Stockport NHS
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

28 APRIL 2016

Your Health. Our Priority.

Board of Directors Meeting - 26 April 2016

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Stockport NHS
NHS Foundation Trust

April 2016

Dear Colleague

You are invited to a meeting of the Board of Directors which will be held on **Thursday 28 April 2016 at 1.15pm in Lecture Theatre B, Pinewood House, Stepping Hill Hospital.**

An agenda for the meeting is detailed below.

Yours sincerely

GILLIAN EASSON
CHAIRMAN

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AGENDA ITEM	TIME
1. Apologies for Absence.	1.15pm – 1.20pm
2. Declaration of Amendments to the Register of Interests.	"
3. **OPENING MATTERS:**	
3.1 To approve the minutes of the previous meeting of the Board of Directors held on 31 March 2016 & 6 April 2016 (attached).	1.20pm – 1.25pm
3.2 Patient Story (Report of Director of Nursing and Midwifery attached).	1.25pm – 1.35pm
3.3 Report of the Chairman.	1.35pm - 1.45pm
4. **TRUST ASSURANCE / GOVERNANCE:**	
4.1 Trust Performance Report (Report of Interim Chief Operating Officer attached).	1.45pm – 2.15pm
4.2 Quarter 4 2015/16 Compliance Return (Report of Director of Finance to follow).	2.15pm – 2.25pm
4.3 Carter Review Summary (Report of Deputy Chief Executive attached).	2.25pm – 2.35pm
4.4 Principal Annual Objectives 2015/16 (Report of Chief Executive attached).	2.35pm – 2.45pm
4.5 Strategic Risk Register (Report of Director of Nursing and Midwifery attached).	2.45pm – 2.55pm
4.6 Maintaining Safe Staffing Levels (Report of Director of Nursing & Midwifery attached)	2.55pm – 3.05pm

AGENDA ITEM	TIME
4.7 Key Issues Reports from Assurance Committees: 4.7.1 Finance & Investment Committee - 6 April 2016 (attached and Malcolm Sugden to report) 4.7.2 Strategic Development Committee - 21 April 2016 (attached and John Schultz to report)	3.05pm – 3.15pm
4.8 Annual Review of Register of Interests (Report of Company Secretary attached)	3.15pm – 3.20pm
5 **STRATEGY AND DEVELOPMENT:**	
5.1 Report of Chief Executive (attached).	3.20pm – 3.30pm
6 **CLOSING MATTERS:**	
6.1 Any Other Urgent Business.	"
6.2 Date of next meeting: • Thursday 26 May 2016, 1.15pm, in Lecture Theatre A, Pinewood House, Stepping Hill Hospital.	"

STOCKPORT NHS FOUNDATION TRUST

Minutes of a meeting of the Board of Directors held in public on Thursday 31 March 2016 1.15pm in Lecture Theatre A, Pinewood House, Stepping Hill Hospital

Present:

Mrs G Easson	Chairman
Mrs C Anderson	Non-Executive Director
Dr J Catania	Medical Director
Dr M Cheshire	Non-Executive Director
Mrs C Prowse	Non-Executive Director
Mr J Schultz	Non-Executive Director
Mr M Sugden	Non-Executive Director
Mrs A Barnes	Chief Executive
Mrs J Morris	Director of Nursing & Midwifery
Mr F Patel	Director of Finance
Mrs J Shaw	Director of Workforce & Organisational Development

In attendance:

Mr P Buckingham	Company Secretary
Mrs S Curtis	Membership Services Manager
Mrs A Gaukroger	Director of Strategy and Planning
Ms A Smith	Designate Non-Executive Director
Ms S Toal	Director of Operations

79/16 Apologies for Absence and Chairman's Opening Remarks

Apologies for absence had been received from Mr J Sumner and Mr J Sandford.

Mrs G Easson advised the Board that this would be the final Board meeting attended by Dr J Catania and Mrs C Prowse who were both retiring from the Trust. Mrs G Easson noted that Dr J Catania, who had been the Trust's Medical Director for 14 years, had joined the Trust in 1997. She went on to praise his valued commitment to patient care, his continuous improvement to patient safety and quality and in particular commended his contribution to the work on improving mortality. Mrs G Easson informed the Board that Dr J Catania would be returning to the Trust as Chief Clinical Officer for the Electronic Patient Record project. Mrs G Easson thanked Dr J Catania for his immense contribution to the Trust over the years and presented him with a piece of crystal on behalf of the Board of Directors.

Mrs G Easson advised the Board that Mrs C Prowse was also retiring from the Trust after 12 years' service. She noted that Mrs C Prowse had first joined the Trust in 2004 as an Appointed Governor for the High Peak & Dales Primary Care Trust and had been appointed as a Non-Executive Director in 2007. Mrs C Prowse had gone on to be appointed as Senior Independent Director in 2009 and in 2012 had been appointed as Deputy Chair. Mrs G Easson made reference to Mrs C Prowse's passion for patient care and her championing of High Peak patients. She noted that Mrs C Prowse was fiercely independent and loyal and, as Senior Independent Director, had promoted great

relationships with Governors and had been a dedicated Deputy Chair. Mrs G Easson thanked Mrs C Prowse for all her hard work over the years and presented her with a piece of crystal on behalf of the Board of Directors.

80/16 Declaration of Amendments to the Register of Interests

No interests were declared.

81/16 Minutes of the previous meeting

The minutes of the previous meeting held on 25 February 2016 were approved as a true and accurate record of proceedings.

The action tracking log was reviewed and annotated accordingly.

82/16 Patient Story

Mrs J Morris presented this report and reminded the Board that the purpose of patient stories was to bring the patient's voice to the Board, providing a real and personal example of the issues within the Trust's quality and safety agendas. She noted that this story had demonstrated care and compassion throughout the organisation as the gentleman who had fallen had been looked after by both clinical and non-clinical members of staff.

In response to a question from Mr J Schultz, Mrs J Morris advised the Board that it was Trust policy to phone for an ambulance if someone had fallen on the hospital site and needed to be taken to the Emergency Department and noted that it was quicker and safer for the patient than trying to locate a trolley. In response to a question from Mrs G Easson, Mrs J Morris was pleased to report that the gentleman in question had made a full recovery and had been happy to share his story.

The Board of Directors:

- Received and noted the Patient Story report.

83/16 Report of the Chairman

Mrs G Easson briefed the Board of the continued pressures faced by the Trust's Emergency Department. She also commented that 1 April 2016 would be a historic day as it was the launch date of the Greater Manchester Devolution Programme. Finally, Mrs G Easson wished to formally thank Dr J Catania and Mrs C Prowse for their years of dedicated service to the Trust.

The Board of Directors:

- Received and noted the verbal report.

84/16 Trust Performance Report – Month 11

Ms S Toal presented the Trust Performance Report which summarised the Trust's performance against Monitor's Risk Assessment Framework for the month of February 2016 including the key issues and risks for delivery. The report also provided a summary of the key issues within the Integrated Performance Report which was attached in full in Annex A.

The Board noted that there were two areas of non-compliance in month 11 which were the non-achievement of the Accident & Emergency (A&E) 4-hour target and the Cancer 62-day target. With regard to the deteriorating A&E 4-hour performance, it was noted that the main factor impacting on patient flow continued to be delayed transfers of care. Ms S Toal advised the Board that February had continued to see increased Emergency Department attendances compared to this time last year. It was also noted that, despite the increase in direct admissions to the Medical Assessment Unit, the Trust's admission rate remained higher than most other Trusts in Greater Manchester and had been as high as 36% on some days in February.

The Board was advised that the Trust had attended escalation meetings in February and March with NHS Improvement with regard to its A&E performance and Ms S Toal briefed the Board on the system-wide plans going forward which comprised a short term impact plan, medium plan and transformation. It was noted that the short term plan was monitored weekly by the Executive Team and the medium plan was based upon projects within the strategic staircase strategy work streams. Ms S Toal advised that ultimately the resilient solution for the Emergency Department (ED) performance was the implementation of the Stockport Together programme but although some elements of this work had commenced, it was anticipated that the full implementation was 18+ months away.

Ms S Toal advised the Board that the Trust was required to submit an improvement trajectory for 2016/17 to Monitor by the end of the month. It was noted that to date the Trust was on track to achieve compliance of above 80% by April 2016. The Board noted that the Trust continued to engage with senior leaders in the health economy to drive an urgent collective response to the issue of delayed discharges. The system-wide response and plan had been shared with the regulators and had been accepted as the right approach to a sustainable solution.

With regard to the Cancer 62-day target, the Board was advised that the main contributor to the non-achievement of the target in February had been the effect of increased patient choice in delaying outpatient and diagnostic appointments over the Christmas period. Ms S Toal advised the Board that despite continued challenges faced by the Trust, the target had been achieved in March 2016 which resulted in overall achievement of the target in Quarter 4.

In response to a question from Mr M Sugden who queried whether the 80% ED 4-hour trajectory for April was still realistic given the high admission rates over Easter, Ms S Toal noted that the 80% target had been based upon historic performance which took into account seasonal demand and advised that the unprecedented activity seen over Easter had also been experienced across the rest of Greater Manchester.

In response to a question from Dr M Cheshire, Ms S Toal briefed the Board of the Length of Stay project which was taking forward key actions with regard to delayed discharges. In response to a further question from Dr M Cheshire who queried the high admission rates compared to those of Greater Manchester peers, Ms S Toal noted that the Trust was considering alternative methods for admission and advised the Board of a review of the Emergency Department footprint and workforce and the requirement of senior decision-making at the front door. Mrs A Barnes advised the Board of work being undertaken with regard to the admission of stroke patients and noted that in this Trust, unlike in other Trusts, stroke patients were admitted through the Emergency Department which led to higher numbers of admissions.

In response to a question from Mrs C Prowse who queried the possibility of international recruitment for Consultants, Mrs J Shaw advised the Board of a review that was being undertaken in a number of specialties in Medicine, the outcome of which would be considered by the Executive Team in April.

Mrs G Easson made reference to the 2016/17 trajectory and the assumption that the 95% 4-hour target would be achieved from September 2016 onwards. In response to a question from Mrs G Easson who queried whether the trajectory was still achievable, Mrs A Barnes advised the Board that the trajectory was based upon evidence of previous performance and known external drivers and as long as all components stayed equal, the trajectory should be achievable. There followed a discussion with regard to the importance of clinical engagement and Mrs A Barnes noted that following the retirement of Dr J Catania, Dr C Wasson as Medical Director and Dr G Burrows as Deputy Medical Director would continue this important work.

Ms S Toal left the meeting.

Mrs C Prowse made reference to Chart 4 of the Integrated Performance Report ("assistance given with food") and noted that last year 80% had responded positively compared to 66% in February 2016. In response to a question from Mrs C Prowse who queried the reasons behind the deteriorated position, Mrs J Morris advised the Board of mitigating actions and noted that, whilst there was still more work to be done, the compliance had continued to improve since December 2015. With regard to the Nursing Dashboard, the Board of Directors commended the improved position.

Dr M Cheshire made reference some of the charts in the Integrated Performance Report which had target numbers associated with them. He felt that it would be more appropriate to call them control limits rather than targets. Mrs A Barnes advised the Board that a refreshed version of the Integrated Performance Report would be considered at the Board Away Day in April to ensure it was fit for purpose.

In response to a question from Mrs G Easson, Mrs J Shaw briefed the Board of ongoing work to improve staff appraisal rates which included implementation of a policy to link pay progression to performance, and commented on the improved quality of appraisals. Mrs G Easson made reference to chart 84 which showed the rate of misadventures against National Hospital Episodes Statistics (HES) peer group, an issue which had been raised by Mrs C Anderson at the last meeting. Mrs J Morris agreed to provide feedback on the progress made by the project group at the next meeting.

With regard to the High Profile Report, Mrs J Morris advised that the theme noted in month continued to be non-adherence to policy. She advised the Board that the issue had been discussed at length at the Quality Assurance Committee and that work was ongoing to establish the reasons behind the non-adherence.

The Board of Directors:

- Received and noted the contents of the Trust Performance Report
- Noted the current position for month 11 compliance standards
- Noted the future risks to compliance and mitigating actions
- Noted the key risk areas from the Integrated Performance Report.

85/16 Board Assurance Framework

Mrs A Barnes presented this report and advised that the purpose of the report was to present the current Board Assurance Framework for consideration and approval by the Board of Directors and to propose adoption of a revised approach for 2016/17. She noted that the content of the Board Assurance Framework in terms of risk areas had in the main remained unchanged since the current format had been introduced approximately 18 months ago and, in that time, the strategic context and the Trust's operating environment had changed considerably. Consequently it had been deemed appropriate to review strategic objectives and associated risks to maintain currency of the basis for the Board Assurance Framework. Reference was made to the need to ensure that risks documented in the Board Assurance Framework continued to accurately reflect the principle risks to the achievement of strategic objectives.

The Board of Directors undertook a risk by risk review of the current Board Assurance Framework and were content with Risks 1, 2, 4, 5, 6, 7 and 8. It was proposed to amend Risk 3 to incorporate Professor B Toft's Report on Never Events. Subject to the one amendment, the Board of Directors approved and closed the Board Assurance Framework 2015/16 at year-end.

The Board of Directors considered the revised Framework for 2016/17 and agreed that whilst the Director of Finance should remain the Risk Owner for Risk 5, the Deputy Chief Executive should be added as Significant Owner due to his responsibility for the delivery of the Trust's Five Year Strategy. It was also agreed that in order to sufficiently capture the Trust's continued commitment to patient safety, the Medical Director would be added as Significant Owner to Risk 4.

In response to a question from Mr M Sugden who queried the need for quantitative measures for the Strategic Objectives, Mr P Buckingham noted that this level of detail would be covered by the Corporate Objectives.

The Board of Directors:

- Considered and approved the content of the Board Assurance Framework at Annex A.
- Agreed to close the current Board Assurance Framework and open a revised Framework based on the draft strategic objectives and associated risks included at s3.2 of the report.

86/16 Strategic Risk Register

Mrs J Morris presented the Strategic Risk Register and advised the Board that there had been no new strategic risks added this month and that risks 2764 and 2579 had been removed from the register. Mrs J Morris also advised the Board of the risk score of risk 2130 which had increased from 16 to 20.

In response to a comment made by Dr M Cheshire with regard to action plan completion dates, Mr P Buckingham advised that the presentation of the report, including action plan review and completion dates, would be encompassed in the Strategic Risk Register review undertaken by Mr T Roberts, Mrs J Morris, Ms C Marsland and Mr P Buckingham.

Mr F Patel noted that risk 2809 (Delivery of CRP) would come off the Strategic Risk Register and would be replaced by Cost Improvement Programme (CIP). In reply to a question from Mrs G Easson who queried whether the risk rating of 25 was still accurate for risk 2899 (Delivery of the Sustainability and Transformation Fund Conditions), Mr F Patel advised that the risk would be reviewed and an update would be provided at the next Board meeting. In response to a question from Dr M Cheshire who queried risk 2785 (Operating Theatre Staffing), Mrs J Morris provided an update on actions in this area and advised that the position was improving following the recruitment of theatre staff.

The Board of Directors:

- Received the report and noted the content.

87/16 Maintaining Safe Staffing Levels

Mrs J Morris advised the Board of Directors that following the publication of the Francis report and subsequent National Quality Board recommendations, there was a requirement for all NHS organisations to take a six monthly report to their Boards of Directors with regard to nurse and midwifery staffing levels within their organisations to consider whether they were adequate to meet the acuity and dependency of their patient population. Mrs J Morris further noted that the report built upon the findings presented to the Board in September 2015 and provided further analysis with regard to community nursing and care contact time. The Board of Directors noted the contents of the report and the significant improvements in staffing levels and changes to shift patterns that had been introduced over the last six months.

Mrs J Morris presented a second report which provided an overview, by exception of actual versus planned staffing levels for the month of February 2016. The Board of Directors received assurance that safe staffing levels had been maintained during February 2016. Mrs J Morris made reference to the following key points in the report:

- Night Registered Nurse cover remained significantly improved
- Trauma & Orthopaedics remained a challenge and start dates of new staff was awaited
- Non-EU recruitment had been successful with 90 offers made for 60 posts

- EU recruitment also continued but numbers were reducing due to recent national changes to the process.

In response to a question from Ms A Smith who queried the staffing of the Neonatal Unit and the unpredictable nature of activity, Mrs J Morris briefed the Board of the staffing systems in place which included an effective rostering system, seasonal contracts for staff and the use of bank staff when required.

The Board of Directors:

- Received the two Safe Staffing reports and noted the content.

88/16 Key Results of the 2015 Annual Staff Survey

Mrs J Shaw presented a report which provided the Board of Directors with an overview of the 2015 Staff Survey results. She noted that the report outlined the top five and bottom five rankings as compared with all NHS acute and community Trusts. It also provided the Trust's engagement scores, additional key findings and outlined the next steps. The Board was advised that the response rate had been 34% which was below the national average of 41% for combined acute and community trusts. Reference was made, however, to the richer data set this year as all staff had been invited to complete the survey.

Mrs J Shaw commented that the results had been discussed in detail at the Workforce & Organisational Development Committee and the Board noted that of the 32 key findings, 11 had been better than the national average. There had been two findings that had been worse than the national average, which were 'appraisals' and 'satisfaction with the quality of work and patient care able to deliver'. The Board was pleased to note that staff engagement had increased from 3.75 to 3.82 (out of 5), the national average being 3.75.

In response to a question from Mrs G Easson, Mrs J Shaw briefed the Board on plans to improve the response rate for next year which included the review of incentives and a 'you said, we did' approach. Mrs C Prowse further commented that the communication with staff was key and informed the Board that Mrs A Custis, Head of Communications, was now a member of the Workforce & OD Committee to help strengthen the communication.

The Board of Directors:

- Received the report and noted the content and the next steps.

89/16 Revenue Budgets 2016/17 & Operational Plan 2016/17

Mrs G Easson proposed that these two items be withdrawn from the agenda in the light of recent feedback received from Monitor with regard to the Trust's draft Operational Plan. The feedback received would necessitate a redraft of the Operational Plan and the Board was advised that the revised Plan would be discussed in detail at the Finance & Investment Committee meeting on 6 April 2016 following

which a Public Board meeting would be convened to approve the Operational Plan prior to its submission to Monitor.

90/16 Key Issues Reports

Workforce & Organisational Development Committee

Mrs C Prowse briefed the Board on matters considered at a meeting of the Workforce & Organisational Development Committee held on 29 February 2016. She advised the Board of the substantial improvements that had been made and noted the considerable amount of work that had gone into the production of various strategies and advised that the resultant action plans would be monitored by the Committee. Mrs C Prowse made reference to a case study given by Mr M Worrall (Contracts & Purchasing Manager) who had provided a first-hand experience of progressing through the Apprenticeship Programme at the Trust. Reference was also made to the Leadership Strategy which would be discussed later on in the agenda. Mrs G Easson commended the excellent progress made by the Committee to date and noted that Ms A Smith would chair the Committee in future following the retirement of Mrs C Prowse.

Audit Committee

Mr M Sugden briefed the Board on matters considered at a meeting of the Audit Committee held on 1 March 2016. He made reference to the positive outcomes from Internal Audit reviews and, in particular, noted the High Assurance assessment for the Surgical & Medical Block Review. The Committee had considered and approved the risk-based Internal Audit Plan for 2016/17 and the Anti-Fraud Plan for 2016/17. The Committee had also considered a report from External Audit which had detailed the plan for the 2015/16 audit. The Board was advised that the significant risks which would be the areas for focus were Recognition of NHS Revenue; Property Revaluations; and Management Override of Controls. Mr M Sugden advised that other audit-related items considered by the Committee had been reports on Accounting Policies and Key Issues for consideration in preparation of the Annual Accounts and Annual Report.

Finance, Strategy & Investment Committee

Mr M Sugden briefed the Board on matters considered at a meeting of the Finance, Strategy & Investment Committee held on 2 March 2016. He advised the Board that the primary focus of the meeting had been on financial planning for 2016/17. With regard to identified efficiencies, the Committee had emphasised the need to assess opportunities for earlier delivery where possible together with identification of additional efficiency schemes. Finally, Mr M Sugden noted that the Committee had received a progress report on Pharmacy Shop operations from Mr M Taylor, Non-Executive Chairman, and had noted that the Pharmacy Shop was now well-established and was providing a good quality service for both patients and staff. The Committee had been advised of plans to further enhance the services provided.

Quality Assurance Committee

Dr M Cheshire briefed the Board on matters considered at a meeting of the Quality Assurance Committee held on 24 March 2016. He advised that the Committee had received a presentation from Ms S Toal on actions being taken to achieve short term improvements in performance against the A&E 4-hour target. The Committee had been advised that sustainable recovery of the A&E performance necessitated a system-wide solution which would not be realised immediately. The Committee had also received an update on key issues identified during recent meetings of the Quality Governance Committee and the Performance & Planning Board. The Committee had considered a High Profile Report and had noted the theme areas related to Falls and Pressure Ulcer prevention. Dr M Cheshire also made reference to assurance reports related to a national Oesophago-Gastric Cancer Audit and Prescription of Fluid Replacement and finally advised that the Committee had considered and endorsed a Clinical Audit Strategy 2016-2020.

The Board of Directors:

- Received and noted the Key Issues Reports.

91/16 Proposed Amendments to the Trust's Constitution

Mr P Buckingham presented a report, the purpose of which was to present proposed amendments to the Trust's Constitution to the Board of Directors for approval. Mr P Buckingham advised the Board that the current version of the Constitution had been approved by the Council of Governors on 8 July 2014. Since then, revised Model Election Rules had been published which had yet to be incorporated in the Constitution and matters arising in recent months had identified the need for amendments to particular sections of the Constitution.

Mr P Buckingham briefed the Board of the following proposed amendments:

- Staff Governors
  The Governance Committee had considered arrangements relating to a separate class of Staff Governor for Community Staff in view of the impending transfer of the Tameside & Glossop element of the Community Services Business Group. The Committee had agreed that there should be just one class for the Staff Constituency which would be represented by a total of four Staff Governors. This change would necessitate amendments to Section 8, Annex 2 and Annex 3 of the Constitution. The proposed amendments had been included for reference at Appendix 1 to the report.

- Senior Independent Director
  During a recent meeting of the Nominations Committee, it had been noted that Section 27 of the Constitution as currently drafted granted the Council of Governors a level of authority in respect of the Senior Independent Director appointment which was inconsistent with the Foundation Trust Code of Governance. Code provision A.4.1. stated that *In consultation with the Council of Governors, the Board should appoint one of the independent Non-Executive Directors to be the Senior Independent Director.* Section 27 of the Constitution stated that any appointment of a Senior Independent Director should require the

approval of the Council of Governors. The Nominations Committee had agreed that the Constitution should be amended and a proposed amendment had been included for reference at Appendix 2 to the report.

- Model Election Rules
  The Board of Directors noted that Section 13 of the Constitution needed to be amended and the proposed amendment along with a copy of the revised Model Election Rules had been included for reference at Appendix 3 to the report.

- Anchorpoint
  Mr P Buckingham made reference to Annex 3 of Appendix 1 of the report; 'Composition of Council of Governors' and advised the Board of the current provision for two Governors to be appointed by Anchorpoint. Mr P Buckingham advised that Anchorpoint had ceased to exist and consequently it was proposed that the provision for two Anchorpoint Governors be removed from the Constitution.

Mr P Buckingham advised the Board that the proposed amendments had been considered by the Governance Committee on 21 March 2016 and a recommendation had been made to the Council of Governors for approval. He noted that, subject to the Board's approval of the proposed amendments, a report seeking final approval would be presented at the Council of Governors meeting on 13 April 2016.

The Board of Directors:

- Received and noted the report and approved the proposed amendments to the Trust's Constitution as detailed at Appendices 1 to 3 of the report.

92/16 Report of the Chief Executive

Mrs A Barnes presented a report to update the Board of Directors on both national and local strategic and operational developments. The report covered the following subject areas:

- Tameside & Glossop Community Services
- Greater Manchester Devolution
- Monitor / NHS Improvement Communications
- Junior Doctor Industrial Action
- Publications

With regard to the transfer of Tameside & Glossop Community Services to Tameside Hospital NHS Foundation Trust on 1 April 2016, the Board wished to formally record its thanks to staff for their hard work and wished them all the very best for the future.

The Board of Directors:

- Received and noted the Report of the Chief Executive.

93/16 Leadership Strategy

Mrs J Shaw presented a report seeking Board of Directors approval of the Trust's Leadership Strategy. She advised the Board that the purpose of the Strategy was to identify the importance of leadership, why there was a need for great leadership in the Trust and identify what was required by the Trust's leaders on an individual and collective basis. The Board noted that the Leadership Strategy had been presented to the Workforce & Organisational Development Committee on 29 February 2016 where it had been recommended for Board approval.

In response to a question from Mr M Sugden who queried the timescales of next steps, Mrs J Shaw advised that the Leadership Strategy was supported by an Implementation Plan which would be monitored by the Workforce & Organisational Development Committee.

The Board of Directors:

- Received and noted the report and approved the Leadership Strategy included at Annex 1.

94/16 Shadow Provider Board – Memorandum of Understanding

Mrs A Gaukroger presented a report the purpose of which was to present to the Board the Memorandum of Understanding (MOU) that had been made between the Providers working within the Stockport Together Programme. Mrs A Gaukroger advised that the Stockport Together partners continued to work closely together on the design and implementation of new delivery models aimed at achieving improved services for patients and users at a lower cost. In parallel, it was noted that the key providers intended to form a new, shadow organisation in which the GP Federation (Viaduct Health), Stockport NHS Foundation Trust (acute and community services), Pennine Care and the Local Authority would have an equal stake, and within which the traditional competing priorities would be renegotiated and replaced by a collaboration alliance. Mrs A Gaukroger advised that this shadow organisation would go on to be a Multi-Specialty Community Provider organisation (MCP).

The Board was advised that the Shadow Provider Board (a collective of the four providers outlined above) had been meeting since early 2016. In order to demonstrate a commitment to how the providers would work together during the next year, it had been decided to develop a Memorandum of Understanding (MOU) which each of the organisations would sign up to in order to indicate their commitment. It was noted that the MOU outlined how the Provider Board would act as a shadow MCP during 2016/17, starting to make collective decisions on the deployment of resources and taking an open book approach to investment decisions.

In response to a question from Mrs G Easson, Mrs A Gaukroger confirmed that the MOU retained sovereignty for all four organisations. In response to a further question from Mrs G Easson who noted that the MOU was supported by a letter of intent and queried whether anything in the letter required further clarity, Mrs A Gaukroger noted that she had not seen a copy of the letter but would investigate this further outside of the meeting.

The Board of Directors:

- Received and noted the content of the report and delegated responsibility to the Chief Executive to sign the Memorandum of Understanding on behalf of the Trust.

95/16 Date, time and venue of next meeting

There being no further business, Mrs G Easson closed the meeting and advised that the next meeting of the Board of Directors would be held on Thursday 28 April 2016 at 1.15pm in Lecture Theatre B, Pinewood House, Stepping Hill Hospital.

Signed: _____ Date: _____

BOARD OF DIRECTORS: ACTION TRACKING LOG

Ref.	Meeting	Minute Ref	Subject	Action	Responsible
15/15	24 Sep 15	228/15	Integrated Performance Report	*Never Events* – Following the completion of the external review undertaken by Professor B Toft, a report, including a presentation, would be provided to the Board of Directors at its meeting in November 2015. **Update on 26 Nov 15** – As the report had not yet been completed, it would be provided to the Board on 28 January 2016. **Update on 26 Jan 16** – The report was not yet ready and would either be presented to the February Board meeting or if still not ready, Dr J Catania would provide an update at that meeting. **Update on 25 Feb 2016** – The Board noted an update provided in the Chief Executive's Report which anticipated presentation of the final Never Events Report in March / April 2016. **Update on 31 Mar 2016** – Dr J Catania advised the Board that the Trust had received a draft report from Prof B Toft which would be checked for factual accuracy. The final report would be considered in detail by the Quality Assurance Committee in May 2016 and would be presented to the public Board meeting in May 2016 via the Committee's Key Issues Report.	Dr J Catania
1/16	25 Feb 16	57/16	Strategic Risk Register	Mr P Buckingham and Mr T Roberts would review the presentation of future reports. **Update on 31 Mar 2016** – The Board noted that Mr P Buckingham would meet with Mrs J Morris and Ms C Marsland on 4 April 2016 to review the presentation of future reports. **Action complete**.	Mr P Buckingham / Mr T Roberts
2/16	31 Mar 16	84/16	Trust Performance Report	Mrs G Easson made reference to chart 84 which showed the rate of misadventures against National Hospital Episodes Statistics (HES) peer group, an issue which had been raised by Mrs C Anderson at the last meeting. Mrs J Morris agreed to provide feedback on the progress made by the project group at the next meeting.	J Morris

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STOCKPORT NHS FOUNDATION TRUST

Minutes of a meeting of the Board of Directors held in public on Wednesday 6 April 2016 3.00pm in the Committee Room, Oak House, Stepping Hill Hospital

Present:

Mrs G Easson	Chairman
Mr M Sugden	Non-Executive Director
Mrs C Anderson	Non-Executive Director
Dr M Cheshire	Non-Executive Director
Mr J Schultz	Non-Executive Director
Mrs A Barnes	Chief Executive
Mrs J Morris	Director of Nursing & Midwifery
Mr F Patel	Director of Finance
Mrs J Shaw	Director of Workforce & Organisational Development
Mr P Orwin	Interim Chief Operating Officer

In attendance:

Mr P Buckingham	Company Secretary
Mr A Bailey	Head of Planning

104/16 Apologies for Absence

Apologies for absence had been received from Mr J Sandford, Ms A Smith, Mr J Sumner, Mrs J Morris and Dr C Wasson.

105/16 Chairman's Opening Remarks

Mrs G Easson welcomed Mr P Orwin as an observer to the meeting and noted that he had commenced his engagement as Interim Chief Operating Officer on 6 April 2016. She also welcomed Mr A Bailey who she noted had been heavily involved in preparation of the Operational Plan 2016/17.

Mrs G Easson reminded those present that, at the meeting held on 31 March 2016, the Board had deferred approval of both the Operational Plan 2016/17 and Opening Budgets 2016/17 pending further clarification of the Financial Plan. She noted that further work had been necessary as a result of feedback received from Monitor on the Trust's Draft Operational Plan 2016/17 and a degree of uncertainty around assumptions made in the financial plan. She advised that there had been uncertainty around the availability of funding from local health economy partners to bridge the Trust's financial gap and a link made between potential funding from Stockport CCG and associated contract conditions. She also commented on the availability of Sustainability & Transformational funding and the associated operational conditions and a requirement for the Trust to deliver a break-even position in 2016/17.

Mrs G Easson advised that the situation had necessitated careful deliberation by the Board and noted that the outcomes of these deliberations were reflected in the papers being presented for approval.

106/16 Declaration of Amendments to the Register of Interests

No interests were declared.

107/16 Annual Budget Approval 2016/17

The Director of Finance presented a report seeking approval of the financial plan for 2016/17 including the cost improvement programme and capital expenditure. He briefed the Board on the content of the report and highlighted an underlying deficit position of £36.4m as detailed in Table 2 of the report. He advised that the Trust had originally planned a cost improvement programme with a value of £28m but noted that Monitor had challenged the achievability of this level of savings. He then provided an overview of s3 and s4 of the report, which provided explanations for key components of the plan, and noted that funding from local health economy partners, as detailed at s4.3, had not come to fruition.

The Director of Finance referred the Board to s4.4 of the report and provided an overview of the revised financial plan which included a cost improvement programme with a value of £17.5m. He explained that this figure would be achieved through a combination of sustainability projects (£12.9m) and business as usual schemes (£4.5m) and, with regard to the latter, advised that the level of business as usual savings to be delivered by Business Groups had been aligned at either 1% or 4% of budget. He then referred the Board to the opening budget position for 2016/17 at Table 5 and noted that the line relating to 'Total Income at Full Tariff' should be discounted as this had been entered in error.

The Director of Finance then briefed the Board on the Financial Sustainability Risk Rating, the Cash Position and the Capital Programme, which were detailed at s4.7, s4.8 and s4.9 respectively, and noted the downside modelling which was detailed at s5 of the report. The Director of Finance concluded his report by detailing the required declarations that were included at s6 of the report. Mr M Sugden noted the decision not to accept Sustainability & Transformation funding and queried whether there was alternative access to the £8.4m originally aligned to the Trust. The Director of Finance advised that any STF funding not taken up by trusts would be pooled and explained that trusts would subsequently be able to apply for allocations from this pooled funding. He noted, however, that these arrangements and the application process had yet to be confirmed.

The Board of Directors:

- Approved the Opening Budget 2016/17 as detailed at s4.6 of the report
- Approved a Cost Improvement Programme target of £17.5m for 2016/17
- Approved the Capital Programme for 2016/17 as detailed at s4.9 of the report.
- Declaration 1 – Approved option 1a
- Declaration 2 – Agreed that Department of Health support was not required
- Declaration 3 – Not applicable
- Declaration 4 – Agreed to positively certify the statement
- Declaration 5 – Agreed to select the option "*Not confirmed – control total rejected, no S&T fund allocation incorporated in the plan".*

108/16 Operational Plan 2016/17

The Chief Executive presented a report seeking approval for the public version of the Operational Plan 2016/17. She briefed the Board on Plan content and noted earlier Board consideration of a private version which incorporated information which was commercial in confidence. She advised that this consideration had resulted in a small number of non-material amendments and noted that these would be checked for consistency with the public version prior to submission to Monitor.

The Chief Executive provided an overview of the Plan document and noted that the content was consistent with the Trust's strategic plan. She noted work with partners which was included at s6 of the Plan document and referred the Board to the financial planning information at s5 which aligned with the position approved by the Board during the earlier agenda item.

