Stockport NHS Foundation Trust

Annual Quality Accounts Report 2024/25

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

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I am very pleased to introduce our Quality Account for the year 2024-25, which gives an overview of both our performance and achievements of the past year, and our hopes and challenges for the year ahead, as we continue to strive to provide quality care for local people.

We faced a great deal of challenges over the past year, both in terms of the tough financial situation which all NHS trusts are facing, and also the particular issues we face with our estate at Stepping Hill Hospital. Through all this however we made great strides as we sought to make improvements in our performance and services.

Stepping Hill Hospital has been recognised as one of the safest in the country for emergency abdominal surgery. The 2022/23 National Emergency Laparotomy Audit (NELA) report, published in October 2024, placed Stockport NHS Foundation Trust in the top three acute trusts nationally and top in Greater Manchester for survival rates, with a mortality rate less than half the national average. This achievement reflects the dedication of our multidisciplinary teams delivering high-quality, life-saving care.

Our results for the Prostate Cancer National Audit are the best in Manchester and consistently above the national average.

We continued to see a reduction in falls in hospital, reducing from 2.82 / 1000 bed days in 2023/2024 to 2.64 / 1000 bed days in 2024/25.

Our StARS ward accreditation programme continued to shine a light on quality care, with more of our wards securing and sustaining their 'blue' status. In 2024/25 we completed 69 accreditations across 43 clinical areas, including theatres, paediatrics, maternity, the emergency department and community settings.

Blue is the highest level of accreditation that an area can achieve. 39% of our clinical areas have now achieved blue StARS status, with all areas previously awarded maintaining their status. 35% of clinical areas achieved green status – the second highest level of accreditation.

Demand for our services continued to grow, with daily attendances to our Emergency Department remaining at historically high levels with over 300 patients attending each day (110,447 attends in 2024/25). We have also seen increased growth in demand across our

elective care services, particularly for patients referred on suspected cancer pathways. Challenges also remain with patient flow and bed occupancy, with our medical bed occupancy routinely high at or above 98%.

We have made improvements in our performance, despite this increased demand. Our 4 hour standard performance has increased from 61.1% in March 2024 to 69% in March 2025. We have sustained our achievement of the 28-day faster diagnosis standard at 82.1%, eliminated 78 week waits and almost eliminated 65 week waits. Overall, our referral to treatment (RTT) waiting list size has reduced by 8%. This is a great testimony to the hard work and dedication of everyone in the services involved who have all contributed towards these major achievements.

The problems with our ageing estate have been well documented in recent years, and these are challenges that still continue across our main hospital site. However, it is good to see great steps being taken forward with our estate as well.

In May 2025, the building of our emergency and urgent care campus, a major project which has taken three years, has finally been completed, together with our contractor partners Tilbury Douglas.

The new campus provides better facilities, which have been much needed for so long, to continue to care for the ever increasing number of patients with emergency and urgent care needs which we are seeing. Its design is centred on patient needs, with the best possible state-of-the-art facilities being made available for staff.

It includes new assessment, treatment and consultation areas for several key emergency and urgent care services including the children's emergency department, mental health, and medical same day emergency care. It was very satisfying to see these finally up and working and helping our staff to provide the care which our patients need.

The loss of our Outpatients B building back in 2023 due to it being no longer for purpose was a particular challenge which left a number of our outpatients services without a permanent base.

So, it was good during the last year to see construction well underway on a brand new outpatients building on the hospital site, this time with construction partners MTX. The innovative modular construction with this new building means progress is being made on this project at a very swift and impressive rate, and we are looking forward to it opening for patients within the year.

We remember our services in the community as well, and in the past year we have also a new community diagnostic centre in Denton, which has improved access to diagnostic tests and reduced waiting times for local people. This has been a great partnership project both with Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT) and providers InHealth.

As always there have been a great many achievements from our colleagues to take pride in during this year. These include our winning an HSJ Patient Safety Award for our project to reduce a backlog of elective surgery whilst maintain high patient safety standards, our Estates and Facilities Associate Director Dan Reason receiving the 'Leader of the Year'

award from HEFMA, our catering being shortlisted for several more national awards, and our lead pharmacist in rheumatology Rebecca Heaton successfully qualifying in becoming a 'consultant pharmacist' in the position, one of only three in the England and Wales to hold the distinction in this speciality, and helping us to provide outstanding rheumatology care. We are very proud of them and all our colleagues, as they continue to provide the best care possible with empathy, compassion and understanding.

Finally, I would like to say a few words welcoming our new Chair David Wakefield, who is chairing both our Trust and TGICFT. The appointment of David as Joint Chair is a key next step in strengthening collaboration in line with national NHS policy. David has only been in place since March, but we are already working very well with the new arrangement. I would also like to say a big thank you to Marissa Logan-Ward for her excellent work as Interim Chair over the previous period.

I hope you find the Quality Accounts which follow interesting and informative.

Karen James OBE
Chief Executive

Part 2.1: Priorities for Improvement

Quality Strategy

The Quality Strategy was developed and extended to 2025. The report provides an update as to the goals for the year 2024-25:
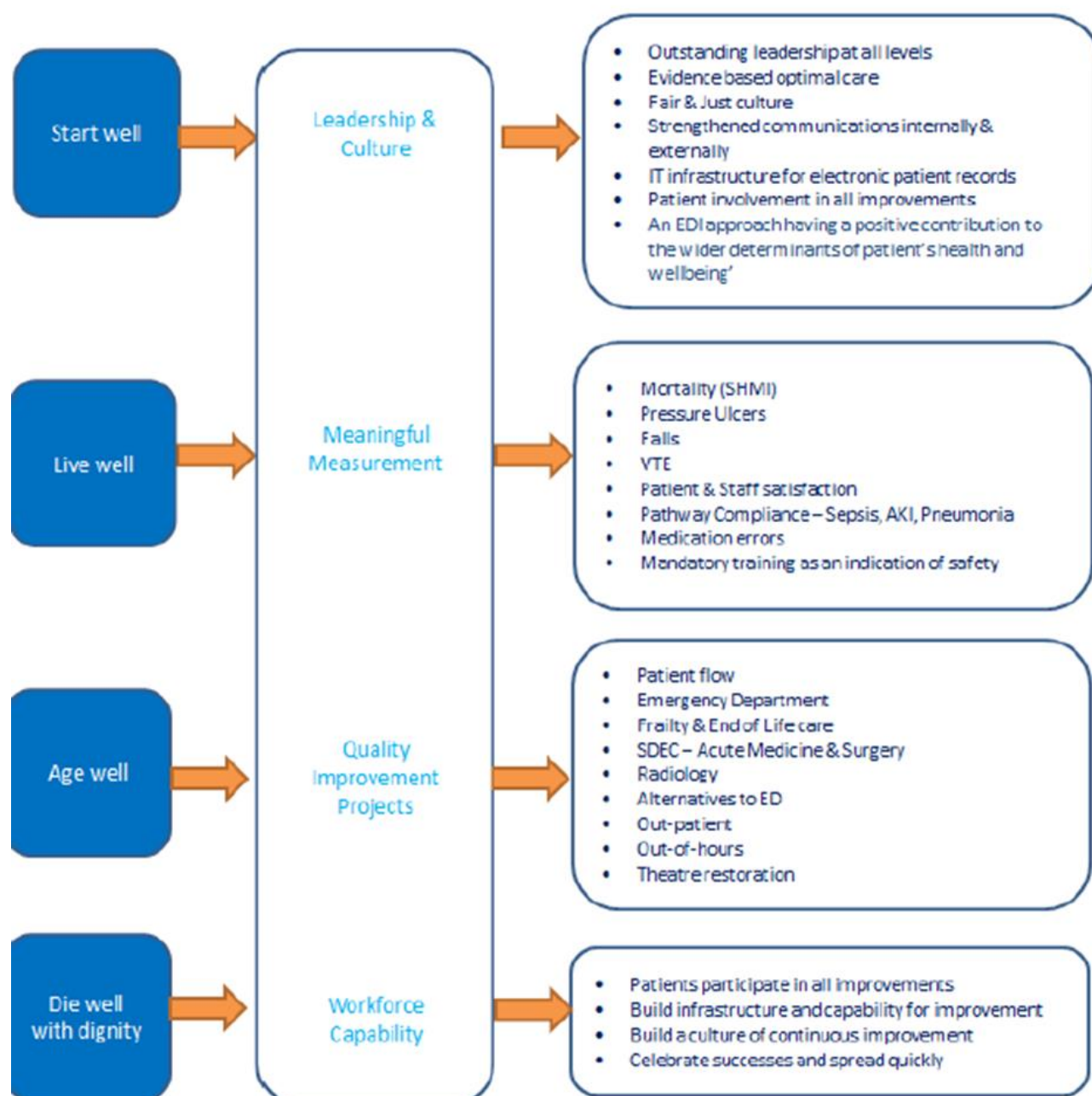
We will deliver quality improvement and service improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.

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

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

To deliver on our ambition to:

- Start well – Improve the first 1,000 days of life

- Live well – Reduce avoidable harm

- Age well – Reduce avoidable harm

- Die well with dignity – Improve the last 1,000 days of life

Start well →

Leadership & Culture →

- Outstanding leadership at all levels
- Evidence based optimal care
- Fair & Just culture
- Strengthened communications internally & externally
- IT infrastructure for electronic patient records
- Patient involvement in all improvements
- An EDI approach having a positive contribution to the wider determinants of patient's health and wellbeing'

Live well →

Meaningful Measurement →

- Mortality (SHMI)
- Pressure Ulcers
- Falls
- VTE
- Patient & Staff satisfaction
- Pathway Compliance – Sepsis, AKI, Pneumonia
- Medication errors
- Mandatory training as an indication of safety

Age well →

Quality Improvement Projects →

- Patient flow
- Emergency Department
- Frailty & End of Life care
- SDEC – Acute Medicine & Surgery
- Radiology
- Alternatives to ED
- Out-patient
- Out-of-hours
- Theatre restoration

Die well with dignity →

Workforce Capability →

- Patients participate in all improvements
- Build infrastructure and capability for improvement
- Build a culture of continuous improvement
- Celebrate successes and spread quickly

Tissue Viability

Tissue Viability Service
Quality Improvement Strategy 2025-2026

Lisa Gough
Tissue Viability Specialist Matron

Tissue Viability Team

Helen Howard
Deputy Chief Nurse

AIM — **HOW**

Strengthen our Pressure ulcer prevention practices to sustain our reduction strategy
- Leverage data from patient track to identify areas for improvement
- Analyse training compliance and triangulate with trend analysis of PU incidents

Expand the scope of Tissue Viability training programs
- Refresh the TV Link nurse training provision and engage the divisions to strengthen this programme
- Provide additional training 'masterclasses' to enhance skills and knowledge

Improve standards of leg ulcer management in line with national guidance
- Develop training sessions and resources to improve skills and knowledge
- Utilise national guidance to form Trust guidance and protocols for leg ulcer management

Expand the availability and delivery of the Tissue Viability Service
- Review the service requirements, referral criteria, staffing provision and capacity
- Evaluate the service specification and development proposals in collaboration with the ICB

The primary goal of our quality improvement agenda is to achieve further reductions in the harm associated with pressure ulcer development in both hospital and community settings. Over the last two years, we have steadily reduced the number of pressure ulcers in the acute setting and aim to continue this trend. In the community setting, our quality improvement work has enhanced patient engagement, empowerment, and safety at home. With further advancements in digital record-keeping and training modules, we hope to

deepen our understanding of why pressure ulcers occur and develop stronger, longer-lasting prevention strategies.

The Tissue Viability Team offers a comprehensive service that includes specialist advice and support to patients and staff on all types of wounds. Our ongoing service improvement efforts aim to significantly reduce the burden of wounds on patients and the organisation.

Falls

The Trust Quality Improvement target for 2024/2025 was a 5% reduction in the overall number of falls, and in those causing moderate and above harm to remain the same or below 5%.

We also measured 5% reduction in lapses of care/areas of concern. We measured these 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 fair way of comparing results from years or months where there were different numbers of patients in the hospital.

Additionally, local monitoring of 10% reduction in Emergency Department (ED) falls and 10% reduction in lapses in care/areas of concern. This was measured per 1000 attenders. The reason for including Emergency Department falls is to make further progress in 2025/2026 by having a focus on this area.

The total number of falls in 2024/2025 was 599 with a rate of 2.64 / 1000 bed days compared to 651 falls in 2023/2024 with a rate of 2.82 / 1000 bed days.

The target was 2.68 / 100 bed days which is a reduction of 4.96% compared to 2023/2024 .

Four falls in 2024/2025 with lapses in care (reportable falls) resulted in moderate or above harm within the inpatient wards and the end of the year rate was 0.02 / 100 bed days. We remained in target.

The rate of falls with lapses in care / areas of concerns in 2024/2025 was 0.92. In 2024/2025 the rate was 0.62 which is a reduction 31.61% from previous year.

ED overall falls set target was 0.70 / 1000 attenders and unfortunately, we did not meet the target. At the end of 2024/2025 we were at 0.81 which is a 15.71% increase.

ED lapses in care / areas of concern were set at a 0.36 per 100 attenders but at the end of 2024/2025 we were 0.38, which is an increase of 5.5% from 2023/2024.

