal College of Psychiatrists	No	N/A	N/A
47	<b>National Comparative Audit of Blood Transfusion:</b> 2023 Audit of Blood Transfusion against NICE Quality Standard 138	NHS Blood and Transplant	Yes	Yes	25
48	<b>National Comparative Audit of Blood Transfusion:</b> 2023 Bedside Transfusion Audit	NHS Blood and Transplant	Yes	Yes	Data collection still ongoing
49	<b>National Early Inflammatory Arthritis Audit (NEIAA)</b>	British Society for Rheumatology	Yes	Yes	56
50	<b>National Emergency Laparotomy Audit (NELA)</b>	Royal College of Anaesthetists	Yes	Yes	118
51	<b>National Gastro- Intestinal Cancer Audit Programme (GICAP):</b> National Bowel Cancer Audit (NBOCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	1
52	<b>National Gastro- Intestinal Cancer Audit Programme (GICAP):</b> National Oesophago-Gastric Cancer Audit (NOGCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	1
53	<b>National Joint Registry</b>	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	1
54	<b>National Lung Cancer Audit (NLCA)</b>	Royal College of Surgeons of England (RCS)	Yes	Yes	1
55	<b>National Maternity and Perinatal Audit (NMPA)</b>	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Data collection not finalised

No.	Programme / Work stream	Provider organisation	Is it applicable?	Did we participate?	Stage or %/no of cases submitted
56	National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Data collection not finalised
57	National Obesity Audit (NOA)	NHS Digital	No	N/A	N/A
58	National Ophthalmology Database (NOD): National Cataract Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	No	Did not have the appropriate database to facilitate participation.
59	National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Data collection not finalised
60	National Prostate Cancer Audit (NPCA)	Royal College of Surgeons of England (RCS)	Yes	Yes	1
61	National Vascular Registry (NVR)	Royal College of Surgeons of England (RCS)	No	N/A	N/A
62	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	University of Warwick	No	N/A	N/A
63	Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / University of Leicester	No	N/A	N/A
64	Perinatal Mortality Review Tool (PMRT)	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Data collection not finalised
65	Perioperative Quality Improvement Programme	Royal College of Anaesthetists	Yes	Yes	26
66	Prescribing Observatory for Mental Health (POMH): Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Royal College of Psychiatrists	No	N/A	N/A
67	Prescribing Observatory for Mental Health (POMH): Monitoring of patients prescribed lithium	Royal College of Psychiatrists	No	N/A	N/A
68	Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Yes	Yes	Data collection still ongoing
69	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Yes	24
70	Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine	Yes	Yes	89
71	The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network (TARN)	Yes	No	Due to a cyber-attack, the TARN portal went off line.
72	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A	N/A
73	UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	No	N/A	N/A
74	UK Renal Registry National Acute Kidney Injury Audit	UK Kidney Association	No	N/A	N/A

This page has been left intentionally blank.

## **Participation in Clinical Research**

The Trust is committed to research, development, and innovation (RD&I) as a driver for improving the quality of care we provide to our patients. Participation in clinical research enables our staff and the wider NHS to improve the current and future health outcomes of the people we serve. It is well known that clinical research provides the evidence base to answer key questions that help us tackle health and care issues in our population. However, clinical research and its outcomes can also make a real difference to patient experience, organisational reputation, as well as staff satisfaction, development, recruitment, and retention. Embedding and maintaining an active research ethos at Stockport NHS Foundation Trust is therefore vital to fostering a better future for our patients and staff. That is why RD&I are cited as key enabling themes of our Trust strategies.

The number of patients receiving relevant health services provided or subcontracted by Stockport NHS Foundation Trust in 2023/24 that were recruited during that period to participate in research approved by a Research Ethics Committee (REC) and/ or the Health Research Authority (HRA) is >2150. These research studies have undergone strict ethical review and have received a favourable opinion from the REC within the National Research Ethics Service (where required) and HRA, signifying they are of high scientific quality and have been risk assessed.

The Trust remains committed to engaging with our patients, staff, and service users to provide opportunities to contribute to and/ or participate in a research study.

## **Research, Development and Innovation: Key Achievements**

2023/24 has been another significant year for RD&I at Stockport with a focus on delivering our joint 5-year strategy (launched October 2022) across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust. Our mission is to make a positive difference with clinical research every day, with our vision focussing on improving patient health through clinical, translational, and applied health sciences research and a culture of innovation.