The Board of Directors:

- Approved the content of the public version of the Operational Plan 2016/17.

109/16 Items of Urgent Business

There were no items of urgent business.

110/16 Date, time and venue of next meeting

There being no further business, Mrs G Easson closed the meeting and advised that the next meeting of the Board of Directors would be held on Thursday 28 April 2016 at 1.15pm in Lecture Theatre B, Pinewood House, Stepping Hill Hospital.

Signed: _____ Date: _____

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28th April 2016
Subject:	Patient Experience: Story of Care		
Report of:	Judith Morris – Director of Nursing and Midwifery	**Prepared by:**	Margaret Gilligan – Matron for Patient Experience

REPORT FOR APPROVAL

Corporate objective ref:	Patient Experience
Board Assurance Framework ref:	-----
CQC Registration Standards ref:	-----
Equality Impact Assessment:	☐ Completed √☐ Not required

Summary of Report

The purpose of a patient story at the Board of Directors' meetings is to bring the patient's voice to the Board, providing a real and personal example of the issues within the Trust's quality and safety agendas. It may also help to share the experiences of front-line staff and enhance understanding of the human factors involved in episodes of harm.

It is not intended to revisit the specific details of the story but rather to acknowledge that lessons have been learned where necessary and improvements to practice and care made.

Attachments:	None

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ FSI Committee	☐ Workforce & OD Committee ☐ BaSF Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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The following story is taken from a lady who was a patient earlier in the year on the Stroke Unit and who spoke with the Matron for Patient Experience about her care.

The lady had been admitted initially to Macclesfield District General Hospital with a stroke and was, following diagnosis, transferred to Stepping Hill Hospital Emergency Department (ED), from where she was admitted and cared for on ward B2.

The patient stated she found staff very good and they talked to her and explained what was happening. She recalled when she was in ED it was an anxious time, but everything was done quickly and the staff in ED were 'marvellous'.

During her time on the ward the patient stated she found all staff, including porters and domestics, friendly and attentive. She described how she also saw a counsellor whilst on the ward and this was appreciated.

When asked if there was anything about her stay that was disappointing, she had observed that the nurses 'rushed around', they always appeared so busy and that there were a lot of poorly patients on the ward. She found there was only one female toilet for her to use in her area of the ward and this was always busy so there was quite a wait to use it.

When asked if there was anything that could be improved upon the patient stated more bathrooms and toilets in wards. Otherwise she was impressed with her care at Stepping Hill Hospital. She found the food of good quality and choice and she stated she always received what she ordered.

When discharged from the hospital the lady was transferred back into the care of Macclesfield. She required physiotherapy and she found that there was a delay in this being arranged and she did not hear anything about physiotherapy for some time. Eventually it was her family who helped to sort out the appointment for her and she found this frustrating.

Action:

Story shared with all those involved within the business group.

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Report to:	Board of Directors	**Date:**	28th April 2016
Subject:	Trust Performance Report – Month 12		
Report of:	Interim Chief Operating Officer	**Prepared by:**	Joanne Pemrick, Head of Performance

REPORT FOR APPROVAL

Corporate objective ref: -----	**Summary of Report** This report summarises the Trust's performance against the key standards within the Monitor compliance framework and also provides a summary of the key issues within the Integrated Performance Report.
Board Assurance Framework ref: -----	
CQC Registration Standards ref: -----	
Equality Impact Assessment: ☐ Completed ☒ Not required	

Attachments:

Appendix 1
Monitor score card

This subject has previously been reported to:	☒ Board of Directors ☐ Council of Governors ☐ Audit Committee ☒ Executive Team ☒ Quality Assurance Committee ☐ FSI Committee	☐ Workforce & OD Committee ☐ BaSF Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☒ Other

1. Introduction

This report provides a summary of performance against Monitors Compliance Framework for the month of March 2016, including the key issues and risks to delivery. It also provides, in section 4, a summary of the key risk areas from the Trust Integrated Performance Report which is attached in full in Annexe A.

2. Compliance against Regulatory Framework

The table below shows performance against the indicators in the Monitor regulatory framework. The forecast position for April is also indicated by a red (non-compliant) or green (compliant) box.

	Standard	Weighting	Monitoring Period	Apr-15	May-15	Jun-15	Q1	Jul-15	Aug-15	Sep-15	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16	Mar-16	Q4	Apr-16 (f/cast)
Maximum time of 18 weeks from point of referral to treatment in aggregate: Patients on an incomplete pathway	92%	1.0	Quarterly	92.9%	92.9%	93.1%	93.0%	93.4%	92.8%	92.8%	93.0%	92.4%	92.7%	92.1%	92.4%	92.1%	92.0%	91.20%	91.80%	
maximum waiting time of four hours from arrival to admission/ transfer/ discharge:	95%	1.0	Quarterly	89.1%	97.0%	94.3%	93.5%	94.8%	92.5%	91.5%	93.0%	91.0%	78.0%	73.7%	80.6%	73.5%	72.8%	72.60%	73.0%	
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	1.0	Quarterly	95.9%	86.8%	72.4%	85.9%	84.7%	94.9%	87.0%	89.4%	78.5%	92.5%	92.6%	87.9%	87.2%	81.6%	90.0%	86.4%	
All cancers: 62-day wait for first treatment from: NHS Cancer Screening Service referral	90%			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All cancers: 31-day wait for second or subsequent treatment, comprising:surgery	94%	1.0	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100%	
All cancers: 31-day wait for second or subsequent treatment, comprising:anti-cancer drug treatments	98%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100%	
All cancers: 31-day wait for second or subsequent treatment, comprising:radiotherapy	94%			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All cancers: 31-day wait from diagnosis to first treatment	96%	1.0	Quarterly	97.3%	98.2%	96.8%	98.1%	98.7%	97.1%	97.5%	97.9%	98.6%	97.5%	96.1%	97.8%	98.6%	97.4%	98.6%	98.2%	
Two week wait from referral to date first seen, comprising:all urgent referrals (cancer suspected)	93%	1.0	Quarterly	95.5%	98.3%	95.8%	96.6%	97.1%	96.0%	94.7%	95.9%	96.0%	97.3%	97.6%	97.0%	96.8%	98.1%	97.5%	97.5%	
Two week wait from referral to date first seen, comprising:for symptomatic breast patients (cancer not initially suspected)	93%			96.7%	98.6%	94.7%	96.7%	96.3%	96.1%	95.9%	96.1%	94.2%	94.7%	98.7%	95.6%	96.4%	98.9%	99.1%	98.1%	
Meeting the C. difficile objective (< 17 in year due lapse in care)	de minimis applies	1.0	Quarterly	0	0	0	0	1	2	0	3	0	1	0	1	1	2	0	3	

3. Month 12 Performance against Regulatory Framework

There were two areas of non-compliance against the regulatory framework in month 12:

A&E 4hr target

Patient flow and admission rates continue to be the main contributing factors to the poor A&E 4-hour performance. All escalation capacity within the Trust remained open in March and medical outliers, blocking surgical beds and assessment areas, remained high.

In addition, March saw the highest ever average daily attends in ED.

Despite the increase in direct admissions to MAU the Trust's admission rate remains higher than most of our GM peers and has been as high as 38% on some days in March.

The Systems Resilience Group is being pressed to deliver actions against the ECIST 8 high impact changes for patient discharge and transfer. A process mapping event to aid prioritization of the 8 work streams is being held next month.

Referral To Treatment, 92% Incomplete Pathway Target

The Trust was unable to sustain meeting the standard for Referral to Treatment as at the end of March. As previously described, the combined impact of reduced elective operating capacity, Junior Doctors strike action and continued Winter pressures, has resulted in a higher volume of more complex surgical patients now waiting more than 18 weeks for treatment. To maximize the number of patients treated the surgical specialties have been listing more Day Case patients who have a shorter length of wait but are less bed and junior doctor dependent. In addition, the ability to secure and retain Medical locums has negatively impacted on non-admitted pathways.

By the end of April, Business Groups will have completed recovery plans that include:

- Capacity and demand modelling
- Backlog recovery
- Sustainable delivery

Future risks to compliance against Regulatory Framework

The risks to both the A&E and the RTT standard are expected to continue during Q1 of 2016/17.

4. Key Risks/hotspots from the Integrated Performance Report

5.1 Clinical

Pressure Ulcers
The stretch target for Stockport Acute services is zero tolerance of avoidable pressure ulcers grade 3 and 4 by the end of 2016.

To date there have been 6 avoidable pressure ulcers, this means the stretch target of zero tolerance grade 3 /4 pressure ulcers will not be achieved for 2015/16.

Work is underway to identify where possible the reasons for the overall increase in avoidable damage. A new heel zone mattress evaluation has commenced and we are devising a new tool box training on grading.

Clinical Correspondence
The turn-round time for clinical correspondence was not achieved in March. This was due to a combination of factors; acute and long term sickness absence in several teams, coupled with high levels of annual leave during the Easter period.

A Trust-wide, collaborative approach to resource allocation has been implemented to address the current position and improve future performance.

5.2 Access

Outpatient Waiting Lists

- The main area of risk continues to be Gastroenterology. Clinical review of patients is continuing, with encouraging results. The clinical validation undertaken by the Clinical Nurse Specialists has resulted in 40% of patients being identified for discharge of care back to their GP.

Discharge Summary

- The most significant factor continues to be high volume of patients through Acute Medical and Surgical assessment units. The Junior Doctor strike has contributed adversely to the performance against this metric and will have a greater impact in April.

  Discharge summaries are now being completed for patients who are admitted for surgery, but whose operations are cancelled on the day.

Cancelled operations on the day

- March continued to incur a high number of cancelled operations on the day. The main reasons were lack of HDU capacity (14), and lack of beds (9), reflecting the overall pressure of bed capacity across the Trust.

Cancelled operations: 28 day rebook target

- March inevitably saw a number of breaches against the 28 day standard, following the unprecedented number of cancelled operations on the day in February. Unavailability of HDU beds on the day of admission unfortunately resulted in patients being cancelled on more than one occasion.

5.3 Partnership & Efficiency

Workforce quality standards

- Sickness/Absence is at 4.5% which is higher than the Trust target of 4%, however, this is an improvement on the previous month.

- Mandatory training compliance continues to be a challenge. The action plan will continue to be implemented fully over the coming months.

- Whilst appraisals are still under the desired target level, March continues to see an improved level of performance, achieving its highest rate all year.

Financial Performance

- The Trust achieved the required £11.8m of savings in 2015/16 by achieving the planned level of deficit. Central actions to identify non-recurrent items to declare as CIP within the financial position total £4.5m.

  Recurrent CIP delivery is £2.7m against the required £11.8m, which at 23% is the lowest delivery of recurrent CIP since becoming a foundation trust. This shortfall has impacted on planning for 2016/17 and increased the CIP required next year to £17.5m.

- Cash in the bank at 31st March 2016 was £31.4m. This has remained relatively static for the past three months as debtor and creditor positions are key for intra-NHS balances.

  There are over £1.6m of technical financial adjustments to the balance sheet included in the year-end position of £12.9m. This means that although the Trust has hit the bottom line position for 2015/16 required by NHS Improvement as part of the national £1.8bn control total, there is still a negative impact on the cash position

5. Recommendations

The Board is asked to:

- Note the current position for month 12 compliance standards
- Note the future risks to compliance and corresponding actions to mitigate.
- Note the key risks areas from the Integrated Performance Report

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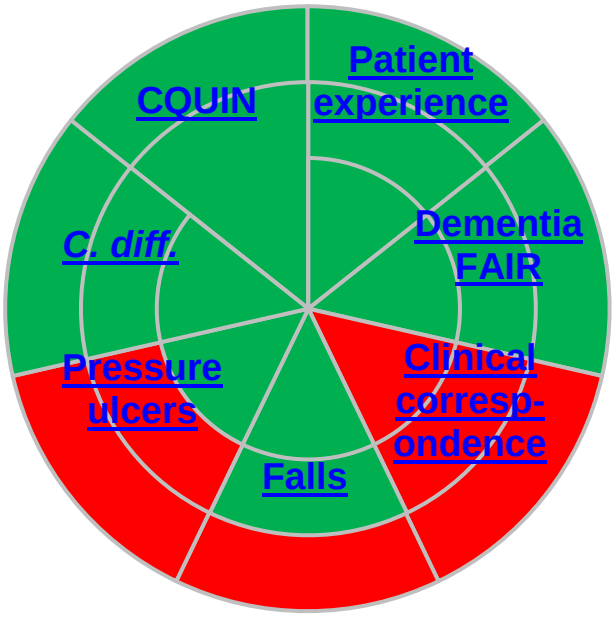
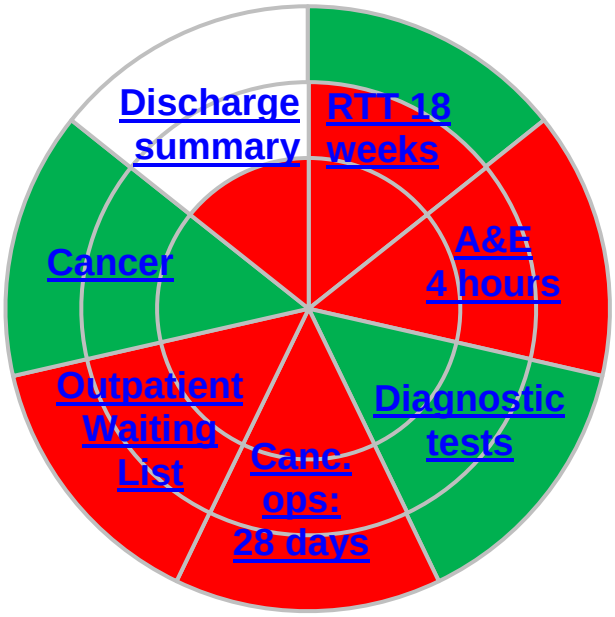
Integrated Performance Report March 2016

Stockport NHS Foundation Trust

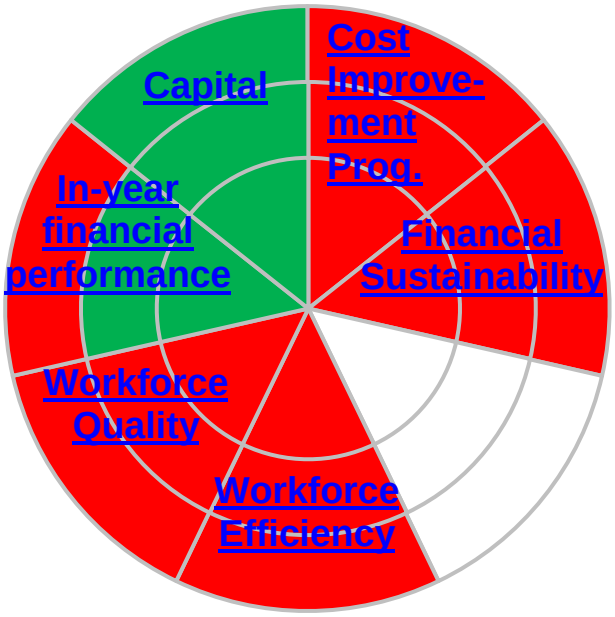
1.Clinical



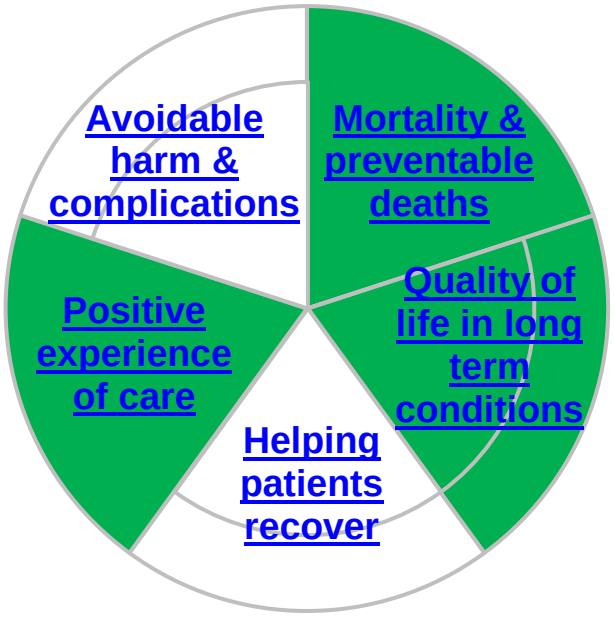
2.Access



3.Partnership & Efficiency



4.Quality



Key to wheels:

Wheels 1,2 and 3: Outer ring; Year-to-date performance. Middle ring, latest quarter. Inner ring, latest month

Wheel 4: Outer ring; Year-to-date performance. Inner ring, latest quarter.

Your Health. Our Priority.

Integrated Performance Report
Changes to this month's report – Integrated Performance Report
March 2016

No changes to the report this month.

Key to indicators:

Monitor indicators (in Risk Assessment Framework): M
Monitor indicators for which we have made forward declaration: M

Corporate Strategic Risk Register rating (current or residual): 15
Risks rated on severity of consequence multiplied by likelihood, both based on a scale from 1 to 5. Ratings could range from 1 (low consequence and rare) to 25 (catastrophic and almost certain), but are only shown for significant risks which have an impact on the stated aims of the Trust, with an initial rating of 15+.

Data Quality: Kite Marking given to each indicator in this report
This scoring allows the reader to understand the source of each indicator, the time frame represented, and the way it is calculated and if the data has been subject to validation. The diagram below explains how the marking works.

Filled Trust Data	**Blank** National Data	**Filled** Validated	**Blank** Unvalidated
Filled Automated	**Blank** Not Automated	**Filled** Current Month	**Blank** Not Current Month

Stockport NHS Foundation Trust

Integrated Performance Report

Full Performance Report: All Indicators, including Hot Spots

Integrated Performance Report
March 2016

This section includes data, definition and commentary for all of the performance indicators shown on the front page of the Integrated Performance Report.

Stockport NHS Foundation Trust

Patient Experience

Chart 1

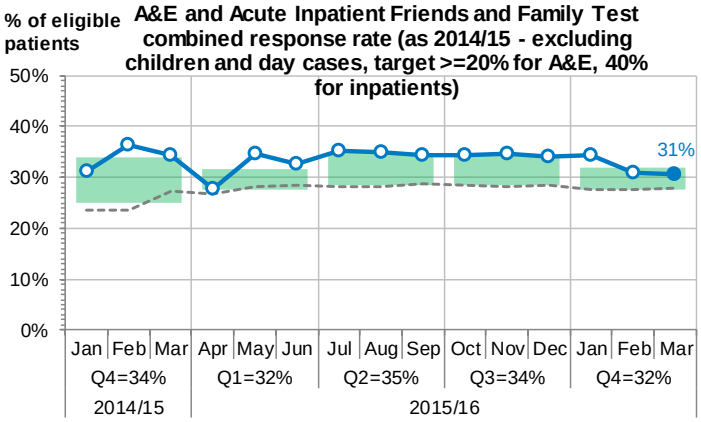


Chart 2

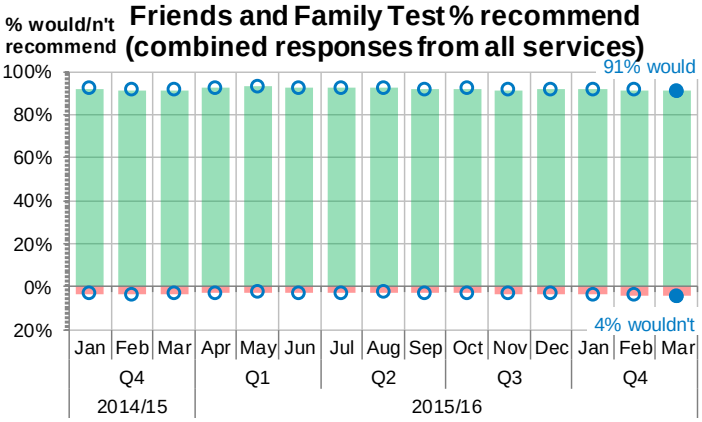
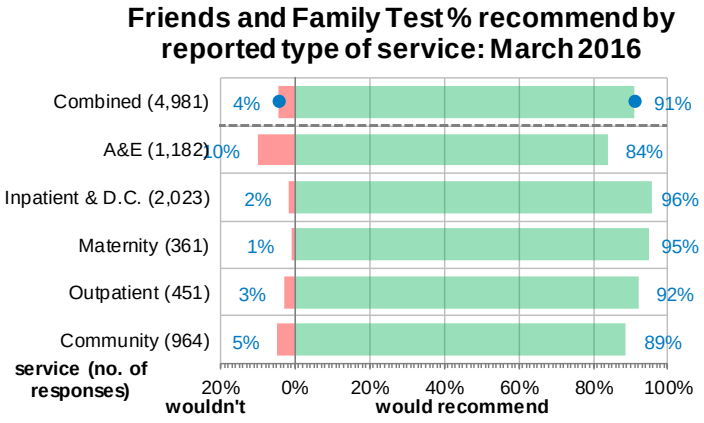


Chart 3



Overall in March, the trust scored 91% extremely likely or likely to recommend, total responses were 4980. Broken down, March response rate solely for adult patients in ED was 20%, a decrease of 1% since February. Children's ED response rate was <1% which is a further decrease on February. The Treehouse unit shows an 8% response rate which is an increase of 4% since February. Overall acute inpatients response rate was 31**%** in March and the maternity response rate for birth showed an increase of 10% to 50% since February.

In March day case areas and outpatient services figures saw a response rate of 36% of patients surveyed and 35% respectively. In these areas, IVM (Interactive Voice Messaging and SMS) were the dominant methods used to seek patient feedback and in relation to OPD areas patients continue to be targeted only after they have been discharged.

Feedback Themes (acute):

ED (adult) – Positive comments: staff were professional, caring and pleasant and some patients felt well looked after.

Negative comments: long / excessive waiting times with patients commenting when sat in the waiting room they do not know what is happening next and they perceive that the department is not busy. Comments also report some staff poor attitude and some staff being rude (Drs, nurses and reception staff). Comments also stated department appeared understaffed.

Inpatients (adults) Positive comments: excellent care and attention, staff were helpful, compassionate and food was good. Negative comments included night staff and the environment was noisy and there was some poor communication with regards the care and process

Maternity – Overall positive comments received included staff were calming, reassuring and were a good support with breastfeeding, discussing options and were attentive. A negative comment received stated food was not good quality for mothers post-delivery.

Daycase - Negative comments: long waiting times when admitted for procedures and waiting all day resulting in surgery being cancelled. Some comments stated a lack of privacy post procedure.
Positive comments: staff were professional, polite and patients felt well cared for

Out Patients - Positive comments received included staff were professional and kind. Patients were seen quickly and they were happy with the service. Negative comments continue to report long waits in clinics with no information available and other comments received mentioned the environment needed updating.

Paediatrics (inpatients) - Positive comments received stated the play therapists and nurses went out of their way to make the time enjoyable and staff listened.

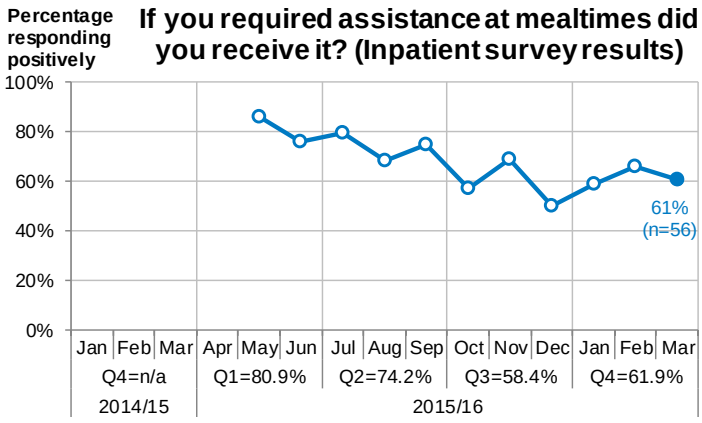
Neonatal Unit – comments continue to be positive and include nurses were professional and took time to explain what was happening.

iPad Survey – in-patient surveys:
In March 252 inpatient iPad surveys were undertaken, which is an increase of **59** compared to February. All wards now have log in access to the surveys in order to assist in obtaining patient feedback via the iPads and this continues to be encouraged, although uptake by wards remains minimal. Numbers carried out by volunteers continues to be monitored. A central monitoring sheet is available to access for all areas on the shared drive so the number of surveys carried out by volunteers and wards can be entered.

All results can be seen via the trust Corporate Information System. Using a RAG rating system these results are presented in a format which enables an overall trust wide view of where performance is good and where targeted focus is required. Overall, the trust scored 85% positive responses in March which is the same as February. .

Overall in March the results show no statistical significant change with regards to progress being made with assistance with nutrition and eating and being provided with napkins. However, the questions have now been reviewed and from April questions in relation to Nutrition and Hydration will ask about the quality of food, the choice of food, assistance not only with eating but also with opening packets / condiments etc. It is hoped by breaking these questions down further, it will support more detailed work on improvements in these areas

Chart 4



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Stockport NHS Foundation Trust

Dementia 16

Chart 5

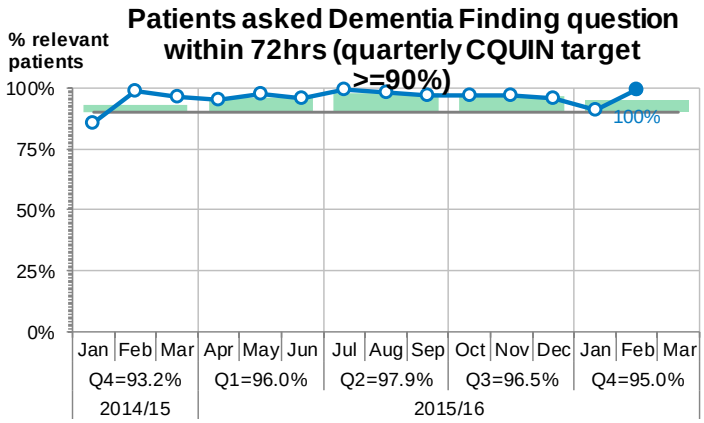


Chart 6

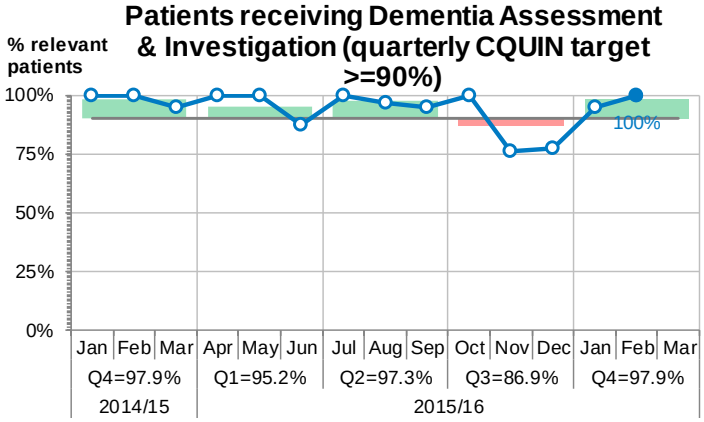
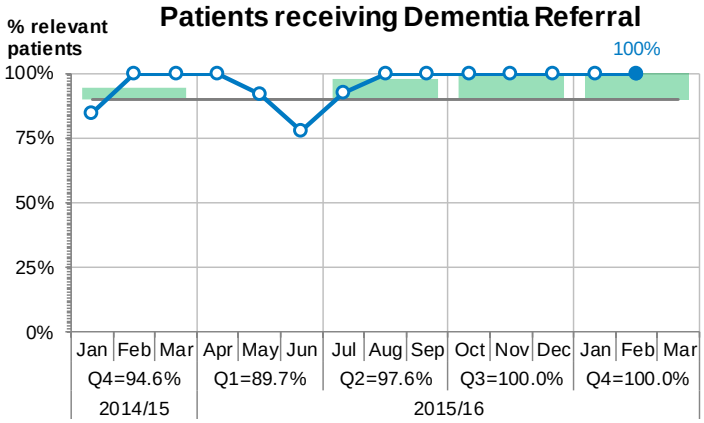


Chart 7



Charts 5 to 7 show performance against the dementia standards. Compliance with standard is expected to continue following implementation of an electronic recording.

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Stockport NHS Foundation Trust

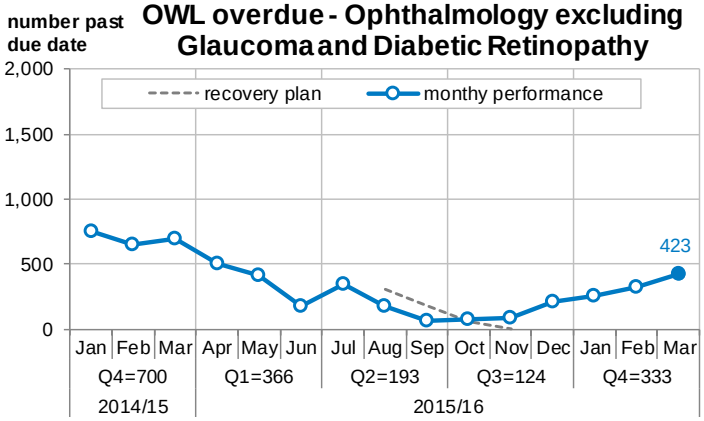
Outpatient Waiting List (OWL) patients past due date 20

The Outpatient Waiting List (OWL) is where patients are placed when awaiting a future follow up appointment. When capacity and demand are mismatched, the numbers of patients who are overdue their follow up by a certain date will increase and delay these patients.

There are four specialties within the Trust where this is a current problem. This situation is being monitored by the Quality Assurance Committee (a sub-committee of the Board of Directors). This committee requested that the data should be shared with the Board through the Integrated Performance Report.

The Trust has been issued a First Exception Report based on performance against the original clearance trajectories and is now required to provide a refreshed plan for each of the four specialties in addition to completed Quality Impact Assessments to confirm patient care is not being compromised.

Chart 8 Ophthalmology OWLs past due date

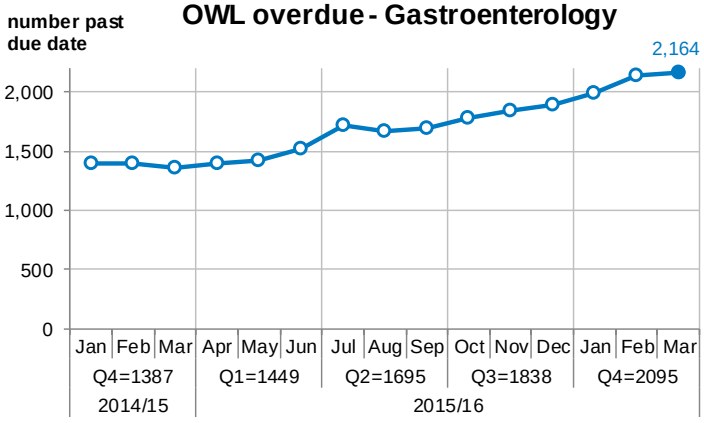


Ophthalmology

The clearance trajectory for Ophthalmology has been revised from April, with a plan to clear by November 2016. However, recovery is reliant on the locum Consultant retention whilst awaiting the established appointments to commence.

The paediatric element of the service is still due to transfer to Central Manchester from June.

Chart 9 Gastroenterology OWLs past due date



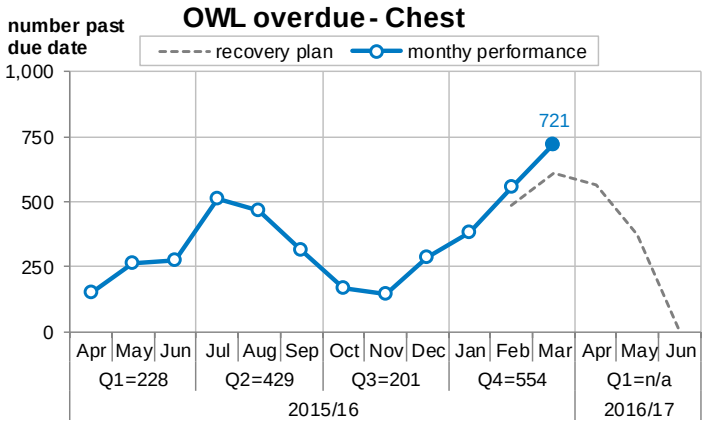
Gastroenterology

Chart 9 shows the number of Gastroenterology patients on the Outpatient waiting list beyond their due date. Ongoing actions include:

- Clinical validation
- Actioning of safe discharge of appropriate patients following the agreed protocols.

The clinical validation undertaken by the Clinical Nurse Specialists has resulted in 40% of patients being identified for discharge of care back to their GP.

Chart 10 Respiratory Medicine OWLs past due date



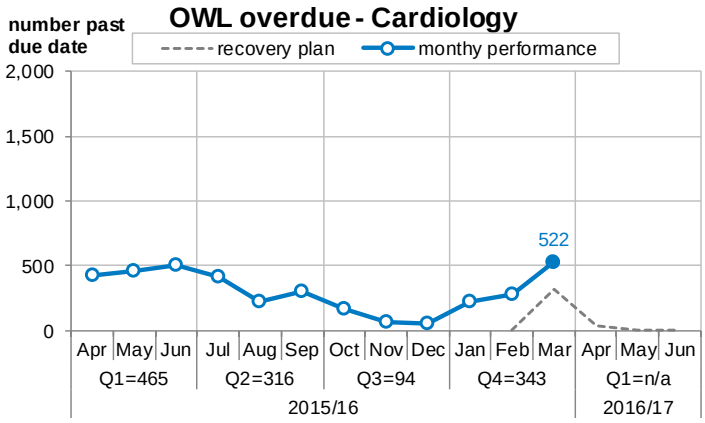
Respiratory Medicine

The recovery trajectory has been revised in light of changes within the service.
Key actions are:

- Template standardisation effective in April 2016.
- Improved management of surveillance patients.
- Additional capacity from Agency Locums

Recovery is still at risk from agency locum staff leaving due to the implementation of agency cap rates.