Rate of Total Falls 2023/24 (per 1000 bed days)	Rate of falls with moderate harm 2023/24 (per 1000 bed days)	Rate of falls with Lapse in care 2023/24 (per 1000 bed days)
3.40	0.85	1.82
Target for 2024/25 (per 1000 bed days)	Target for 2024/25 (per 1000 bed days)	Target for 2024/25 (per 1000 bed days)

2.68	0.02	0.92
Rate of Falls at end of March 2025 (per 1000 bed days)	Rate of falls with moderate harm at end of March 2025 (per 1000 bed days)	Rate of falls with lapse in care at end of March 2025 (per 1000 bed days)
2.64	0.02	0.62

Falls Data: April 2017 to March 2025
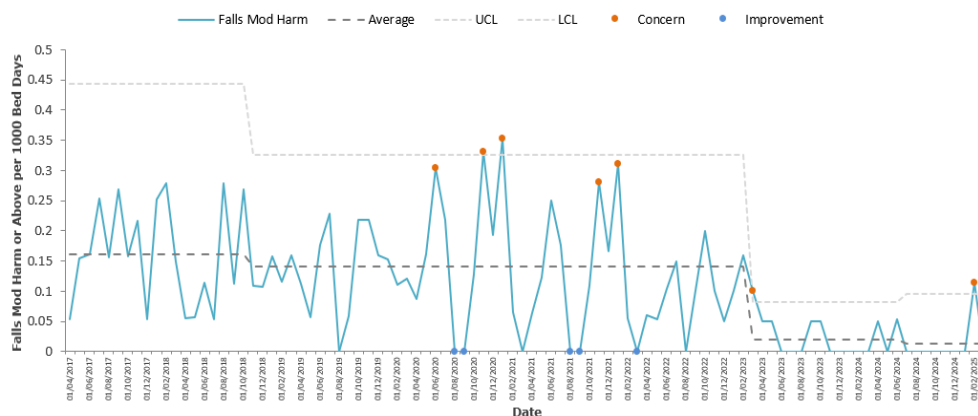
Total Falls per 1000 Bed Days

Report Period: April 2017 to March 2025
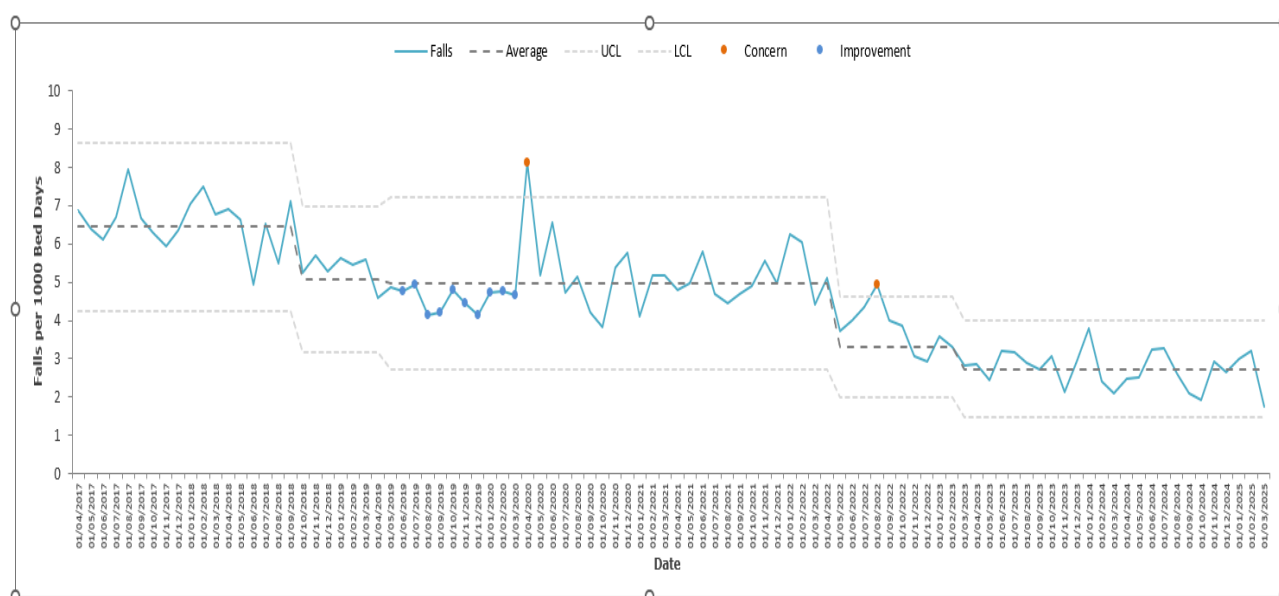
Falls with Moderate and above harm: April 2017 to March 2025
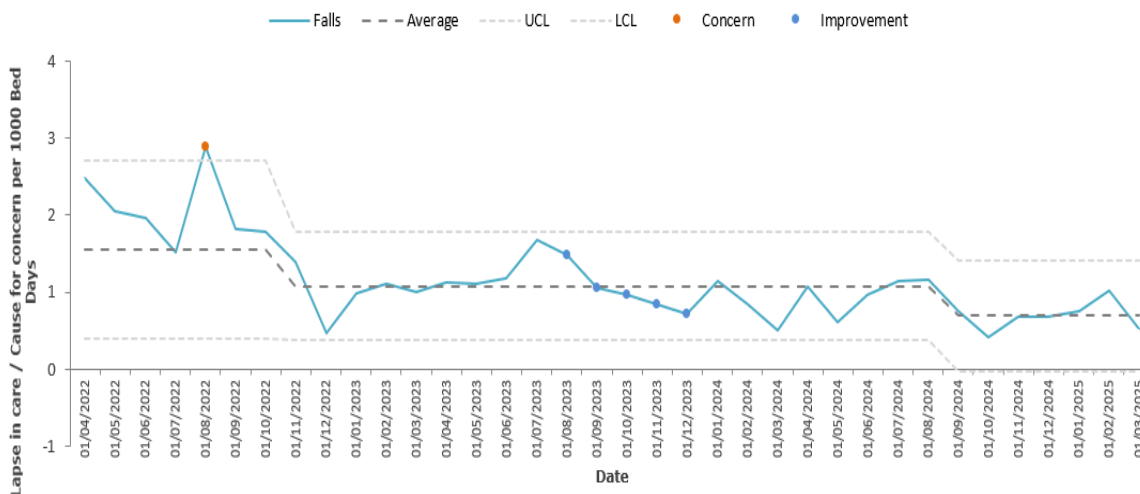
Falls With Moderate Harm Per 1000 Bed Days

Report Period: April 2017 to March 2025

Lapses in care / Areas of concern: January 2022 to March 2025

Lapse in Care per 1000 Bed Days

Report Period: April 2022 to March 2025

ED Falls: April 2021 to March 2025

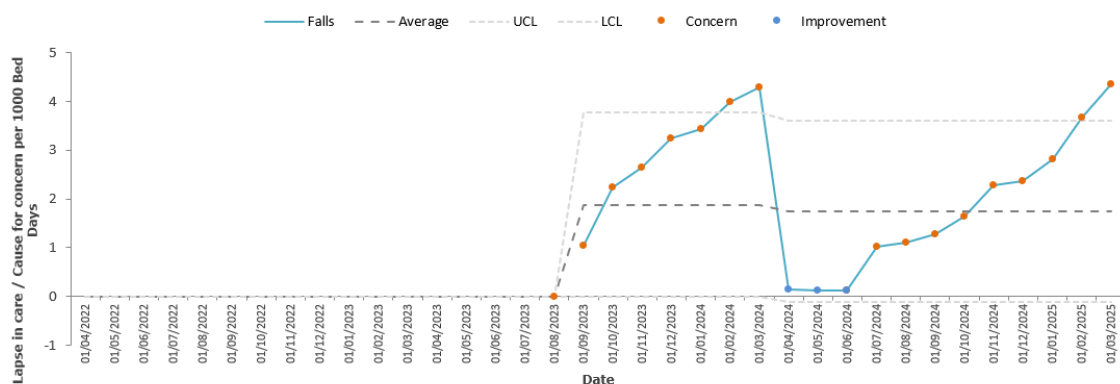| ED Total Falls per 1000 Attendances |
|---|
| |

Report Period: April 2021 to March 2025
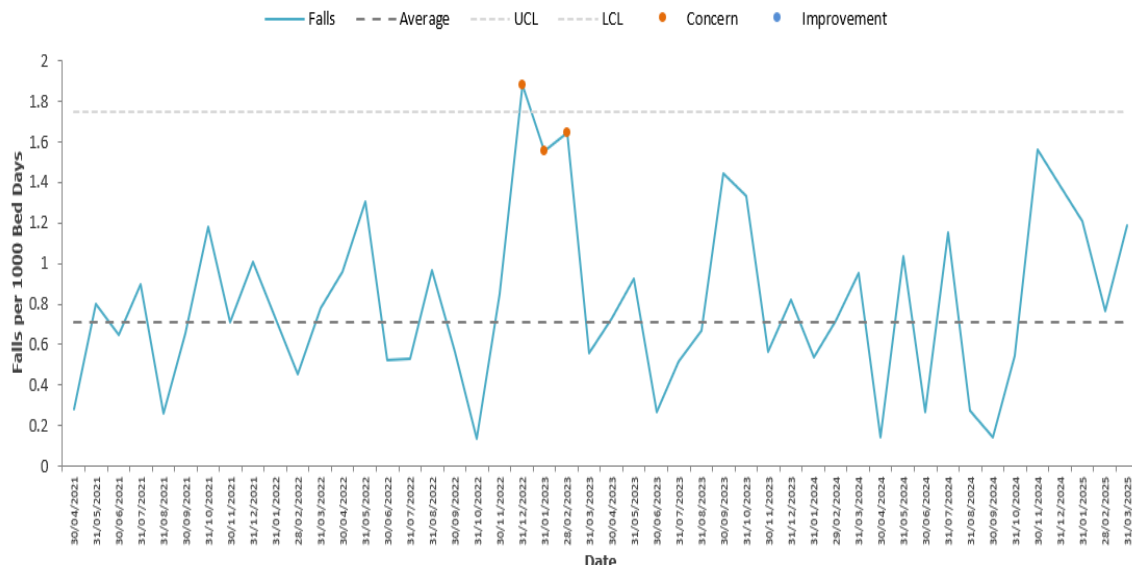
ED Lapses in care / areas of concern: April 2022 to April 2025

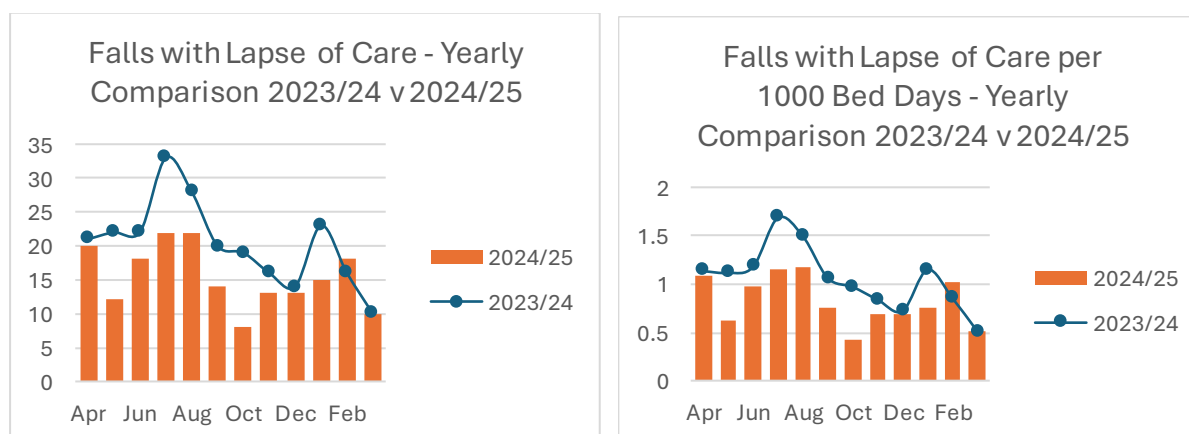| ED Lapse in Care per 1000 Bed Days |
|---|
| |

Report Period: April 2022 to March 2025

The Trust is making progress in reducing falls each year, and there is evidence that lapses in care have also been reducing.
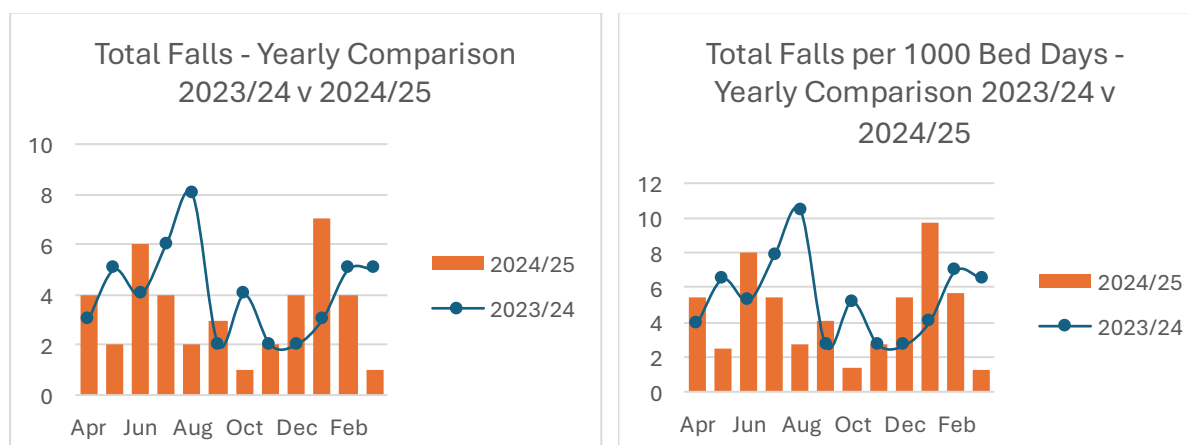
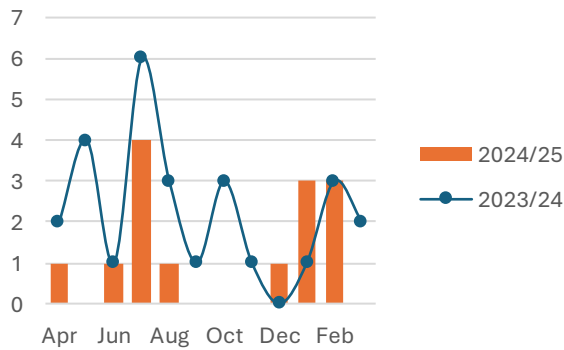**Below there is a yearly comparison of Trust total number of falls**