### **Key achievements include:**

Expansion of the portfolio into 21 specialities with 87 research study opportunities open in 2023/24:

- Introduction of 39 new studies showing a mix of commercial and non-commercially sponsored work, with interventional and observational opportunities.
- Diversification into new research areas aligned with our Stockport population, such as our first ageing study, contributing to a national project looking at frailty and outcomes in clinical environments.
- Significant expansion in cardiology, gastroenterology, and rheumatology, choosing research projects to run that can be embedded into standard care pathways.
- Whole divisional approaches to delivering research, where we saw the midwifery workforce support the iGBS study, with 583 cord blood samples taken, contributing to a national project looking at future development to protect against invasive Group B Streptococcus disease.
- Multi-disciplinary approach to deliver a varied stroke research portfolio across acute and rehabilitation settings.

- Increased and sustained engagement with clinical research delivery from a range of health care professionals, including nurses, clinicians (and trainees) and allied healthcare professionals.
- >200 staff with up to date Good Clinical Practice training and contributing to study recruitment.
- Excellent uptake of research related training for staff, including Advanced Clinical Practitioners preparing to take on research leadership (Principal Investigator) roles in the future.
- Multiple successes with extended trainee/ departmental support for data driven, timed, 'snapshot' studies to inform the national landscape, such as evaluating current UK practice and clinical effectiveness for acute coronary syndrome rule-out strategies in emergency departments, review of childbirth acquired perineal trauma and patient reported outcomes, post-operative pain, and pain relief after day case surgery,

The challenges of staffing capacity from 2022/23 have been partially overcome with the clinical delivery team evolving to full complement to support research portfolio growth. Consolidation of a new research delivery structure was also completed in 2023/24, with a robust and effective clinical leadership structure now in place. We have celebrated this through the:

- Regional Health and Care Research Awards 2023: Our Research Midwife was highly commended in the 'New to Research' category and our Research and Innovation Manager was a runner up for the 'Exceptional Research Delivery Leadership' category.
- Making a Difference Trust Awards 2023: The Research Delivery Team was a runner up for Clinical Team of the Year and our Research Practitioner won the Rising Star category.

Staffing challenges in our core RD&I office have delayed some of our strategic goals being delivered this year, such as the re-development of our quality management and training system to better support staff. However, work has continued, and we saw the successful merging of the Stockport and Tameside RD&I Committees in early 2024, with our joint research oversight policy also launched.

The RD&I team are really proud of the contribution we have made to research delivery in 2023/24, which was celebrated in a highly successful joint Stockport and Tameside research showcase event in Autumn 2023, with plans to repeat in 2024. We have also worked closely with our communications team to showcase our RD&I achievements in the wider community. The feedback from our participant research experience survey about the professionalism, dedication, and friendliness of our RD&I staff, continues to be a gold standard example of a team incorporating Trust Values to provide the best service for our patients.

The Trust continues to participate in research studies that are feasible in terms of the services we offer and our patient population. We aspire to raise the profile of research further in 2024/25 to further improve the health and well-being of the population we serve.

### **Goals agreed with Commissioners**

Stockport NHS Foundation Trust income in 2023/24 did not depend on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

There were five designated CQUINs, and organisations were mandated to participate in all relevant programmes. However, only five programmes were to be included in the contract, typically associated with funding. Of these, three were imposed by Greater Manchester Integrated Care Board, while the remaining two were agreed upon locally.

The CQUIN scheme will be paused during 2024/25 pending the outcome of a wider review of quality incentives.

### Statements from the Care Quality Commission (CQC)

The Trust is fully registered with the Care Quality Commission (CQC) and fully compliant with the registration requirements of the CQC. The CQC has not taken enforcement action against the Trust during 2023/24. We continue to engage in regular oversight meetings with the CQC and the Trust seeks assurances through its governance framework that care is provided that is safe, effective, caring, responsive and well led.

During September 2023 maternity services at the Trust were inspected with publication of the report in May 2024. The inspection rated the service as requires improvement for the domains of safe and well-led. An action plan has been developed by the Trust in response to the inspection.