Chart 11 Cardiology OWLs past due date



Cardiology

The recovery trajectory has been revised in light of changes within the service.
Key actions are:

- Template standardisation effective in April 2016.
- Backfilling maternity leave (Agency or Trust Locum)
- New Consultant from May
- Additional capacity from Agency Locums

Recovery is still at risk from agency locum staff leaving due to the implementation of agency cap rates.

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Stockport NHS Foundation Trust

Clinical correspondence (typing backlog)

Chart 12

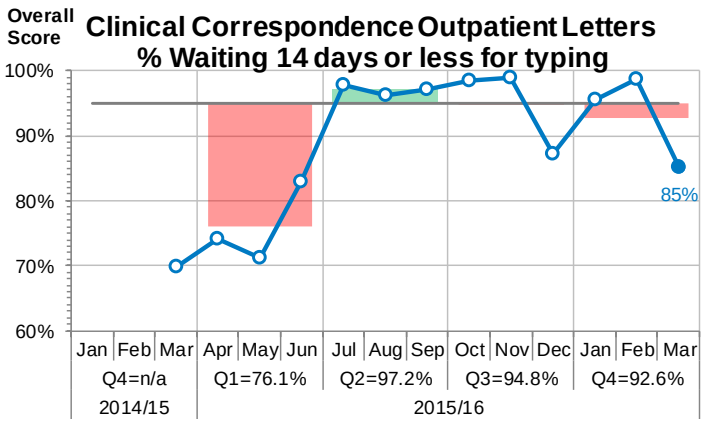

Chart 12 shows the performance against the clinical correspondence standard of 95% of Outpatient letters to be typed within 14 days.

The standard was not achieved in March. This was due to a combination of factors; acute and long term sickness absence in several teams, coupled with high levels of annual leave during the Easter period.

A Trust-wide, collaborative approach to resource allocation has been implemented to address the current position and improve future performance.

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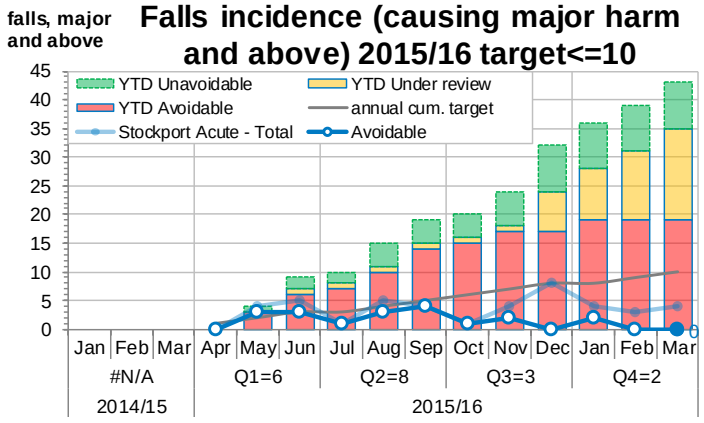
Falls

Chart 13



This year's target is 10 avoidable falls. In March there were 4 severe falls.
To date there have been 43 falls major and above, out of these 43:

- 10 are under review
- 25 are deemed avoidable
- 8 have been deemed as unavoidable

The Trust Falls Action Plan continues to be followed and the next Hospital Falls group will be held in May when there will be review of all falls for 2015/16. The outcome of this exercise will be to identify common themes and address these over the next 12 months.

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Stockport NHS Foundation Trust

Pressure Ulcers 16

Chart 14

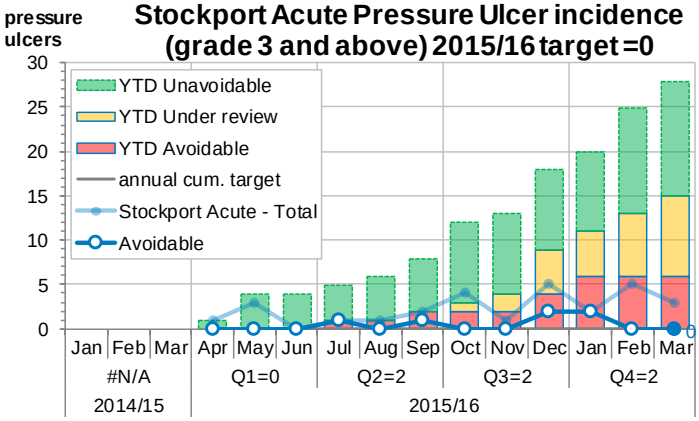
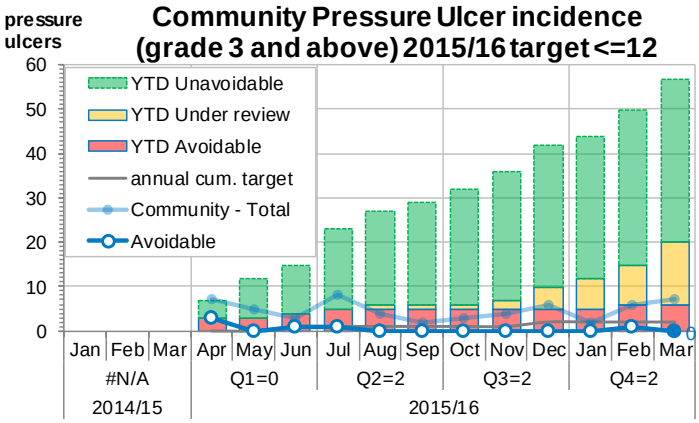


Chart 15



The stretch target for Stockport Acute services is zero tolerance of avoidable pressure ulcers grade 3 and 4 by the end of 2016.

To date there have been 6 avoidable pressure ulcers, this means the stretch target of zero tolerance grade 3 /4 pressure ulcers will not be achieved for 2015/16.

Work is underway to identify where possible the reasons for the overall increase in avoidable damage.
A new heel zone mattress evaluation has commenced and we are devising a new tool box training on grading.

The stretch target for Stockport Community is 50% reduction in grade 3 and 4 avoidable pressure ulcers by end of 2016. The target is 12 avoidable pressure ulcers.

In March there have been 7 grade 3/4 pressure ulcers which are under review at present.

To date there have been 6 avoidable grade 3 /4 pressure ulcers.

Stockport NHS Foundation Trust

Referral to Treatment (RTT) waiting times

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Chart 16

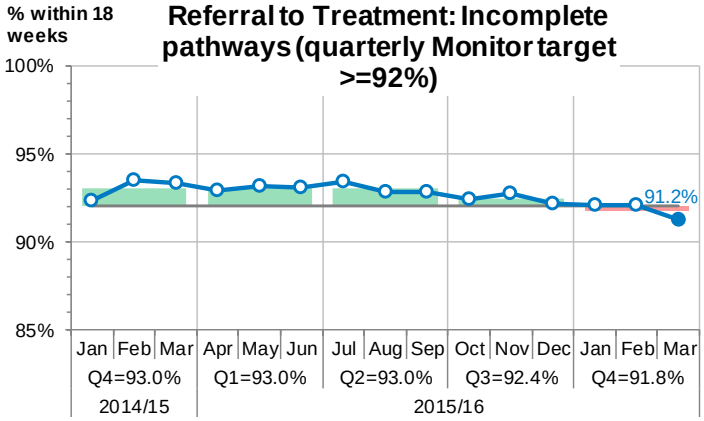


Chart 16 shows performance against the RTT Incomplete standard.

The Trust was unable to sustain meeting the standard for Referral to Treatment as at the end of March. As previously described, the combined impact of reduced elective operating capacity, Junior Doctors strike action and continued Winter pressures, has resulted in a larger volume of more complex surgical patients waiting more than 18 weeks for treatment. To maximize the number of patients treated we have been listing more Day Case patients who have a shorter length of wait but are less bed and junior doctor dependent. In addition, the ability to secure and retain Medical locums where required has negatively impacted on non-admitted pathways.

Chart 17

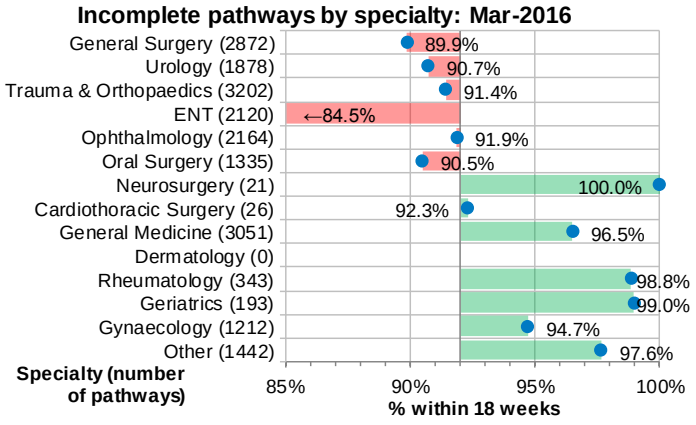


Chart 17 shows performance against the incomplete standard at specialty level.

By the end of April, Business Groups will have completed recovery plans that include:

- Capacity and demand modelling
- Backlog recovery
- Sustainable delivery

Chart 18

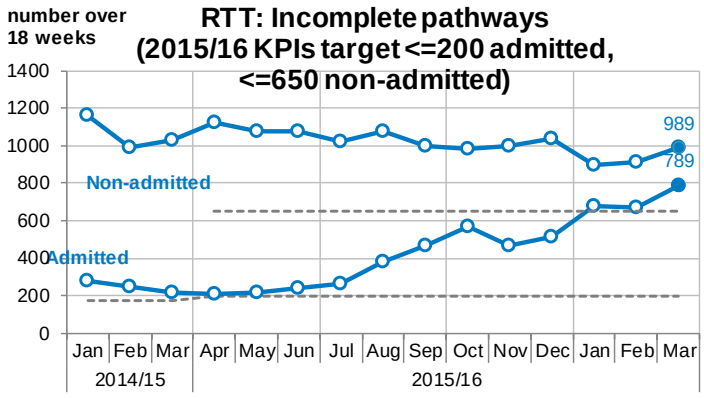


Chart 18 reflects the continued increase in the admitted waiting list, which stands at 789 at month end, against target level of 200.

Stockport NHS Foundation Trust

Accident & Emergency total time in dept.

Chart 19

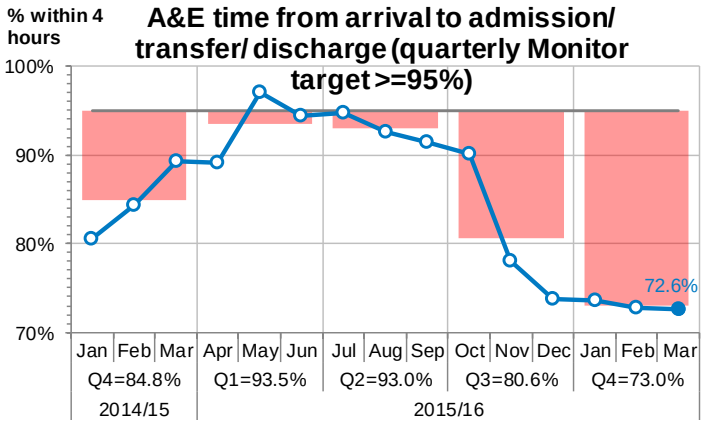
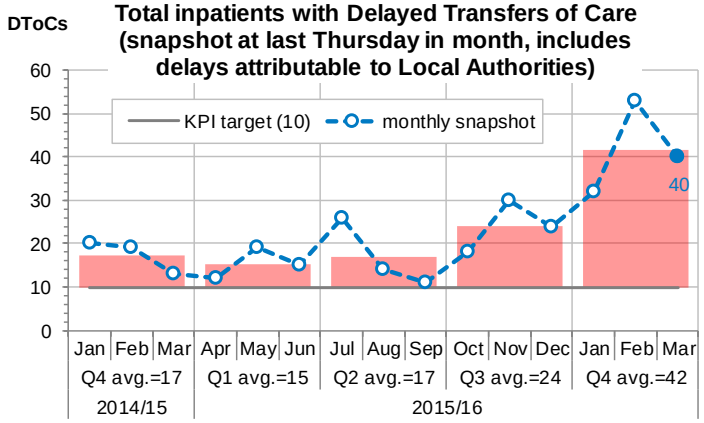


Chart 19 shows compliance against the 4hr A&E standard.

Patient flow and admission rates continue to be the main contributing factors to the poor A&E 4-hour performance. All escalation capacity within the Trust remained open in March and medical outliers blocking surgical beds and assessment areas remained high.

In addition, March saw the highest ever average daily attends in ED.

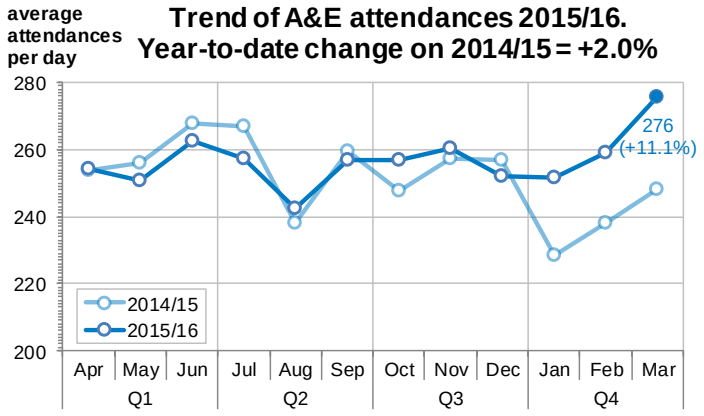
Chart 20



Despite the increase in direct admissions to MAU the Trust's admission rate remains higher than most of our GM peers and has been as high as 38% on some days in March.

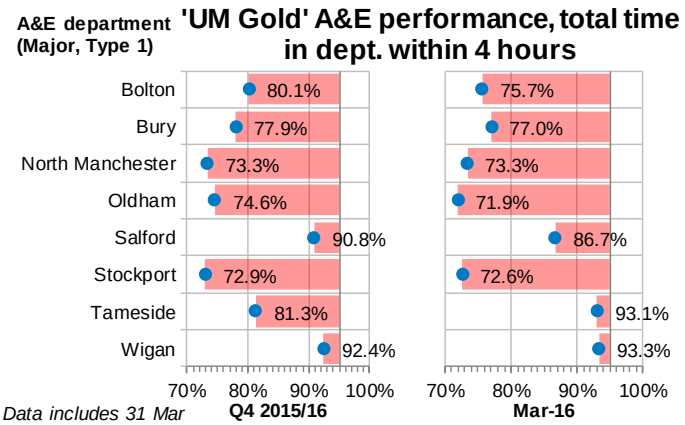
The Trust has appointed a new interim Chief Operating Officer who will provide particular support to the 4 hour standard.

Chart 21



The Systems resilience Group are being pressed to focus on the ECIST 8 high impact changes for patient discharge and transfer. A process mapping event to aid prioritization of the 8 work streams is being held next month.

Chart 22



Data includes 31 Mar

Source: North West Commissioning Support Unit.

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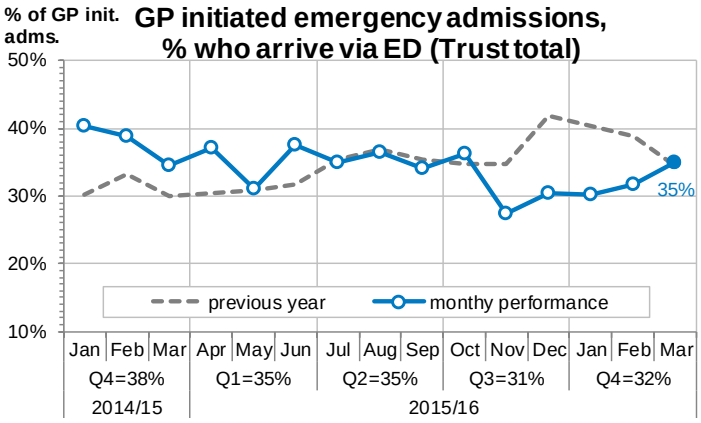
The next four pages show urgent care indicators (Chart 23 to Chart 35)

Urgent Care Key Performance Indicators

Chart 23



The following charts (23 to 28) are the high level KPIs to measure progress realized through the implementation of the Urgent care 90 day plan.

Integrated Performance Report

March 2016 All Indicators

Chart 24

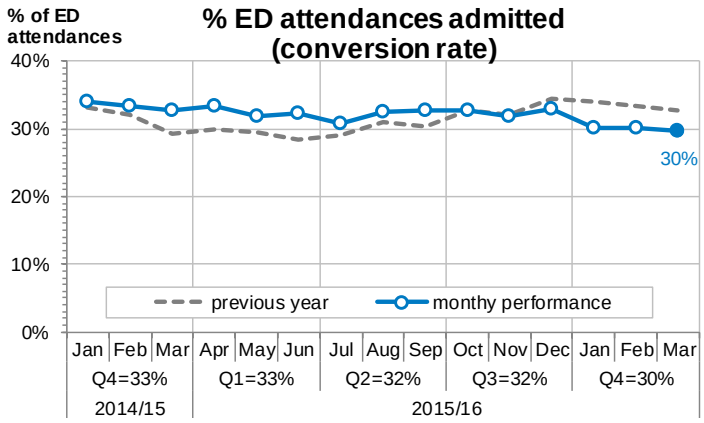


Chart 25

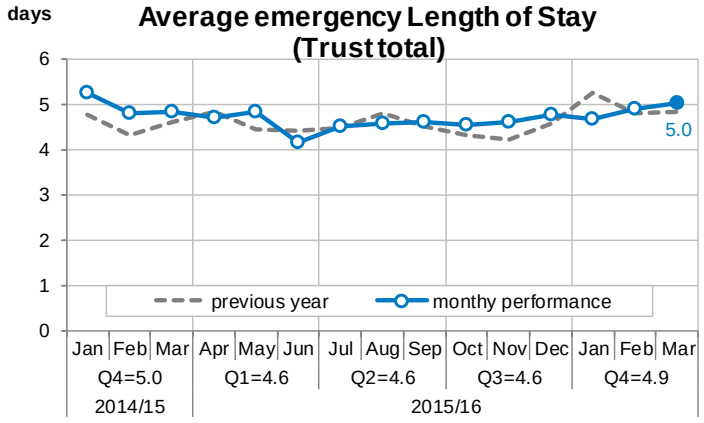
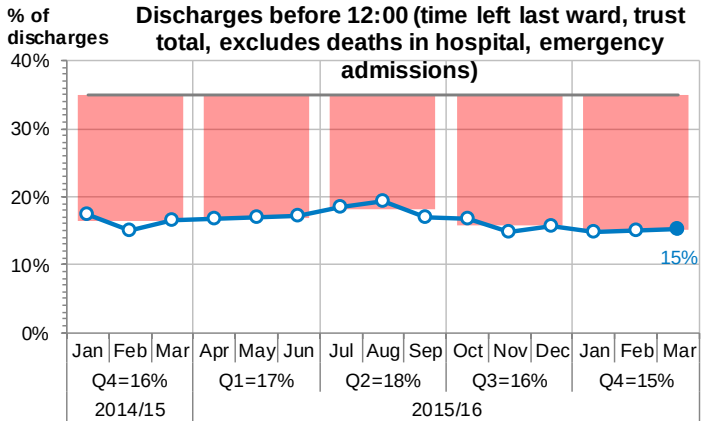


Chart 26



Stockport NHS Foundation Trust

Chart 27

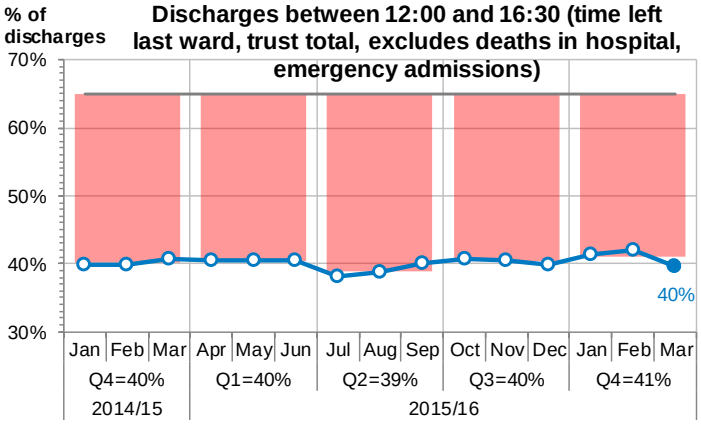
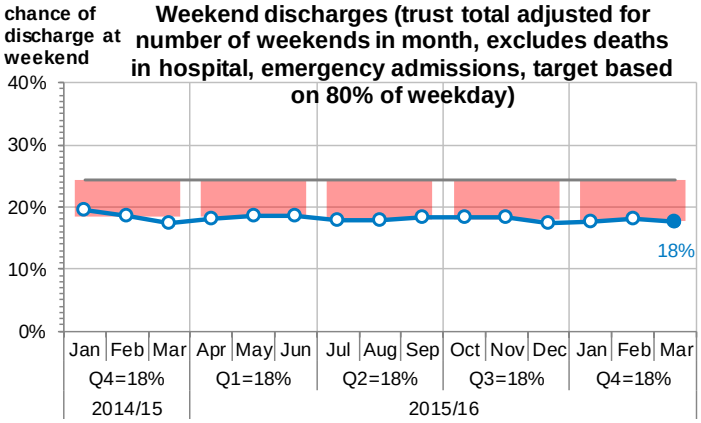


Chart 28



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Trust Urgent Care Key Performance Indicators

Chart 29

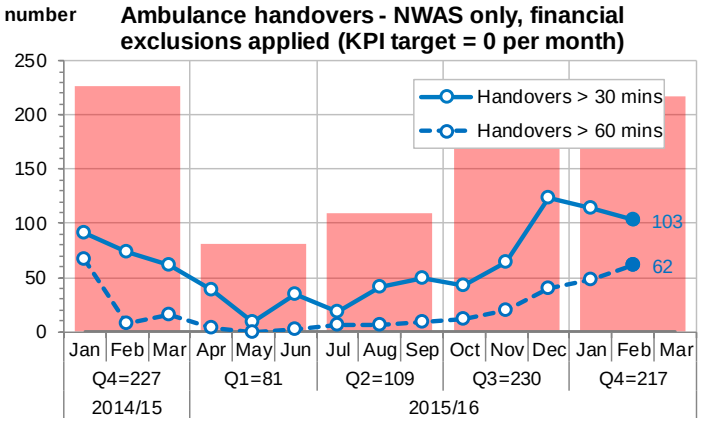
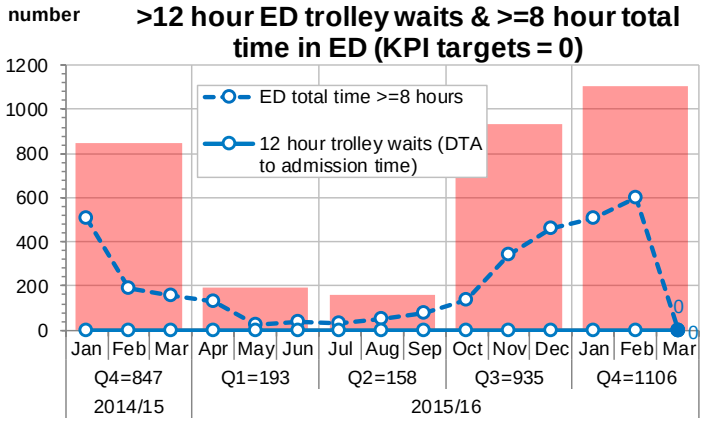


Chart 30



Integrated Performance Report

March 2016 All Indicators

Chart 31

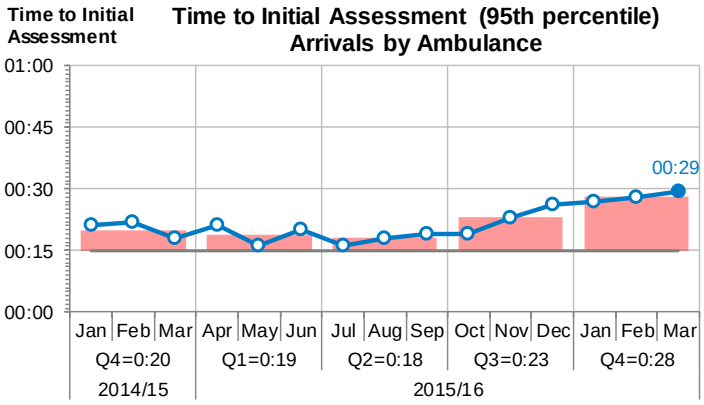


Chart 32

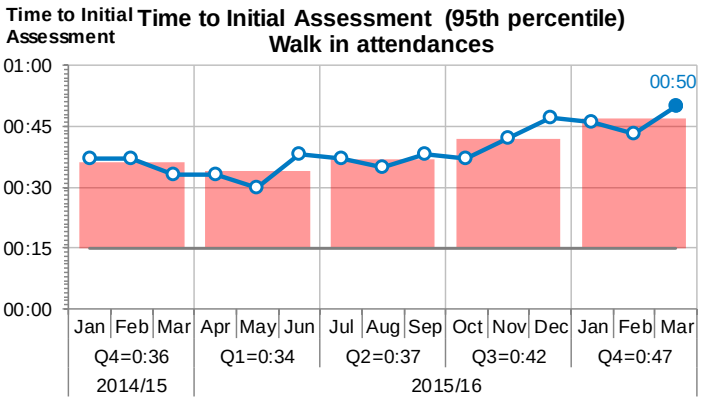


Chart 33

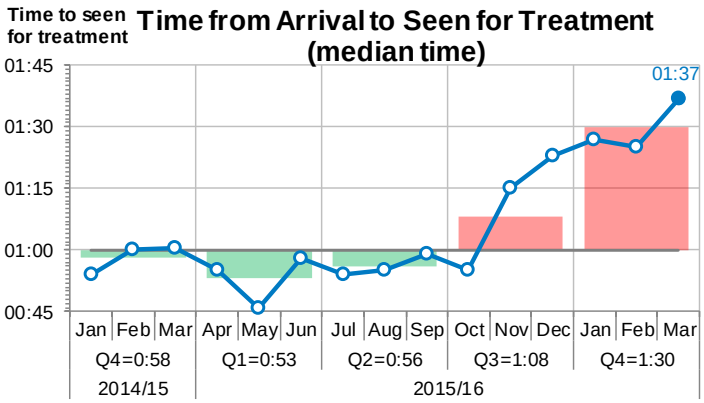


Chart 34

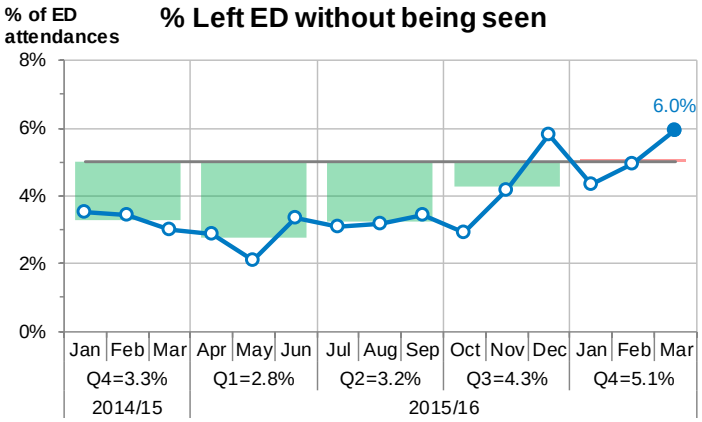
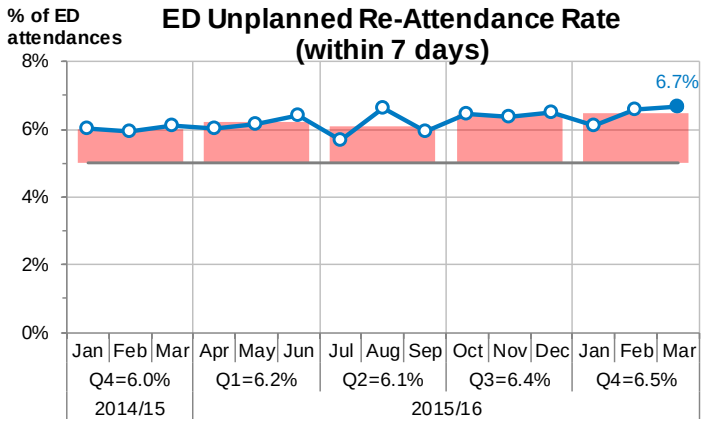


Chart 35



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Cancelled Operations 20

Chart 36

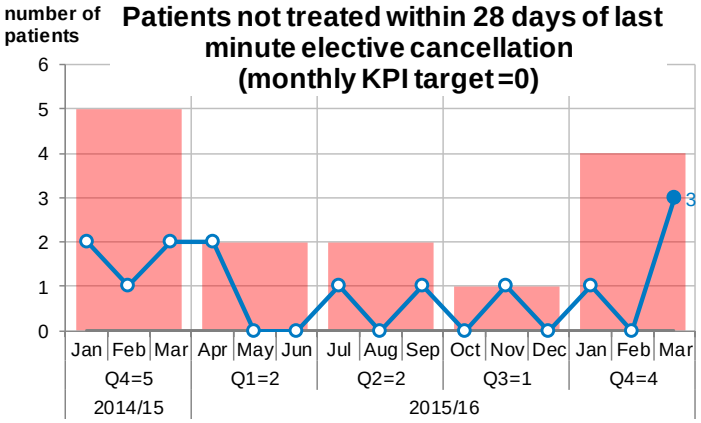

Chart 36 shows there were 3 breaches of standard in month.

March inevitably saw a number of breaches against the 28 day standard, following the unprecedented number of cancelled operations on the day in February. Unavailability of HDU beds on the day of admission unfortunately resulted in patients being cancelled on more than one occasion.

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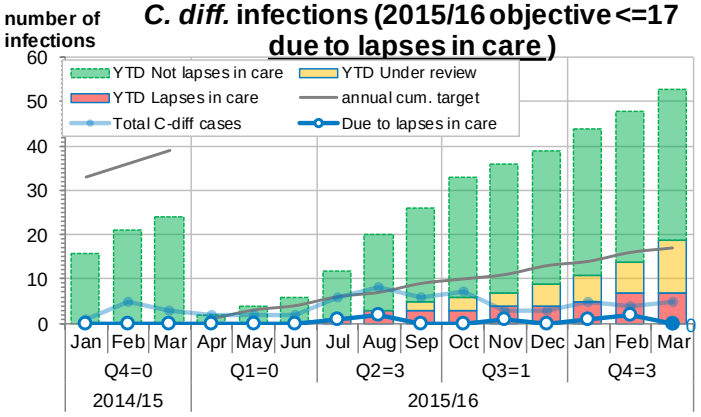
Clostridium difficile (C. diff.) infections M 20

Chart 37



There has been 5 cases of Clostridium difficile in March, the total number YTD is 53. Of these 53 cases 41 have been reviewed with the other 12 cases still under review.

We have been advised by the CCG that the thirty four cases reviewed by them do not have significant lapses in care and do not reach the threshold for reporting; however 7 cases do have significant lapses in care and do reach the threshold for reporting. Therefore 34 cases would not count towards the trajectory of 17 significant lapses in care but 7 cases will.

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Stockport NHS Foundation Trust

Discharge summary (48 hours)

Chart 38

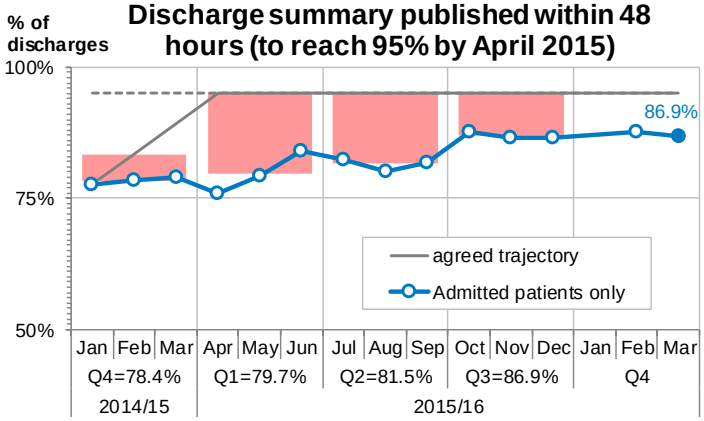

Chart 38 shows compliance with discharge summary completion within 48hrs.

The most significant factor continues to be high volume of patients through Acute Medical and Surgical assessment units. The Junior Doctor strike also contributed to performance against this metric, which will inevitably impact to a greater extent for April.

Discharge summaries are now being completed for patients who are admitted for surgery, but whose operations are cancelled on the day

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Diagnostic tests (6 week wait) 16

Chart 39

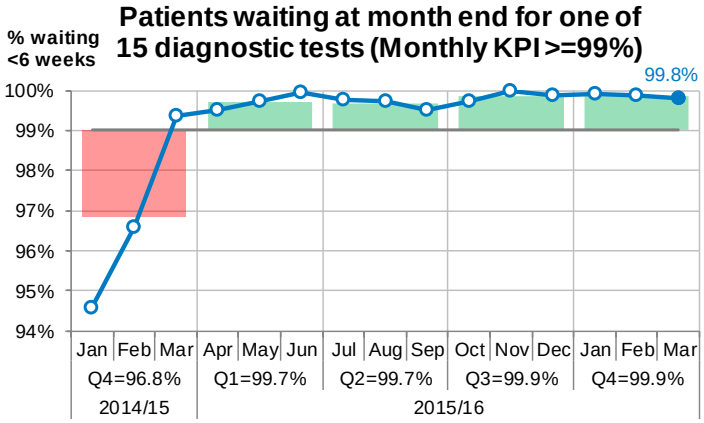

Chart 39 shows performance against the diagnostic standard. It is forecast that compliance with this standard will continue.