Total Falls per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25

Total Falls - Yearly Comparison 2023/24 v 2024/25
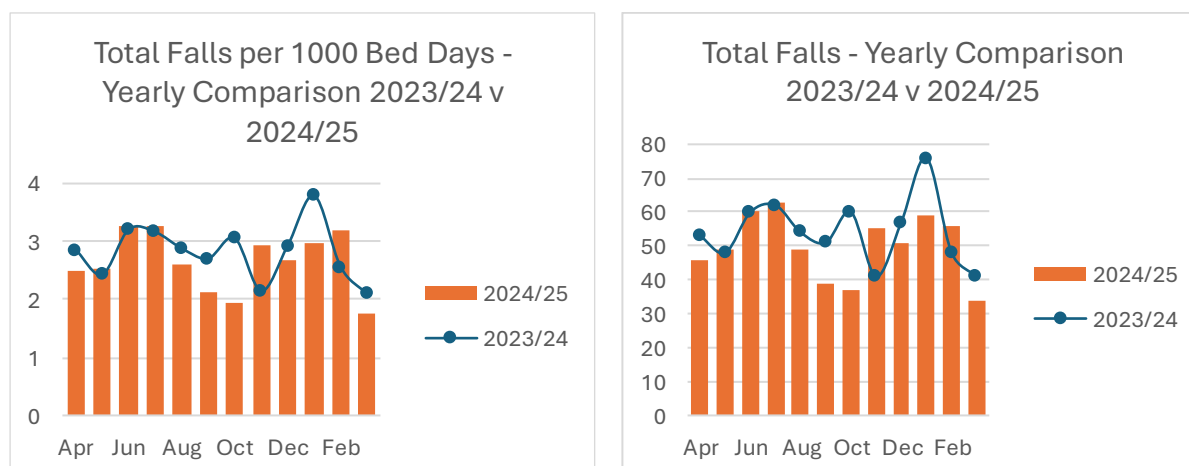
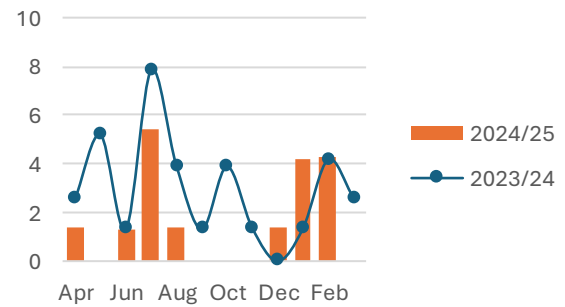**Below the is a yearly comparison of Trust lapses in care/areas of concern**

Falls with Lapse of Care - Yearly Comparison 2023/24 v 2024/25

Falls with Lapse of Care per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25

Integrated Care:

Total Falls - Yearly Comparison 2023/24 v 2024/25

Total Falls per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25

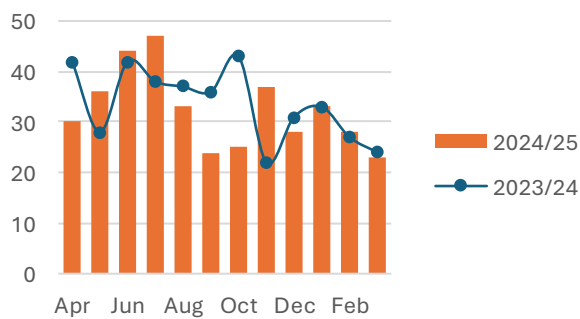Falls with Lapse of Care - Yearly Comparison 2023/24 v 2024/25

Falls with Lapse of Care per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25
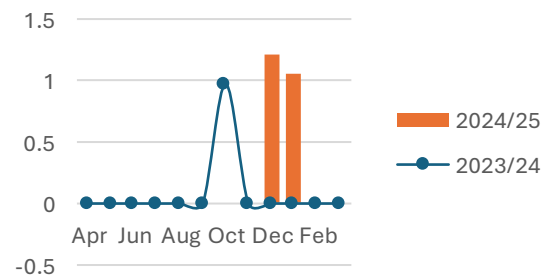
Medicine and Urgent Care

Total Falls - Yearly Comparison 2023/24 v 2024/25

Total Falls per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25

Falls with Lapse of Care - Yearly Comparison 2023/24 v 2024/25

Falls with Lapse of Care per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25
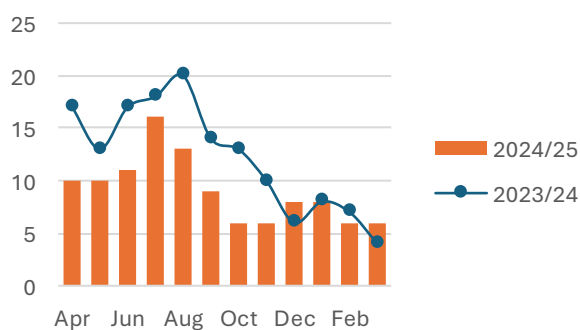
Surgery

Total Falls - Yearly Comparison 2023/24 v 2024/25

Total Falls per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25

Falls with Lapse of Care - Yearly Comparison 2023/24 v 2024/25

Falls with Lapse of Care per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25

Women and Children

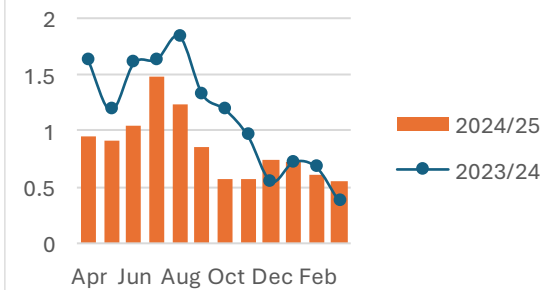Total Falls - Yearly Comparison 2023/24 v 2024/25

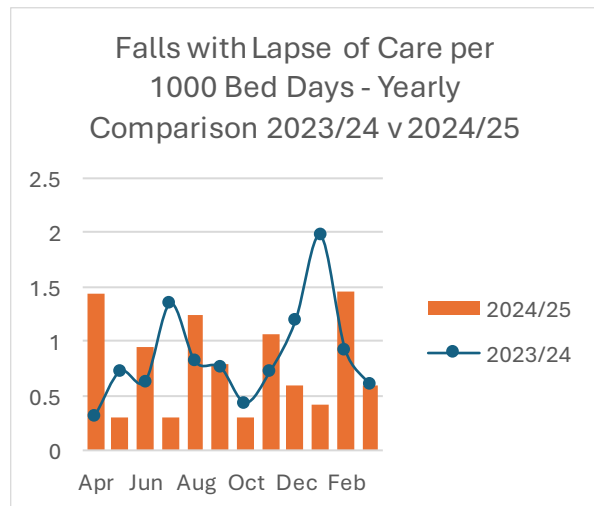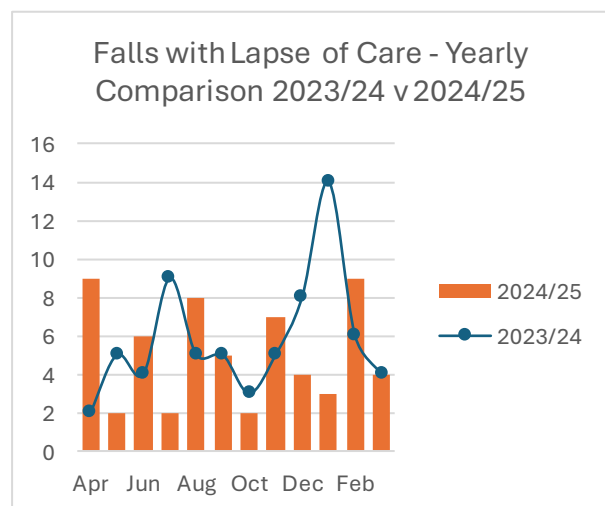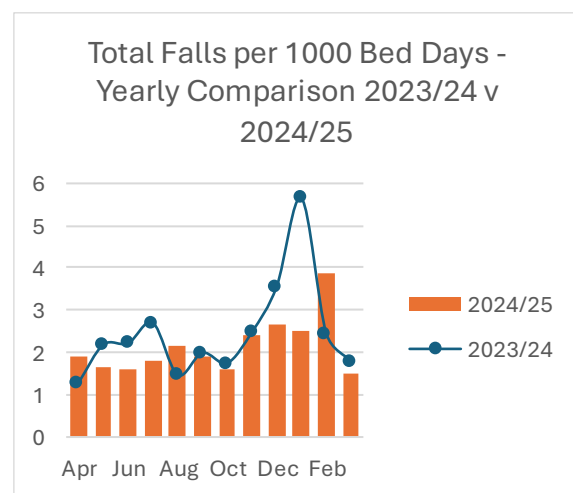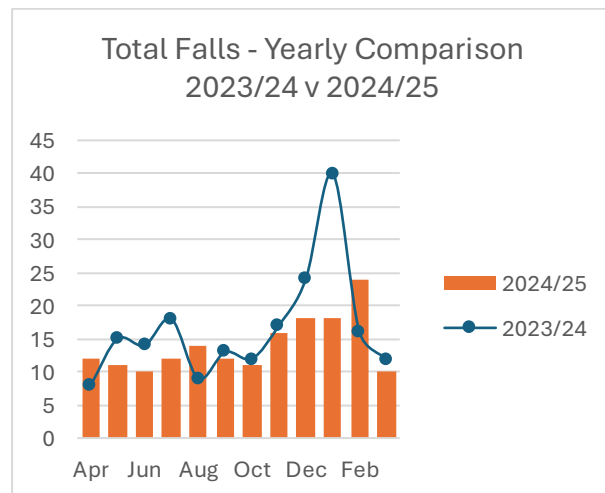Total Falls per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25
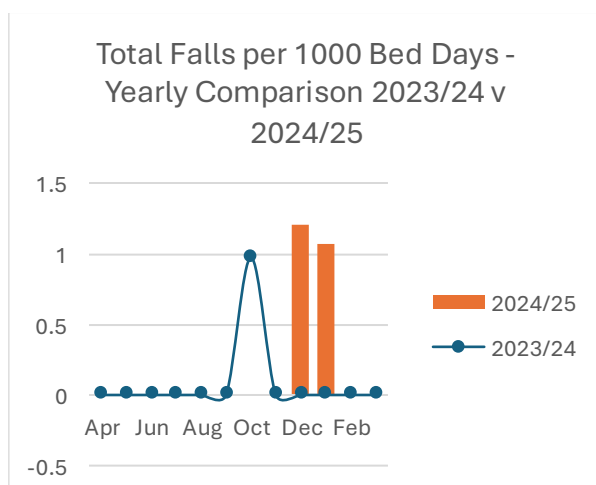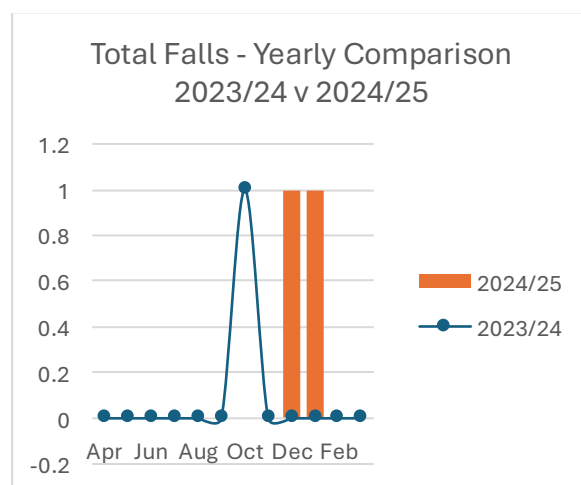
Falls with Lapse of Care - Yearly Comparison 2023/24 v 2024/25

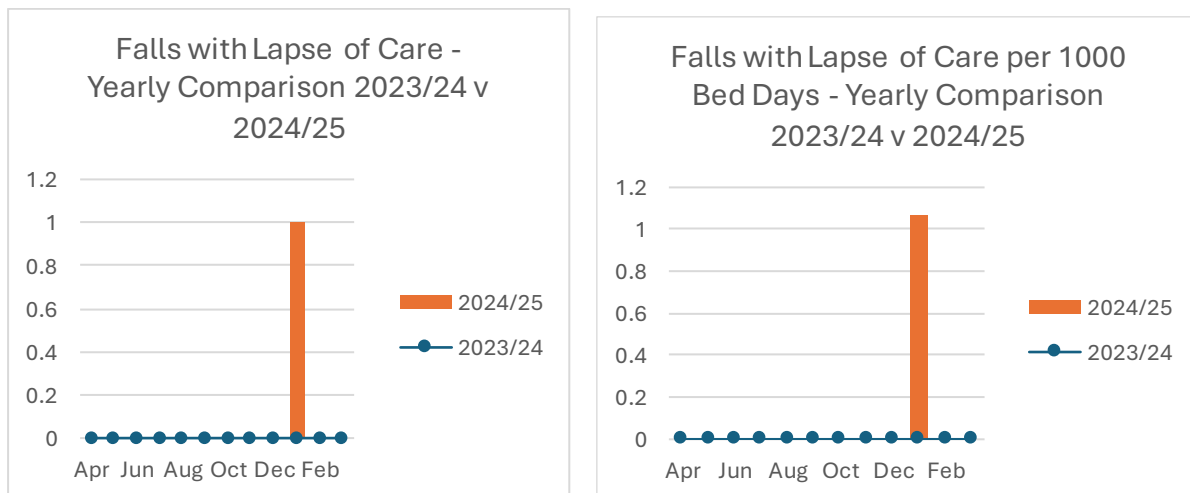**Falls with Lapse of Care per 1000 Bed Days - Yearly Comparison 2023/24 v 2024/25**

Organisational Challenges

- The capacity to support patients requiring enhanced care can be challenging due to the availability of staff. This can also change during the day dependent on the patient.