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

Financial Year	Inspection Overview	Outcome						
2023-24:	Announced inspection of maternity services covering the domains of safe and well led, as part of the national maternity inspection programme.	<p>The inspection report published in xxxxxx reported both the safe and well led domains of care as requires improvement.</p> <table><tr><th>Domain</th><th>Assessment</th></tr><tr><td>Safe</td><td>Requires Improvement</td></tr><tr><td>Effective</td><td>Requires Improvement</td></tr></table> <p>The Trust have developed an action plan in response to 3 must do recommendations, and 4 should do recommendations included within the report. The action plan will be overseen by Patient Safety Group and Quality Committee.</p>	Domain	Assessment	Safe	Requires Improvement	Effective	Requires Improvement
Domain	Assessment							
Safe	Requires Improvement							
Effective	Requires Improvement							



2021-22:  November 2021	Unannounced inspection of the urgent and emergency care service at Stepping Hill Hospital covering the domains of safe, effective, caring, responsive and well led.	<p>The inspection report published in January 2022 showed improvement across every domain.</p> <table><tr><th>Domain</th><th>Assessment</th></tr><tr><td>Safe</td><td>Good</td></tr><tr><td>Effective</td><td>Good</td></tr><tr><td>Caring</td><td>Good</td></tr><tr><td>Responsive</td><td>Requires Improvement</td></tr><tr><td>Well-Led</td><td>Good</td></tr><tr><td>Overall</td><td>Good</td></tr></table> <p>The action plan related to the inspection is reported to the Patient Safety Group and Quality Committee at the Trust.</p> <p>The Trust is exceptionally proud of the improvements made to urgent and emergency care during a time of significant pressure.</p>	Domain	Assessment	Safe	Good	Effective	Good	Caring	Good	Responsive	Requires Improvement	Well-Led	Good	Overall	Good
Domain	Assessment															
Safe	Good															
Effective	Good															
Caring	Good															
Responsive	Requires Improvement															
Well-Led	Good															
Overall	Good															

### NHS number of General Medical Practice code validity

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice code is essential to enable the transfer of clinical information about the patient from the Trust to the patient's General Practitioner (GP).

Stockport NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

Percentage of records in the published data submitted to the SUS:	Valid NHS Number	General Medical Practice Code
Admitted Patient Care	99.8%	100%
Outpatient Care	99.9%	100%
Accident and Emergency Care	99.6%	100%

## Information Governance and Information Security Assurance

The Trust proactively reports and investigates all information governance incidents that may impact on the confidentiality, integrity, and availability of data on our internal incident management system, as well as via the Data Security and Protection Toolkit (DSPT) as required.

An independent audit was undertaken last year for the 2022-23 DSPT assessment by the Trust's internal auditor, Mersey Internal Audit Agency (MIAA), which provided moderate assurance against the ten national data guardian standards.

The Trust's annual Data Security and Protection Toolkit (DSPT) submission for 2022-23 was published as "Standards Met", as all the mandatory requirements were met.

## Clinical Coding Error Rate

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

The Trust is committed to continual improvement of coded clinical data and undertakes a regular internal audit programme, in addition to the annual audit which is a mandatory requirement of the Data Security and Protection Toolkit (DSPT).

Stockport NHS Foundation Trust undertook an annual clinical coding audit in 2023/24, and in accordance with the requirements of the toolkit, the audit was conducted by two NHS England Terminology and Classifications Delivery Service approved Clinical Coding Auditors, using the latest version of the NHS Classifications Service Clinical Coding Audit Methodology. The audit focused on 200 randomly selected Finished Consultant Episodes (FCEs) across a range of specialities.

The general standard of clinical coding at Stockport NHS Foundation Trust is good, 84.5% of primary diagnoses audited and 90.7% of primary procedures were correctly coded. The primary diagnosis coding, however, failed to meet the required standard (see table below for details).

		<b>Data Security and Protection Toolkit (DSPT) Level of Attainment</b>	
	Trust records valid %	Standards Met %	Standards Exceeded %
<b>Primary Diagnosis</b>	84.5%	≥90%	≥95%
<b>Secondary Diagnosis</b>	89.4%	≥80%	≥90%
<b>Primary Procedure</b>	90.7%	≥90%	≥95%
<b>Secondary Procedures</b>	86.4%	≥80%	≥90%

Trusts must meet or exceed the required percentage across all four areas in order to meet the attainment level; the Trust, therefore, is scored as 'Approaching Standards'.



Audit recommendations are being actioned to help identify further training needs, and the recruitment of a Clinical Coding Trainer will enhance the internal training programme. A programme of clinical engagement will continue to support improvements in clinical documentation and depth of coding.

## Data Quality

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

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

Stockport NHS Foundation Trust consistently benchmarks well, with high levels of data quality reported in NHS England's Data Quality Maturity Index (DQMI).