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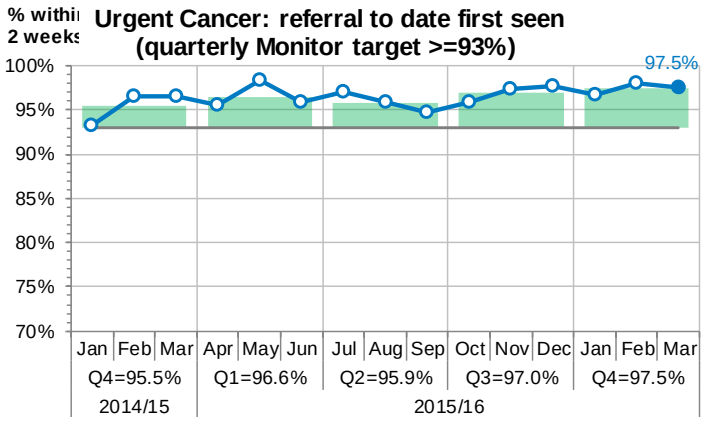
Cancer waiting times M 16

Chart 40



Compliance with the urgent referral standard continues.

Chart 41

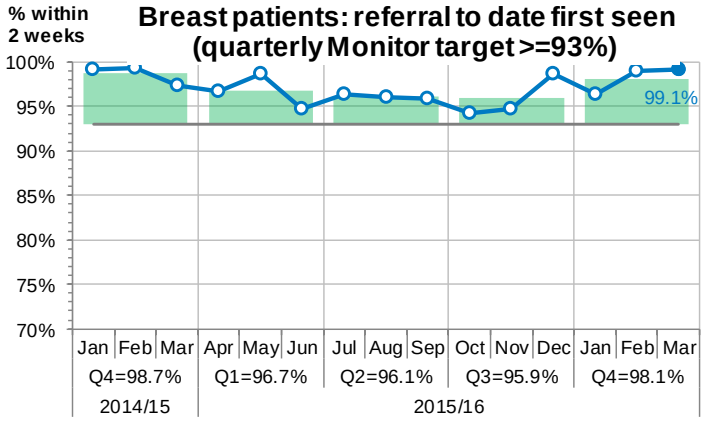
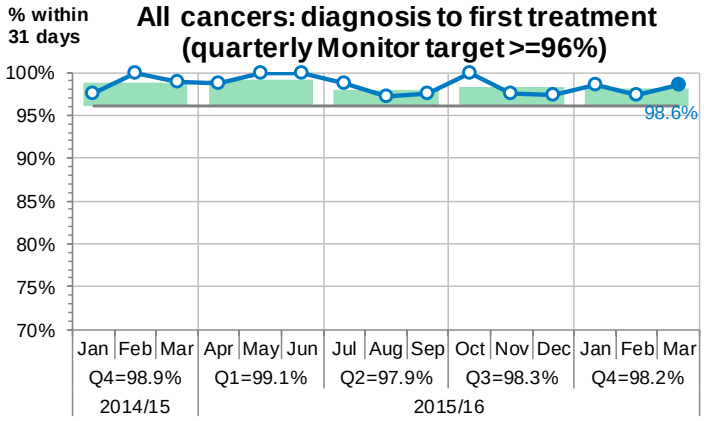


Chart 42



Cancer waiting times indicators continue below:

Chart 43

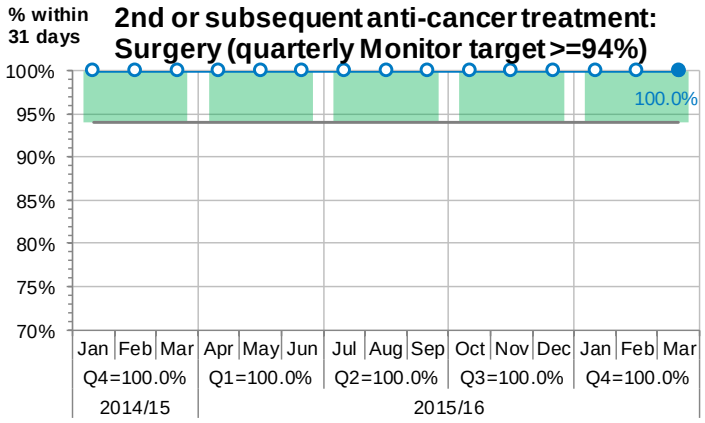
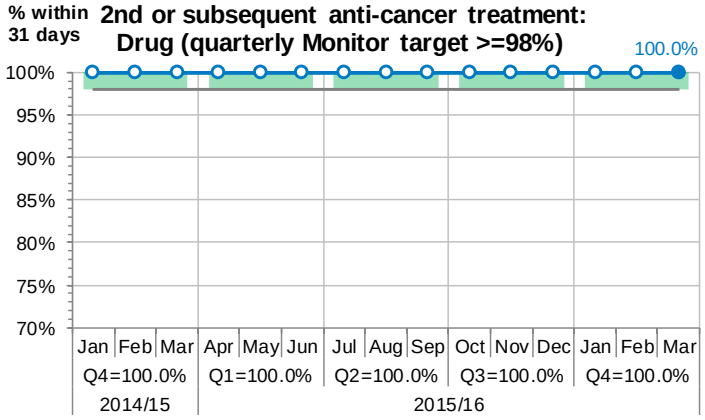


Chart 44



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March 2016 All Indicators

Chart 45

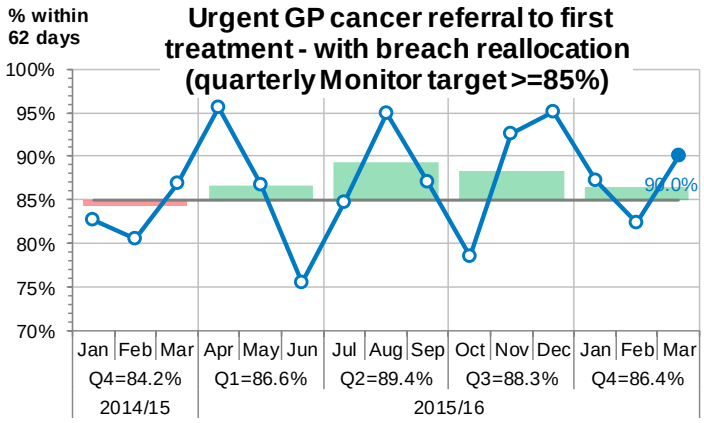

Chart 45 shows performance against the 62 day cancer standard.

Latest indications are that the standard will be achieved for March, and for Q4.

Continued compliance with the standard remains challenged, particularly with the continued junior doctor strike actions, winter pressures and its impact on HDU bed capacity.

Chart 46 GP referral to first treatment with breach reallocation, by tumour group.

Tumour Group (Mar-16 data)	Number of breaches / cases	Performance (85% target)	Monthly trend
Urology	2.5 / 21	88%	
Haematology	1 / 2	50%	
Head & Neck	0.5 / 4.5	89%	
Breast	0 / 6	100%	
Colorectal	0 / 3.5	100%	
Lung	0 / 2	100%	
Gynaecology	0 / 0.5	100%	
Upper GI	0 / 0.5	100%	

Chart 46 shows performance against the 62 day standard by tumour group.

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Stockport NHS Foundation Trust

In-Year Financial Performance

Chart 47

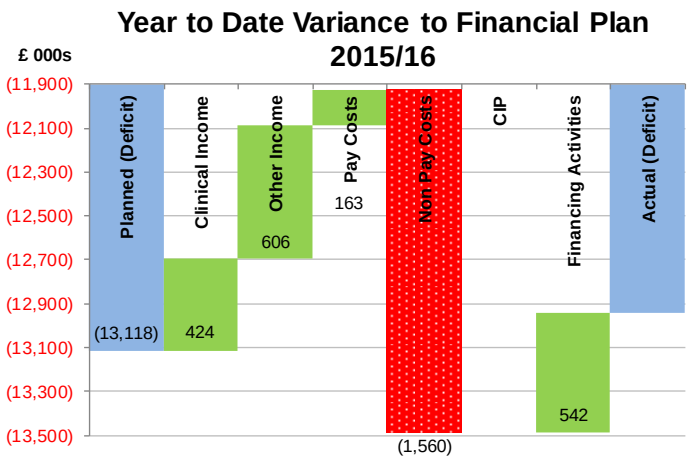
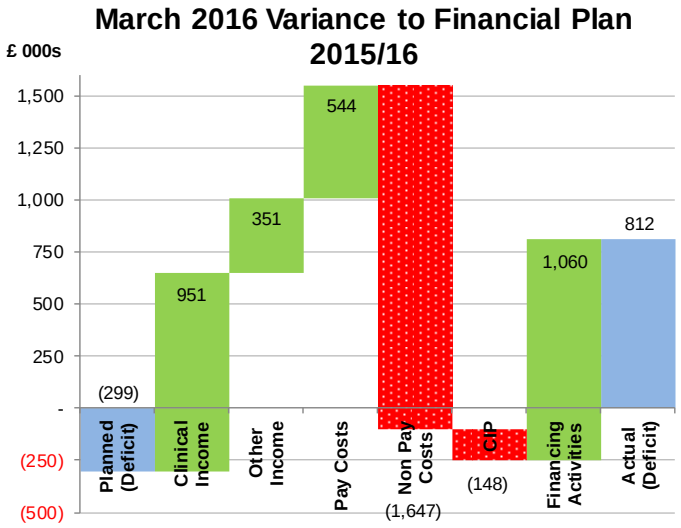


Chart 48



The Trust has ended the 2015/16 financial year with a deficit of £12.9m, which is £0.2m better than the planned deficit of £13.1m. The main reason for the improvement relates to the revaluation of the hospital site including the partial completion of the Surgical Centre. This is a non-cash impact and is included in the financial activities bar in the accompanying charts.

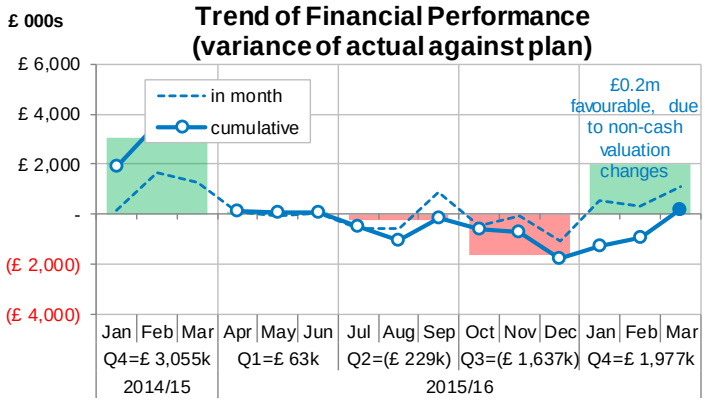
The Trust has improved by £1.1m from the last month's position, but all of this is below the line and does not impact the EBITDA.

Clinical income in March reflects the full and final year end settlement with Stockport CCG in relation to out-turn activity and income, and includes no contract penalties along with full and final agreement of 95% achievement of CQUIN. However the financial position includes a provision for penalties and CQUIN under-performance from other CCGs of £0.7m.

To achieve the forecast year-end position mandated by NHS Improvement (Monitor and the NHS Trust Development Authority) the Trust has utilised £1.3m of technical one-off measures. This has included reviewing the necessary provision for annual leave carry forward by staff, which is written back into the pay costs total and provided a £0.6m benefit. Assessment of goods received not invoiced (GRNI) and provisions for old year costs has released a further £0.7m to improve non-pay. This is in addition to the £0.4m valuation benefit above.

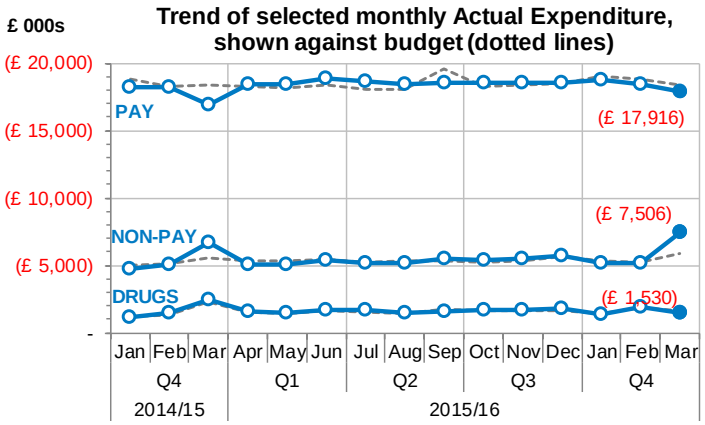
These adjustments to the balance sheet are one-off benefits deployed to achieve the position, and offset the failure of business groups to reduce the expenditure run-rate as required.

Chart 49



To deliver the "best possible financial out-turn 2015/16" required by NHS Improvement, each business group was required to spend within their agreed control total. Medicine and Surgery business groups both exceeded these limits, and therefore over-performance in other business groups was required to achieve the necessary out-turn.

Chart 50



Pay costs in March 2016 excluding the annual leave adjustment above were £18.5m, which is in line with last month and the average for the year. Whilst implementation of the agency cap is underway across the Trust, this has not noticeably reduced costs at this stage. However plans of £2.0m savings are included in the CIP plans for 2016/17, which include a focus on recruiting to key shortage medical posts and a continuation of international recruitment.

Agency expenditure in March 2016 is £1.3m or 7% of the total pay bill, which is lower than the annual average of 8%. Bank staff including NHS Professionals is a further cost of £0.7m in month, and increase the temporary staff costs to £2.0m in month. This means that the in-month and annual average proportion of spend on temporary staffing is 11%.

NHS Improvement wrote to the Trust on 17th March 2016 to issue a mandatory agency ceiling on expenditure for 2016/174 of £12.1m. Total agency costs in 2015/16 were £18.5m, so requires a 34% reduction in expenditure. Agency expenditure of £12.1m represents less than 6% of the total £207.5m planned pay costs in 2016/17.

Non-pay costs have spiked in month, but this is in line with the forecast finalisation of the financial position.

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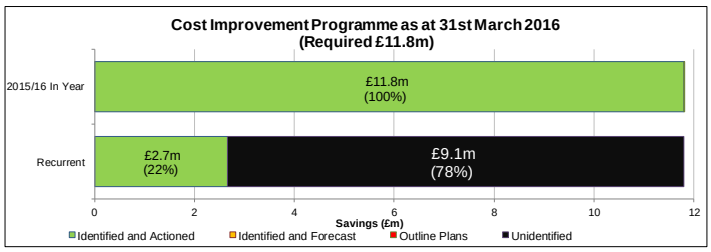
Stockport NHS Foundation Trust

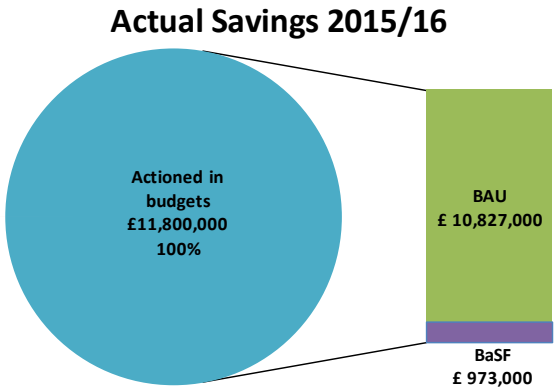
Cost Improvement Programme

Chart 51



The Trust achieved the required £11.8m of savings in 2015/16 by achieving the planned level of deficit. Central actions to identify non-recurrent items to declare as CIP within the financial position total £4.5m. Corporate areas, Estates and Facilities also contributed a further £1.5m. The five clinical business groups generated less than 50% of the savings identified in year.

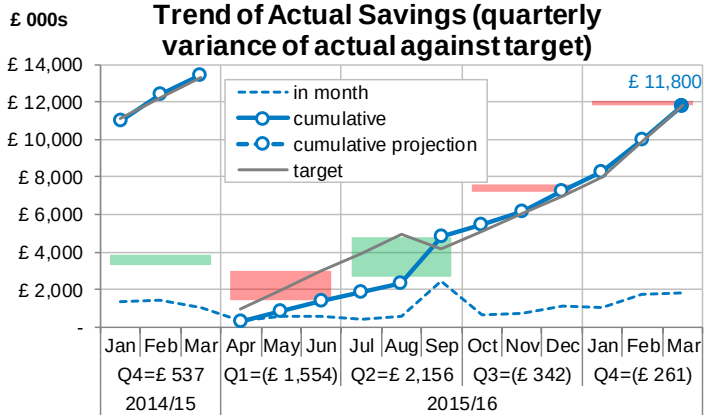
Chart 52



Recurrent CIP delivery is £2.7m against the required £11.8m, which at 23% is the lowest delivery of recurrent CIP since becoming a foundation trust. This shortfall has impacted on planning for 2016/17 and increased the CIP required next year to £17.5m.

The Trust's achievement of historic CIP is shown in the table below, which highlights that failure to deliver recurrent CIP over the past three years has built up a £26.4m pressure to be carried forward into the next financial year.

Chart 53



Year	Target	Recurrent Delivery		Non-Recurrent Delivery		TOTAL CIP	Recurrent Shortfall
	£ m	£ m	%	£ m	%	£ m	£ m
2013/14	15.1	4.6	30%	4.7	51%	9.3	(10.5)
2014/15	13.3	6.6	50%	6.9	51%	13.5	(6.7)
2015/16	11.8	2.7	23%	9.1	78%	11.8	(9.1)
Total	**40.2**	**13.8**	**34%**	**20.7**	**60%**	**34.6**	**(26.4)**

Without successful transformation change in 2016/17 that generates recurrent savings, this situation will deteriorate still further. This has a direct impact on the cash balance. Opening cash was £44.6m, and despite receipt of a £9m loan the year-end cash position is over £10m less at £31.4m.

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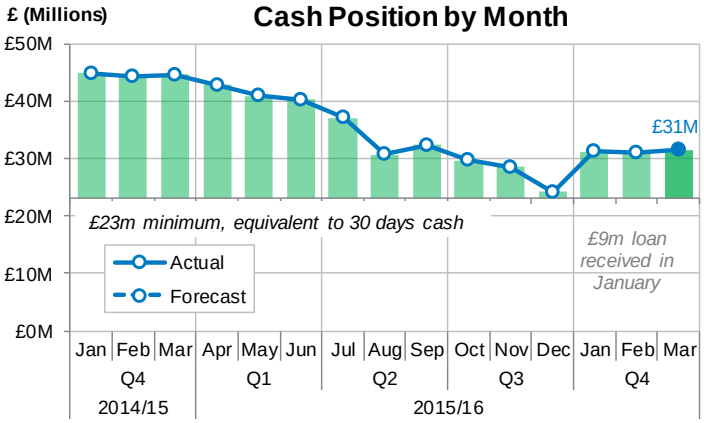
Stockport NHS Foundation Trust

Financial Sustainability Risk Rating

Chart 54

		Actual	Rating	Initiate Override?	Excellent 4	3	2	Poor 1	Weight	Weighted score
Balance Sheet Sustainability	Capital service capacity (times)	0.05	1	Yes	2.50	1.75	1.25	< 1.25	25%	0
Liquidity	Liquidity (days)	11	4	No	0	-7	-14	< -14	25%	1
Underlying Performance	I&E margin (%)	-4.19%	1	Yes	1.00%	0.00%	-1.00%	<-1.0%	25%	0
Variance from Plan	Variance in I&E margin as a % of income (%)	-0.07%	3	No	0.00%	-1.00%	-2.00%	<-2.0%	25%	1
Financial Sustainability & Performance Risk Rating - Calculated										**3**
OVERRIDE INITIATED?				Yes						Yes
Financial Sustainability & Performance Risk Rating - Final Reportable										**2**

Chart 55



The Trust's overall Financial Sustainability Risk Rating (FSR) is 2, classified by Monitor as a material risk. There is no change to any of the metrics within the rating again this month.

Cash in the bank at 31st March 2016 was £31.4m. This has remained relatively static for the past three months as debtor and creditor positions are key for intra-NHS balances.

There are over £1.6m of technical financial adjustments to the balance sheet included in the year-end position of £12.9m. This means that although the Trust has hit the bottom line position for 2015/16 required by NHS Improvement as part of the national £1.8bn control total, there is still a negative impact on the cash position.

For the FSR to be a 3, the Trust position would need to improve by £13m.

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Stockport NHS Foundation Trust

Capital Programme

Chart 56

Description	Original Plan 2015/16 Year £'000	Revised Plan 2015/16 Year £'000	Month 12 -Year end March 2015/16 Revised Plan £'000	Actual £'000	Variance £'000
Property & Estates Schemes					
Surgical Centre	10,565	9,900	9,900	9,816	84
Priority Schemes	500	200	200	159	41
Invest to Save Schemes	100	200	200	96	104
Site Security Upgrade	47	29	29	42	(13)
Catering Strategy	0	4	4	1	3
Minor Projects	672	524	524	847	(324)
Backlog Maintenance/Site Infrastructure	140	133	133	136	(3)
Statutory Compliance	258	309	309	281	28
Environmental /CMIP	177	166	166	206	(40)
Corporate Facilities	145	130	130	47	83
	12,604	11,595	11,595	11,631	(36)
Equipment Schemes					
Medical Equipment	1,505	1,492	1,492	1,404	89
C T Scanner	650	325	325	315	10
Urology Robot	1,200	1,500	1,500	1,500	0
	3,355	3,317	3,317	3,219	99
I M & T Projects					
EPR	969	48	48	43	5
Aspen House Server Room	351	448	448	404	44
Other IM &T	969	830	830	950	(119)
	2,289	1,326	1,326	1,396	(71)
Revenue to Capital	0	5	5	325	(320)
Capital to Revenue	0	0	0	(191)	191
TOTAL (excluding Finance leases)	18,248	16,243	16,243	16,380	(137)
New Finance Lease Contracts					
I M & T - Intersystems EPR Software				431	
TOTAL including new Finance Lease Contracts				16,811	

In the financial year ending 31st March 2016 the Trust invested £16.8m in the capital programme, as shows in this table. To maintain balance within the financial plan the capital team has worked to reprioritise schemes within the overall envelope of funding available.

The Surgical Centre contractor reports progress is on schedule. Completion of the build is expected at the end of August, with the building expected to be open for patients from October 2016.

Work on the former GUM clinic to refit this area for the Electronic Patient Record (EPR) staff team has been completed, and this cost is shown un Priority Schemes. The first installment of the finance lease payment to software company Intersystems has also been made. Until the system goes live, this will be classed as an asset under construction.

IM&T projects have increased expenditure in month as forecast in relation to completion of the Aspen House server room and Community WiFi works, which is a facilitator for the Community EPR (EMIS) project.

In line with NHS Improvement's requirements for classification review, this has necessitated transfers between the two categories of expenditure which have led to a net £0.1m charge to capital.

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See also Financial Income and Expenditure table

Stockport NHS Foundation Trust

Workforce Quality

Staff sickness absence

Chart 57

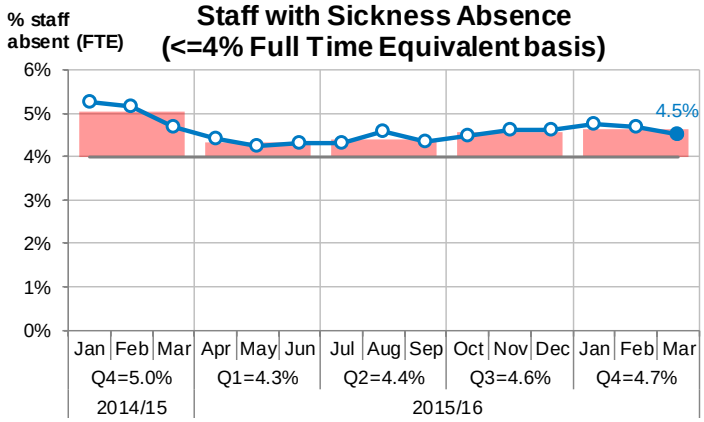

Chart 58

The in-month unadjusted sickness absence figure for March 2016 is 4.51%. This is a decrease of 0.18% compared to the February 2016 adjusted figure of 4.69%. The sickness rate for comparison in March 2015 was 4.70%.

The unadjusted cost of sickness absence in February 2016 is £550,771, an increase of £14,979 from the adjusted figure of £535,792 in February 2016. This does not include the cost to cover the sickness absence.

Child & Family, Community Healthcare, Corporate Services, Facilities and Surgical & Critical Care have reported a reduction in sickness absence in March 2016. Corporate Services and Diagnostic & Clinical Services are below the 4% target in March 2016. Estates and Facilities have the highest sickness rates at 8.42% and 6.89% in March 2016. Facilities has seen a decrease from 7.22% in February 2016 to 6.89% in March 2016. Estates has seen an increase to 8.42% in March 2016 from 6.73% in February 2016.

The top 3 known reasons for sickness in March 2016 are stress at 28.19% (a 5.76% increase from 22.43% in February 2016), back problems and other musculoskeletal problems including injury/fracture at 21.30% (a 0.15% increase from 21.15% in February 2016), and cough, cold, flu, chest, respiratory problems at 8.91% (a 1.36% decrease from 10.27% in February 2016).

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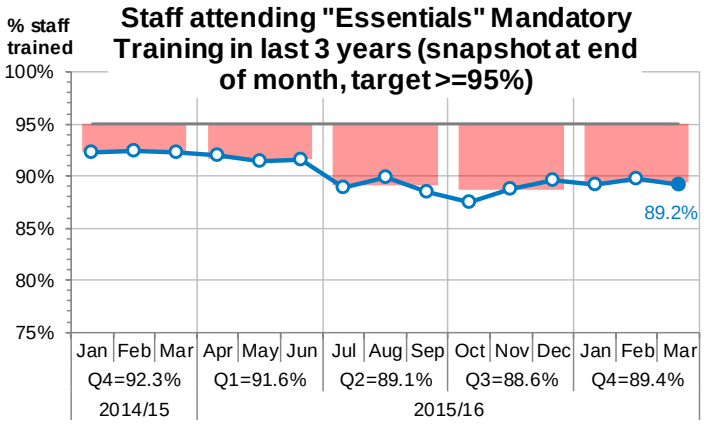
Integrated Performance Report

Stockport NHS Foundation Trust

Essentials training

Chart 59



In March 2016 there was a decrease of 0.5% in compliance from the February position, from 89.7% to 89.2%.

Two of the Business Groups achieved compliance; Estates and Community Services.

Diagnostics and Clinical Support achieved 94.26%. The remaining Business Groups are under 90%. The Head of OD and Learning has contacted those Business Groups who are under 90% to ascertain the plans they have in place to achieve 95% compliance.

- External training will only be approved if a member of staff is fully compliant with their Essentials Training and has an up to date appraisal.

- Monthly emails reminders are sent to all staff that are non-compliant.

- Improved use of the Core Skills Framework e-learning packages. Supported by Health Education North West the Core Skills e-learning modules are easier to access and quicker to complete. The framework can be adapted for all Trust staff to use in place of the existing e-learning catalogue of topics and covers a wider range of topics.

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Stockport NHS Foundation Trust

Staff appraisals

Chart 60

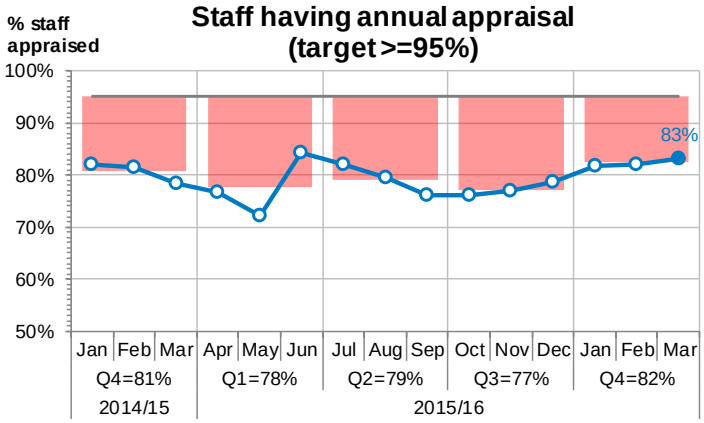
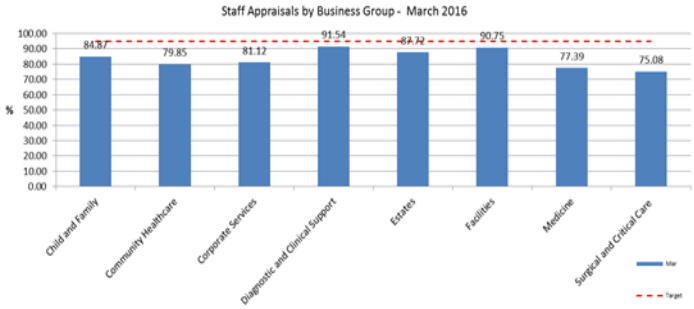


Chart 61



The Trust's total appraisal compliance for March 2016 is 81.99%, an increase of 0.08% since February 2016 (81.91%).

This figure takes account of the 15-month appraisal window introduced by the new performance appraisal framework for non-medical staff.

The following Business Groups have seen increases this month; Diagnostic & Clinical Support from 89.71% to 91.54%, and Facilities from 88.25% to 90.75%. Six Business Groups saw a drop in compliance from last month; Child & Family from 86.06% to 84.87%, Community Healthcare from 80.10% to 79.85%, Corporate Services from 82.28% to 81.12%, Estates from 87.93% to 87.72%, Medicine from 77.60% to 77.39%, and Surgical & Critical Care from 75.11% to 75.08%.

There has been a change to the way the appraisal percentage is calculated. Those members of staff who are on maternity leave, external secondments, or career breaks are no longer included in the figures.

Individuals who do not have an update to date appraisal will not be approved to attend external training. The Head of OD and Learning has met with individual Business Group Directors to offer support, advice and assistance; in addition to attending team meetings.

The medical appraisal rate for March 2016 is 77.22%, a decrease of 10.23% from February 2016 (87.45%).

The compliance rates and the importance of the completion of Appraisals continue to be presented at the Trust's monthly Team Briefing sessions.

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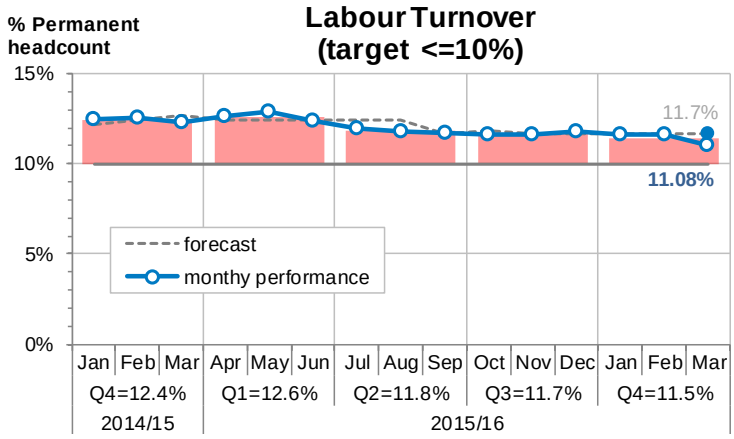
Integrated Performance Report

Stockport NHS Foundation Trust

Workforce Efficiency

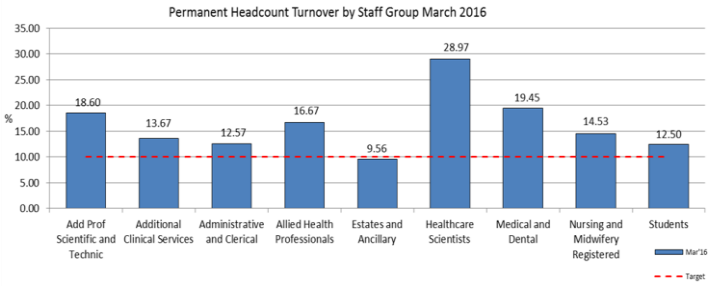
Chart 62



The Trust's permanent headcount turnover figure for the 12 months ending March 2016 is 11.08%. This is decrease of 0.58% compared to the February 2016 figure of 11.66%, showing some stability in the turnover activity. The turnover rate for comparison to March 2015 was 12.28%. The Trust target is based on the NHS average of 10%.

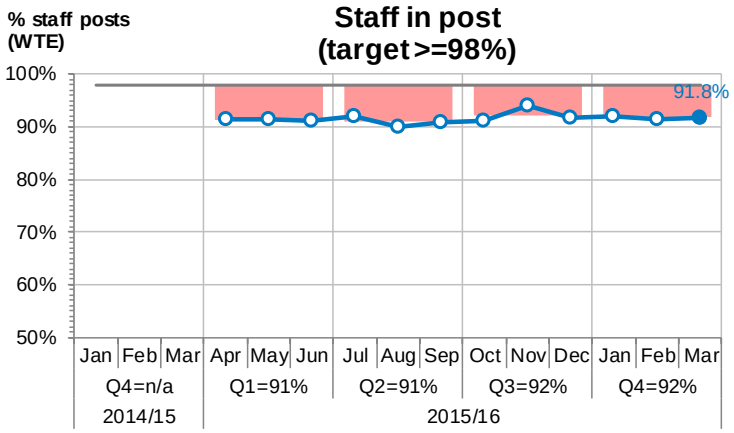
Child & Family, Corporate Services, and Facilities are the only Business Groups below the 10% target in March 2016. Medicine Business Group has the highest turnover rate at 14.83% in March 2016. Corporate Services have seen the biggest decrease of 0.71% down to 7.12% in March 2016 (from 7.83% in February 2016). Community Healthcare Business Group remains high at 14.13%.