- Over 100 health care assistant vacancies - recruitment has taken place and new staff are currently going through the induction programme.

- Handovers between wards can sometimes be insufficient. Patients who are deemed a falls risk do not always have enhanced care in place. This results in it being undertaken by the receiving ward, which can lead to confusion and additional workload.

Ongoing Falls improvement Work

- The Royal College of Physicians guidance of Lying and Standing (L&S) BP as part of the falls assessment has been incorporated into the Trust's falls risk assessment.

- Ongoing compliance of monitoring of L&S BP using monthly Quality Metric audits.

- Education – an E-Learning package has been developed and currently in the process of implementing the package for community staff.

- Overarching Falls Action Plan for each Division will be monitored at the Quality & Safety Improvement Strategy Group.

- Introduction of 'at a glance' ward moves/transfers during current patient admission episode supporting decision making around patient transfers.

- All Fall Champions now have badges, and regular meetings are taking place.

- Fall resource files have been distributed to all areas.

- Bimonthly Falls Newsletters are sent to all areas.

- All areas can order slipper socks.

- Fall Safety Cross boards are displayed in all areas.

- Areas are presented with a certificate if they have had zero falls in a month.

- Falls documentation and staff knowledge is also monitored in the Stockport Accreditation Recognition Scheme (StARS).

- Bay Nursing is in place with designated staff wearing yellow tabards and regular toolbox training is delivered.

- The Falls Steering Group has a consultant lead and pharmacist lead.

- Post fall proforma is completed for all falls.

- A Falls information leaflet is available as a Patient Information Leaflet (PILs).

- Microsite available for all staff to access for falls information and resources.

- Pharmacy project and pilot will take place soon.

- All falls documentation available electronically on Patientrack.

- The Trust is part of the Stockport Collaborative group where practice is now shared across other areas, pooling knowledge and resources through collaborative working.

- A guest panel member from the Divisions attends the weekly review panel to increase awareness of potential harm caused by falls and to share learning with their own areas.

- Any falls are raised and discussed via various forums – safety huddles, theme of the week, newsletters, Risky Business, feedback to ward staff, and regular update emails circulated by the Falls Lead.

- Plans to further promote 'rise and shine' (Dressed is Best) campaign.

StARS - Stockport Accreditation and Recognition Scheme

The StARS accreditation programme, introduced in April 2021, aims to provide the board with assurance of compliance with established care and safety standards. The purpose of StARS is to create a system that promotes staff motivation and recognition for delivering evidence-based, patient-centred care, enhances patient safety, and promotes continuous improvement across all care settings. The framework encompasses 14 standards, each subdivided into three categories: Environment, Care, and Leadership.

Achievements during 2024/2025

Between April 2024 and March 2025, 69 accreditations were completed across 43 clinical areas, including Theatres, Paediatrics, Maternity, the Emergency Department, and Community settings with District Nursing teams.

All targets for 2024/2025 were exceeded:

Target Set for 2024/2025	Achievements 2024/2025	Achievements 2023/2024
1. To maintain overall 50% Green outcomes (or Blue)	Overall Achieved **74%** (32 Areas) Green 35% (15 Areas) Blue **39%** (17 Areas)	Overall Achieved **72%** (31) Green 56% (24 Areas) Blue 16% (7 Areas)
2. To ensure no more than 25% Red outcomes	Red 9% (4 Areas)	Red 14% (6 Areas)
3. All Blue areas to maintain Blue Status	**39%** (17 areas) have now achieved Blue StARS status **All** areas previously awarded Blue StARS status maintained	Blue 16% (7 Areas)

Trust Overall StARS Status March 2025
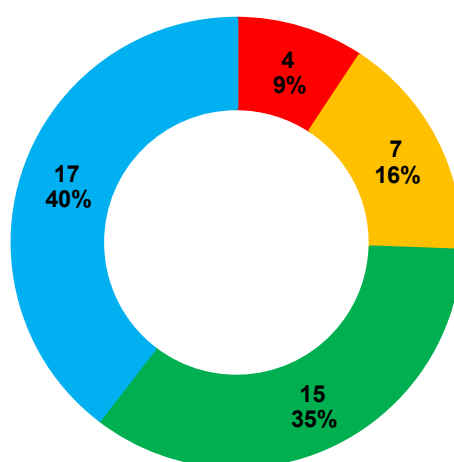
Blue StARS Process

Once a clinical area has achieved green status on three consecutive occasions, it becomes eligible to apply for consideration for the "Blue StARS" status. A Blue StARS award indicates that quality standards have been consistently met and embedded, and it allows the ward or department to be re-accredited annually instead of every eight months. The wards listed below have been awarded Blue StARS status during the past year, as well as those areas that have successfully maintained this status following their applications and presentations to the Trust panel.

Clinical Teams successfully achieving Blue StARS Status

WARD B3

THEATRES

WARD D1

WARD A1

WARD D8

WARD C4

BRAMHALL DN

MARPLE DN

WERNETH DN

HEATONS DN

WARD A11

Clinical Teams successfully maintaining Blue StARS Status

WARD E2

WARD B4

WARD C6

WARD A10

WARD D2

WARD E3

Further achievements and ongoing Quality work related to StARS

A review of community standards was conducted to incorporate findings from assessments and ensure the document remained accurate and reliable. The review process included engagement with subject matter experts. The updated standards retained key principles from the existing process and resulted in more comprehensive standards, providing detailed information and using available objective data. Approved for implementation in April 2025, these revised standards reflect The Trust's commitment to quality improvement.

A review of the Trust's quality metrics has taken place to ensure the local audits undertaken each month by the clinical areas are aligned with the StARS accreditation standards. The audits provide our teams with an ongoing measure used to identify good practice and areas requiring improvement. These revisions were approved for implementation in April 2025.

Work is currently being undertaken with colleagues from Clinical Support Services (CSS) to develop StARS standards for outpatient areas. Additionally, a review of the Maternity standards is planned to ensure standards remain relevant and credible, reflecting national guidance.

The Quality Team supports Divisional colleagues in addressing deficiencies identified during the accreditation process. The Team also leads several independent quality projects and is involved in developing methods for measuring quality and safety indicators.
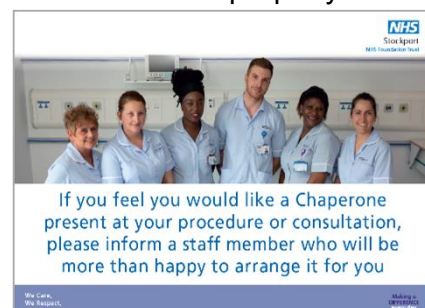
Patient Experience

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.

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.

- Hello My Name Is - play was held for Trust staff on #hellomynameis day on 23rd July. Chris Pointon, Kate Granger's husband, attended and visited staff to thank them for their support.
- Dressed Is Best – worked with Estates to identify a location for a central clothes bank for patients to be launched in 2025.
- Rise and Shine - Supported with the roll out of Rise and Shine initiative to support getting patients mobile while an inpatient.
- 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 Young Adults Transitional Diabetes project.
- Patient feedback – collected via various surveys to drive improvement. QR codes now set up for several areas to facilitate wider access.
- Mixed Sex Accommodation – the Patient Experience team carry out quarterly audits with support from volunteers to monitor compliance.
- Community Surveys – Community and District Nursing teams supported to develop a patient experience survey to capture feedback. This data is being used for quality improvement in the Division.
- Patient Personal Belongings (Property) – policy being updated and streamlined. Quarterly audits to monitor completion of disclaimer forms and use of property boxes.
- Waiting times – working with outpatients to improve information relating to appointment times. Plan for each clinic to display their waiting times.

If you feel you would like a Chaperone present at your procedure or consultation, please inform a staff member who will be more than happy to arrange it for you

- Chaperone poster – new posters informed patients and visitors about Chaperones launched alongside the updated policy.
- Communication – communication posters displayed in all inpatient and community areas.
- 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.
- Health Inequalities – the team are actively involved in supporting to reduce health inequalities across services. Leading on a project to improve health literacy in patient information.
- 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.
- Learning Disabilities (LD) – easy read Friends & Family survey available.
- Community Diagnostic Centre (CDC) – took part in the project to ensure patient experience feedback was included in the development of the centre.
- Dashboard – new dashboard implemented to support sharing data from Friends and Family Tests.
- Visiting times – updating the policy on visiting times to ensure they are in line with National guidelines.
- Car Parking – supported with the car parking improvement group to ensure patient and visitor experience is captured as part of this work.
- Deaf Awareness – working with Walthew House to provide staff free training as part of the Deaf First Responder Service.
- Hospital entertainment – took part of the Sparks Media project to support improve hospital bedside entertainment and information.
- Volunteers Service – implemented mobile library service to all wards, continued to support patients as SWAN companions and guides took part in deaf awareness training.
- Chaplaincy and Spiritual Care team – developed new system to support patients who are receiving comfort observations, team handover process introduced to support seamless support throughout the week, increase in number of volunteers to support with ward visits and continued to support faith and non-faith events throughout the calendar year.
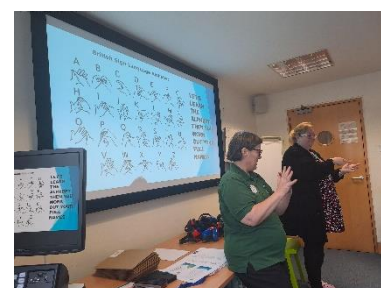
Service Transformation

Across the NHS, we face a dynamic and evolving healthcare landscape, where operational challenges are increasingly complex. At Stockport NHS Foundation Trust, meeting the growing demand for services, coupled with the ever-increasing pressure on resources, requires continued focus on improving both the quality and efficiency of care we deliver. This year, we have remained committed to addressing these challenges head-on, ensuring that we not only meet the immediate demands of our patients but also position ourselves for long-term sustainability and excellence to meet the needs of our local population.

This year, we have made significant strides in overcoming the pressures facing our service delivery. In line with the NHS IMPACT framework, we are driving improvement across all levels of the organisation, striving to embed innovation and best practices that enhance care delivery, improve patient outcomes, and optimise operational efficiency. Through these improvements, we are dedicated to creating a future-focused, patient-centred approach to healthcare that is responsive, adaptable, and resilient.

Central to this progress has been a strong focus on building capability for improvement across our staff, supported by our ADOPT Continuous Improvement Strategy for the Trust.

We are actively embracing new ways of working, learning from our experiences, and continually refining our strategies to ensure that we rise to the challenge and deliver high-quality care in a more sustainable and efficient way. This section outlines some of our key improvement initiatives and the progress we are making toward meeting the demands of today, and beyond.

Transformation Programmes of Work

This year has seen a continued effort from Stockport FT in their improvement journey, with a significant amount of improvement work taking place across the Trust, whilst also working collaboratively as a wider system to achieve some of our ambitions. Alongside improvement initiatives led at department level, the Transformation Team have been involved in 21 different schemes. This has ranged from supporting full programmes to conducting scoping exercises, aimed at assisting the Trust and locality in identifying and planning for the next steps in their development. These efforts reflect the Trust's commitment to continuous improvement and the enhancement of services.

Frailty Improvement Programme	Digital Health Development – Single Point of Access	Centralisation of Medical Rota Team Project	Diabetes Antenatal Pathways Review	Health Literacy Improvement Scope
Theatre Improvement Programme			Histopathology Improvement Project	Cardiology Improvement Project
Improving Cancer Outcomes Programme	Pain Management Evidence-Based Co-Design Project	Gynae SDEC Implementation Project	Adult Community Services Single Point of Access Improvement Project	Sepsis Improvement Programme
Emergency Department Improvement Programme	Acute Oncology and Haematology Improvement Project			Ophthalmology Improvement Project
Children, Young People & Families Improvement Programme – Phase 2	ADHD Pathway Redesign Project	Opioid Stewardship Improvement Project	Continence Improvement Project	Diabetes Pump Demand Scope

Children and Young People Improvement Programme Phase 2

The main focus of this programme has been to pilot a new Walk in Walk out model for paediatric day case surgery. The new model prevents children who are assessed as low complexity from being admitted into a day case bed and instead discharged directly from second recovery in Theatre. The model has demonstrated many benefits including improved waiting times, reduced length of stay and improved patient and carer satisfaction. A new bespoke Walk in Walk out recovery area has been built in our Stockport FT Paediatric Theatre. Following completion of the initial build, and design of the new model of care, the first pilot took place on10th December 2024. Initial feedback from staff and patients has been very positive and the foundations are in place for this model to be fully embedded.