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

- The group ensures that data is of a required standard to support patient care and safety, effective decision making, and meets financial and contractual performance frameworks.
- The group provides an open forum to discuss data quality and information issues in the Trust, all externally published data quality dashboards are reviewed, and improvement plans set.
- The group sets and consistently reviews the Trust's Data Quality Scorecard, identifying areas for improvement and supporting the development of plans to achieve this.

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

- Data Quality team will continue to validate patient records against national spine systems including NHS number tracing and checking demographics including GP details.
- Continuation of the regular rolling audits of RTT data and accuracy checks on service user data so training needs are identified and supported with the aim of achieving a Getting it Right First Time culture.
- Enhancement and development of new on-line training courses, supported with key training messages.
- Plan a programme of clinical engagement in relation to clinical documentation to enhance quality and depth of clinical coding.
- Develop new community data quality reports for clear visibility about where there are issues or areas of concern.

- Share and learn from members of the North West Data Quality Group.
- Review of automated technologies to reduce correction of data quality issues.

## Learning from Deaths

During Q1 to Q4 of 2023/24, 1501 of Stockport NHS Foundation Trust patients died.

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

Quarter	Number of patient deaths	Case Record Reviews completed*	Case Record Reviews within outcome 1 and 2
Quarter 1	429 patients	136	13 (12%)
Quarter 2	371 patients	123	3 (3%)
Quarter 3	308 patients	88	20 (15%)
Quarter 4	393 patients	122	12 (8%)
Total	1501 patients	469	48

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

By 31<sup>st</sup> December 2023, 469 case record reviews (31%) had been carried out in relation to 469 of the deaths included in the table above. The number of deaths in each quarter for which a case record review was carried out is shown in the table above.

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

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

48 of the cases reviewed, representing 10% percentage of the total number of case reviews were initially rated to have fallen into outcome 1 or outcome 2. The number in each quarter is shown in the table above.

All 48 deaths were therefore referred to either the Trust's Serious Incident Review Group (SIRG) or Morbidity and Mortality meetings for more detailed review. All cases were reviewed and, where required, a serious incident declared with a full investigation completed. One of these cases was escalated in this manner with a full investigation report and action plan developed.

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

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

- CT report delays impacting on transferring patients out of ED and for ongoing decision making.
- The decisions for a DNACPR and its communication should happen as early as possible, as with decisions on ceilings of treatment, involving the patients and their family/advocate as appropriate.
- Theme of lost and misplaced DNACPR forms – imperative that the form remains with the patient notes and is communicated to staff as required.
- The importance of timely discharges to avoid unnecessary stays in hospital. Community placements to be proactively sought where discharges home are not possible.
- Maintaining the same care time, once a patient has moved from an acute wards, to allow better continuity of care, decision-making and communication between teams and with families.
- The importance of the correct application of the Mental Capacity Act and 'best interests' decisions when considering modes of nutrition in patients. Patients with capacity should also be presented with all the possible options, and their pros and cons, and allowed to make that decision themselves.
- VTE prophylaxis is the responsibility of all staff to ensure the safety of patients. Review of the prophylaxis should also be done daily to identify any requirement for changes in the need for anti-coagulation or a change in dose/route.

This page has been left intentionally blank

## Part 2.3: Reporting against Core Indicators

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

Indicator		November 2019 - October 2020	November 2020 - October 2021	November 2021 - October 2022	November 2022 - October 2023
SHMI value and banding	Stockport NHS Foundation Trust	0.99	0.98	0.97	0.96
	National Average	1.00	1.00	1.00	1.00
	Highest	1.18	1.19	1.25	1.21
	Lowest	0.68	0.72	0.62	0.72

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

Summary Hospital-level Mortality Indicator (SHMI) is reported within the expected range. Mortality reduction remains a focus of the Trust with continued efforts made to improve mortality and reduce harm by focusing on quality improvements referenced within the content of this Quality Account.

Indicator		November 2019 - October 2020	November 2020 - October 2021	November 2021 - October 2022	November 2022 - October 2023
Patient Deaths with Palliative Care Coding	Stockport NHS Foundation Trust	22%	25%	24%	29%
	National Average	36%	39%	40%	42%
	Highest	59%	64%	65%	66%
	Lowest	8%	11%	12%	16%

Stockport NHS Foundation Trust considers that this data is as described for the following reasons. The Specialist Palliative Care Service reviewed and updated the local coding policy in January 2024 with the clinical coding department and has continued to monitor the accuracy of this data

since that time; therefore, the data changes likely represent improvements in the accuracy of the coding.