Chart 63



Estates & Ancillary are the only staff group under the 10% target. Healthcare Scientists have the highest turnover at 28.97%, but have a relatively small headcount of 107; with 26 new starters and 31 leavers in 2015/16. Further analysis of turnover and leavers is in Quarter 4 2015-16 of the Workforce and OD Quarterly Performance Report.

Chart 64

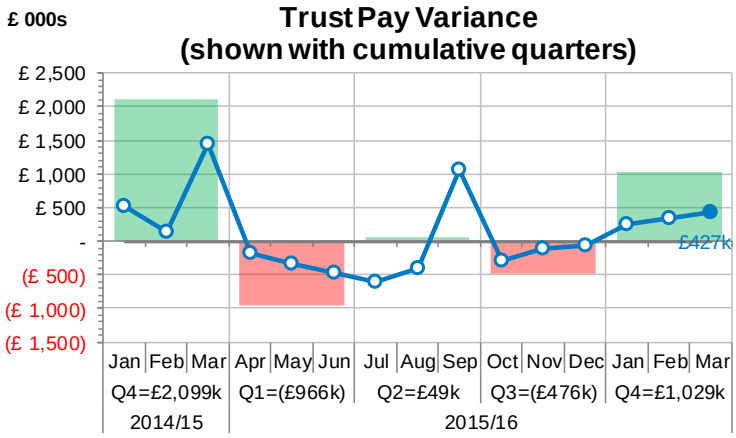


The Trust staff in post for March 2016 is 91.9% of the establishment, which is a decrease of 0.5% from 91.4% in February 2016.

Integrated Performance Report

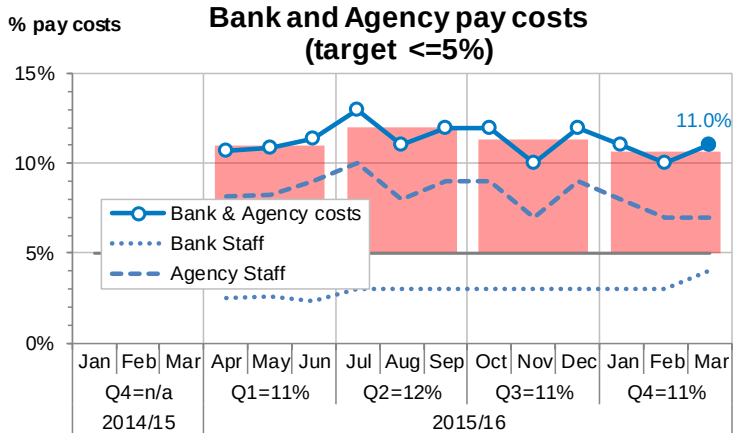
March 2016 All Indicators

Chart 65



The Trust pay variance, expenditure above the financial envelope of establishment, including vacancies in March 2016 showed a £312,350 overspend, an increase of £90,677 from the £346,420 overspend reported in February 2015.

Chart 66



The percentage of pay costs spent on bank and agency in March 2016 is 11% (an increase of 1% from February's position) which equates to £2,019,826 an increase of £229,686 from £1,790,140 in February 2016.

The Medicine Business Group has the highest spend on bank/agency at £1,222,150 in March 2016 which equates to 60.5% of the overall spend.

In March 2016 4% of total pay costs were attributed to bank staff and 7% of total pay costs were attributed to agency staff. The use of bank and agency staff is closely monitored at Business Group Finance and Performance meetings and the Establishment Control Panel.

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Stockport NHS Foundation Trust

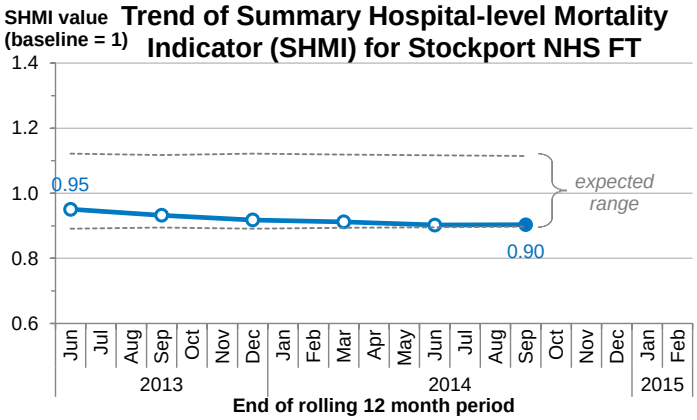
The following sets of Quality indicators are updated on either a quarterly or annual basis. This section will describe the actions being taken to improve performance across these areas.

Mortality and preventable deaths

Summary Hospital-level Mortality Indicator (SHMI)

This is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
Data source: Health and Social Care Information Centre

Chart 67



Mortality analysis now includes 3 measures, SHMI, RAMI, and HSMR (not Dr Foster HSMR but a proxy provided by the CHKS software). Where possible data is shown to represent performance over time, against peers and with weekend/week comparisons.

Whilst overall mortality profile is good and reported as Green, investigation is needed into the varying mortality at the weekend compared to the week. This would be in tandem with the Trust 7 day services action plan

Chart 69

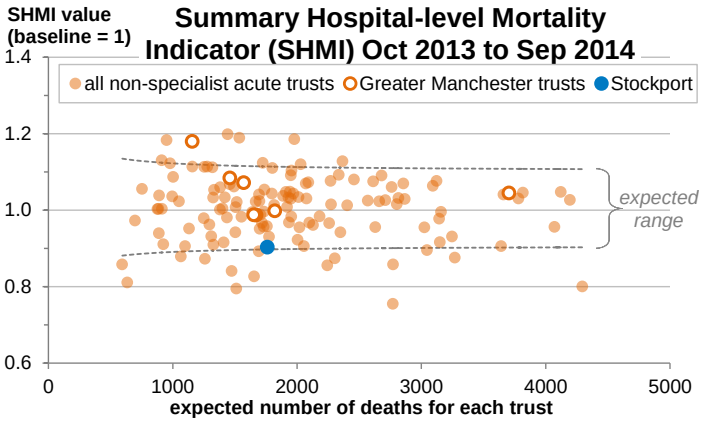
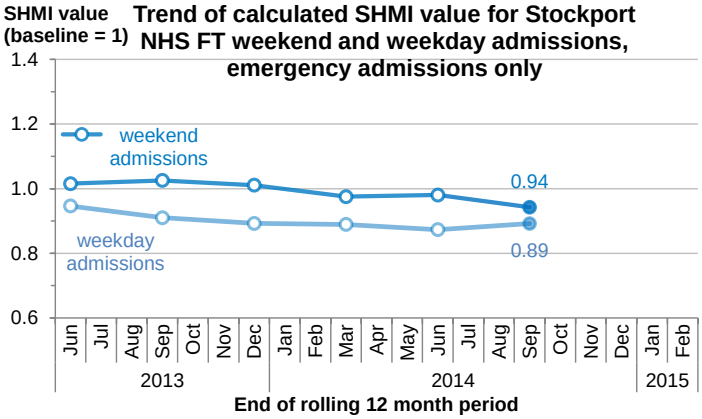


Chart 68



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Risk Adjusted Mortality Index (RAMI)

The main differences in calculation from SHMI are: RAMI only includes in-hospital deaths; it excludes patients admitted as emergencies with a zero length of stay discharged alive, and patients coded with receiving palliative care; the estimates of risk used to work out the number of expected deaths are calculated once per year ("rebasing"), data is shown here using latest 2014 benchmarks; RAMI includes data from the whole patient spell rather than just the first two admitting consultant episodes.
Data source: CHKS

Chart 70

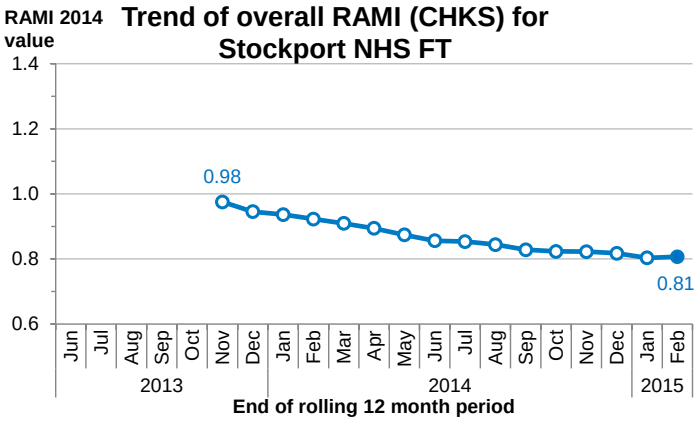


Chart 71

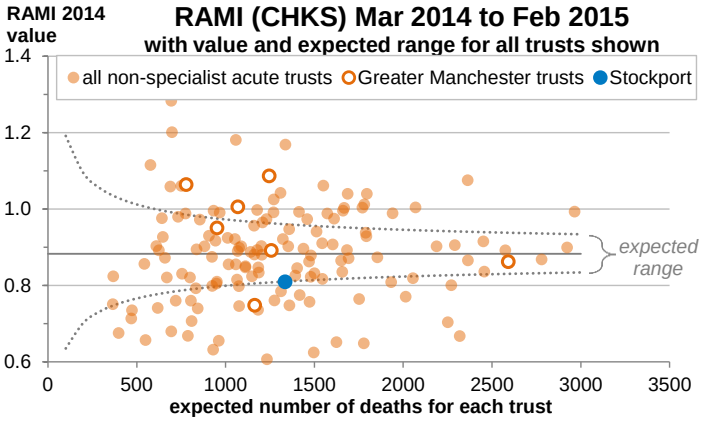
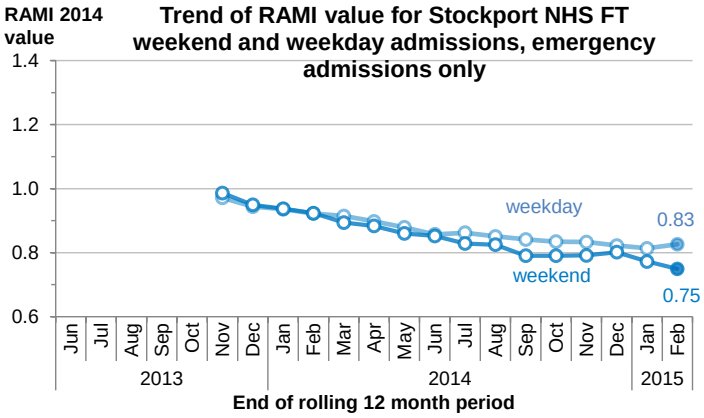


Chart 72



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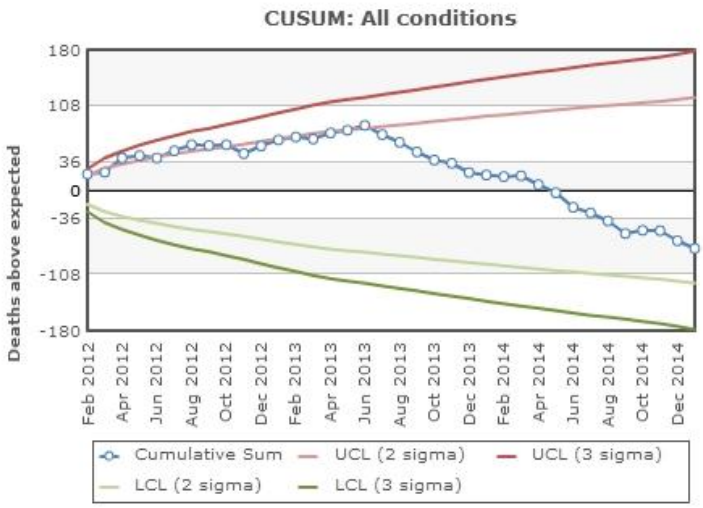
Hospital Standardised Mortality Data (HMSR)

The main differences in calculation from SHMI are: HSMR only includes in-hospital deaths; the factors used in estimating the number of patients that would be expected to die includes whether patients are coded with receiving palliative care, and socio-economic deprivation; the estimates of risk used to work out the number of expected deaths are calculated once per year ("rebasing"), data is shown here using latest benchmarks.

Data source: CHKS (using Dr Foster Intelligence methodology)

Chart 73



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Cardiac arrest outside of Emergency Department

Data source: CHKS

Trust Peer Group (as measured by case mix) for comparative analyses: Bolton; Burton Hospitals ; Countess Of Chester Hospital ; Kingston Hospital; Medway; Mid Cheshire Hospitals ; North Cumbria University Hospitals ; Northern Lincolnshire & Goole Hospitals ; St Helens And Knowsley Hospitals; University Hospital of South Manchester University Hospitals Of Morecambe Bay

Chart 74

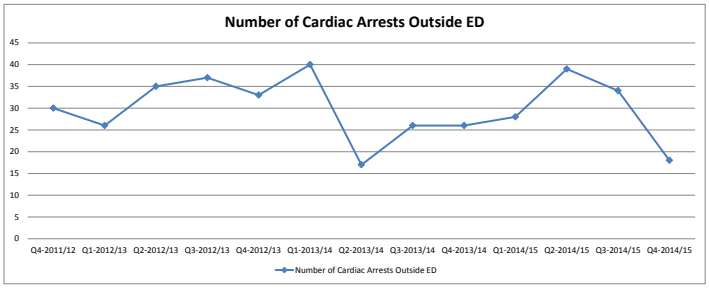

Chart 74 shows absolute number of arrests for patients who were admitted and arrest was not the primary diagnosis. This data is being reconciled with the 2222 cardiac arrest calls for further accuracy – audit began August 15 due to end October 15

Monitoring of patients using EWS is well established via Patientrack in most medical ward areas to identify the deteriorating patient. A working group to look at automated escalation and alerting of medical staff has now been convened.

Chart 75

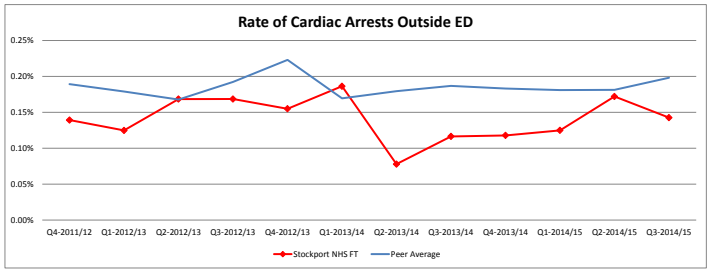

Chart 75 shows the Trust rate of arrests as a proportion of all admissions compared to peer which demonstrating a rate consistently lower than peer for the last 12 months. The escalation and alert group would aim to see a further reduction in arrest on implementation of the new process and policy to be designed and agreed. Next meeting October 15

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Hypoglycaemia outside of Emergency Department

Chart 76

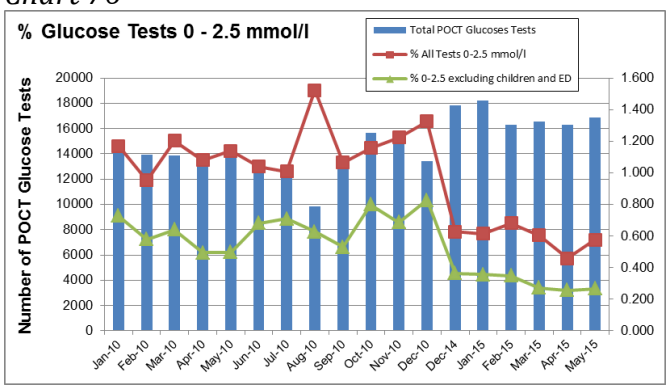


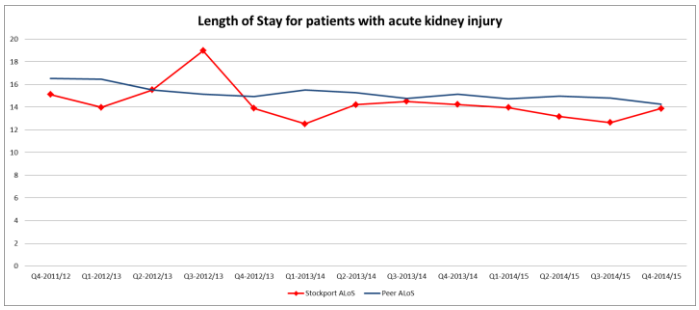
Chart 76 shows the reduction in Point of Care recorded episodes of Hypoglycaemia with the green line representing those occurances outside emergency and medical acute areas. A review of the data with the diabetic team has been requested to identify where further improvements might be made and if adherence to local policy has been audited.

Quality of life in long term conditions

Length of stay for patients with acute kidney injury

Data source: CHKS for all Quality of life in long term conditions indicators

Chart 77



Blue line indicates peer comparison. The Trust appear to do well when compared to peer. AKI is now a mandatory requirement of all discharge summaries with associated drop downs depending on stage of AKI. Interview for an AKI specialist nurse to take place December 15

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Stockport NHS Foundation Trust

Length of stay for patients >65 years with falls

Chart 78

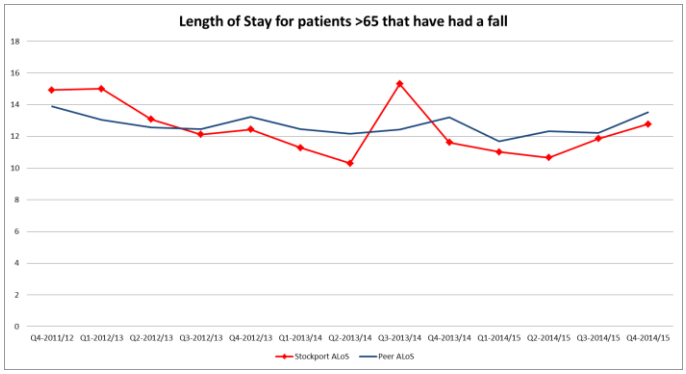

Chart 78 shows data for all inpatients coded with falls either on admission or during spell.

Rate shown against Trust peer group. Data would imply the Trust continues to perform below the peer group average but that this is not consistent. Need to understand the factors involved in poor performance and whether this is an indicator for measuring improvements in Quality of Life for those with long term conditions

Chart 79

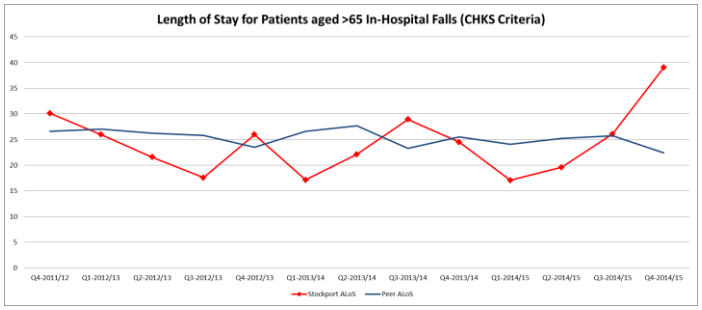

Chart 79 shows data for all inpatients coded with fall **while in hospital** but not admitted for falls.
Rate shown against peer group. A spike in Q4 will be investigated to identify case(s) and a root cause analysis performed for LoS.

The Trust innovation team have devised an action plan to address the increase loS for all Non-elective patients driven by the data provided here

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Length of stay for patients with Chronic Obstructive Pulmonary Disease (COPD)

Chart 80

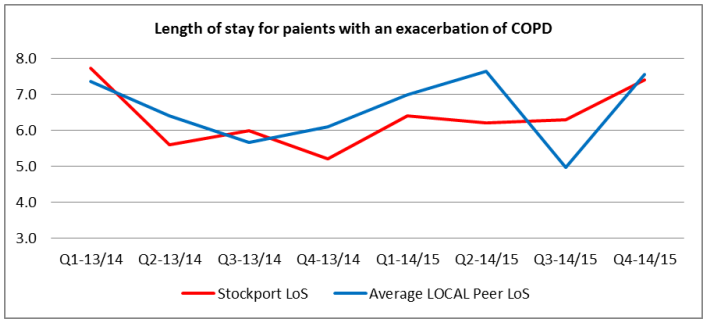

Chart 80 has been updated to now show the length of stay (LoS) for patients admitted with an exacerbation of their COPD. Data has been considered in tandem with readmission rates based on the Making Safety Visible work as COPD has been identified in previous readmission root cause analysis and case-note review. A new model has been adopted via the clinical lead to avoid admission and readmission of COPD patients with a community nursing model. Assessment of this model to take place in Feb 16

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Stockport NHS Foundation Trust

Helping patients recover

Data source: CHKS

Chart 81

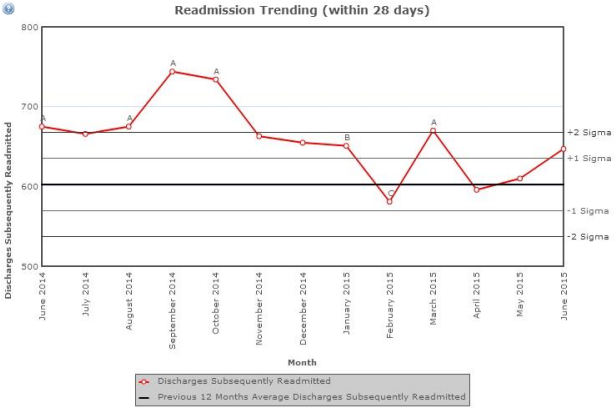


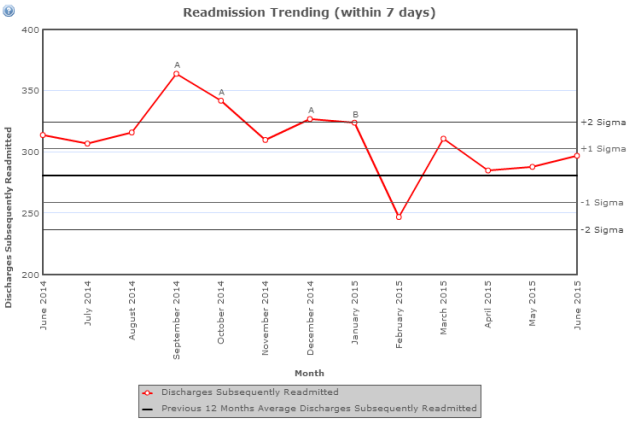
Chart 81 and 82 demonstrate the rate of readmissions shown against the Trust average for the preceding year. Within 28 and 7 days of original admission.

Readmissions rates have fallen since the winter period of 2014/15

An audit in 13/14 of over 500 cases identified themes for reasons behind readmission and made suggestions as to improvements in service. A working group has been identified to action the recommendations of the Medical Director and measure improvements specific to these themes and actions as follows:

1. THEME - Recurrent relapse of chronic condition(s)
2. THEME - Pain post procedure (links with day case CQUIN)
3. Benchmark position against Peer and identify 'gap' to achieve top Quartile performance
4. Assurance over coding practice and the effect on readmissions
5. To quantify the effect of diagnostic waits on readmissions
6. To provide evidence based daycase advice and readmission avoidance literature

Chart 82



A recent Innovation group has been set up specifically to look at causes of readmissions within the Surgical business group starting with daycase and short stay patients. The actions of this group will inform the CQUIN also

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Stockport NHS Foundation Trust

Positive experience of care

Cancelled Operations

Chart 83

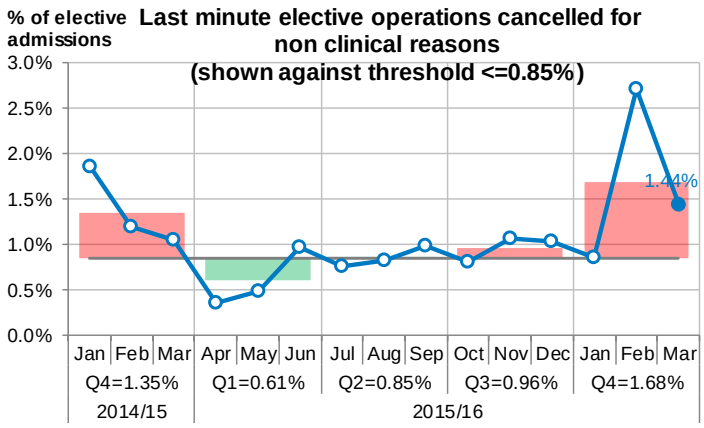

Chart 83 shows the standard for last minute cancelations was not achieved in March.

There were a total of 47 cancellations on the day for non-clinical reasons.

The top reasons for cancellations were:

- 14 due to HDU bed availability
- 9 due to bed availability
- 7 due to more urgent cases taking priority

Patient experience of pain

A multi professional group has now been convened to address the patient experience of pain across all business groups and specialties. The group meets monthly and direct actions against the following set of Key Themes – the detailed actions and outcomes are reported quarterly to Quality Governance.

- Improve staff understanding regarding patient experience of pain and pain management – establish a culture of Pain as a Priority
- Integrated approach to Trust wide learning regarding Pain Management in Palliative and Actue settings
- Provide a greater understanding of pain relief prescribing, administration & monitoring
- Ensure timely access to analgesia
- Seek and monitor feedback on pain management from patient and staff
- Improve patient communication information in relation to pain control in various settings (palliative, acute, chronic)
- Ensure resources to maintain a culture of Pain as a Priority are regularly reviewed and meet the requirements of the patients and Trust strategy

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Stockport NHS Foundation Trust

Avoidable harm and complications

Data source: CHKS

Chart 84

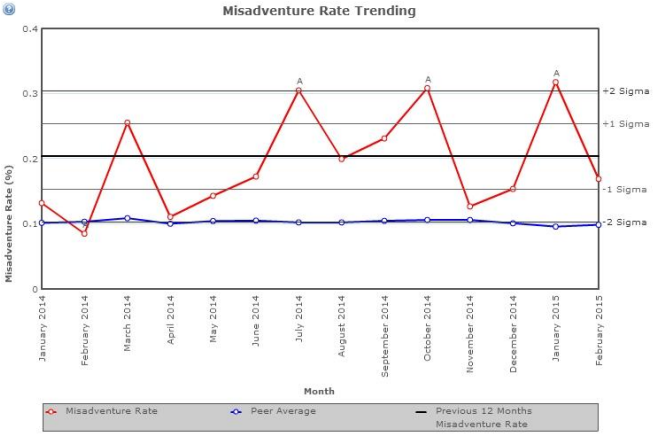

Chart 84 shows rate of misadventure against National HES peer group. There is variance about the mean of the previous year on a month to month basis but significantly higher than National HES peer

Misadventure rates are significantly higher than peer comparators in 4 areas. A project group has been convened to look at specific misadventure codes to identify coding practice improvements where needed and clinical intervention if required

Feedback from the project group expected Feb 16

Chart 85

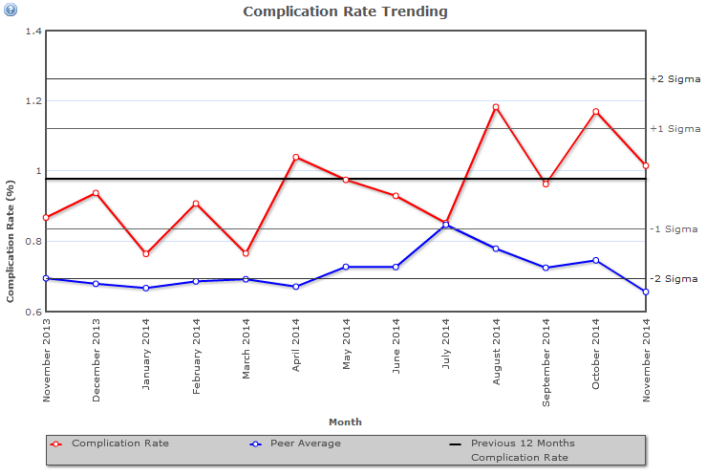

Chart 85 shows the "Complications Attributed" rate; that is complications based on the initial episode of care that the complication potentially relates to, as opposed to "complications treated" regardless of the potential cause. Rate shown against National HES Peer Group

Further investigation into coding has already led to training and coding improvements with regards misadventure. A working group is being convened to extend this practice across all above areas of misadventure and complication

Feedback from the project group expected Feb 16

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Integrated Performance Report
Integrated Performance Report
March 2016 Financial Table

Stockport NHS Foundation Trust

Income and Expenditure Statement

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	Trust Annual Plan	Year-to-date		
		Plan	Actual	Variance
	£k	£k	£k	£k
INCOME				
Elective	40,157	40,157	40,006	(151)
Non Elective	73,059	73,059	72,678	(382)
Outpatient	30,805	30,805	30,963	158
A&E	11,351	11,351	11,522	172
Total Income at Full Tariff	**155,373**	**155,373**	**155,170**	**(203)**
Community Services	60,706	60,706	60,812	107
Non-tariff income	54,060	54,060	53,978	(83)
Clinical Income - NHS	**270,138**	**270,138**	**269,959**	**(179)**
Private Patients	349	349	208	(141)
Other	968	968	1,206	238
Non NHS Clinical Income	**1,317**	**1,317**	**1,414**	**97**
Research & Development	443	443	430	(13)
Education and Training	7,815	7,815	8,012	197
Stockport Pharmaceuticals/RQC	5,755	5,755	5,498	(257)
Other income	20,493	20,493	21,828	1,334
Other Income	**34,506**	**34,506**	**35,768**	**1,262**
TOTAL INCOME	**305,961**	**305,961**	**307,142**	**1,180**
EXPENDITURE				
Pay Costs	(221,683)	(221,683)	(222,048)	(365)
Drugs	(19,322)	(19,322)	(19,470)	(148)
Clinical Supplies & services	(21,758)	(21,758)	(22,653)	(895)
Other Non Pay Costs	(43,093)	(43,093)	(43,233)	(140)
TOTAL COSTS	**(305,857)**	**(305,857)**	**(307,405)**	**(1,548)**
EBITDA	**104**	**104**	**(263)**	**(368)**
Depreciation	(8,914)	(8,914)	(8,629)	285
Interest Receivable	63	63	94	32
Interest Payable	(1,019)	(1,019)	(790)	229
Other Non-Operating Expenses	(371)	(371)	(277)	94
Fixed Asset Impairment Reversal	-	-	386	386
Unwinding of Discount	(30)	(30)	(34)	(5)
Profit/(Loss) on disposal of fixed ass	60	60	12	(48)
Donations of cash for PPE	1,000	1,000	509	(491)
PDC Dividend	(4,011)	(4,011)	(3,951)	60
RETAINED SURPLUS / (DEFICIT) FOR PERIOD	**(13,118)**	**(13,118)**	**(12,943)**	**175**

Integrated Performance Report
CQUIN Statement

Stockport NHS Foundation Trust

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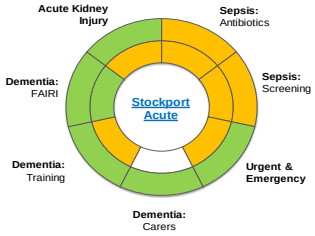
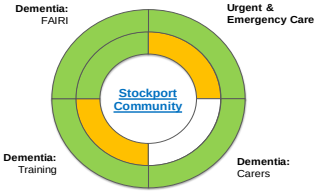
IPR: CQUIN Milestone Performance: Quarter 3 (15-16)

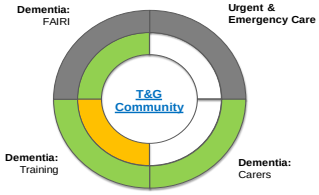
Achieved | Partially Achieved | Not Achieved | Not Applicable | Not Confirmed

Q4 evidence is currently being gathered therefore acheivement levels not agreed with CCG yet

NATIONAL CQUINs



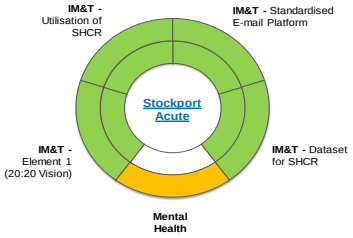


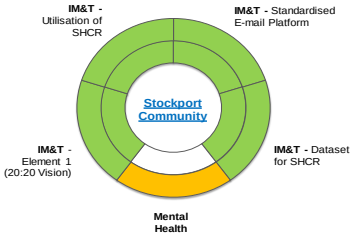


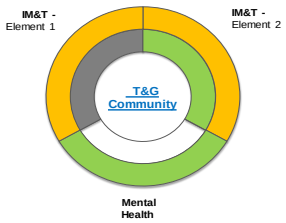
Stockport
- **AKI:** Q4 is a sliding scale - will achieve part payment not finalised yet
- **Sepsis :** Q4 is a sliding scale - 40% was available for both indicators: We achieved 10% **Antibiotics** and 30% **: Screening**
- **Dementia Training:** Clinical staff target achieved. Non-clinical target 50%, achieved 49%
- **Urgent & Emergency Care:** There are three targets, one met- 50% was available we acheved 30%

T&G Community
Awaiting confirmation of Q3 achievement.