CYPF PHASE 2: WALK IN WALK OUT (WIWO)

THE AIM

To improve patient experience for children and young people undergoing day case surgery by implementing the Walk in Walk Out Model for day case surgery

ESTATES & EQUIPMENT
- Remedial works in WiWo recovery 2 completed
- Room fully equipped with all necessary supplies

WORKFORCE
- Staffing model agreed
- Band 6 CYPF day case team lead recruited

PROCESS
- New pathway agreed and piloted using an ENT list

DATA
- New dummy ward set up on PAS so that WiWo patients can be distinguished
- Requirements for a new internal monitoring dashboard specified
- Ongoing monitoring to include:
  1. Number of day-case surgeries admitted to a ward
  2. Number of Walk in Walk out surgeries
  3. Number of conversions from walk in walk out to ward

PATIENT EXPERIENCE

OVERALL SATISFACTION
- Very satisfied 4
- Satisfied 0
- Neutral 0
- Dissatisfied 0
- Very dissatisfied 0
- 100%

FRIENDS & FAMILY TEST
- Yes definitely 4
- Yes probably 0
- Not sure 0
- Probably not 0
- Definitely not 0
- 100%

ANTICIPATED BENEFITS
- Improved patient / carer experience
- Improved staff experience
- Enabler for enhanced theatre utilisation
- Financial savings from reducing cleaning & consumables

NEXT STEPS
- Engagement with specialities to review suitable procedures for WiWo
- Finalise new documentation to streamline paperwork and reduce duplication
- Re-run WiWo pilots over a longer period of time
- Finalise the Standard Operating Procedure for WiWo
- Communicate the new model internally & externally

Emergency Department (ED) Improvement Programme

In response to the growing demand for urgent and emergency care services, our Trust ED Improvement Programme focus, aligned with NHS England, is to ensure equal access to timely and appropriate emergency care on arrival to hospital. The programmes aim was to ensure 78% of patients attending ED are admitted, transferred or discharged within 4 hours by March 2025 and focused on doing so through 3 areas: Navigation, triage and streaming; mobilising an in-house Urgent Treatment Centre (UTC) and increasing the utilisation of the service; maximising efficiencies and reducing turnaround times for diagnostics.

Through navigation, triage and streaming, time and motion studies have been completed to highlight areas of opportunity to support the reduction in triage waiting times. Escalation processes and pathways have been developed to support times of surge to support triage and triage nurses, and post triage task allocation has been reviewed to maximise the efficiency of triage. Navigation pathways have been developed to enable efficient and effective navigation and streaming – utilising all urgent care services available.

Stockport NHS Foundation Trust took over the management of the Urgent Treatment Centre on the 1st October 2024. The service was brought in-house as part of the efficiency programme and has delivered recurrent cost savings. As the model matures, we expect that daily streaming volumes will progress to circa 60 per day.

Finally, review of our CT pathways to minimise time between referral to diagnostic and diagnostic to report has been completed, supporting improved efficiency and productivity through improved vetting and prioritisation processes. Digital

transformation has enabled the MyPorter App to support the prioritisation of ED patients with our portering colleagues through improved communication, consequently supporting more timely patient transfer.

Emergency Department Improvement Programme 2024/25

The focus, aligned with NHS England is to ensure equal access to timely and appropriate emergency care on arrival to hospital. The Emergency Department (ED) Improvement Programme has been a priority transformation scheme over the past 12 months, as well as a system priority through Stockport Locality Urgent Emergency Care Board.

The programme aim is to ensure 78% of patients attending ED are admitted, transferred or discharged within 4 hours by March 2025. Stockport NHS Foundation Trust set a trajectory of 65% by March 2025 in recognition of ongoing challenges with community provision, estate / Emergency and Urgent Care Campus build and flow across the organisation.

There has been a continued significant improvement trend in performance equating to an improved patient journey and experience whilst ensuring high quality care. February 2025 saw our best performance to date at 69.5% and 1st in Greater Manchester. In March 2025 we achieved 69%, above the Trust trajectory set.

1 Navigation, triage and streaming

2 Mobilise an in house Urgent Treatment Centre and increase the utilisation of the service

3 Maximise efficiencies and reduce turn around time of diagnostics within ED

Time in motion studies have been completed to highlight areas of opportunity to reduce triage waiting times. Escalation processes and pathways have been developed to support times of surge to support triage and a focus on post triage task allocation has been reviewed to maximise the efficiency of triage.

Navigation pathways have been developed to enable efficient and effective navigation and streaming – utilising all urgent care services available.

The Urgent Treatment Centre (UTC) was brought in house on the 1st October 2024. Ongoing substantive recruitment has taken place to support the service and delivery of care. Utilisation of the UTC has seen a progressive upward trend of activity through UTC.

Ongoing continuous improvement initiatives are being explored to ensure efficient streaming to UTC for those appropriate patients and utilising our partner services within Stockport locality in times of surge and at the end of the service.

A primary focus has been on the CT pathways to minimise time between referral of diagnostic to patient attending the diagnostic test to reporting. Multiple quality improvement initiatives have been developed to maximise the efficiency and productivity.

Collaborative working across the multi disciplinary teams including the porters have enabled ED patients to be vetted and prioritised. Digital transformation has enabled the MyPorter App to support the prioritisation of ED patients. MyPorter App has enabled better communication across the teams to support a patient transfer.

The ED Improvement Programme will remain a priority for the next 12 months. A multi disciplinary, multi professional approach across the organisation and Stockport Locality System is crucial to continue to ensure high quality, timely emergency care is delivered.

Frailty Improvement Programme

Preventing frailty and improving outcomes for people living with frailty in Stockport, remains a priority across the locality, being one of the 5 improvement programmes supported through Stockport's Provider Partnership. System partners have developed a collaborative programme – a blueprint dedicated to improving services and outcomes for people living with frailty and their families and carers. Four workstreams have been developed creating an end-to-end pathway focus. These workstreams include independence and proactive approaches; acute care; long term care at home; and last 12 months of life.

This year has seen initiatives launched, such as the Keep On Keep Up (KOKU) App; a digital hub to support people with digital technology; and confidence walks across the community to support falls prevention efforts. A research assistant has also been recruited in partnership with the University of Salford to review the benefits of strength based exercise. These initiatives support people living within our locality to prevent or live well with frailty.

Within acute care, a Clinical Frailty Score (CFS) education workshop was hosted for all acute and community health services to increase awareness and recording of the CFS across the organisation. Our Frailty Intervention Team processes and pathways were reviewed to support the timely identification of frail patients in our Emergency Department and ensure a holistic assessment and management plan on the Acute Frailty Unit. The development of the Acute Delirium Pathway has also been an exciting step forward to support our frail patients diagnosed with delirium.

Collaborative working across the Primary Care Networks (PCNs) and multidisciplinary teams has been key to the success of supporting patients in their own home environment, who are living with frailty. Rapport building and joint working with Advanced Care Practitioners (ACPs) and PCN leads has maximised resource and provided multiple platforms for shared learning and sharing of vital patient information. Frailty Coaches have also been working with ACPs focusing on patients who have had a recent fall to minimise the risk of falling again and or preventing further deterioration.

A successful pilot has also been completed involving ACPs attending the Palliative Care multi-disciplinary team meetings. This has supported an improvement in patients who would benefit from an advanced care plan / supportive management plan to support their last year of life being highlighted. Additionally, a Palliative Care Service Lead has been successfully recruited.

System data has been a priority for this programme over the last year. NHS England facilitated a workshop in Stockport to review the SAMIT 75+ data for our locality. This has enabled clear key lines of enquiries to be identified, and the framing of our programme for the next 12 months.

Stockport Locality Frailty Pathway
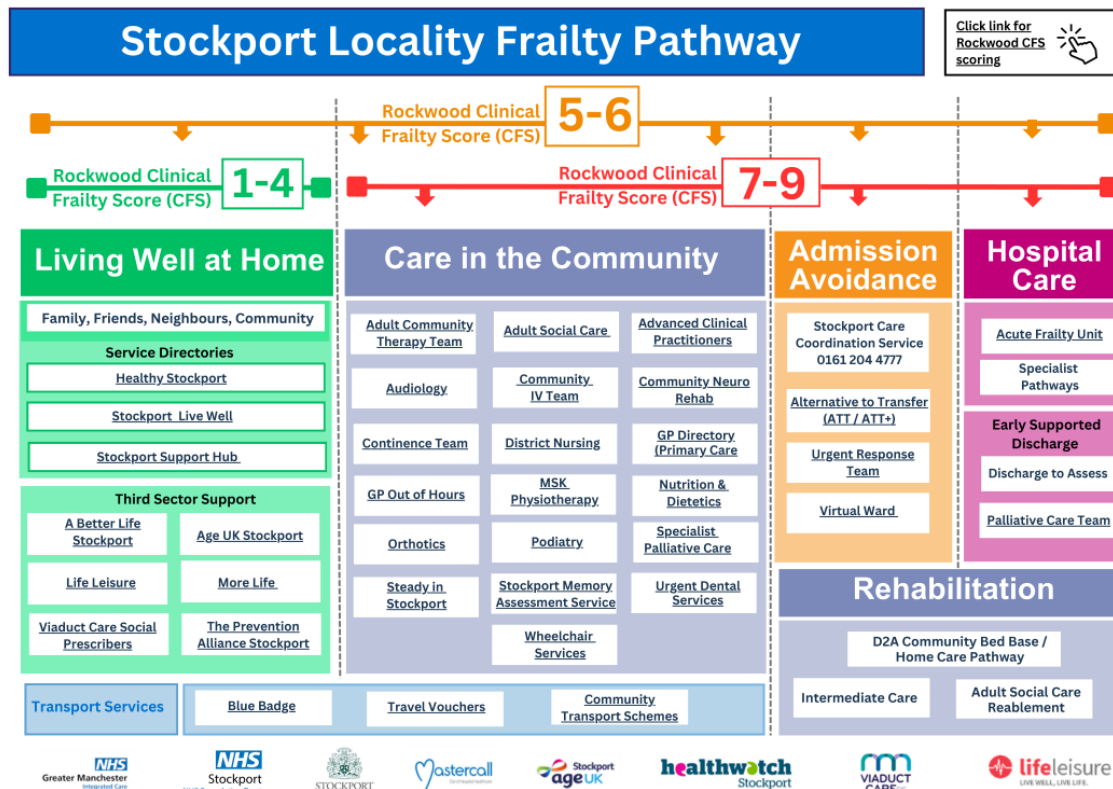
Histopathology Improvement Project

The Histopathology Improvement Project aimed to enhance diagnostic efficiency and patient experience, by reducing the average turnaround times across the histopathology diagnostic pathway, from specimen receipt to reporting. The project was structured around 3 key workstreams:
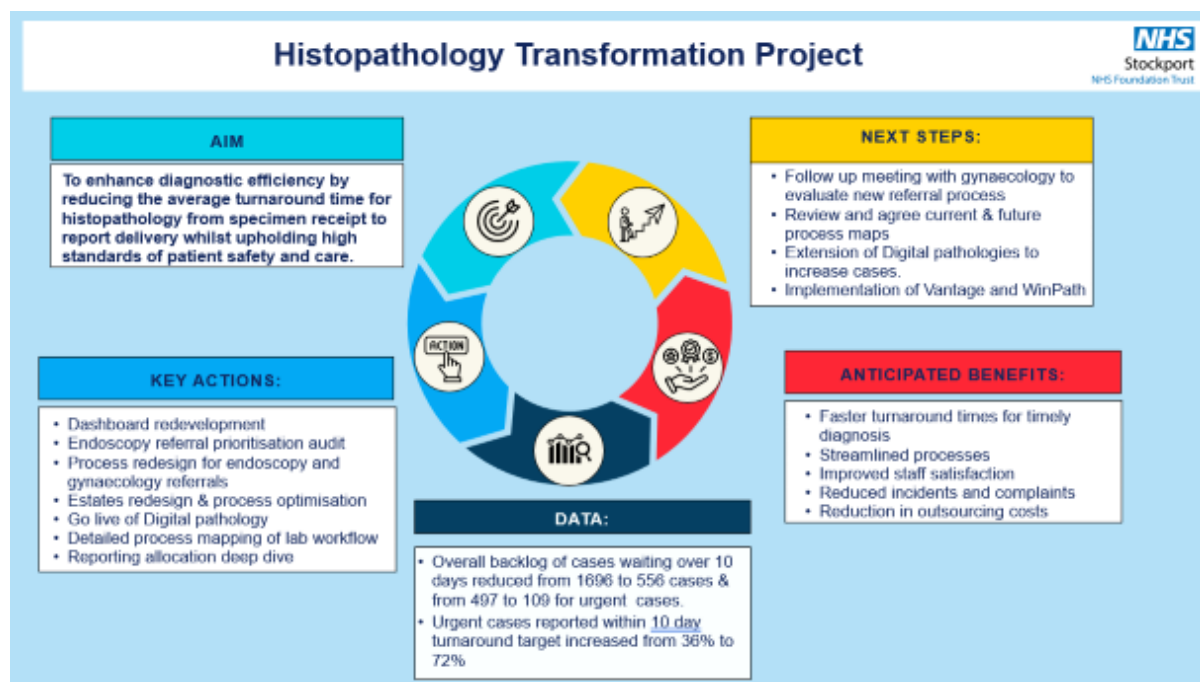
- Pre-referral - Exploring opportunities to improve the prioritisation of requests from specialities and reduce the number of requesting errors.

- Specimen Processing - Detailed process mapping of the laboratory processing pathway and the implementation of Digital Pathology for prostate and Urgent GI reporting.

- Diagnostic Reporting - Improving reporting workflows, the process of allocation and introducing a new KPI dashboard.

Through this project we have realised the following:

- The backlog of cases has reduced by more than half
- Our urgent/two week wait cases being reported within 10 days has increased from 39% to 71%
- Reporting for all cases has more than doubled in performance.

This year, the department has received substantial investment to support the reconfiguration of estates, the introduction of digital pathology, and the implementation of a new upgraded

Laboratory Information Management System which will go live in summer 2025. The work undertaken within this project will help to maximise the potential of these new opportunities, reduce inefficiencies across the specimen processing and reporting pathways and reduce sample turnaround time.