Indicator		April 2018 - March 2019	April 2019 - March 2020	April 2020 - March 2021	April 2021 - March 2022
Hip Replacement Surgery (PROMS)	Stockport NHS Foundation	93%	89%	91%	87%
	National Average	90%	89%	90%	90%
	Highest	100%	100%	100%	100%
	Lowest	60%	67%	57%	64%
Indicator		April 2018 - March 2019	April 2019 - March 2020	April 2020 - March 2021	April 2021 - March 2022
Knee Replacement Surgery (PROMS)	Stockport NHS Foundation	87%	89%	91%	88%
	National Average	82%	82%	82%	82%
	Highest	100%	100%	100%	100%
	Lowest	60%	43%	50%	53%

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

Stockport NHS Foundation Trust reports a higher than national average PROM scores for knee replacement surgery and just below for national average for hip replacement. Although data for 2022/23 is not due to be published until July 2024, we continue to review our service to drive improvements in outcomes for our patients.

Indicator		2020/21	2021/22	2022/23	2023/24 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 0-15	Stockport NHS Foundation Trust	13.4%	12.4%	13.8%	12.4%
	National Average	9.1%	9.8%	10.5%	10.0%
	Highest	20.6%	19.1%	19.0%	22.3%
	Lowest	0.0%	0.0%	0.0%	0.0%

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

We have a strong community nursing team and, therefore, use them to minimise length- of- stay. They provide nursing in the community with open



access and options to readmit. This means our length- of- stay is low but by ‘safety netting’ children to allow them to return to PAU for review. This also reduces ED attendance. PAU reviews and investigations are coded currently as readmissions inflating this figure.

Indicator		2020/21	2021/22	2022/23	2023/24 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 16+	Stockport NHS Foundation Trust	10.8%	9.9%	9.1%	9.5%
	National Average	9.1%	8.2%	7.7%	8.0%
	Highest	18.0%	17.0%	21.0%	17.5%
	Lowest	0.0%	0.0%	0.0%	0.0%

Stockport NHS Foundation Trust considers that this data is as described for the following reasons. Stockport NHS Foundation Trust reports a readmission rate that sits slightly above the national average rate, although well within expected normal variation. The Trust continues to monitor to readmission rate for patients to identify opportunities for learning and improvement.

Indicator		Quarter 4 2021/22	Quarter 4 2022/23	Quarter 4 2023/224
The degree to which staff advocate their organisation as a place to work or to be treated. (National Quarterly Pulse Survey)	Stockport NHS Foundation Trust	5.0	5.2	5.5
	National Average	6.8	6.6	6.7
	Highest	8.3	7.9	7.7
	Lowest	4.9	3.4	4.8

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

The data captured in the survey covers:

- Care of patients/service users is my organisation’s top priority.
- I would recommend my organisation as a place to work.
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

Indicator		2020/21	2021/22	2022/23	2023/24
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.	Stockport NHS Foundation Trust	97.5%	98.2%	98.3%	97.4%
	National Average	*	*	*	*
	Highest	*	*	*	*
	Lowest	*	*	*	*
<p><b>* Collection paused Nationally due to covid pandemic - no national data from December 2019 onwards</b></p> <p>Stockport NHS Foundation Trust considers this data is as described for the following reasons. The Trust has consistently achieved above 95% compliance for VTE risk assessment on admission since 2013. It is mandatory to complete the VTE Risk Assessment in the electronic prescribing &amp; medicines administration system (ePMA) before prescribing medications. The data is recorded onto Patient Centre and validated by the VTE specialist nurses and monitored by the Thrombosis Group. The exclusion cohort is also monitored to ensure only those patients eligible for assessments are included in the figures.</p> <p>Stockport NHS Foundation Trust has taken the following actions to improve this percentage: Electronic data collection for VTE risk assessment is included in mandatory training for all clinical staff, and e-learning packages have been developed. The Thrombosis Group closely monitors the Trust's performance, and any areas of non-compliance are investigated. The figures are included in a quarterly VTE prevention report to the Trust Patient Safety &amp; Quality Group. In April 2021, the Trust was awarded national VTE exemplar site status.</p>					
Indicator		2020/21	2021/22	2022/23	2023/24 (to Dec)
The rate per 100,000 bed days of cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.	Stockport NHS Foundation Trust	11.7	28.3	26.0	29.5
	National Average	15.4	16.3	18.3	17.6
	Highest	80.6	53.6	73.3	66.87
	Lowest	0.0	0.0	0.0	0.0
<p>Stockport NHS Foundation Trust considers that this data is as described for the following reasons.</p> <p>The Trust follows the national Clostridium difficile guidelines. There is a robust system for data entry and validation which ensures all cases are</p>					

entered onto the data capture system.