GREATER MANCHESTER CQUINs

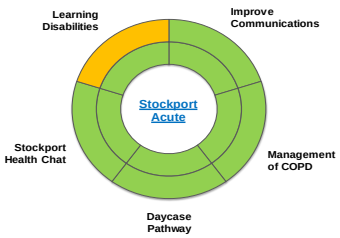


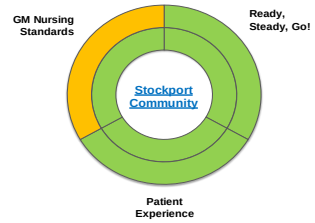


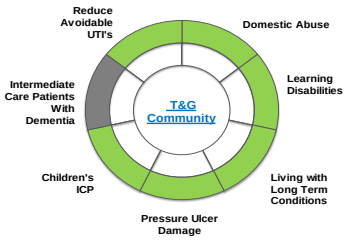


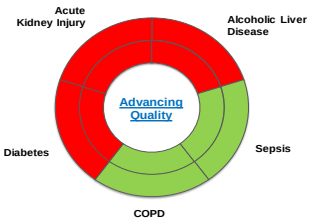
T&G Community
Awaiting information

LOCAL CQUINs





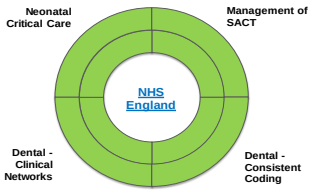


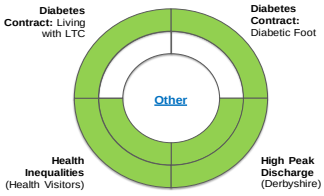


Advancing Quality
ACS Scores not met: Will negotaite for part payments based on progress made for AKI & ARLD

T&G Community
Awaiting information

OTHER CQUINs





Other
Awaiting information

Integrated Performance Report

Integrated Performance Report

March 2016 Nursing Dashboard

Stockport NHS Foundation Trust

March 2016 Data

	Clinical							Patient Experience			Workforce		Overall	
	Care Indicators	Internal CQC Inspections	Nursing Medication Related Incidents	Falls *	Pressure Ulcers	Confirmed Avoidable Stage 3-4 (Dec data)	C. Dificile	FFT % Positive Responses	FFT Response Rate	Complaints	Appraisals	Sickness Absence	**Total Performance	Total Perf *last* Mth
Trust Total	98%		14	3	18	2	5		46.4%	16	84.5%	4.7%	9.3	9.1

NB: FFT Response Rate and Score is an input Total & not calculated.

Business Groups Performance:

C&F	96.5%		3	0	1	0	0		29.0%	1	87.8%	3.0%	7.8	9.4
Medicine	98.3%		5	3	10	2	3		53.1%	11	84.3%	5.5%	9.6	9.1
S & CC	97.9%		6	0	7	0	2		33.3%	4	85.9%	3.6%	8.9	8.7
Community	91.2%		0	0	no return	0	0			0	57.1%	7.0%	12.0	10.0

NB: Trust & Business Group RAG rating proportionate to that of the Wards

Wards by Business Group:

Child & Family

Jasmine	100.0%	Good	0	0	0	0	0	95%	29.0%	0	95.2%	2.4%	5	12
M2	100.0%	Good	0	0	1	0	0			1	100.0%	4.9%	7	14
M3	98.3%		0	0	0	0	0			0	81.8%	0.6%	2	4
NNU	88.7%		1	0						0	63.6%	4.5%	20	10
Tree House	95.5%		2	0	0		0			0	98.5%	2.5%	5	7

Medicine

A1 AMU	100.0%	Good	1	0	0	0	0	95%	26.0%	1	91.5%	10.2%	19	19
A3 AMU	97.9%		0	0	2	0	0	100%	26.0%	0	75.0%	2.2%	7	14
A10	98.5%	Good	0	0	1	0	1	100%	76.0%	0	87.2%	6.2%	9	12
A11	99.5%	Req. Improv't	0	0	0	0	0	100%	28.0%	2	94.3%	0.5%	12	11
A12	99.8%		0	2	1	0	1	100%	46.0%	0	81.3%	2.0%	9	2
A14	99.6%	Req. Improv't	0	0	0	0	0	98%	71.0%	1	100.0%	1.8%	2	5
A15	97.0%	Good	0	0	0	0	0	100%	49.0%	0	63.3%	3.4%	5	10
CDU	91.1%		0	0	0	0	0	95%	23.0%	1	50.0%	5.2%	14	12
B2	98.6%		1	0	0	0	0	98%	51.0%	0	90.3%	7.4%	12	7
B4	97.0%		0	0	1	0	0	100%	64.0%	1	71.4%	5.4%	9	7
B5	100.0%	Req. Improv't	0	0	1	0	0	98%	100.0%	2	93.8%	12.2%	12	7
Bluebell	100.0%	Good	0	0	0	0	0			0	100.0%	4.6%	5	5
C2	94.8%		1	0	0	0	0	92%	91.0%	2	100.0%	11.3%	17	10
C4	96.7%		0	0	0	1	0	100%	23.0%	0	87.5%	6.1%	12	7
C5	100.0%	Req. Improv't	0	0	no return	0	0			0			0	0
CCU	100.0%	Inadequate	0	0	0	0	0	100%	40.0%	0	64.7%	0.7%	5	7
D'shire	100.0%		0	0	0	0	0	100%	75.0%	0	97.0%	5.7%	5	5
E1	100.0%		0	0	0	1	1	91%	107.0%	0	81.5%	5.9%	9	17
E2	99.4%	Good	0	1	2	0	0	100%	67.0%	1	83.3%	3.4%	6	12
E3	99.8%	Req. Improv't	0	0	1	0	0	100%	38.0%	0	92.5%	7.2%	12	9
ED	93.4%		2	0	1	0	0	82%	19.0%	2	83.5%	4.9%	24	14
SSOP	99.5%	Req. Improv't	0	0	0	0	0	100%	42.0%	0	81.8%	9.1%	7	9

Surgical & Critical Care

B3	98.7%	Req. Improv't	1	0	2	0	0	100%	23.0%	0	68.0%	2.3%	15	17
B6	95.7%	Good	1	0	0	0	0	100%	28.0%	0	100.0%	2.2%	10	2
C3	98.8%	Good	1	0	0	0	0	76%	20.0%	1	93.1%	0.3%	14	7
C6	98.2%		0	0	0	0	1	100%	43.0%	0	86.2%	1.0%	4	7
D1	95.7%	Req. Improv't	1	0	0	0	0	90%	31.0%	0	84.8%	3.8%	12	12
D2	95.5%		0	0	0	0	0	98%	55.0%	0	100.0%	0.6%	0	2
D4	98.7%		2	0	1	0	0	95%	50.0%	0	96.0%	1.0%	5	0
D5			0	0	0	0	0			0	88.0%	15.0%	7	7
ICU/HDU	100.0%	Good	0	0	4	0	0			0	54.5%	4.3%	10	5
M4 #NOF	98.2%	Req. Improv't	0	0	0	0	1	100%	14.0%	1	78.0%	0.2%	11	15
Sh Stay Surg	99.2%		0	0	0	0	0	99%	36.0%	0	96.2%	8.9%	10	22

Community Services

Shire Hill	91.2%	Req. Improv't	0	0	no return	0	0			0	57.1%	7.0%	12	10

RAG Ratings (Per Ward):

	0-89%	Inadequate	1	2	1	1	3		<40%	4	0-69%	>4%	>=15	>10% Worse
	90-94%	Req. Improv't	NA	1	NA	NA	2		NA	1	70-94%	NA	10-14	0-10%Worse
	95%+	Good	0	0	0	0	0		>=40%	0	95%+	<=4%	<10	Better

(20% for ED)

= Not Applicable

* Falls - Consist of Major, severe & Catastrophic

**NB: Total Performance is rated on a point system for each indicator (excluding Internal CQC Inspections and BOTH Pressure Ulcer indicators) Red = 5, Amber = 2, Green = 0 . Trust & Business Group Totals show ward average

NB: Friends and Family Test results will not match the figures shown by ward in the Dashboard due to Escalation wards being included in the Trusts total and not in the Nursing Dashboard

NB: Data for "Pressure Ulcer Confirmed avoidable Stage 3 to 4 " will be 3 months in hand, to allow time for investigation

Report to:	Board of Directors	**Date:**	28th April 2016
Subject:	High Profile report		
Report of:	Director of Nursing and Midwifery	**Prepared by:**	Cathie Marsland, Head of Risk and Customer Services

REPORT FOR APPROVAL

Corporate objective ref:	-----	**Summary of Report** *Highlight of all high profile incidents and inquests over the preceding month to share lessons learned and identify developing patterns and trends* **Themes noted in month are:** • Falls and pressure ulcer prevention. • EWS- Early warning score/ poor escalation • Breach of confidentiality No Ombudsman report received and two reports to prevent future deaths received from H.M Coroner regarding poor discharge/ escalation and missed diagnosis in March 2016
Board Assurance Framework ref:	-----	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	☐ Completed ☑ Not required	

Attachments:

This subject has previously been reported to:

☐ Board of Directors	☐ Workforce & OD Committee
☐ Council of Governors	☐ BaSF Committee
☐ Audit Committee	☐ Charitable Funds Committee
☐ Executive Team	☐ Nominations Committee
☑ Quality Assurance Committee	☐ Remuneration Committee
☐ FSI Committee	☐ Joint Negotiating Council
	☑ Other RMC

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1. INTRODUCTION-

1.1 This report provides further information on the outcomes of high profile inquests held in the preceding month of March 2016.

This report also provides information regarding the months Serious Incidents

Themes which have become apparent in these areas are highlighted and are for discussion and relevant action plan development

2. BACKGROUND

2.1 This is a monthly report prepared by the Risk and Safety Team

3. CURRENT SITUATION

3.1 **Themes noted in month**

If themes noted previously, denoted by the number of times identified in the year April 15 – April 16

Theme
Falls (10)
Pressure ulcer prevention (9)
EWS- Early warning score / poor escalation (6)
Breach of Confidentiality (7)

Lessons Learned for Sharing across all business groups

1. Persistent non-adherence to the falls process. When assessing patient following a fall, all staff to be reminded of the importance of documenting the reason why lying and standing blood pressure had not been completed if required.
2. Pressure sore prevention process is not being adhered to. The pressure ulcer care bundle should be sent out to all trained staff on ward and signed to say they have understood the process.
3. There continues to be some inconsistency in processes of escalating patient to medical staff appropriately in a timely manner. All staff to be reminded of the importance of adhering to the Inpatient Observation Policy.
4. All staff (admin and clinical) to be reminded of the importance of checking information sent out to parents and families for accuracy and ensure nothing additional is being sent.

3.2 Report Details

High profile inquests held in March 2016

I.D	Risk High Moderate	Inquest Date	Synopsis	Business Group	Verdict	Key Lessons Learnt
1029	High	7th – 9th March 2016	36 year old male attended ED **22nd July 2011** and was admitted to a medical ward, he was treated for acute coronary syndrome and discharged 24th July 2011, he returned the next day in cardiac arrest and subsequently died from an aortic dissection. Inquest held 13/04/12 and narrative verdict given, however the case was reopened by the Coroner following an Ombudsman investigation into complaint.	Medicine	Natural causes contributed to by Neglect. The coroner raised concern regarding medical staffing and CT requests.	Medical Staffing has improved since this incident. CT scans can now be requested by the senior Doctor in ED around the clock. Coroner to write to the Secretary of State for health Jeremy Hunt with a suggestion that Doctors and Nurses who qualify in this country should sign up to work for the NHS for five years – including a year in the emergency department to assist with recruitment difficulties.

Serious Incident (S.I) confirmed in March 2016

Datix	S.I Date	Location	Description	Care and Service Delivery problems/Root Causes	Key Actions
138712	23rd March 2016	Child & Family	Breach of Confidentiality	A shared printer, without password protection function, was in use by different teams within the clinic.	A new password protected printer has been ordered; staff have been counselled and reminded to be vigilant. This incident has been externally reported to the ICO.
138186	4th March 2016	Medicine	Patient Fall	Failure of nurses to undertake lying and standing blood pressure. Missed opportunities to undertake lying and standing blood pressure.	All staff to be reminded of the importance of documenting the reason why lying and standing blood pressure had not been completed to be undertaken at ward meeting.
137886	2nd March 2016	Surgery & Critical Care	Patient Fall	New falls risk assessment was not completed on admission to ward – nurse made assumption and did not scrutinise documentation to determine origin. Falls risk assessment not undertaken post fall – staff mistaken in belief that existing documentation could be used. Patient was not under close observation – poor decision making in relation to dementia and increased falls risk.	Incident to be discussed with admitting staff nurse and formally counselling for learning and reflective practice. Incident to be discussed with staff nurse updating falls risk assessment for learning. E-mail regarding commencing new documentation for all patients to be circulated by Governance Team. Ensure staff are up to date with dementia training. All staff to undergo refresher falls training – ward overdue training in accordance with Falls SOP – Ward Manager to arrange.

138368	10th March 2016	Surgery & Critical Care	Patient Fall	Poor prioritising decisions by staff concerned. Patient not being directly observed at time of fall. Staff did not reassess bed rail assessment – lack of knowledge amongst staff (however all up to date with training) Falls Risk assessment not updated following changes to condition (medication) – medication changes not always communicated to staff.	Counsel staff involved in relation to lying and standing blood pressures not being recorded, lack of observation of patient, bed rail assessments and falls risk assessments to be for learning and reflective practice.
131241 131167	18th March 2016	Community Stockport	Pressure Ulcer	Full holistic assessment not completed – no prompt to fill in assessment as staff were undertaking injection/dressings only. Poor communication between nurses and staff within care home – no formal forum for nurses to communicate with care staff. No mental capacity assessment completed for patient – patient not viewed holistically (undertaking task only regarding injection/dressings)	Monthly communication meeting now in place where patients on DN caseload will be discussed. **Completed** All staff to be booked on pressure ulcer training and mental capacity training. New District Nurse documentation will ensure no longer short term assessment completed and full holistic assessment will be undertaken at first visit. **Completed**
138028 137989	18th March 2016	Community Stockport	Pressure Ulcer	District nursing team did not receive referral from Hospital when patient discharged. Staff unaware of second referral form from care home – no formal system in place to share referral information with allocated nurse. Nurse on initial visit – unfamiliar with care home and new patient assessment.	District nursing teams to be reminded to incident report discharges from hospital which require district nursing involvement and are not referred to DN team. All new patient referrals to be added to Dominic as new assessment. Staff to be made aware of correct procedure when admitting patient onto caseload. Team meetings to be used. All staff to receive pressure ulcer prevention training **Commenced.**
137312	22nd March 2016	Medicine	Pressure Ulcer	Poor and inaccurate documentation in relation to pressure ulcer prevention and management. Failure to update and follow the pressure ulcer prevention bundle. Poor practice in relation to documenting progress of pressure wound. Inappropriate equipment used as a pressure relieving device. Staff unaware of correct request process in relation to delay in duo mattress being delivered to ward.	Lack of appropriate and accurate document in relation to pressure area care to be discussed at safety huddles and ward meeting. All staff to read and sign to confirm understanding of pressure ulcer prevention bundle. To ensure all staff are aware that requests for mattresses to be made through Advantis.
138953	31st March 2016	Medicine	Pressure Ulcer	Poor practice/documentation in relation to pressure ulcer prevention bundle. Failure of trained nurses to check information on patient monitoring charts. Nurses did not follow pressure ulcer bundle when patient was self-caring. Nurses failed to document daily skin inspections. Staff not aware of pathway in relation to TED stockings.	Pressure ulcer care bundle to be sent out to all trained staff on ward and signed to say they have understood this. Consideration to be given for a bespoke tissue viability training session on Ward. Tissue viability nurse to highlight lack of use of the pathway for TED Stockings as a training issue. Nurse in charge of each shift to review the intentional rounding documentation to ensure that it is accurately completed.

141484	8th March 2016	Medicine	Delay in receiving urgent appointment.	There was no system in place to track when requests have been made to expedite urgent appointments and they were not documented due to the large volume of requests received. Historically the secretaries have not kept a record of any telephone conversations that they have with patients' relatives.	SOP for administration standards to be launched for all secretarial staff to follow. Requests for urgent appointments to be standardised. E mail to be sent to the requester once appointment has been confirmed, Weekly Gastro IBD meeting to be attended by the gastro consultants, IBD nurse and IBD pharmacist to discuss complicated cases. A dedicated telephone helpline to be installed for patients to be able to contact the IBD nurses.
134056	31st March 2016	Medicine	Poor communication Failure to escalate critically ill patient	Clinical decision not to thrombolyse taken. Poor documentation of observation.	Review of use of EWS on CCU and recording of observation.
140933	31st March 2016	Estates and Facilities	Failure of IT Systems	Human error in script writing. Unable to determine exact cause. Current pressure in IT staffing.	Risk assessment in place. Staffing plan in place with HR.

Reports to prevent future deaths received from H.M Coroner in March 2016 (previous Rule 43)

Datix	Date Received	Inquest date	Location/ Speciality	Areas of concern	Response due	Areas to be addressed by Trust
1640	3rd March 2016	10th February 2016	Surgery & Critical Care	Patient was discharged following prescription of new medication that requires monitoring. Junior Medical staffing levels covering nights/IBleep. Escalation Guidelines were not adhered to. Medication was dispensed without information leaflet.	19th April 2016	Patient's being discharged with a dosette box, will now have information leaflets included. Other areas to be confirmed once response received.
1742	4th March 2016	2nd March 2016	Medicine	A patient was discharged and returned with a fractured neck of femur that was not diagnosed on x-ray but seen on CT. Coroner concerned that patients do not receive a CT routinely in this circumstance.	29th April 2016	To be confirmed once response received.

Cases where investigation completed by Health Service Ombudsman in March 2016

Datix No.	Date Original complaint	Date Completed by Ombudsman	Location/ Speciality	Description	Decision	Changes to Practice
None for March 2016						

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28 April 2016
Subject:	Monitor Risk Assessment Framework Assessment Q4 2015/16		
Report of:	Director of Finance	**Prepared by:**	Kay Wiss, Deputy Director of Finance

REPORT FOR APPROVAL

Corporate objective ref:	-----	**Summary of Report** This report sets out the proposed declaration of performance against current and forward national targets and standards for the Quarter 4 submission to Monitor.
Board Assurance Framework ref:	-----	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	☐ Completed ☐ Not required	

Attachments:	Appendix 1 – Targets and indicators submission for Q4 Appendix 2 – Board declarations for Q4

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ FSI Committee	☐ Workforce & OD Committee ☐ BaSF Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. INTRODUCTION

1.1 This report provides evidence to inform the Board of Directors prior to signing off the Q4 self-certifications:

1.2 The Trust's performance is assessed under Monitor's Risk Assessment Framework (RAF), which was revised In August 2015.

2. GOVERNANCE

2.1 The Risk Assurance Framework identifies a number of metrics it will consider as indicators of governance concern, if any present a material cause for concern. These are shown below:

Category	Metrics	Governance concern triggered by ….
CQC concerns	• Outcomes of CQC inspections and assessments	• CQC warning notice • Changes to registration conditions • Civil and/or criminal action initiated
Access and outcomes metrics	For acute trusts, metrics including: • RTT within 18 weeks • A&E waits (4 hours) • Cancer waits (62 days) • C. difficile (national target) For providers of community services: • Data completeness against selected elements of the Community Information Data Set	• Breach of a single metric in 3 consecutive quarters or four or more metrics breached in a single quarter • Breaching predetermined annual c.difficile threshold (either 3 quarters' breach of the year-to-date threshold or breaching the full-year threshold at any time during the year) • Breaching the A&E waiting times target in 2 quarters of any 4 quarter period and in any additional quarter over the subsequent 3 quarters
Third-party reports	• Ad hoc reports from the GMC, the Ombudsman, commissioners, Healthwatch England, auditor reports, Health & Safety Executive, patient groups, complaints, whistleblowers, medical Royal colleges	• Judgement based on the severity and frequency of reports

Quality governance indicators	• Patient metrics e.g. patient satisfaction
	• Staff metrics e.g.
	  ○ High exec team turnover
	  ○ Satisfaction
	  ○ Sickness/absence rate
	  ○ Proportion of temporary staff
		• Material reductions in satisfaction or increases in sickness or turnover rates
		• Material increases in proportion of temporary staff
		• Cost reductions of >5% in any given year

	○ Staff turnover Aggressive cost reduction plans	
Financial risk and efficiency	• Financial sustainability risk rating • Inadequate planning processes • Value for money measure	• Financial sustainability risk rating indicating financial issues arising as a result of governance • Inefficient / uneconomical spend compared to published benchmarks

Source: page 39, Monitor's Risk Assessment Framework (August 2015)

2.2 These are areas the Board should consider when self-assessing their governance certification, and whether an exception report needs to be filed with Monitor.

2.3 Taking each category in turn, the Board is asked to confirm:

Governance Category	**Comment**
CQC information	The CQC undertook a full inspection in January 2016 and therefore were no immediate actions arising from this. The Trust has not yet received their report. We are not aware of any other CQC judgements or civil or criminal action initiated in the past quarter that need to be notified to Monitor.
Access and Outcomes metrics	The Trust has declared a trajectory of 84.7% ED performance for Q1 in 2016/17 and therefore will not meet the required 95% standard. The Trust expects to achieve all other indicators.
Third Party information	We are not aware of any third party information which identifies any material cause for concern.
Quality Governance Indicators	We are not aware of any information which identifies material cause for concern.
Financial Risk	The declaration requires the Trust Board to confirm a financial sustainability risk (FSR) rating of at least a 3 over the next 12 months. The Operational Plan submitted on the 18th April was for a financial deficit of £16.9m in 2016/17. The FSR rating within the annual plan is a score of 2 for the whole financial year and therefore the Trust cannot confirm.

3. RECOMMENDATIONS

3.1 Actions required by the Board are set out below:

- **Declaration of performance against current and forward national targets and standards**.

  (Appendix 1 details the performance target status at the time of writing this report. The Board is asked to acknowledge the Appendix.)

  The Board is asked to confirm the declarations.

- **Confirmation that there are no material causes for concern requiring reporting in any other "Indicator of Governance Concern" metric.**

- **Declaration that Q1 A&E target will not be achieved but all other indicators will be achieved**

- **Finance Declaration** - not confirming a FSRR of "3" over the next 12 months.

- **Capital Declaration –** confirming that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the forecast in the financial return

- **Appendix 2** details the Trust's responses to the declarations

Kay Wiss
Deputy Director of Finance
22nd April 2016

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Declaration of risks against healthcare targets and indicators for 201516 by Stockport NHS Foundation Trust

must complete
may need to complete

Target or Indicator (per Risk Assessment Framework)			Annual Plan				Quarter 3					Quarter 4			
			Threshold or target YTD	Scoring Per Risk Assessment Framework	Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework		Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	%	i	92%	1.0	No	0	92.4%	Achieved		0		91.8%	Not met		1
A&E Clinical Quality - Total Time in A&E under 4 hours	%	i	95%	1.0	Yes	No	80.6%	Not met		1		73.0%	Not met		1
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	%	i	85%	1.0	No	0	87.9%	Achieved		0		86.4%	Achieved		0
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	%	i	90%	1.0	No		0.0%	Not relevant				0.0%	Not relevant		
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	%	i					89.5%					88.4%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	%	i					100.0%					50.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	%	i	94%	1.0	No		100.0%	Achieved				100.0%	Achieved		
Cancer 31 day wait for second or subsequent treatment - drug treatments	%	i	98%	1.0	No	0	100.0%	Achieved		0		100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	%	i	94%	1.0	No		0.0%	Not relevant				0.0%	Not relevant		
Cancer 31 day wait from diagnosis to first treatment	%	i	96%	1.0	No	0	97.8%	Achieved		0		98.2%	Achieved		0
Cancer 2 week (all cancers)	%	i	93%	1.0	No	0	97.0%	Achieved		0		97.5%	Achieved		0
Cancer 2 week (breast symptoms)	%	i	93%	1.0	No		95.9%	Achieved				98.1%	Achieved		
Care Programme Approach (CPA) follow up within 7 days of discharge	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Care Programme Approach (CPA) formal review within 12 months	%	i	95%	1.0	N/A		0.0%	Not relevant				0.0%	Not relevant		
Admissions had access to crisis resolution / home treatment teams	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams OLD measure - use until Q1 2016/17	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	%	i	75%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	%	i	75%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Ambulance Category A 19 Minute Transportation Time	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
C.Diff due to lapses in care (YTD)	#	i	17	1.0	No	0	3	Achieved		0		7	Achieved		0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	#	i					39					53			
C.Diff cases under review	#	i					8					12			
Minimising MH delayed transfers of care	%	i	<=7.5%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (scored from Q4 2015/16)	%	i	50%	1.0			0.0%	Not relevant				0.0%	Not relevant		0
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (scored from Q3 2015/16)	%	i	75%	1.0			0.0%	Not relevant		0		0.0%	Not relevant		0
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (scored from Q3 2015/16)	%	i	95%	1.0			0.0%	Not relevant		0		0.0%	Not relevant		0
Data completeness, MH: identifiers	%	i	97%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Data completeness, MH: outcomes	%	i	50%	1.0	N/A	0	0.0%	Not relevant		0		0.0%	Not relevant		0
Compliance with requirements regarding access to healthcare for people with a learning disability	%	i	N/A	1.0	N/A	0	N/A	Achieved		0		N/A	Achieved		0
Community care - referral to treatment information completeness	%	i	50%	1.0	No		83.3%	Achieved				82.6%	Achieved		
Community care - referral information completeness	%	i	50%	1.0	No	0	95.4%	Achieved		0		95.7%	Achieved		0
Community care - activity information completeness	%	i	50%	1.0	No		86.2%	Achieved				89.7%	Achieved		
Risk of, or actual, failure to deliver Commissioner Requested Services	#		N/A		No			No					No		
Date of last CQC inspection	#	i	N/A		N/A			02/07/2013	See notes in commentary				19/01/2016	See notes in commentary	
CQC compliance action outstanding (as at time of submission)	#		N/A		No			No					No		
CQC enforcement action within last 12 months (as at time of submission)	#		N/A		No			No					No		
CQC enforcement action (including notices) currently in effect (as at time of submission)	#		N/A		No			No					No		
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	#	i	N/A	Report by Exception	No			No					No		
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	#	i	N/A		No			No					No		
Overall rating from CQC inspection (as at time of submission)	#	i	N/A		N/A			N/A					N/A		
CQC recommendation to place trust into Special Measures (as at time of submission)	#		N/A		N/A			No					No		
Trust unable to declare ongoing compliance with minimum standards of CQC registration	#		N/A		No			No					No		
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	#		N/A		N/A			N/A					N/A		
Results left to complete:	#	i						0					0		
Checks Count:	0	i													
Checks left to clear:	0	i						0.000					0.000		
Service Performance Score		i				0				1					2
Governance Rating															
Category															

Appendix 2

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In Year Governance Statement from the Board of Stockport NHS Foundation Trus

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)	Board Response
For finance, that:	
The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.	Not Confirmed
The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.	Confirmed
For governance, that:	
The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.	Not Confirmed
Otherwise:	
The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework, Table 3) which have not already been reported.	Confirmed
Consolidated subsidiaries:	
Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.	1

Signed on behalf of the board of directors

Signature		Signature	
Name	Ann Barnes	Name	Gillian Easson
Capacity	Chief Executive	Capacity	Chair
Date	28/04/2016	Date	28/04/2016

Responses still to complete: 0

Notes:

Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.
In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.
This may include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.
Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A	The Trust has submitted its Operational Plan for 2016/17 with a deficit of £16.9m and a CIP plan oif £17.5m. This gives the Trust and FSR score of 2 for the whole of the financial year 2016/17 and therefore the Trust cannot declare on going compliance with the financial rating.
B	The Trust has submitted an imporvement trajectory for the ED target for 2016/17 which forecasts 84.7% in Q1 2016/17. The Trust expects to achieve all other indicators.
C	

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Report to:	Board of Directors	**Date:**	28 April 2016
Subject:	Carter Review Summary		
Report of:	Deputy Chief Executive	**Prepared by:**	James Sumner, Deputy Chief Executive

REPORT FOR APPROVAL

Corporate objective ref:	Master	**Summary of Report** The Carter review: 'Operational productivity and performance in English NHS hospitals. Unwarranted variations' looked at productivity and efficiency in English non-specialist acute hospitals, using a series of metrics and benchmarks to enable comparison. It found "significant unwarranted variation across all of the main resource areas". The Carter Report summarised findings and recommendations from the Carter Review. Please refer to Annex A for the Executive Summary and next steps for the Trust. Board members are requested; • To note the content of the report • To note next steps
Board Assurance Framework ref:	-----	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	☐ Completed ☒ Not required	

Attachments:	Annex A – Summary of Carter review: 'Operational productivity and performance in English NHS hospitals. Unwarranted variations'.

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☒ Executive Team ☐ Quality Assurance Committee ☐ FI Committee	☐ Workforce & OD Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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Annex A : Carter review: 'Operational productivity and performance in English NHS hospitals. Unwarranted variations'.

1.0 Summary

The review looked at productivity and efficiency in English non-specialist acute hospitals, using a series of metrics and benchmarks to enable comparison. It found "significant unwarranted variation across all of the main resource areas".

2.0 Findings

Findings include:

- Average running costs for a whole hospital (£/m2) vary starkly at different trusts starting at £105 at one trust and going as high as £970 for another.
- Infection rates for hip and knee replacements vary from 0.5 to 4 per cent – meaning you're eight times more likely to contract an infection at the worst trust, compared to the best.
- Prices paid by different hospitals for hip replacements vary from £788 to £1,590.
- The use of floor space varies significantly with one trust using 12 per cent for non-clinical purposes and another using as much as 69 per cent.
- Sickness and absence rate vary from 3.1 per cent to 5 per cent – meaning staff are 60 per cent more likely to be absent due to sickness at the worst trust compared to the best.

3.0 Recommendations

The report makes 15 recommendations, supported by a series of steps to achieve them. They are aimed at NHS acute trusts, NHS Improvement and other national bodies.

"We have placed a heavy responsibility on NHS Improvement to manage the delivery of these savings, but it's imperative that all of the national organisations work together and we want to make it absolutely clear that trust boards should be held to account," the report says.

Recommendations of note include:

- All trusts to use an e-rostering system, implementing the following practices:
    - an effective approval process by publishing rosters six weeks in advance and reviewing against trust key performance indicators, such as proportion of staff on leave, training and appropriate use of contracted hours
    - setting up a formal process to tackle areas that require improvement, with escalation paths, action plans and improvement tracking
    - developing associated cultural change and communication plans to resolve any underlying policy or process issues.
- Trusts to implement the guide on enhanced care (previously referred to as 'specialising') **by October 2016**, which will be monitored by NHS Improvement, using an approach developed by them as an improvement priority.
- Trusts to develop plans, **by April 2017**, to ensure hospital pharmacies achieve set benchmarks, such as increasing pharmacist prescribers, increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding **by April 2020.**

- Trusts to ensure their pathology and imaging departments achieve their benchmarks as agreed with NHS Improvement **by April 2017**.
    - Trusts to introduce the Pathology Quality Assurance Dashboard (PQAD) **by July 2016.**
- Trust to report their monthly procurement information to NHS Improvement, to create a NHS Purchasing Price Index **beginning in April 2016**; to collaborate with other trusts and NHS Supply Chain **with immediate effect**; and to commit to the Department of Health's NHS Procurement Transformation Programme (PTP), so that there is an increase in transparency and a reduction of at least 10 per cent in non-pay costs is delivered across the NHS **by April 2018**.
- Trusts to ensure unused floor space does not exceed 2.5 per cent; floor space used for non-clinical purposes does not exceed 35 per cent; and expenditure on administration should not exceed 7 per cent by 2018 and 6 per cent **by 2020**.
- Trusts should have the key digital information systems in place, fully integrated and used by **October 2018**, and NHS Improvement should ensure this happens through the use of 'meaningful use' standards and incentives.
- Trust boards to work with NHS Improvement and NHS England to identify where there are quality and efficiency opportunities for better collaboration and coordination of their clinical services across their local health economies, so that they can better meet the clinical needs of the local community.
- Trust boards ensuring that the Electronic Staff Record (ESR) is reconciled to the financial ledger on a weekly basis, with a minimum reconciliation of 95 per cent **from October 2016**.

4.0 Current position

The Trust needs to ensure that it has plans in place to reconcile each of the objectives within its strategic plan. To date there are actions on procurement, digital information and estates which align with the above recommendations. In addition the benchmarking information from the carter review has been used to set objectives for efficiency in clinical services across the board. The gaps in other areas will be assessed by the Strategic Planning Team and reported back to the Executive Team during May/June 2016.

5.0 Recommendations

The Board is asked to note the summary of the Carter report and the action to incorporate these into the Trusts Sustainability Plan. Further updates will be given to the Strategic Development Committee.