Histopathology Transformation Project

AIM
To enhance diagnostic efficiency by reducing the average turnaround time for histopathology from specimen receipt to report delivery whilst upholding high standards of patient safety and care.

NEXT STEPS:
- Follow up meeting with gynaecology to evaluate new referral process
- Review and agree current & future process maps
- Extension of Digital pathologies to increase cases.
- Implementation of Vantage and WinPath

KEY ACTIONS:
- Dashboard redevelopment
- Endoscopy referral prioritisation audit
- Process redesign for endoscopy and gynaecology referrals
- Estates redesign & process optimisation
- Go live of Digital pathology
- Detailed process mapping of lab workflow
- Reporting allocation deep dive

ANTICIPATED BENEFITS:
- Faster turnaround times for timely diagnosis
- Streamlined processes
- Improved staff satisfaction
- Reduced incidents and complaints
- Reduction in outsourcing costs

DATA:
- Overall backlog of cases waiting over 10 days reduced from 1696 to 556 cases & from 497 to 109 for urgent cases.
- Urgent cases reported within 10 day turnaround target increased from 36% to 72%

Improving Cancer Outcomes

In 2024/25 we have undertaken continual improvement work on a large number of initiatives including the 28-Day Faster Diagnosis Standard (FDS), 62-Day Decision to Treatment Standard, Cancer Upgrade Internal Referral Process, Cancer MDT Reform, Rapid Diagnostic Centre and Personalised Care.

In the past year the Trust has consistently met the 28- and 62-Day Standards of 77% and 70% respectively, thanks to continual improvement cycles and transformation changes made across many different tumour groups/services. In turn, this provides a better patient experience, through faster communication of diagnosis, or ruling out of cancer.

Intensive work has taken place to improve the quality of suspected cancer referrals coming from internal Stockport FT services (e.g. ED, Outpatients, etc) with a new cancer upgrade proforma, tailored to individual service/tumour group needs. This has supported an improved waiting time for patients, through better quality referrals. We are also continuing with the embedding of the Greater Manchester Cancer Alliance cancer MDT standards for a true reform which maintains the foundations of communication, standardisation and accountability of all parts of this process.

We have introduced a robust system for internal referrers to refer directly to the Trust Rapid Diagnostic Service and improve on the current Stockport/Tameside cross-cutting approach to the care model.

Finally, the current achievements with the implementation of Personalised Care will continue, further, to maintaining an effective and consistent Patient Stratified Follow-Up (PSFU) mechanism, along with the improvements to service Holistic Needs Assessments including the provision of Health and Wellbeing Support and, End of Treatment Summaries to fully support patients in their follow-up journeys.

Cancer 2024-2025 Improvement Programme Achievements
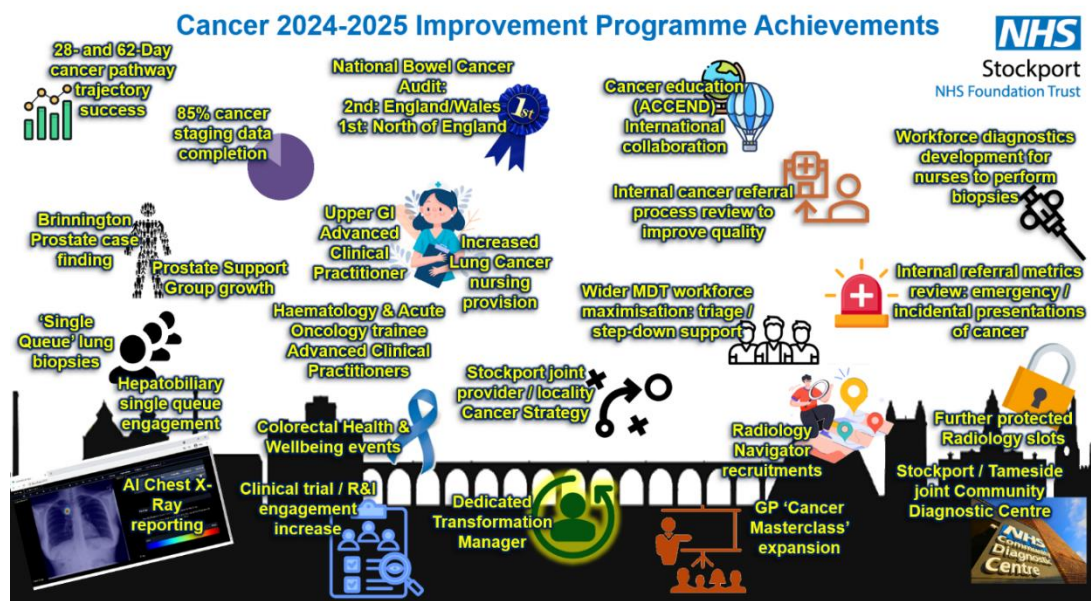
Pain Experience-Based Co-design (EBCD) Project

Following funding received from the Health Foundation, this project aimed to co-design with patients and carers a safe, effective and streamlined Stockport Pain Management pathway, to improve patient experience and timely access to pain management services.

This project seeks to utilise an EBCD methodology to transform the patients pain management journey offering up to date, cost effective, patient centred care.

To date, in line with the Point of Care Foundation, Stockport FT have worked with an EBCD coordinator, specifically employed through the funding for this project. The methodology has seen:

- 8 patient and 10 staff semi-structured interviews conducted.

- Thematic interview analysis completed.

- Production of a patient experience video.

- Findings showcase events & workshops with patients and staff.

- A joint workshop held to decide on key themes for the co-design stage.

- Co-designed workstreams.

The project is currently in an exciting stage, where the initial co-design groups have come together, and patients and staff collaboration has begun to find opportunities to take the pain management service forward.

This project represents Stockport FT's desire to explore new methods of innovation and has demonstrated how patient and staff priorities align when improvement is the overall goal.
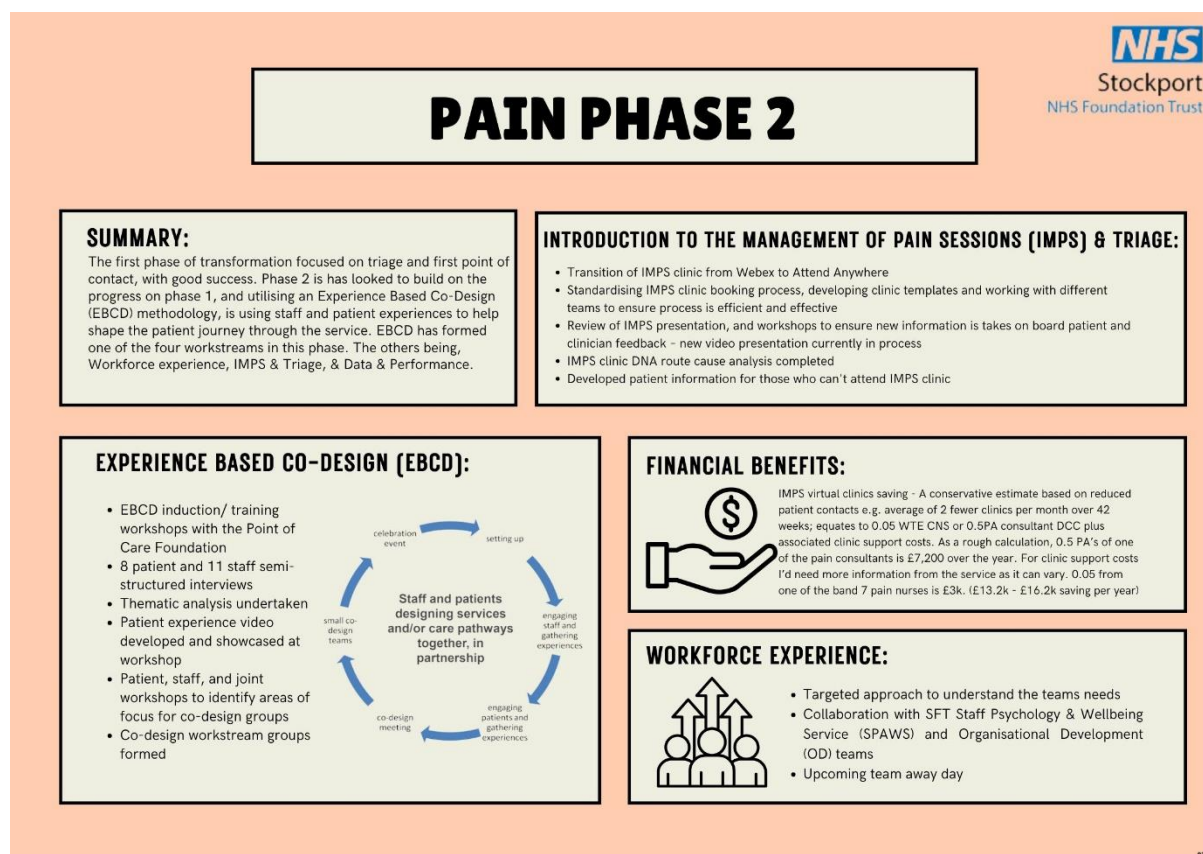
ADOPT Continuous Improvement Strategy

This year has also seen Stockport NHS Foundation trust, place increased focus on building the capability for improvement with our workforce. Improvement is everyone's business, and this year has seen the launch of our first dedicated Continuous Improvement Training, focusing on our own methodology: ADOPT Continuous Improvement.

We have launched our new ADOPT Continuous Improvement Fundamentals training package, the first in a tiered training framework, alongside a lunchtime Improvement Hub, for people to get support and advice on their improvement work and next steps. These packages empower our teams with the skills and knowledge they need to drive change from within. By investing in the development of our workforce through the ADOPT Continuous Improvement training and launching the Improvement Hub, we are equipping our teams with the tools and support needed to drive positive change. This initiative ensures that improvement is not just a top-down directive but a core value that is embedded at every level of our organisation, empowering our staff to make lasting improvements in patient care and operational efficiency.

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 2024/25 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 £450m and our total income was c. £493m, with income from service user activities accounting for 91% of this total.

Participation in Clinical Audit

In the calendar year 2024/25, 58 national clinical audits/confidential inquiries covered relevant health services provided by Stockport NHS Foundation Trust.

During this period, Stockport NHS Foundation Trust participated in 88%* of the eligible national clinical audits/confidential inquiries. *Awaiting confirmation regarding two BAUS audits.*

Table 1 provides details on:

- Eligible national clinical audits/confidential inquiries for Stockport NHS Foundation Trust in 2024/25.
- National clinical audits/confidential inquiries in which Stockport NHS Foundation Trust participated during 2024/25.
- The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust participated in, and for which data collection was completed during 2024/25, 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 2024/25, the provider reviewed reports from 33 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, 36 local forward program clinical audits were reviewed in 2024/25, 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 2024/25

Workstream	Provider Organisation	Applicable?	Participated?	Stage / Cases Submitted
BAUS Data & Audit Programme: BAUS Penile Fracture Audit	The British Association of Urological Surgeons (BAUS)	Yes	Yes	3
BAUS Data & Audit Programme: BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)		Yes	Yes	13
BAUS Data & Audit Programme: Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)		Yes	Yes	30
Breast and Cosmetic Implant Registry	NHS England (formerly NHS Digital)	No	NA	N/A
British Hernia Society Registry	British Hernia Society	Yes	No	The Hernia Registry was in a 'test phase' for the most part of the financial year and was officially launched at the British Hernia Society conference in November 2024. As a result, Stepping Hill Hospital did not participate in the registry at its launch. In addition, the Hernia Registry was not included in the Quality Accounts list for 2025/26, meaning that participation is no longer mandatory.
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	800
Child Health Clinical Outcome Review Programme: Emergency surgery in children and young people - ESCYP Juvenile Idiopathic Arthritis (JIA)	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	No	NA	N/A
Cleft Registry and Audit NEtwork (CRANE) Database	Royal College of Surgeons of England (RCS)	No	NA	N/A
Emergency Medicine QIPs: Adolescent Mental Health	Royal College of Emergency Medicine	Yes	Yes	310
Emergency Medicine QIPs: Care of Older People		Yes	Yes	80
Emergency Medicine QIPs: Time Critical Medications		Yes	Yes	14
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Royal College of Paediatrics and Child Health	Yes	Yes	20 cases
Falls and Fragility Fracture Audit Programme (FFFAP): Fracture Liaison Service Database (FLS-DB)	Royal College of Physicians	Yes	Yes	561
Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)		Yes	Yes	6 (100%)
Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database (NHFD)		Yes	Yes	478
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	NHS England	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Awaiting confirmation of numbers
Medical and Surgical Clinical Outcome Review Programme: Blood Sodium Study (BSS) Managing acute illness in people with learning disability	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Yes	5 records - Blood Sodium. Acute Illness - Data collection not yet started
Mental Health Clinical Outcome Review Programme	The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health	No	NA	N/A
National Adult Diabetes Audit (NDA): National Diabetes Core		Yes	Yes	972
National Adult Diabetes Audit (NDA): Diabetes Prevention Programme (DPP) Audit		No	NA	N/A