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

- Robust weekly Health Care Associated Infection (HCAI) panel – with an expectation that Divisional medical & nursing team present the case.
- Reintroduction of face-to-face antimicrobial stewardship rounds following reduction in Covid cases.
- Multidisciplinary sections highlighted on the CDI Root Cause Analysis form for completion.

This page has been left intentionally blank.

## Part 3: Other Information

---

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

---

## **Stockport NHS Foundation Trust Quality Account Response Greater Manchester Integrated Care**

Thank you for your detailed and transparent Quality Account submission, which is a true celebration of the work of the Trust.

Provider organisations must provide Quality Accounts each year to enhance accountability to the public and provide a link between provider and commissioning organisations in terms of the quality improvement agenda.

The Quality Account from Stockport NHS Foundation Trust reviews achievements from the last 12 months and outlines areas for development. It sets out the Quality Plan for the next year.

The Trust has made significant progress in improving the quality of care and delivering quality improvement programmes that have a substantial positive impact on patient care. This is evident in the reductions seen in the number of falls across the hospital site and the reduction in pressure sores, both of which significantly impact patient care and length of stay.

It is fantastic to see the progress made against the StARS accreditation programme, with the Trust exceeding the targets set for 2023/24. This has created a system that ensures staff are motivated and recognised for delivering evidence-based, patient-centred care, strengthens patient safety, and promotes continuous improvement across all care settings.

We are pleased to hear that the Trust has engaged in several audit programmes over the past twelve months. We would welcome shared feedback to the Stockport System Quality Group on the findings from those audits and the implementation of any learning for system-wide improvement.

System-wide working to improve flow out of the hospital has been a priority over the past twelve months. Although further work is needed, it is important to acknowledge the partnership working right across the system, working collectively to improve hospital flow.

NHS Greater Manchester (GM) acknowledges the commitment to quality from the Trust. While this response does not include exhaustive oversight of the Quality Account submission in its entirety, it commends the hard work and dedication of the organisation.



NHS GM will continue to address Quality in the following ways:

- **Quality compliance** will be measured using the Quality Compliance Schedule on a quarterly basis.
- **Attendance at Patient Safety Summits** to monitor and support around the Patient Safety Incident Response Framework (PSIRF) compliance.
- **Learning from deaths** will continue to inform ongoing practice.
- **Safeguarding compliance** will be measured in line with statute.
- **Safeguarding assurance** will be provided on a quarterly basis.
- The Trust-identified **priorities for 2024/25** will be supported and monitored.

The Greater Manchester system will do this by:

- **Good governance of quality** and a common understanding of quality data.
- **Delivery of agreed system-wide priorities.**
- **Delivery of agreed locality priorities.**
- **Demonstrating where improvements have been made** by measuring progress.
- The **triple aim** of improving health and wellbeing, quality of care, and ensuring efficient/sustainable use of resources.

During 2023, we would like to see a focus on the following areas relating to quality:

- Ensuring the Trust continues to deliver high-quality and safe services including urgent planned work, cancer pathways, and managing waiting times and outpatient appointments.
- Supporting the wellbeing and resilience of the workforce.
- Progress against the NHS Learning Disability Improvement Standards.
- Supporting and learning from Harm Reviews and wider mortality reviews.
- A continued commitment to mitigating health inequalities by taking a population health approach.
- Implementation of the Patient Safety Incident Response Framework and new Patient Safety Incident Management System.
- Continued engagement with the Stockport System Quality Group to achieve the aspiration of a new integrated approach to health and care. This also includes influencing the wider determinants of health through collaboration and transformation which supports the longer-term transition to new approaches in health and care, that better meet the needs of the local population.

In conclusion, NHS GM is confident the Trust has demonstrated their commitment to deliver high-quality, safe services in their continual improvement journey. We would like to thank Stockport NHS Foundation Trust for the positive culture fostered within the organisation and their continued focus on putting residents of Greater Manchester first.

We look forward to continuing our collaborative efforts to enhance the quality of care and patient safety within the Trust.