Report to:	Board of Directors	**Date:**	28 April 2016
Subject:	Principal Annual Objectives: Q4 2015/16		
Report of:	Chief Executive	**Prepared by:**	Andrea Gaukroger, Director of Strategy and Planning

REPORT FOR APPROVAL

Corporate objective ref:	Master	**Summary of Report** To provide the Board of Directors with an update against the achievement of the principal annual objectives for the reporting year 1 April 2015 to 31 March 2016. This paper is sponsored by Ann Barnes, Chief Executive as the overall Accountable Officer and is received quarterly. Annex A provides the full list of the principal annual objectives along with the progress status of the objectives for Q4; 1 January to 31 March 2016. Members are requested to note that this is an exception report. Any required explanatory comments associated with an 'off track' status will be featured in the consolidated section at the end of the paper with the accompanying reference number. Board members are requested; • To note the content of the final 2015/2016 report • To note that the 2016/2017 Principal Annual Objectives will return to May's Board of Directors meeting
Board Assurance Framework ref:	-----	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	☐ Completed ☒ Not required	

Attachments:	Annex A – Principal Annual Objectives 2015/2016 at Q4

This subject has previously been reported to:	☒ Board of Directors	☐ Workforce & OD Committee
	☐ Council of Governors	☐ SD Committee
	☐ Audit Committee	☐ Charitable Funds Committee
	☒ Executive Team	☐ Nominations Committee
	☐ Quality Assurance Committee	☐ Remuneration Committee
	☐ FI Committee	☐ Joint Negotiating Council
		☐ Other

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Stockport NHS
NHS Foundation Trust

Annex A
28 April 2016 Public Board of Directors
Q4 Principal Annual Objectives (to 31/03/16)

Strategic Priorities, Aims and the underpinning Principal Annual Objectives
1 April 2015 to 31 March 2016

Ann Barnes, Chief Executive
Andrea Gaukroger, Director of Strategy and Planning

In order to achieve our vision we have identified four strategic priorities and aims; **1. Quality, 2. Partnership, 3. Integration, 4. Efficiency**

Strategic Priority 1: Quality
a) Patients health and wellbeing is supported by quality, safe and timely care
b) Patients and their families feel cared for and empowered

Strategic Priority 2: Partnership
a) The Trust is an effective member of a modern and innovative health care community
b) Effective and efficiently run services across organisational boundaries

Strategic Priority 3: Integration
a) Patients' lives are easier because they receive their treatment closer to home
b) Patients receive better quality services though seamless health and social care

Strategic Priority 4: Efficiency
a) The Trust is able to demonstrate to Governors, local residents, partner Trusts and regulators that it makes the best use of resources
b) Trust staff are enabled to deliver their best care within a high quality environment

Key for progress:	**On track**
	Off track

Ref	In order to achieve our priorities our underpinning Principal Annual Objectives for 2015/16 are;	Executive Director accountable	Measure of success monitored via:	Assurance obtained from subcommittee:	Milestone Deadline occurs in:	Progress Q1	Q2	Q3	Q4
1	**To mobilise the refreshed Trust Strategy 2015 - 2020**	**Ann Barnes**	/	/					
1.1	Complete the 2015/16 elements of the Integrated Delivery Plan	**James Sumner**	IDP	SD Committee FI Committee	**Q4**				**tbc**
1.2	Complete the 2015/16 elements of the Innovation Programme	**James Sumner**	IDP	SD Committee FI Committee	**Q4**				
1.3	Refresh the Health Informatics Strategy and associated work plan to ensure this is aligned to, and supports delivery of, the Trust Strategy	**James Sumner**	IDP	SD Committee FI Committee	**Q2**				
1.3.1	Commence the Electronic Patient Record (EPR) Programme and then roll out in line with agreed programme milestones	**James Sumner**	IDP	SD Committee FI Committee	**Quarterly**				
1.4	Refresh the Estates and Facilities Strategy and associated work plan to ensure this is aligned to, and supports delivery of, the Trust Strategy	**James Sumner**	IDP	SD Committee FI Committee	**Q2**				
1.5	Develop robust operational Business Group Service Development Plans	**James Sumner**	IDP	SD Committee FI Committee	**Q3**				
2	**To continue to ensure quality and safety is paramount in all clinical and non-clinical Trust activities**	**Ann Barnes**	/	/					
2.1	Refresh the Quality Strategy to ensure this is aligned to, and supports delivery of, the Trust Strategy	**Judith Morris/ James Catania**	QS Strategy	Quality Assurance Committee	**Q2**				
2.2	Complete the 2015/16 elements of the Quality Strategy Implementation Plan to reduce hospital related mortality, provide harm free care, provide reliable care, reduce readmissions and improve the patient & family experience	**Judith Morris/ Colin Wasson**	QS Implementation Plan	Quality Assurance Committee	**Q4**				
2.3	Comply with CQC standards	**Judith Morris**	CQC Assurance Report	Quality Assurance Committee	**Q2 and Q4**				
2.4	Complete the roll out of agreed 7 day services in line with Keogh standards, working with commissioners	**Colin Wasson**	7DS Report	Quality Assurance Committee	**Q4**				**tbc**
2.5	Achieve CQUIN Plan for 15/16	**Judith Morris**	CQUIN quarterly dashboard	Quality Assurance Committee	**Q4**				**tbc**
2.6	Develop and complete the Nursing and Midwifery Strategy	**Judith Morris**	N&M Implementation Plan	Quality Assurance Committee	**Q2**				
2.7	Comply with requirements to complete quality impact assessments where appropriate	**Judith Morris/ Colin Wasson**	Post implementation reviews	Quality Assurance Committee SD Committee	**Q3 and Q4**				
2.8	Ensure that post implementation reviews and benefits realisation reviews are completed where appropriate	**James Sumner**	Post implementation reviews	SD Committee	**Q3 and Q4**				
3	**To continue to focus on improving the Trust's position financially, clinically and operationally by monitoring regulatory key performance indicators within the organisation as follows;**	**Ann Barnes**	/	/					
3.1	Quality: C.Diff	**Colin Wasson**	IPR Declarations	Quality Assurance Committee	**Quarterly**				
3.2	Implement new Performance Framework	**James Sumner**	IPR	Quality Assurance Committee	**Q3**				
3.3	Ensure the delivery of Access targets in line with Monitor Compliance Framework	**James Sumner**	IPR	Quality Assurance Committee	**/**	**/**	**/**	**/**	**/**
3.3.1	Cancer	**James Sumner**	IPR	Quality Assurance Committee	**Quarterly**				
3.3.2	Cancelled operations: 28 days	**James Sumner**	IPR	Quality Assurance Committee	**Quarterly**				
3.3.3	Diagnostic Tests	**James Sumner**	IPR	Quality Assurance Committee	**Quarterly**				
3.3.4	A&E 4 hours	**James Sumner**	IPR	FI Committee Quality Assurance Committee	**Quarterly**				
3.3.5	RTT 18 weeks	**James Sumner**	IPR	FII Committee Quality Assurance Committee	**Quarterly**				
3.4	Finance	**Feroz Patel**	IPR	FI Committee	**Quarterly**				
3.5	~~Continuity of service~~s (links to 4.2) Financial Sustainability Risk Rating (FSRR)	**Feroz Patel**	IPR	FI Committee Audit Committee	**Quarterly**		**2**	**2**	**2**
3.6	Ensure delivery of the Capital Programme within budget	**James Sumner**	Capital Programme Report	FI Committee	**Quarterly**				
4	**To comply with the new Monitor regulatory framework**	**Ann Barnes**	/	/					
4.1	Ensure adherence to the schedule of mandated submissions to Monitor	**Ann Barnes**	Monitor Returns	Audit Committee	**Quarterly**				
4.2	Refresh the Finance Strategy to ensure this is aligned to, and supports delivery of, the Trust Strategy	**Feroz Patel**	Finance Strategy	FI Committee	**Q2**				
4.2.1	Develop long term financial sustainability plan 17/18-18/19	**Feroz Patel**	Finance Strategy	FI Committee	**Q4**				
4.2.2	Develop the CIP plan for 2016/17	**Feroz Patel**	Finance Report	FI Committee	**Q3**				

Ref	In order to achieve our priorities our underpinning Principal Annual Objectives for 2015/16 are;	Executive Director accountable	Measure of success monitored via:	Assurance obtained from subcommittee:	Milestone Deadline occurs in:	Progress			
						Q1	Q2	Q3	Q4
4.3	Refresh the SFIs and SFOs	**Feroz Patel**	Finance Report	FI Committee	**Q3**				
4.3.1	Update the schemes of delegation and rollout to budget holders	**Feroz Patel**	Finance Report	FI Committee	**Q2**				
5	**To continue to develop a workforce that is: appropriately skilled; motivated, engaged; available in the right numbers and enabled by latest technology**	**Ann Barnes**	/	/					
5.1	Refresh the OD Strategy to ensure this is aligned to, and supports delivery of, the Trust Strategy	**Jayne Shaw**	Implementation Plan	Workforce & Organisational Development	**Q2**				
5.1.1	(I) Develop the Leadership Strategy and (II) implementation of a Leadership Development Plan	**Jayne Shaw**	Implementation Plan	Workforce & Organisational Development	**Q3**				
5.1.2	Develop the Talent Management and Development Strategy and succession plan for middle and senior leaders (phase 1)	**Jayne Shaw**	Implementation Plan	Workforce & Organisational Development	**Q3**				
5.2	Develop a Workforce Plan that supports the Trust Strategy	**Jayne Shaw**	Report to WOD	Workforce & Organisational Development	**Q3**				
5.3	Adopt best practice in key areas of spend; reduction in spend per quarter on agency staff	**Feroz Patel**	Finance Report	FI Committee	**Q3 and Q4**				
6	**To develop an ethos of providing excellent patient and customer service; at every contact and create opportunities to engage and involve patients and staff**	**Ann Barnes**	**/**	**/**					
6.1	Embed value based behaviours through application of the Appraisal Framework To include recruitment process on expected levels of behaviour / 'customer service' when representing the Trust	**Jayne Shaw**	Report to WOD	Workforce & Organisational Development	**Q3 and Q4**				
6.2	Engage patients, users and carers in our design thinking as part of the Innovation Programme	**James Sumner**	Innovation Programme progress report	SD Committee	**Q2**				
6.3	Refresh the Communication and Marketing Strategy and approach to ensure this is aligned to, and supports delivery of, the Trust Strategy	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q2**				
7	**To ensure that SFT are engaged in the constantly changing external environment and act as an effective partner in order to improve the way in which we provide services**	**Ann Barnes**	**/**	**/**					
7.1	Ensure clinical engagement resource is deployed effectively based on the agreed 15/16 Resources Plan	**Judith Morris/ Colin Wasson**	IDP	SD Committee	**Q3 and Q4**				
7.2	Play a key role in delivery (go-live element) of Proactive Care as a partner in Stockport Together	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q3 and Q4**				
7.2.1	Collaborate with partner organisations in Stockport Together to create a whole system design for planned, urgent and preventative care	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Quarterly**				
7.3	Play a lead role in delivering a single service model for emergency surgery and emergency medicine as part of Healthier Together in collaboration with Tameside and East Cheshire for the benefit of GM and beyond	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q2, Q3 and Q4**				
7.3.1	Develop the Healthier Together Implementation Plan	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q3 and Q4**				
7.4	Ensure that the Trust is actively engaged in the developing GM Devo Programme with horizon scanning occuring with key partners	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q3 and Q4**				
7.5	Improve links with Derbyshire, in particular, High Peak to deliver more innovative patient focused services to that locality	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q2, Q3 and Q4**				
7.6	Ensure active participation in development of the ICO in Tameside, with SFT as the provider of community services to build a sustainable, patient focused model of proactive and preventative care	**Ann Barnes**	Chief Executive's Report	Board of Directors	**Q2, Q3 and Q4**				

Ref	Exceptions ('reds') will be expected to be expanded upon below alongside the relevant reference number
1.1	Complete the 2015/16 elements of the Integrated Delivery Plan: To be agreed at SD Committee 21 April 2016
1.2	Complete the 2015/16 elements of the Innovation Programme: Now consolidated into the Sustainability Plan
1.5	Develop robust operational Business Group Service Development Plans: There is a delay in completing Service Development Plans within the Operational Business Groups for 2015/16, therefore plans for 2016/17 will go to April's Performance and Planning Board
2.4	Complete the roll out of agreed 7 day services in line with Keogh standards, working with commissioners: New Medical Director to confirm position after handover
2.5	Achieve CQUIN Plan for 15/16: Although this is not an exception, waiting for the final year end position. To be confirmed at Board of Directors, if available
3.3.2	Cancelled operations: 28 days: Refer to 28 April 2016 Trust Performance Report
3.3.4	A&E 4 hours: Refer to 28 April 2016 Trust Performance Report
3.5	Financial Sustainability Risk Rating: Refer to the 28 April 2016 Trust Performance Report
4.2	Refresh the Finance Strategy to ensure this is aligned to, and supports delivery of, the Trust Strategy: Strategy not completed. Will be submitted to FI Committee on 4 May 2016 by Director of Finance, then to Board of Directors on 26 May 2016
5.1.1	(I) Develop the Leadership Strategy and (II) implementation of a Leadership Development Plan : This will be presented at Workforce and OD Committee in May 2016
5.1.2	Develop the Talent Management and Development Strategy and succession plan for middle and senior leaders (phase 1): This will be presented at Workforce and OD Committee in May 2016

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28th April 2016
Subject:	Strategic Risk Register		
Report of:	Director of Nursing & Midwifery	**Prepared by:**	Cathie Marsland Head of Risk & Customer Services

REPORT FOR APPROVAL

Corporate objective ref:	-----
Board Assurance Framework ref:	-----
CQC Registration Standards ref:	-----
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

- The strategic risk register reports on distribution of risk across the Trust and presents in greater detail those risks which have an impact upon the stated aims of the Trust
- There are two new strategic risks added this month and four risks are no longer on the Strategic Risk Register.
- The new strategic risks added are:
  2936- Unsent referrals Advantis.
  2942- Hospital CCTV
- The four risks no longer on the strategic risk register are:
  2809- Delivery of CRP 2015/16
  2808- Management of Working Capital
  2899- Delivery of the Sustainability and Transformation Fund Conditions
  2785- Operating Theatre Staffing

Attachments:

This subject has previously been reported to:

☒ Board of Directors	☐ Workforce & OD Committee
☐ Council of Governors	☐ BaSF Committee
☐ Audit Committee	☐ Charitable Funds Committee
☐ Executive Team	☐ Nominations Committee
☐ Quality Assurance Committee	☐ Remuneration Committee
☐ FSI Committee	☐ Joint Negotiating Council
	☒ Other

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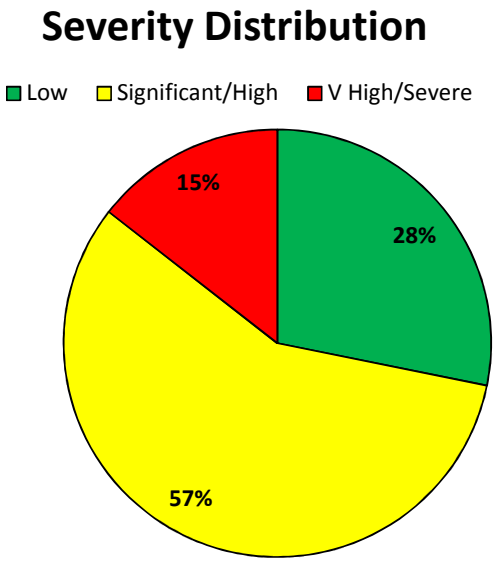
Trust wide Risk and Severity Distribution

1.1. There are currently 400 live risks recorded on the Trust Risk Register system compared to 410. Trust wide distribution of risk is shown below.

	Low				Significant			High			Very High		Severe	Unacceptable
	1	2	3	4	5	6	8	9	10	12	15	16	20	25
March	0	16	34	66	5	37	43	35	6	110	13	30	14	0
April	0	16	33	64	4	33	45	35	5	108	12	30	15	0



Diagnostics and Clinical Support – 183 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	13	27	53	2	18	26	12	1	18	1	11	1	0

Medicine – 19 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	1	2	2	0	1	1	0	1	5	1	2	3	0

Child and Family –23 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	0	2	0	1	2	1	3	0	9	2	3	0	0

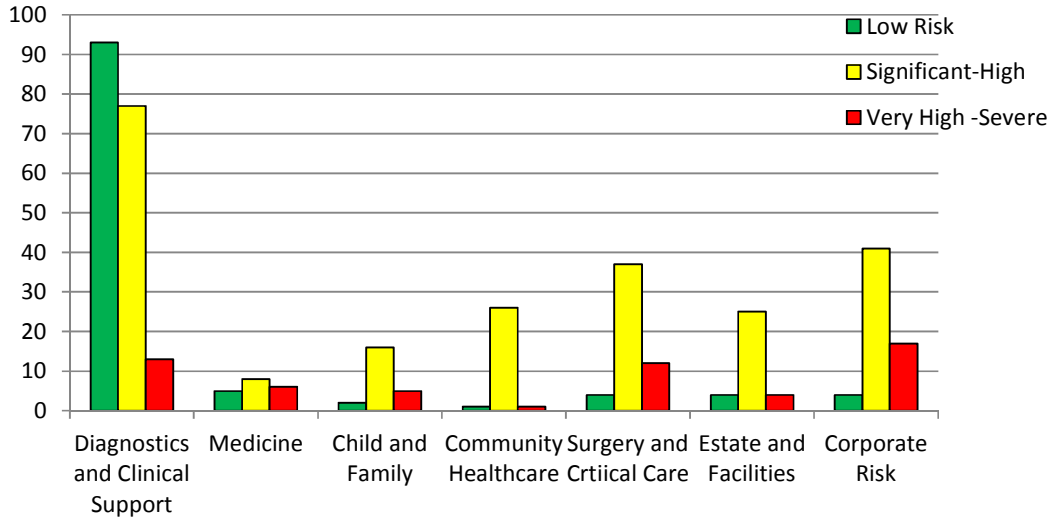
Community Healthcare – 28 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	
0	0	0	1	0	2	0	4	0	20	0	1	0	0

Surgery and Critical Care – 53 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	1	2	1	0	1	2	2	0	32	3	3	6	0

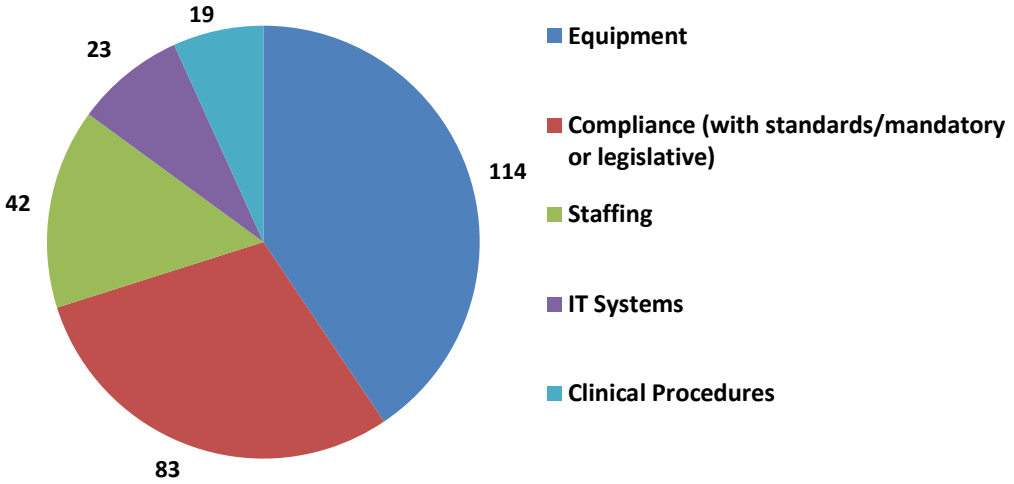
Estate and Facilities – 33 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	0	0	4	1	5	6	6	0	7	3	1	0	0

Corporate Risk (incl. Nursing, Finance, I.T , Executive team TT and Human Resources) – 62 Live Risks													
Low				Significant			High			Very High		Severe	Unacceptable
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	1	0	3	0	4	9	8	3	17	2	9	5	0

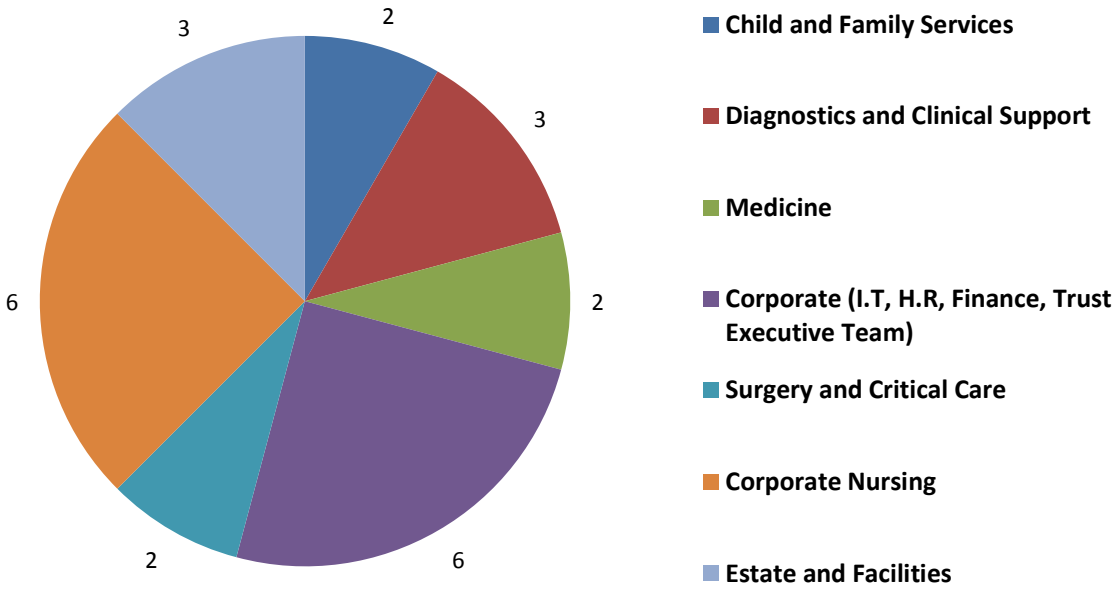
Severity Distribution in Business Groups



Top Five Sources of Risk across the Trust



Distribution of Strategic Risk across Business Groups



Key for Committees:
QAC – Quality Assurance Committee
WOD – Workforce & Organisational Development Committee
FS&I – Finance, Strategy & Investment Committee

Stockport NHS
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Strategic Risk Register

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Child and Family	2060 Staffing	**Out of hours consultant provision – Pediatrics**	*Inadequate senior cover in three acute areas simultaneously for seriously unwell children or neonate*	Potential harm to patients	16 (4x4)	12	Formally review new arrangements - consider invited review from RCPCH	**16 (4x4)**	1/6	30/05/2016	⟷	CW/WOD
Child and Family	2777 Compliance	**Maternity Safeguarding Practice**	*There have been four multi agency reviews over the past 12mths, which have identified concerns relating to midwifery safeguarding practice.*	Failure to meet national guidelines,	16 (4x4)	12	CQC and QC Action Plan / Multi Agency Review Action Plan / Local Safeguarding Action Plan with updated actions to be presented at Governance & Risk Meetings.	**16 (4x4)**	2/11	29/05/2016	⟷	JM/QAC
Corporate Nursing	2194 Infection Prevention	**Reduction in number of single rooms for isolation of patients**	*In view of new and emerging resistant organisms, the requirements for increased isolation facilities remains a challenge across the NHS, with Stockport Foundation Trust being no exception to this. Delay in patients being isolated promptly increases the risk of cross contamination and could potentially amplify the risk to other patients developing the same or similar infection.*	Failure to meet national trajectory for healthcare acquired infections	16 (4x4)	8	To review processes around data input for the side room database. Bed Managers to be included in receiving the toolbox training sessions which are delivered by the Infection prevention team to understand the significance of emerging resistant organisms, modes of spread, Infection prevention precautions and the important To work through action plans devised by single room workshop.	**16 (4x4)**	3/30	31/10/2016	⟷	CW/QAC

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Corporate Nursing	2806 Compliance	**Non Compliance with the Trust Alert & Hazards SOP**	*Lack of staff awareness of the Trust Risk Management Alerts and their requirements.*	Failure to meet national and internal standards in relation to compliance with alerts	16 (4x4)	8	Further spot checks to be completed and results to Risk Committee	**16 (4x4)**	1/4	30/05/2016	⟷	JM/QAC
Corporate Nursing	2860 Training	**Safeguarding / Fire Prevention training access for all volunteers working at SFT**	*Established not all volunteers working in various areas/wards/departments of the trust have received Fire and Safeguarding training as required for their role.*	Risk of failure to meet national standards/ Health and Safety Standard	16 (4x4)	4	Volunteers to access fire safety awareness at SFT staff induction sessoins. A number of places to be identified for volunteers to attend on a regular basis - new existing volunteers. Safeguarding information newsletter to be devised for existing volunteers to update them on safeguarding awareness and requirements. Local training records to be kept recording records of attendance and compliance	**16 (4x4)**	4/5	21/05/2016	⟷	JM/QAC

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Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions)* *(CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Corporate Nursing	2888 Falls	**Failure to Achieve Trust Falls Targets for 2015/16**	*Failure to meet Trust Falls Targets – 24 major and above gone or going through investigation to determine if avoidable – lapses in care identified*	Failure to Achieve Trust Falls Targets for 2015/2016	16 (4x4)	12	Meeting with Ward Sisters regarding alarm upgrade and complete programme. Review of Corporate data reports presented to group. Falls Policies to be reviewed with Falls Quality Standards. Medication Review to be reviewed and implemented. Lying and Standing BP Assessment to be clarified and implemented. Continue slipper project with Age UK, undertake trial of slipper socks	**16 (4x4)**	6/13	29/05/2016	⟷	JM/QAC
Diagnostic & Clinical Support	2718 Medication	**Medication Errors Occurring as a Result of Having Different Systems for Prescribing**	*Prescribing on different systems inevitably leads to confusion and errors occurring. There have already been incidents on Datix where patients had the potential to be harmed. At the present time prescribing may take place on Advantis ED, on a paper prescription chart or on EPMA.*	A medication error could result in death	16 (4x4)	12	Implementation of new EPR system. (Task & Finish Group re-established to consider further interim solutions)	**16 (4x4)**	1/15	01/09/2016	⟷	JS/QAC

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Diagnostic & Clinical Support	2130 Clinical procedures	**Insufficient capacity in Endoscopy to meet the current demand**	*The Trust is at risk of not achieving its target*	A cancer diagnosis could be delayed for a patient and/or the Trust could incur financial penalties	20 (4x5)	12	Improve sessional productivity, adding 1 unit to each list by developing case pre-assessment and additional nurses allocated to ooms Review Endoscopy lists and how they are allocated. Taking into account the additional consultants being appointed within Gastroenterology and General Surgery. Continue to support estates/procurement in establishing plans for unit expansion	**20 (4x5)**	2/19	31/05/2016	⟷	JS/QAC
Diagnostic & Clinical Support	2877 Compliance	**Continued operation and sustainability of existing AOS**	*National Peer Review minimum standards require a minimum of 2 nurses and 5 consultant oncology Direct Clinical Care sessions (DCCs) to operate a 5 day AOS. The Trust AOS is currently operating as a single-handed nurse-led model and 3.5 PAs of oncologist time which is provided by 4 visiting oncologists from The Christie Hospital and is non-compliant with the requirement.*	Failure to meet national standards and extended loss of essential service	16 (4x4)	12	Await outcome of options paper	**16 (4x4)**	1/5	07/05/2016	⟷	JS/QAC

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Finance	2896 Financial	**Delivery of 2016/17 CIP**	*The Annual Plan of the Trust for 2016/17 needs to deliver a break-even position and in order to achieve this significant transformational savings needs to be realised.*	Failure to achieve financial balance and therefore would be subject to regulatory action by NHS Improvement	20 (4x5)	15	A weekly Senior Management Group has been established and will receive updates from the Programme Manager to help resolve issues. Design and introduction of innovation projects to deliver transformational change	**20 (4x5)**	2/10	30/04/2017	⟷	FP/FS&I
Human Resources	2879 Finance	**Use of Temporary Staffing**	*Risk to patient care through ongoing or increasing use of temporary staffing. .*	*Financial risk due to cost and action for failing to adhere with the monitor agency cap rules*	20 (4x5)	12	Development of action plan. Completion of Agency Diagnostic Tool. Deliver identified actions and report progress at WODC. Evaluation and Learning of action taken	**20 (4x5)**	4/4	30/06/2016	⟷	JSh/WOD
IM&T	2567 IT Systems	**Loss of Aspen House Server Room**	In the event of losing Beech House, Aspen House will not be able to host adequate computer services in the future	This will severely impact on our ability to deliver acceptable patient care.	16 (4x4)	8	Migration of all the equipment from the old server room	**16 (4x4)**	1/3	29/05/2016	⟷	JS/FS&I

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Trust Executive team	1881 Compliance	**Deliver 4 hour Performance Target within ED**	*Failure to achieve this target would represent a significant corporate risk to the Foundation Trust both financially and reputation.*	Significant impact on corporate objectives/ reputation and finance	20 (4x5)	10	Ownership of longer term issues DTOCs - Ownership of longer term issues. DTOCs - Formalised outputs with clear escalation where required. Clear escalation where required. DTOCs - 11:30 Meeting Structure/ Agenda. CAIR - Leadership/ Presence? CAIR - Daily processes. CAIR - Clarity of Roles and Responsibilities. Clarity of Roles and Responsibilities. Junior Doctors Batching of jobs e.g. TTO's Acutes entering EDD into Advantis. Surgery escalation - SOP (Co-ordination/ Leadership) Surgery escalation - SOP (Roles and responsibilities). RAT Model - 1hr from arrival to consultant (95th Centile).	**20 (4x5)**	14/41	30/05/2016	⟷	JS/QAC

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Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Trust Executive Team	2889 Compliance	**7 day working**	*The Keogh Review has recommended 10 standards to support the NHS in improving clinical outcomes and patient experience at weekends. 4 of these standards have been prioritised and there is a risk that at present the trust cannot achieve them in the given timeframes:*	Failure to meet national standard – contractual failure	20 (4x5)	12	All actions to be taken through Stockport Together Transformational Project	**20 (4x5)**	1/2	30/05/2016	⟷	CW/QAC
Medicine	2470 Other	**Gastroenterology service provision**	*Insufficient capacity to adequately deliver all service areas within Gastroenterology* Failure to meet NICE guidance.	Failure to meet national standards. High risk to patients who are waiting past their due date. Very high risk to TNF patients.	20 (4x5)	8	Management Validate 1800 patients. Begin CNS Validation	**20 (4x5)**	2/15	30/06/2016	⟷	CW/QAC

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Medicine	2721	**Trauma Unit External Peer Review Serious Concerns**	*Following the Trauma Unit Peer review , serious concerns were expressed in terms of three aspects of the Emergency Department and Trust delivering Trauma Care*	Loss of Trauma status, loss of reputation and this may impact on patient safety, experience and staff well-being	20 (4x5)	8	Review the process of recording of the CT reporting within 1 hour to assure demonstrates performance indicator is reached for appropriate patients Develop a Yearly Trauma Audit plan and findings to be fed into Quality Board meetings Develop a plan to enable a robust Trauma coordinator service 7 days a week that can demonstrate the use of Rehabilitation prescriptions	**20 (4x5)**	9/9	30/05/2016	⟷	CW/QAC
Corporate Nursing	2742 Analysis & Improvement	**Poor level of investigation into serious incident**	*A number of investigations which have not been felt to be robust, and some investigations where poor engagement by clinicians both nursing and medical has led to considerable delays and inadequately completed investigations.*	*Failure to meet national DOH standard regarding investigation of serious incident (63 days)*	16 (4x4)	8	Risk team to be given further training in investigating incident to ensure they are able to challenge poor practice Monitor quality of patient safety reports on a random basis by CM	**16 (4x4)**	2/9	30/06/2016	⟷	JM/QAC

Stockport NHS
NHS Foundation Trust

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Corporate Nursing	2644 Compliance	**Upper GI Bleed Service Provision (Non Compliance with NCEPOD Gastrointestinal Haemorrhage (Time to Get Control) published in 2015 and NICE Guidance 141)**	*NICE Clinical Guidance 141 has 9 quality standards at present the Trust is fully compliant with 2 standards, partially compliant with 3 standards and non-compliant with 4 (claim of breach of duty).*	*Non-compliance with NICE Standard*	16 (4x4)	8	Identify a Clinical Lead for GI Bleeding Separate rota for endoscopy staff and organisation of Endoscopy list to prioritise blood Development of a separate "bleeder rota" to provide 24/7 provision of endoscopic diagnostic and treatment service	**16 (4x4)**	3/8	30/06/2016	⟷	CW/QAC
Surgery and Critical Care	2826 Finance	**Non-delivery of S&CC CIP/Income targets 2015-2016**	*The Trust is unable to deliver the £11.8 million Monitor CIP savings required in 2015/16.*	The Trust will not meet its financial targets and this may reduce Monitor's Financial Sustainability Risk rating to 2 or below.	20 (4x5)	12	Reduce Outsourcing Review of capacity to maximise income potential from targeted specialties eg., weekend, evening, Trust Health Reduce Locum/Agency and WLI spend. SLR/PLiCs review Improving staff productivity schemes. Departmental efficiency schemes. On-going work with the Procurement team to review prosthetic usage, to realise extra savings. Work closely with Corporate Teams to ensure target delivery of project work-streams	**20 (4x5)**	9/12	20/05/2016	⟷	FP/FS&I

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions)* *(CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Surgery and Critical Care	2824 Staffing	**Safe Staffing Surgery and Critical Care Wards**	*There is currently a lack of Trust registered nurses and nursing assistants on wards to ensure consistent, safe staffing levels. This is contributed to by vacancies, long term sick and maternity leave. In Sept 2015 RN vacancy levels = 20 Wte and band 2 =10 Wte.*	Trust failure to meet waiting list targets as we cannot offer safely staffed beds at weekends.	16 (4x4)	12	UK recruitment event Follow up leads from Manchester university student nurse event attended sept 2015 International recruitment event	**20 (4x5)**	1/6	28/05/2016	⟷	JSh/WOD
Estates and Facilities	2730 Compliance	**Pharmaceutical waste**	*A recent waste audit has shown that pharmaceutical waste e.g. used medicine bottles and blister packs which may be hazardous are being disposed of at ward/ department level into the domestic waste stream.*	Failure to meet national standard Hazardous Waste Regulations 2005, Waste Regulations 2011 and the guidance HTM 07-01: Safer Management of Healthcare Waste	15 (3x5)	6	Monitor compliance on a routine basis both through a responsible person (waste manager) and frontline staff involved in waste disposal. When appropriate arrangements are in place, train all staff involved in waste disposal on new processes	**15 (3x5)**	2/4	30/05/2016	⟷	JS/QAC