Workstream	Provider Organisation	Applicable?	Participated?	Stage / Cases Submitted
National Adult Diabetes Audit (NDA): National Diabetes Footcare Audit (NDFA)	NHS England (formerly NHS Digital)	Yes	Yes	Data collection still ongoing
National Adult Diabetes Audit (NDA): National Diabetes Inpatient Safety Audit (NDISA)		Yes	Yes	48
National Adult Diabetes Audit (NDA): National Pregnancy in Diabetes Audit (NPID)		Yes	Yes	Complete/Awaiting confirmation of numbers
National Adult Diabetes Audit (NDA): Transition (Adolescents and Young Adults) and Young Type 2 Audit		Yes	Yes	Complete - Data comes from Core Audit
National Adult Diabetes Audit (NDA): Gestational Diabetes Audit		Yes	Yes	Complete/Awaiting confirmation of numbers
National Audit of Cardiac Rehabilitation	University of York	Yes	Yes	Data collection still ongoing
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	NHS Benchmarking Network	No	NA	N/A
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Yes	Yes	100%
National Audit of Dementia (NAD)	Royal College of Psychiatrists	No	No	Audit was cancelled in 2024-25
National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	No	NA	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Audit of Metastatic Breast Cancer (NAoMe)	Royal College of Surgeons of England (RCS)	No	NA	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Audit of Primary Breast Cancer (NAoPri)		No	NA	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Bowel Cancer Audit (NBOCA)		Yes	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN): National Kidney Cancer Audit (NKCA)		No	NA	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Lung Cancer Audit (NLCA)		Yes	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN): National Non-Hodgkin Lymphoma Audit (NNHLA)		Yes	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN): National Oesophago-Gastric Cancer Audit (NOGCA)		Yes	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN): National Ovarian Cancer Audit (NOCA)		Yes	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN): National Pancreatic Cancer Audit (NPaCA)		Yes	Yes	100%
National Cancer Audit Collaborating Centre (NATCAN): National Prostate Cancer Audit (NPCA)		Yes	Yes	100%
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	45
National Cardiac Audit Programme (NCAP): National Adult Cardiac Surgery Audit (NACSA)		No	NA	N/A
National Cardiac Audit Programme (NCAP): National Congenital Heart Disease Audit (NCHDA)		No	NA	N/A
National Cardiac Audit Programme (NCAP): National Heart Failure Audit (NHFA)		Yes	Yes	Data collection still ongoing

Workstream	Provider Organisation	Applicable?	Participated?	Stage / Cases Submitted
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	Yes	298
National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)		Yes	Yes	Data collection still ongoing
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Intervention (NAPCI)		No	NA	N/A
National Cardiac Audit Programme (NCAP): National Audit of Mitral Valve Leaflet Repairs (MVLR)		No	NA	N/A
National Cardiac Audit Programme (NCAP): UK Transcatheter Aortic Valve Implantation (TAVI) Registry		No	NA	N/A
National Cardiac Audit Programme (NCAP): Left Atrial Appendage Occlusion (LAAO) Registry		No	NA	N/A
National Cardiac Audit Programme (NCAP): Patent Foramen Ovale Closure (PFOC) Registry		No	NA	N/A
National Cardiac Audit Programme (NCAP): Transcatheter Mitral and Tricuspid Valve (TMTV) Registry		No	NA	N/A
National Child Mortality Database (NCMD)	University of Bristol	Yes	Yes	Complete/Awaiting confirmation of numbers
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists	No	NA	N/A
National Comparative Audit of Blood Transfusion: National Comparative Audit of NICE Quality Standard QS138	NHS Blood and Transplant	Yes	No	The previous audit against this NICE QS 138 had actions assigned to pre-op Assessment; Anaesthesia; and Emergency Dept. These actions had only just been accepted by these directorates and had no progress when this reaudit was started. Taking part would only have the same findings are the previous audit. Whilst there was scope to still take part later in the financial year – other competing demands meant this was not realistic. SHH will participate in the next round of the audit in 2025.
National Comparative Audit of Blood Transfusion: National Comparative Audit of Bedside Transfusion Practice		Yes	Yes	29 cases
National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Yes	58
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	Yes	Yes	Data collection still ongoing
National Joint Registry	Healthcare Quality Improvement Partnership (HQIP)	Yes	Yes	100%
National Major Trauma Registry	NHS England	Yes	Yes	Data collection still ongoing
National Maternity and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists	Yes	Yes	Complete/Awaiting confirmation of numbers
National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	Yes	Yes	Complete/Awaiting confirmation of numbers
National Obesity Audit (NOA)	NHS England (formerly NHS Digital)	No	NA	N/A
National Ophthalmology Database (NOD): Age-related Macular Degeneration Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	No	Ophthalmology Database (open eyes) not fully functional
National Ophthalmology Database (NOD): Cataract Audit		Yes	No	Ophthalmology Database (open eyes) not fully functional
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	Yes	Yes	Complete/Awaiting confirmation of numbers
National Perinatal Mortality Review Tool	University of Oxford / MBRRACEUK collaborative	Yes	Yes	Complete/Awaiting confirmation of numbers
National Pulmonary Hypertension Audit	NHS England (formerly NHS Digital)	No	NA	N/A

Workstream	Provider Organisation	Applicable?	Participated?	Stage / Cases Submitted
National Respiratory Audit Programme (NRAP): COPD Secondary Care	Royal College of Physicians	Yes	Yes	Data collection still ongoing
National Respiratory Audit Programme (NRAP): Pulmonary Rehabilitation		Yes	Yes	172
National Respiratory Audit Programme (NRAP): Adult Asthma Secondary Care		Yes	Yes	Data collection still ongoing
National Respiratory Audit Programme (NRAP): Children and Young People's Asthma Secondary Care		Yes	Yes	Data collection still ongoing
National Vascular Registry (NVR)	Royal College of Surgeons of England (RCS)	No	NA	N/A
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	University of Warwick	No	NA	N/A
Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / University of Leicester	No	NA	N/A
Perioperative Quality Improvement Programme	Royal College of Anaesthetists	Yes	Yes	72
Prescribing Observatory for Mental Health (POMH): Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour	Royal College of Psychiatrists	No	NA	N/A
Prescribing Observatory for Mental Health (POMH): The use of melatonin		No	NA	N/A
Prescribing Observatory for Mental Health (POMH): The use of opioids in mental health services		No	NA	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Oncology & Reconstruction	British Association of Oral and Maxillofacial Surgeons (BAOMS)	No	NA	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Trauma		No	NA	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Orthognathic Surgery		No	NA	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Non-melanoma skin cancers		No	NA	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Oral and Dentoalveolar Surgery		Yes	No	Due to closure of OPDB
Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Yes	Yes	Awaiting confirmation
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Yes	18
Society for Acute Medicine Benchmarking Audit (SAMBA)	Society for Acute Medicine	Yes	Yes	62
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	NA	N/A
UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	No	NA	N/A
UK Renal Registry National Acute Kidney Injury Audit	UK Kidney Association	Yes	Yes	Awaiting confirmation

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Participation in Clinical Research

Our 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. 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 vital to fostering a better future for our patients and staff. That is why RD&I is cited as key enabling themes of our Trust strategies.

The number of patients receiving relevant health services provided or subcontracted by our Trust in 2024/25 who were recruited during that period to participate in research approved by a Research Ethics Committee (REC) and / or the Health Research Authority (HRA) is ~1,675. These research studies will 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.

Our 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

2024/25 has been another significant year for RD&I at Stockport with a focus on delivering our joint 5-year strategy (2022-2027) 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. Our vision focuses on improving patient health through clinical, translational and applied health sciences research and a culture of innovation. Key achievements include:

- Maintenance of an extensive study portfolio across 21 specialities with 89 research studies open in 2024/25.
    - Introduction of 29 new studies, including commercial and non-commercially sponsored work, interventional and observational projects.
    - Significant success in delivering 'snapshot' studies, for example:
        - **PANDOS** (**P**ain **AND O**pioids after **S**urgery) saw 84 patients enrolled in a 2-week period in May-2024. This was investigating use of pain relief in the month before patients had surgery, whilst there were in hospital after surgery, then a year after their surgery, to understand opioid use patterns and hopefully improve patient care in the future.
        - **UnCorked** saw ~200 patients enrolled in a 2-week period in Mar-2025. This study wanted to understand escalation area and corridor care in UK emergency departments. Through its results, the national coordinating team hope to advise NHS organisations if being cared for in a temporary escalation area has any impact on the care delivered.
    - Continuing strategic focus on research projects that can integrate into established clinical care pathways, so there is a service wide approach to offering research opportunities to our patients. This model has been particularly successful in:

- Anaesthetics and critical care: **PQIP** (Improving peri-operative care through using quality data) saw >70 patients participating in 2024/25.
- Gastroenterology and cancer: **COLO-COHORT** (Colorectal cancer cohort study) saw >320 patients in 2024/25 on the 2-week wait pathway for bowel cancer engaging with this project to hopefully improve this service nationally in future.
- Rheumatology: **IMID** (**I**mmune-**M**ediated **I**nflammatory **D**iseases bioresource) enrolled >310 patients in 2024/25, aiming to better understand genetic profiles for patients with these chronic conditions.
  - Multi-disciplinary delivery approach models have thrived in specialities such as stroke, where clinicians and allied health care professionals (e.g. speech and language therapists) have worked seamlessly together to offer a variety of research options to our patients. In 2024/25, these projects have ranged from testing neuromuscular stimulation devices to hopefully prevent venous thromboembolism in stroke, a treatment trial aiming to prevent secondary complications post-stroke, pharyngeal electrical stimulation to potentially improve dysphagia symptoms and a speech after stroke recovery project.

- Increased and sustained engagement with clinical research delivery from a range of health care professionals, including nurses, advanced clinical practitioners, clinicians, specialty trainees and allied healthcare professionals. We have just over 200 staff with up-to-date Good Clinical Practice training at our Trust, who are now actively contributing to study recruitment.

- The RD&I team have really focussed on staff and patient engagement with clinical research throughout 2024/25, effectively using patient stories to highlight the variety of work being undertaken from helping to improve a patient's sense of smell (https://www.stockport.nhs.uk/news_23259), a teenager being the first in the UK to be part of a research trial for a new children's migraine medication (Teenager proud to be part of research trial for new children's migraine medication | NIHR RDN) through to a podcast to help raise research awareness, on the community radio station Tameside Talks (Episode 21: Raising Research Awareness - Tameside Talks! | Podcast on Spotify). We are excited to also be embarking on a collaboration with Stockport County Football Club in the year ahead to further educate our local community on the research studies available to them.

Staffing challenges in our core RD&I office have continued to delay some of our strategic aspirations being delivered again this year and has been highlighted as a key risk through our Trust reporting structures. Work has had to pause on re-developing our quality management to better support staff and further integration of the Stockport and Tameside research governance structures. Expansion of our commercially sponsored research portfolio has also had to be decelerated due to staff limitations. We hope to better mitigate/ overcome these challenges in 2025/26 so our team can reach its full potential for the benefit of our patients.

The RD&I team are always proud of the contribution we have made to our Trust year on year, with patient experience at the heart of everything we do. 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 our Trust Values to provide the best service for our patients. Our Trust continues to participate in research studies that are feasible in terms of the services we offer and our patient population. We will continue with this vision for the 2025/26 year ahead, with a focus on broadening the reach for who we are able to offer our research opportunities to in

the local population, to address challenges around inclusivity and health and care inequalities.

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) scheme was paused for the 2024/25 period, pending the outcome of a broader review of quality incentive programmes. The scheme will remain paused for 2025/26.

Care Quality Commission (CQC)

The Trust is registered with the Care Quality Commission (CQC) and fully compliant with the registration requirements of the CQC. The Trust 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.

The CQC has not inspected any of the Trust services or taken enforcement action against the Trust during 2024/25. The most recent inspections are illustrated below.

Financial Year	Inspection Overview	Outcome
2023/24: September 2023	Announced inspection of maternity services covering the domains of safe and well led, as part of the national maternity inspection programme.	The inspection report published in May 2024 reported both the safe and well led domains of care as requires improvement. 	Domain	Assessment	 |---|---| 	Safe	Requires improvement	 	Effective	Requires improvement	 The Trust developed an action plan in response to 3 must do recommendations, and 4 should do recommendations included within the report. The action plan was overseen by Quality Committee.

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.	The inspection report published in January 2022 showed improvement across every domain.

Domain	Assessment
Safe	Good
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-Led	Good
Overall	Good

The action plan related to the inspection was reported to the Quality Committee at the Trust.

The Trust is exceptionally proud of the improvements made to urgent and emergency care during a time of significant pressure.

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 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

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

Information Governance and Information Security Assurance

The Trust adopts proactive technical and organisational measures to ensure the confidentiality, integrity, and availability of data. The Trust has a resilient and secure IT infrastructure to ensure all staff have access to key information systems and data to support the delivery of patient care. Effective policies and procedures, including annual data security awareness training for all staff, are in place to prevent the loss of data and improve information and cyber security. The Trust proactively reports and investigates all information governance and IT security incidents on the Trust's incident management system.

The Trust completes an annual NHS Data Security and Protection Toolkit (DSPT) assessment against the ten national data guardian standards, which is subject to an independent audit by the Trust's internal auditor, Mersey Internal Audit Agency (MIAA).

The Trust achieved "moderate assurance" on the audit of its 2023-24 DSPT assessment by MIAA.

The Trust's annual DSPT submission for 2023-24 was published as "standards met", as all the mandatory requirements were met.

The Trust is currently working on the new 2024-25 DSPT assessment due to be submitted 30 June 2025. The DSPT assessment platform has now significantly changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance assurance.

It is recognised that the move to the CAF-aligned DSPT is a significant change and will be a considerable challenge for many NHS organisations, as it represents an increase in the data security requirements. The main areas of uplift are in the requirements to protect organisations from cyber risk. There is understanding that it may take some time to meet all the requirements.

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 clinically coded 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 2024/25, 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, meeting or exceeding the required standard in three out of four areas. The primary procedure coding, however, failed to meet the required standard (see table below for details).

		Data Security and Protection Toolkit (DSPT) Level of Attainment	
	Trust level of accuracy %	Standards Met %	Standards Exceeded %
Primary Diagnosis	90%	≥90%	≥95%
Secondary Diagnosis	82%	≥80%	≥90%
Primary Procedure	88%	≥90%	≥95%
Secondary Procedures	89%	≥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 and subsequent accreditation of a Clinical Coding Trainer is serving to 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. 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 has a Data Quality Team which reviews errors and inconsistencies in data and a team of data validators who are responsible for the quality and integrity of our elective waiting lists, working closely with divisional staff to review and improve data accuracy. Digital validation of the waiting list and divisional performance review processes ensure elective access waiting times are managed and monitored.

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.

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

- Validation of patient records against national spine systems, with a focus on NHS number tracing, and checking of demographics including registered GP.
- Audits on data capture and accuracy checks on service user data in order for any training needs to be identified and supported with the aim of achieving a Getting it Right First Time culture.
- Enhancing and developing new on-line training courses, supported with key training messages.
- Ongoing clinical engagement in relation to clinical documentation to enhance quality and depth of clinical coding.
- Developing new data quality reports and dashboards for clear visibility on data gaps and to highlight areas where there are issues or areas of concern.
- Attend, 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 2024/25, 1356 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	366 patients	158	12 (7%)
Quarter 2	354 patients	137	13 (9%)
Quarter 3	309 patients	117	2 (2%)
Quarter 4	327 patients	87	22 (25%)
Total	1356 patients	499	49

By 7 April 2025, 499 case record reviews (37%) have been carried out in relation to 1356 of the deaths included in the table above. The number of deaths in each quarter for which a case record review was carried out is shown in the table.

When a case record review is completed the outcome of the review is recorded in one of the following categories of outcome:
1. Evidence of serious failings in clinical management
2. Evidence of suboptimal management in a patient who was likely to die
3. Patient managed to a satisfactory level
4. Evidence of exemplar clinical management

49 of the cases reviewed, representing 9.8% percentage of the total number of case reviews are initially rated to have fell into outcome 1 and outcome 2. The number in each quarter is shown in the table.

All 49 deaths were therefore referred to Mortality & Morbidity review for more detailed review. One of these cases was then escalated to the appropriate Divisional Governance team for further investigation following confirmation of concerns identified.

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:

- Regular senior review of patients is needed to direct care and prevent unnecessarily long stays in hospital that are proven to lead to excess morbidity and mortality.
- Cross-specialty theme of late recognition of dying and hence delayed palliative care.
- Lack of continuity of care, and lack of effective handover when patients are moved between wards, particularly moves taking place in the night.
- Transfer of care within and across specialties. All departments should review communication processes and where this can be improved.
- Standards of documentation in clerking documentation, post take reviews and other entries within records. Poorly documented patient interactions can often reflect a poor patient experience overall.
- Issues with patient notes being mislaid in the Emergency Department and on transfer from the ED to wards. This has caused unnecessary resuscitation attempts and confusion about the care of the patients concerned.
- Prolonged waits for beds in the ED. Ownership of patients has been unclear at times, with some teams being difficult to reach for follow-up care and delayed decision making.
- Reviews of deaths occurring in ED have shown good care overall. However, it is noted the numbers of patients presenting as critically unwell now dying within the department, rather than in a more peaceful and appropriate setting.
- Theme identified in one quarter where patients have gone often greater than ten days awaiting decisions about feeding. These delays often hinge around Best Interest Meetings and the time it takes to set these up. Alongside this are delays inserting and using naso-gastric tubes, and poor documentation around these procedure, including recording clear consent and MCA decisions.

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Part 2.3: Reporting against Core Indicators

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

Indicator		November 2020 - October 2021	November 2021 - October 2022	November 2022 - October 2023	November 2023 - October 2024
SHMI value and banding	Stockport NHS Foundation Trust	0.98	0.97	0.96	0.95
	National Average	1.00	1.00	1.00	1.00
	Highest	1.19	1.25	1.21	1.30
	Lowest	0.72	0.62	0.72	0.70

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 2020 - October 2021	November 2021 - October 2022	November 2022 - October 2023	November 2023 - October 2024
Patient Deaths with Palliative Care Coding	Stockport NHS Foundation Trust	25%	24%	29%	37%
	National Average	39%	40%	42%	44%
	Highest	64%	65%	66%	66%
	Lowest	11%	12%	16%	17%

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 2020 to March 2021	April 2021 to March 2022	April 2022 to March 2023	April 2023 to March 2024
Hip Replacement Surgery (PROMS)	Stockport NHS Foundation	91%	88%	94%	88%
	National Average	90%	92%	91%	90%
	Highest	100%	100%	100%	100%
	Lowest	57%	64%	42%	41%
Indicator		April 2020 to March 2021	April 2021 to March 2022	April 2022 to March 2023	April 2023 to March 2024
Knee Replacement Surgery (PROMS)	Stockport NHS Foundation	91%	88%	86%	81%
	National Average	82%	84%	84%	82%
	Highest	100%	100%	100%	100%
	Lowest	50%	58%	35%	36%

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

Stockport NHS Foundation Trust reports a position slightly lower than the national average PROM scores for knee replacement surgery and hip replacement. We continue to review our service to drive improvements in outcomes for our patients.

Indicator		2021/22	2022/23	2023/24	2024/25 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 0-15	Stockport NHS Foundation Trust	12.4%	13.8%	12.3%	12.6%
	National Average	9.8%	10.5%	10.2%	9.8%
	Highest	19.1%	19.0%	22.2%	21.8%
	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 Paediatric Assessment Unit (PAU) for review. This also reduces ED attendance. PAU reviews and investigations are coded currently as readmissions inflating this figure.

Indicator		2021/22	2022/23	2023/24	2024/25 YTD (December)
Patient readmitted to hospital within 28 days of being discharged aged: 16+	Stockport NHS Foundation Trust	9.9%	9.1%	9.4%	9.3%
	National Average	8.2%	7.7%	8.1%	7.9%
	Highest	17.0%	21.0%	21.8%	21.3%
	Lowest	0.0%	0.0%	0.0%	0.0%

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

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 2023/24	Quarter 4 2023/24
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	5.5
	National Average	6.8	6.6	6.7	6.6
	Highest	8.3	7.9	7.7	8.1
	Lowest	4.9	3.4	4.8	4.0

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		2021/22	2022/23	2023/24	2024/25 YTD (December)
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	98.2%	98.3%	97.4%	98.8%
	National Average	*	*	*	90.0%
	Highest	*	*	*	100.0%
	Lowest	*	*	*	14.3%

* Collection had been paused Nationally due to covid pandemic – resumed Q1 2024/25

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

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

Stockport NHS Foundation Trust has taken the following actions to improve this percentage:

Electronic data collection for VTE risk assessment is included in mandatory training for all clinical staff, and e-learning packages have been developed. The Thrombosis Group closely 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 & Quality Group. In April 2021, the Trust was awarded national VTE exemplar site status.

Indicator		2021/22	2022/23	2023/24	2024/25 YTD (December)
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	28.3	26.0	22.4	30.6
	National Average	16.3	18.3	18.8	23.9

		53.6	73.3	56.6	91.1
	Highest				
	Lowest	0.0	0.0	0.0	0.0

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

The Trust follows the national Clostridium difficile guidelines. There is a robust system for data entry and validation which ensures all cases are entered onto the data capture system.

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

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

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Part 3: Other Information

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

NHS Greater Manchester (NHS GM) welcomes the comprehensive and transparent annual Quality Account submission for 2024/25. Quality Accounts play a vital role in demonstrating accountability to the public, strengthening the link between provider and commissioning organisations, and driving continuous quality improvement across our system. The Stockport NHS Foundation Trust's submission presents a clear review of achievements over the past twelve months, along with priorities and plans for the year ahead. NHS GM welcomes this opportunity to reflect on progress, offer shared feedback, and outline how we will continue to work together to enhance quality, safety, and outcomes for the local population.

Review of achievements over the past 12 months

- **Pressure ulcers / Tissue Viability**: The Trust's ongoing Quality Improvement (QI) focus on reducing pressure ulcer harm in both acute and community settings is commendable. Noting the steady reduction in hospital-acquired pressure ulcers over the last two years and strengthened patient engagement and digital record-keeping in the community, this work contributes directly to patient safety and experience.

- **Falls**: The Trust set a 5% reduction target in overall falls and maintained lapses-in-care harm within target. The reported reduction from 651 to 599 falls (rate from 2.82 to 2.64 per 1,000 bed days) demonstrates meaningful progress. Maintaining the rate of moderate-

or-above harm at 0.02 per 1,000 bed days is positive. We note, however, that Emergency Department (ED) falls increased above target, and lapses-in-care in ED also increased slightly. The Trust's detailed data tracking, monthly audits, education modules, and multi-forum learning culture illustrate a robust QI approach. Continued focus on ED falls prevention will be important.

- **StARS Accreditation Programme**: Exceeding targets for 2024/25—achieving 74% green/blue outcomes across 69 accreditations in 43 areas—reflects strong commitment to evidence-based, patient-centred care and continuous improvement. The expansion of Blue StARS status and planned reviews of community and outpatient standards further strengthen assurance of high-quality care across settings.

- **Patient Experience**: The Patient Experience Team's multifaceted initiatives such as, Hello My Name Is, Dressed Is Best rollout planning, Rise and Shine mobility support, enhanced feedback mechanisms via surveys and QR codes, mixed-sex accommodation audits, SWAN end-of-life care involvement, health inequalities projects, dashboards, Walkabout Wednesdays, demonstrate strong engagement with patients, carers and families. Embedding patient stories into improvement and updating policies such as, visiting times, personal belongings, show responsiveness to feedback.

Statements of Assurance

- **Clinical Audit Participation**: Participation in 88% of eligible national audits, pending confirmation on two British Association of Urological Surgeons (BAUS) audits, and rigorous local audit programmes demonstrate governance and willingness to act on findings.

- **Care Quality Commission (CQC) and Regulatory Compliance**: Continued registration and CQC engagement, with action plans in response to recent inspections, indicate robust governance.

- **Information Governance & Data Quality**: Achievement of "standards met" in the 2023/24 Data Security and Protection Toolkit (DSPT) and actions to address the move to Cyber Assessment Framework requirements show commitment to data security. Ongoing work on coding accuracy, data quality dashboards, and clinical engagement supports reliable performance metrics.

-
- **Learning from Deaths**: Conducting 499 case reviews out of 1,356 deaths, with key learning themes on senior review, handover, documentation, ED processes, timely decisions, palliative recognition, disseminated through newsletters and microsite, underpins a culture of reflective learning.

How NHS Greater Manchester will support quality in 2025/26

- Maintain quarterly review of the Trust's Quality Compliance Schedule and support data triangulation across system metrics.
- Continue attendance at Patient Safety Summits to monitor Patient Safety Incident Response Framework (PSIRF) implementation and share learning from national and regional safety initiatives.
- Support Learning from Deaths dissemination at system forums and ensure cross-organisational uptake of improvement actions.
- Oversee safeguarding compliance and assurance, with quarterly reporting and shared learning across partner organisations.
- Facilitate system-wide flow and discharge improvement initiatives, aligning acute, community, social care, and voluntary sector partners.
- Support digital and data initiatives that enable real-time quality monitoring, predictive analytics for risk areas such as, falls, pressure ulcers, and integrated care records.
- Promote health inequalities work by aligning population health data, targeting interventions for under-served groups, and embedding equity metrics into QI programmes.
- Convene forums for sharing successful QI interventions such as ED improvements, frailty pathways, histopathology digitalisation, across Greater Manchester trusts.

Priorities for 2025/26 relating to quality

- **Sustaining and deepening ED improvements**: Continue efforts to meet and exceed the 4-hour standard, with focus on streaming, diagnostics turnaround, and alternative pathways to reduce length of stay and avoidable admissions.

- **Falls prevention across all settings**: Intensify ED falls prevention, build on inpatient reductions, and extend community-based prevention strategies in partnership with primary care and social services.

- **Pressure ulcer prevention**: Leverage digital insights to further reduce pressure ulcer incidence, especially in the community, with enhanced patient self-management support.

- **Learning Disability and Inclusion Standards**: Continue progress against NHS Learning Disability Improvement Standards, ensuring inclusive care pathways and accessible communication.

- **Learning from Mortality and Harm Reviews**: Embed timely harm review processes, ensure lessons are translated into practice, and monitor impact of interventions on patient outcomes.

- **Implementation of Patient Safety Incident Response Framework**: Advance PSIRF embedding, refine incident management systems, and foster an open reporting culture with timely feedback loops.

- **Integrated Care Group Collaboration**: Continue engagement with the Stockport System Quality Group to drive integrated care models, including community diagnostics, virtual wards, and preventative care initiatives.

- **Antimicrobial stewardship and infection prevention**: Maintain robust panels, learning from episodes of C. difficile, and integrate best practice from across GM.

- **Data and digital maturity**: Enhance use of dashboards, predictive analytics, and integrated records to support proactive QI interventions and monitor core quality indicators in near real-time.

Conclusion

NHS GM is encouraged by Stockport NHS Foundation Trust's achievements over 2024/25 and commends the dedication of staff across all teams. While challenges remain—particularly in ED flow, workforce pressures, health inequalities, and infection rates—the collaborative QI culture, robust governance arrangements, and innovative service transformation projects position the Trust well to continue its improvement journey. To the best of NHS GM's knowledge, the information contained in this Quality Account is accurate and reflects a true and balanced description of the quality of provision of services provided by Stockport NHS Foundation Trust. We look forward to continuing our partnership: sharing insights across GM, aligning resources, and supporting Stockport NHS Foundation Trust in delivering safe, effective, and equitable care for the residents of Stockport and Greater Manchester.

Mark Fisher

Chief Executive NHS Greater Manchester Integrated Care Board