Stockport NHS
NHS Foundation Trust

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Outstanding Actions	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Open Actions	Date for action plan completion	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner / Committee (see key at end of report)
Estates and Facilities	2748	**Corridor obstruction**	*Obstruction of corridors 9the Hospital Street) compromising means of escape by : obstructing freedom of movement into and through corridor fire compartments, obstructing access by the emergency services in getting to any fire and preventing automatic fire doors from closing*	The current situation would impede a timely and efficient evacuation and multiple patients could die, loss of multiple essential services in critical areas, failure to meet professional standards, with costs in excess of 5 million pounds and potential imprisonment of Trust Executive	15 (5x3)	10	Engage with ward and departmental managers/clinical leads through a user group Consider any infection prevention issues that might arise from mattrasses/beds/medical equipment review and report any possible options for the implementation of a trustwide asset management system to the risk management committee Implement agreed corridor actions and ensure where apprpropraite that operational procedures are developed and embedded	**15 (3x5)**	4/5	30/05/2016	⟷	JS/QAC

New Corporate Strategic Risks

Business Group	ID Source	Risk		Consequence	Rating (initial) (CXL)	Planned Actions	Rating (Current)	Rating (Target)
Corporate Nursing	2936 IT System	**Unsent referrals Advantis**	*500 Unsent referrals found on advantis system*	Failure to meet national requirements regarding timely referrals	20 (4x5)	Risk Alert to all business groups regarding advantis use Addition to advantis of red notification of unsent referrals for each user – with link to list Addition of pop up screen regarding unset referrals to advantis Medical Education centre to be ask to advise all junior Drs of issue and need to send referrals by pressing send or delete if not required Business groups to complete individual review of all those referrals over 4/12 initially Business groups to agree timescale for review of under 4/12 cases at next SI meeting SI meeting to be held To report to CCG via Steis Business groups to ensure timely and expeditious action on any referral found to be needed as missed	**20 (4x5)**	8
Estates and Facilities	2942 Equipment	**Hospital CCTV**	*A significant proportion of the hospitals Closed Circuit Television surveillance equipment is starting to fail and large parts of the systems covering the Maternity Building and the Emergency Department have already broken down.*	Failure to meet internal standards, failure to comply with CCTV Codes of Conduct	20 (5x4)	Obtain quotations for CCTV Submit to Directorate Management Further management action to be determined once the cost of possible options are known.	**20 (5x4)**	10

Stockport NHS
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Risks no longer on the Corporate Strategic Risk Register

Business Group	ID Source	Risk		Consequence	Rating (initial) (CxL)	Rating (residual risk after all mitigating actions)	Rating (current or residual – *after controls but before mitigating actions) (CxL)*	Reason
Finance	2809 Financial	**Delivery of CRP**	*The Trust is unable to deliver the £11.8 million Monitor CRP savings required in 15.16.*	The Trust will not meet its financial targets and this may reduce Monitor's Financial Sustainability Risk Rating to a score of 2 or below.	20 (5x4)	15	10 (5x2)	**The likelihood of risk is now reduced.**
Finance	2808 Financial	**Management of Working Capital**	*The Trust has insufficient cash reserves in order to play its staff and suppliers.*	The Trust will not meet its financial obligation	15 (5x3)	10	10 (5x2)	**The likelihood of risk is now reduced.**
Finance	2899 Financial	**Delivery of the Susatainability and Transformation Fund Conditions**	*In order to receive the £8.4m STF the Trust has to meet 3 predetermined conditions: The Trust has to deliver a break even financial performance. The Trust has to agree a credible plan with NHS England and NHS Improvement to maintain and improve performance for national standards. Trust has to work closely with Stockport Health and Social colleagues to deliver an integrated STP*	Loss of £8.4m of funding to the Trust	25 (5x5)	20	0 (5x0)	**The likelihood of risk is now reduced**
Surgery and Critical Care	2785 Staffing	**Operating Theatre Staffing**	*Current inability of theatres staffing levels to deliver business group service requirements, resulting in elective surgical cancellations. Over the last 3 consecutive weeks 56 sessions have been cancelled*	Trust failure to meet performance targets, 18 week RTT and Cancer targets	20 (4x5)	16	12 (4x3)	**The likelihood of risk is now reduced**

6. RISK ASSESSMENT SCORING/RATING MATRIX

LIKELIHOOD OF HAZARD

LEVEL	DESCRIPTER	DESCRIPTION
5	Almost certain	Likely to occur on many occasions, a persistent issue - 1 in 10
4	Likely	Will probably occur but is not a persistent issue - 1 in 100
3	Possible	May occur/recur occasionally - 1 in 1000
2	Unlikely	Do not expect it to happen but it is possible - 1 in 10,000
1	Rare	Can't believe that this will ever happen - 1 in 100,000

QUALITATIVE MEASURES OF CONSEQUENCE OF RISK

Level	Descriptor	Injury/Harm	Service Continuity	Quality	Costs	Litigation	Reputation/Publicity
1	Low	Minor cuts/ bruises	Minor loss of non-critical service	Minor non-compliance of standards	<£2K	Minor out-of-court settlement	Within unit Local press <1 day coverage
2	Minor	First aid treatment <3 days absence <2 days extended hospital stay	Service loss in a number of non-critical areas <2hours or 1 area or <6 hours	Single failure to meet internal standards of follow protocol	£2K-£20K	Civil action - Improvement notice	Within unit Local press <1 day coverage
3	Moderate	Medical treatment required >3 days absence >2 days extended hospital stay	Loss of services in any critical area	Repeated failures to meet internal standards or follow protocols	£20K-£1M	Class action Criminal prosecution Prohibition notice served	Regulatory concern Local media <7 day of coverage
4	Major	Fatality Permanent disability Multiple injuries	Extended loss of essential service in more than one critical area	Failure to meet national standards	£1M-£5M	Criminal prosecution - no defence Executive officer fined	National media <3day coverage Department executive action
5	Catastrophic	Multiple fatalities	Loss of multiple essential services in critical areas	Failure to meet professional standards	>£5M	Imprisonment of Trust Executive	National media >3 day of coverage MP concern Questions in the House Full public enquiry

The risk factor = severity x likelihood

By using the equation, a risk factor can be determined ranging from 1 (low severity and unlikely to happen) to 25 (just waiting to happen with disastrous and widespread consequences). This risk factor can now form a quantitative basis upon which to determine the urgency of any actions.

	CONSEQUENCE				
LIKELIHOOD	**1** **Low**	**2** **Minor**	**3** **Moderate**	**4** **Major**	**5** **Catastrophic**
5 - Almost Certain	AMBER *(significant)*	AMBER *(high)*	RED *(very high)*	RED *(severe)*	RED *(unacceptable)*
4 - Likely	GREEN *(low)*	AMBER *(significant)*	AMBER *(high)*	RED *(very high)*	RED *(severe)*
3 - Possible	GREEN *(low)*	AMBER *(significant)*	AMBER *(high)*	AMBER *(high)*	RED *(very high)*
2 - Unlikely	GREEN *(low)*	GREEN *(low)*	AMBER *(significant)*	AMBER *(significant)*	AMBER *(high)*
1 - Rare	GREEN *(low)*	GREEN *(low)*	GREEN *(low)*	GREEN *(low)*	AMBER *(significant)*

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28th April 2016
Subject:	Safe Staffing report		
Report of:	Director of Nursing and Midwifery	**Prepared by:**	Deputy Director of Nursing and Midwifery

REPORT FOR APPROVAL

Corporate objective ref: -----	**Summary of Report** The report provides an overview, by exception, of actual versus planned staffing levels, for the month of March 2016. Key points of note as follows; • Fill rates for Registered Nurses (RN) and care staff remain above 90% • Local and International recruitment continues to ensure improvements are maintained and to continually off-set the deficit between annual turnover and the number of commissioned RN training places • Demand for temporary staffing increased by 8% in March 2016 compared to February 2016, this is predominantly linked to requirements to staff additional capacity The Board of Directors is asked to note the contents of this report with assurance given that Safe Staffing was maintained during March 2016.
Board Assurance Framework ref: -----	
CQC Registration Standards ref: -----	
Equality Impact Assessment: ☐ Completed ☐ Not required	

Attachments:	Annex A – Historical submission data Annex B – UNIFY submission March 2016

This subject has previously been reported to:	☐ Board of Directors	☐ Workforce & OD Committee
	☐ Council of Governors	☐ BaSF Committee
	☐ Audit Committee	☐ Charitable Funds Committee
	☐ Executive Team	☐ Nominations Committee
	☐ Quality Assurance Committee	☐ Remuneration Committee
		☐ Joint Negotiating Council
	☐ FSI Committee	☒ Other

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i INTRODUCTION

1.1 As part of the ongoing monitoring of staffing levels, this paper presents to the Board of Directors a staffing report of actual staff in place compared to staffing that was planned for the month of March 2016.

Work-streams to support safe staffing continue with a monthly Safe staffing group chaired by the Director of Nursing and Midwifery.

The Board of Directors is asked to note the contents of this report.

2. BACKGROUND

2.1 NHS England is not currently RAG (Red, Amber, Green) rating fill rates. A review of local organisations shows that fill rates of 90% and over are adopted with exception reports provided for those areas falling under this level.

March 2016	DAY	NIGHT
RN/RM Average Fill Rate	90.3% ↑	95.3 %
Care Staff Average Fill Rate	101.5% ↑	116.2% ↓

3. CURRENT SITUATION

3.1 Registered Nurse/Midwife

3.2 Overall Performance

March 2016 has continued to report further favorable staffing levels on night shifts overall. Continued focus on effective rostering has highlighted a few areas in Medicine where targeted action has been put in place. This is being over-seen by the Head of Nursing

3.3 Temporary Staffing

Registered nursing agency reliance figures are 2 months in arrears and so are reported here for February 2016. Overall reliance on Registered Nursing agencies rose to 4.7% in February compared to the decrease reported in January of 4.1%. This is linked to the demand across Trauma and Orthopaedics whilst recruitment was underway.

Overall temporary staffing reliance for March rose 8% compared to February 2016. The highest demand this calendar year. This has been linked to requirements to staff additional capacity (Transfer Unit) and to provide staffing for additional in-patient beds. In total, the equivalent of 27 wte were requested using the reason of 'escalation'.

3.3 Surgery

Surgery has continued to report sub-optimal staffing levels across D1 and M4 although it is pleasing to now record that staff have been recruited and are working in their supernumerary period. Safe staffing has been maintained due to the daily actions put in place. 4 beds remain temporarily closed on M4 to maintain safe staffing levels.

3.4 **Medicine**

Wards Bluebell and B2 report reductions for March. Although safe staffing has been maintained on both, it should be noted that the increased staffing levels for B2 are related to the Stroke service specification and correspond to higher acuity of patients. The unit is well led by the Senior Sister and further discussions are taking place to minimize the movement of staff from this ward and to ensure ongoing recruitment.

3.5 **Community**

A second meeting with the CCG has been arranged for April 2016 to discuss the Staffing review paper presented in February, against the planned workforce changes modelled from April 2017 onwards

3.6 **Recruitment**

EU recruitment continues as per agreed plan and discussions are underway to understand the impact of recently introduced International English Language Test (IELTs) requirements for EU staff, which is likely to delay recruitment timeframes. A Greater Manchester International Recruitment group has been established and the organisation is meeting in advance of this to share our learning and good practice to date.

Further local 'one stop' recruitment events are planned for June 2016

4. RISK & ASSURANCE

4.1 The Organisation can be assured that Safe Staffing levels were maintained during March 2016.

5. CONCLUSION

5.1 Safe staffing levels continue to be a significant focus and recently agreed further international recruitment will ensure recent improvements are maintained.

6. RECOMMENDATIONS

6.1 The Executive Team are asked to note the contents of this report

Appendix A – Previous months staffing fill rates

Feb 2016	DAY	NIGHT
RN/RM Average Fill Rate	90.2% ↓	95.3 % ↓
Care Staff Average Fill Rate	101.1% ↓	118.9% ↓

Jan 2016	DAY	NIGHT
RN/RM Average Fill Rate	92.2% ↑	96.1 % ↑
Care Staff Average Fill Rate	105% ↑	120.1% ↑

Dec 2015	DAY	NIGHT
RN/RM Average Fill Rate	92.1% ↑	94.5 % ↓
Care Staff Average Fill Rate	101.4% ↑	113.5% ↓

Nov 2015	DAY	NIGHT
RN/RM Average Fill Rate	91.4% ↓	104.1 % ↑
Care Staff Average Fill Rate	95.8% ↓	117.1% ↑

Oct 2015	DAY	NIGHT
RN/RM Average Fill Rate	91.9% ↑	97.1% ↓
Care Staff Average Fill Rate	102.1% ↑	110.8% ↑

Sep 2015	DAY	NIGHT
RN/RM Average Fill Rate	90.7% ↑	97.3% ↑
Care Staff Average Fill Rate	99.7% ↑	109.8% ↑

Aug 2015	DAY	NIGHT
RN/RM Average Fill Rate	89.6% ↓	94.9% ↓
Care Staff Average Fill Rate	98.7% ↓	108.2% ↑

July 2015	DAY	NIGHT
RN/RM Average Fill Rate	90.9% ↑	97.2% ↑
Care Staff Average Fill Rate	101% ↑	106.4% ↓

June 2015	DAY	NIGHT
RN/RM Average Fill Rate	90.3% ↓	95.2% ↑
Care Staff Average Fill Rate	100.4% ↓	106.6% ↑

May 2015	DAY	NIGHT
RN/RM Average Fill Rate	91.4% ↓	95.1% ↓
Care Staff Average Fill Rate	101.5% ↑	105.7% ↓

April 2015	DAY	NIGHT
RN/RM Average Fill Rate	93% ↑	95.7% ↑
Care Staff Average Fill Rate	100.3% ↑	108.2% ↓

March 2015	DAY	NIGHT
RN/RM Average Fill Rate	92% ↑	93.3% ↑
Care Staff Average Fill Rate	97.9% ↓	106.9% ↓

February 2015	DAY	NIGHT
RN/RM Average Fill Rate	90% ↓	91.8% ↓
Care Staff Average Fill Rate	100.4% ↓	108.5% ↓

January 2015	DAY	NIGHT
RN/RM Average Fill Rate	91.7% (62.4%-104%) ↓	94.5% (58.9%-113.2%)↑
Care Staff Average Fill Rate	101% (71% -137.9%)↑	110.6% (51.6%-217%)↑

December 2014	DAY	NIGHT
RN/RM Average Fill Rate	92.2% (69.5%-112.4%) ↓	93.6% (59.7%-112.9%)↓
Care Staff Average Fill Rate	98.8% (62.8%-122.2%)↓	106.5% (71%*-125.8%)↑

November 2014	DAY	NIGHT
RN/RM Average Fill Rate	93% (72.7%-100%) ↑	95.7% (69.2%-107.9%)↑
Care Staff Average Fill Rate	102.4% (67.6%-132.4%)↑	106.1% (30%*-140.8%)↓

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: RWJ - Stockport NHS Foundation Trust

Period: March_2015-16

Please provide the URL to the page on your trust website where your staffing information is available

www.stockport.nhs.uk/112/safe-staffing

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Head of Nursing Comment
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
Site code	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					
RWJ09	STEPPING HILL HOSPITAL - RWJ09	NNU - Neonatal Unit	420 - PAEDIATRICS		2325	2025	0	0	1627.5	1375.5	0	0	87.1%	n/a	84.5%	n/a	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	TH - Tree House	420 - PAEDIATRICS		3255	3037.5	465	465	2170	1928	0	0	93.3%	100.0%	88.8%	n/a	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	JW - Jasmine Ward	502 - GYNAECOLOGY		930	922.5	465	457.5	620	620	0	0	99.2%	98.4%	100.0%	n/a	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	BC - Birth Centre	560- MIDWIFE LED CARE	501 - OBSTETRICS	1395	1380	465	465	930	910	310	310	98.9%	100.0%	97.8%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	M1 - Delivery Suite	501 - OBSTETRICS		2790	2715	465	412.5	1860	1690	310	300	97.3%	88.7%	90.9%	96.8%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	M2 - Maternity 2	501 - OBSTETRICS	560- MIDWIFE LED CARE	1627.5	1627.5	930	915	620	610	310	310	100.0%	98.4%	98.4%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	ICU & HDU	192 - CRITICAL CARE MEDICINE		4650	4805	775	753	3410	3557	310	310	103.3%	97.2%	104.3%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	SSSU - Short Stay Surgical Unit	100 - GENERAL SURGERY	101 - UROLOGY	1958.5	1677.5	604.5	572.5	650	639	320	320	85.7%	94.7%	98.3%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B3	100 - GENERAL SURGERY		1395	1163	1162.5	971.5	682	671	682	660	83.4%	83.6%	98.4%	96.8%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B6	100 - GENERAL SURGERY	101 - UROLOGY	1395	1020	1162.5	1602	682	682	682	892	73.1%	137.8%	100.0%	130.8%	Escalation beds open skill mix safe and appropriate for acuity
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C3	100 - GENERAL SURGERY	101 - UROLOGY	1627.5	1573.5	1116	1080	868	738	682	662	96.7%	96.8%	85.0%	97.1%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C6	101 - UROLOGY	100 - GENERAL SURGERY	1395	1275	1395	1383	682	649	682	682	91.4%	99.1%	95.2%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	D1	110 - TRAUMA & ORTHOPAEDICS		1627.5	1133.5	1395	1640.5	682	682	682	1309	69.6%	117.6%	100.0%	191.9%	Day RN sub-optimal. Care staff to support ward acuity mix. Recruitment underway. Always 2 RN on duty .
RWJ09	STEPPING HILL HOSPITAL - RWJ09	D2	110 - TRAUMA & ORTHOPAEDICS		1395	1169	1162.5	1083	682	682	682	682	83.8%	93.2%	100.0%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	D4	110 - TRAUMA & ORTHOPAEDICS		930	895.5	930	943.5	682	660	682	968	96.3%	101.5%	96.8%	141.9%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	M4	110 - TRAUMA & ORTHOPAEDICS		2092.5	1379	2092.5	2461	1023	979	1023	1382	65.9%	117.6%	95.7%	135.1%	Sub-optimal RN day staff. Care staff to support ward acuity. Four RN new starters supernumerary this month.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A1	300 - GENERAL MEDICINE		2945	2637.5	2139	2116	1860	1664.25	1550	1536	89.6%	98.9%	89.5%	99.1%	RN vacancies are being recruited to, sickess is being managed, ward is monitored by Matron for safety.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A3	300 - GENERAL MEDICINE		2294	1904	1798	1881	1550	1429	1240	1196	83.0%	104.6%	92.2%	96.5%	RN vacancies are being recruited to, Sickess is being managed, ward is monitored by Matron for safety.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A10	430 - GERIATRIC MEDICINE		1674	1689	1674	1801.5	620	612.5	620	1287	100.9%	107.6%	98.8%	207.6%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A11	300 - GENERAL MEDICINE		1054	1054	1395	1395	620	596	930	1302	100.0%	100.0%	96.1%	140.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A12	300 - GENERAL MEDICINE		1736	1616	1457	1382	620	620	620	620	93.1%	94.9%	100.0%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A14	300 - GENERAL MEDICINE		1116	966	1798	1693	620	620	620	664	86.6%	94.2%	100.0%	107.1%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A15	300 - GENERAL MEDICINE		1643	1050.5	1395	1767	620	620	620	690	63.9%	126.7%	100.0%	111.3%	New starters pending and 1 post to recruit to Ward monitored by Matron for safety
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B2	430 - GERIATRIC MEDICINE		1426	1060	1302	1356	620	290	620	600	74.3%	104.1%	46.8%	96.8%	Safety maintained
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B4	320 - CARDIOLOGY		1240	1144	961	968.5	620	623.5	620	631	92.3%	100.8%	100.6%	101.6%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B5	300 - GENERAL MEDICINE		1085	1127.5	837	999.75	620	624.25	620	643	103.9%	119.4%	100.7%	103.7%	
RWJ88	THE MEADOWS - RWJ88	BW - Bluebell Ward	318- INTERMEDIATE CARE		1116	733	2077	1849	620	620	620	1258	65.7%	89.0%	100.0%	202.9%	Some sickness in RN which is being managed Ward monitored by Matron for safety
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C2	300 - GENERAL MEDICINE		1085	1077	837	922	620	620	620	730	99.3%	110.2%	100.0%	117.7%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C4	300 - GENERAL MEDICINE		1240	1180	961	998.5	620	620	620	587	95.2%	103.9%	100.0%	94.7%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	CCU	300 - GENERAL MEDICINE		1395	1395	465	405	620	620	341	341	100.0%	87.1%	100.0%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	CLDU	300 - GENERAL MEDICINE		496	496	496	496	310	310	310	310	100.0%	100.0%	100.0%	100.0%	
RWJ03	CHERRY TREE HOSPITAL - RWJ03	DCNR - Devonshire Centre	314 - REHABILITATION		1271	1139	2263	2095	620	609	620	620	89.6%	92.6%	98.2%	100.0%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	E1	430 - GERIATRIC MEDICINE		2604	2191.5	2821	2581	1240	1130	1240	1251	84.2%	91.5%	91.1%	100.9%	Ward monitored by Matron for safety. Never less than 2 Registered nurses on duty.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	E2	430 - GERIATRIC MEDICINE		2666	2585	1674	1764	930	908	930	1007	97.0%	105.4%	97.6%	108.3%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	E3	430 - GERIATRIC MEDICINE		2666	2645	1674	1650	930	864	930	1282	99.2%	98.6%	92.9%	137.8%	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	SSOP - Short Stay Older People	430 - GERIATRIC MEDICINE		837	717	434	369.5	620	612.5	310	310	85.7%	85.1%	98.8%	100.0%	
RWJ97	SHIRE HILL HOSPITAL - RWJ97	Shire Hill	318- INTERMEDIATE CARE		1550	1538	930	924	3100	3078	930	941	99.2%	99.4%	99.3%	101.2%	
		Total			63927.5	57743.5	43973.5	44618.75	36470.5	34763.5	22888	26593	90.3%	101.5%	95.3%	116.2%	

Stockport NHS
NHS Foundation Trust

Board of Directors' Key Issues Report

Report Date: 28/04/16		**Report of:** Finance & Investment Committee		
Date of last meeting: 06/04/16		**Membership Numbers:** Quorate		
1.	Key Issues Highlighted:	The Committee considered an agenda which included the following: ▪ Month 11 Financial Report ▪ Capital Report ▪ Surgical Centre Progress Report ▪ Tender Log - March 2016 With regard to matters to bring to the attention of the Board, the Committee considered a report which detailed the Trust's financial position as at 29 February 2016 and was assured that financial performance was on track to achieve the financial plan for the year. The Committee requested that future reports be amended to incorporate key metrics for 2016/17, such as performance against the agency ceiling, and to provide an extended view of the forecast cash position over a 14-month period. The Committee was advised by the Director of Finance of plans to develop forecasting over a 24-month period for a range of financial metrics during 2016/17. The Committee considered a report on Capital Expenditure from the Director of Estates & Facilities and noted expenditure at 91.8% of plan as at 29 February 2016 which was well within Monitor's tolerance level of 15%. It is expected that this position will be maintained through to 31 March 2016. The Director of Estates & Facilities also presented a report detailing progress with development of the new Surgical Centre and the Committee was assured that there are no significant concerns associated with the build programme. The Committee was assured that the project remains on track for opening in September 2016. Finally, the Committee noted the Tender Log for March 2016.		
2.	Risks Identified	Delivery of 2016/17 cost improvement programme		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*	Nil		
4.	Report Compiled by	Malcolm Sugden, Chair	Minutes available from:	Company Secretary

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Stockport NHS
NHS Foundation Trust

Board of Directors' Key Issues Report

Report Date: 28/04/16		**Report of:** Strategic Development Committee
Date of last meeting: 21/04/16		**Membership Numbers:** Quorate Apologies from: Ann Barnes, Judith Morris & John Sandford
1.	Key Issues Highlighted:	The Committee considered an agenda which included the following: ▪ Progress Report - Month 1 2016/17 ▪ Sustainability Portfolio Overview Document 2016/17 ▪ Integrated Delivery Plan ▪ Update on MCP & Stockport Together With regard to matters to bring to the attention of the Board, the Committee considered a report presented by the Deputy Chief Executive which provided an overview of progress with key programmes during Month 1 2016/17. Board members will be aware that the programmes serve to both achieve transformational change and, in the process, realise efficiencies as part of the Trust's cost improvement programme. While it will not be possible to formulate an accurate of Month 1 progress until full outcomes for the month are known, the Committee is able to report partial assurance on Month 1 progress based on the data available at the time of the meeting. That said, a number of high value schemes were amber-rated and these schemes will clearly need prompt and effective management action to mitigate slippage risks. The Director of Strategy & Planning presented a Portfolio Overview Document (POD) which comprehensively detailed the governance framework for managing the Strategic Planning Portfolio in 2016/17. The Committee noted prior consideration by the Executive Team and approved the POD. The Committee then received an overview of Stockport Together / MCP developments in advance of a more detailed briefing for the Board of Directors. Finally, the Committee reviewed the Integrated Delivery Plan, which provided a summary of progress against strategic programmes during Month 11 and Month 12 2015/16, together with an Exceptions Report and Risk Register. The Committee noted some slippage against target dates and requested further detail on the operational / financial impact of these delays. Board members should note that, on completion of the meeting, Committee members considered reporting requirements and agreed a revised approach with a greater emphasis on assurance reporting and a simplified form of presentation.
2.	Risks Identified	▪ Delivery of the cost reduction programme for 2016/17

3.	Actions to be considered at the *(insert appropriate place)*	Nil		
4.	Report Compiled by	John Schultz, Chair	Minutes available from:	Company Secretary

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28 April 2016
Subject:	Register of Directors' Interests - Annual Review		
Report of:	Company Secretary	**Prepared by:**	P Buckingham

REPORT FOR APPROVAL

Corporate objective ref:	N/A	**Summary of Report** *Identify key facts, risks and implications associated with the report content.* The purpose of the report is to present the Board of Directors Register of Interests for annual review.
Board Assurance Framework ref:	N/A	
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	☐ Completed X Not required	

Attachments: Annex A: Register of Directors' Interests - April 2016

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&I Committee	☐ Workforce & OD Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. INTRODUCTION

1.1 The purpose of the report is to present the Board of Directors Register of Interests for annual review.

2. BACKGROUND

2.1 There is a legal requirement for the Trust to maintain a Register of Directors' Interests which should be available to the public. This requirement is incorporated in the Trust's Constitution. In addition, the Annual Reporting Manual 2015/16 requires that the annual report should disclose details of company directorships or other material interests in companies held by Directors where those companies or related parties are likely to do business with the NHS Foundation Trust. An alternative disclosure is to state how members of the public can gain access to the Register of Directors' Interests rather than listing all interests in the annual report. The Trust has adopted this latter form of disclosure.

3. CURRENT SITUATION

3.1 The Register of Directors' Interests is maintained by the Company Secretary and is updated to reflect any amendments which may from time to time be declared during the normal course of business. In this way, an up to date register should always be available. However, during April 2016, copies of the Register were circulated to all Board members for review, and update where appropriate, to ensure currency and accuracy of content.

3.2 The current Register of Directors' Interests, which incorporates any amendments arising from the review in April 2016, is included for reference at Annex A to this report. Board members are requested to review the Register and confirm that current content is accurate and up to date.

4. LEGAL IMPLICATIONS

4.1 There are no direct legal implications arising from the subject of this report.

5. RECOMMENDATIONS

5.1 The Board of Directors is recommended to:

- Review the Register of Directors' Interests at Annex A of the report and confirm that the content is accurate and up to date.

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Stockport NHS Foundation Trust
Board of Directors - Declaration of Interests April 2016

Name	Title	Interest 1	Interest 2	Interest 3	Interest 4	Interest 5	Interest 6	Interest 7	Interest 8
Gillian Easson	Chairman	Pro-Chancellor of the University of Manchester and Chairman of the Nominations Committee	Member - University of Manchester Global Leadership Board	Member - University of Manchester General Assembly	Trustee & Director of NHS Providers. Member of NHS Providers Finance Committee	Member - Greater Manchester Provider Chairs Forum			
Catherine Anderson	Non Executive Director	Anderson Power Consulting	Birchenough Construction						
Mike Cheshire	Non Executive Director	Unpaid Medical Adviser to Broughton House home for veterans	Patron ME Trust	Clinical Advisor - National Clinical Service Accreditation Scheme (Health Care Quality Improvement Partnership)					
John Sandford	Non Executive Director	Partner / Director KPMG / KPMG Audit PLC / KPMG LLP 1989 - 31/12-2010	Chair Epworth Investment Management Ltd	Chair of Trustee Edward Mayes Trust (Charity) Chair of Trustees - Mrs Lums Charity ove organisations in transition to companies limited by guarantee.	Chair of Council - Central Finance Board of the Methodist Church	Partner McKellens Outsourcing LLP	Non Executive Director - Johnnie Johnson Housing Trust	Non Executive Director at the Chorley Building Society	Director of Cheadle Golf Club Trading Ltd

Stockport NHS Foundation Trust

Board of Directors - Declaration of Interests April 2016

Name	Title	Interest 1	Interest 2	Interest 3	Interest 4	Interest 5	Interest 6	Interest 7	Interest 8
John Schultz	Non Executive Director	Chair - Trafford Integrated Care Redesign Board. Client: Trafford Clinical Commissioning Group	Senior adviser (local government), Newton Europe Ltd (operational improvement specialists)	Member of General Assembly, University of Manchester	Trustee, Halle Concerts Society Endowment Fund	Consultant, Association of Local Authority Chief Executives and Senior Managers			
Angela Smith	Non Executive Director	Angela Smith Advisory Limited	SAL Property Services Limited	PossAbilities Social Enterprise					
Malcolm Sugden	Non Executive Director	Trustee Director of the Electricity North West Group of the Electricity Supply Pension Scheme							
Ann Barnes	Chief Executive	Husband has hand crafted card business that has supplied the Nursing Directorate with material. The value is less than £200 per year.	Member of the General Assembly of the University of Manchester (1.9.13 for 3 years)						
Colin Wasson	Medical Director	Director - Wasson Medical Services							
Judith Morris	Director of Nursing and Midwifery	Nil							

Stockport NHS Foundation Trust
Board of Directors - Declaration of Interests April 2016

Name	Title	Interest 1	Interest 2	Interest 3	Interest 4	Interest 5	Interest 6	Interest 7	Interest 8
Feroz Patel	Director of Finance	Trustee on Lammack Community Project							
Jayne Shaw	Director of Workforce and OD	Nil							
James Sumner	Deputy Chief Executive	Nil							

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28 April 2016
Subject:	Report of the Chief Executive		
Report of:	Chief Executive	**Prepared by:**	P Buckingham

REPORT FOR NOTING

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	N/A
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report
Identify key facts, risks and implications associated with the report content.

The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments which include:

- Urology Cancer Procurement
- Industrial Action
- Never Events Report
- Publications

Attachments: Nil.

This subject has previously been reported to:

☐ Board of Directors	☐ Workforce & OD Committee
☐ Council of Governors	☐ SD Committee
☐ Audit Committee	☐ Charitable Funds Committee
☐ Executive Team	☐ Nominations Committee
☐ Quality Assurance Committee	☐ Remuneration Committee
☐ F&I Committee	☐ Joint Negotiating Council
	☐ Other

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1. INTRODUCTION

1.1 The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments.

2. UROLOGY CANCER PROCUREMENT

2.1 The Trust has attended a series of workshops on the future re-commissioning of Urology Cancer services. A large group of clinicians have attended from each provider involved in the current service to help commissioners understand the clinical benefits and potential drawbacks of different models and provide options that would likely result in the most significant improvement in patient outcomes.

2.2 The final session is on 26 April 2016 and after this the commissioners will recess to review all of the facts and put together the specification which they wish to commission across Greater Manchester.

3. INDUSTRIAL ACTION

3.1 The next planned industrial action by junior doctors is due to take place on 26 and 27 April 2016. Unlike previous action, this period of action will see a full withdrawal of junior doctor labour between the hours of 0800 to 1700 on both days, and is in response to the government decision to impose the 2016 contract for junior doctors.

3.2 Planning and preparation for the action has been taking place and includes a focus on ensuring the Trust enters the period of action with sufficient resources to enable the continual flow of patients and reduce demand, as far as possible, on ED services. Each Business group has completed a detailed response plan which summarises all planned changes to activity, the deployment of staff, and any risks which may be caused as a result of the action.

3.3 This period of action is the last planned period at this stage. Notification of any further action will be notified by the BMA within the required timescales. Plans for the implementation of the new contract of employment for all junior doctors are underway.

4. NEVER EVENTS REPORT

4.1 Board members will be aware that an external review of Never Events experienced by the Trust is being conducted by Prof B Toft. The final report was received on 18 April 2016. The report is detailed and comprehensive (127 pages, 885 references) and reviews each of the seven never events which were reported in our organisation between December 2012 and July 2015.

4.2 While the report still needs to be considered in its entirety, some notable comments from initial reading are;

‘Only one of the seven adverse patient safety incidents reviewed meets all the national criteria to be classified (as a never event)’

‘The reports into the serious untoward incidents, which are the subject of this external

review are of poor quality and raise significant concerns as to their thoroughness. However, the trusts policy and guidance on the reporting and management of SUI's only allowed investigators a small portion of the time recommended by the National Patient Safety Association and NHS England to conduct an investigation and report.'

'The pattern of Serious Untoward Incidents experienced by the trust is not unusual. Furthermore, following a review of all appropriate documentation, no evidence has been found to suggest that the Trust has an unrecognised systematic patient safety problem. On the contrary, the evidence indicates that the vast majority of the activities undertaken by the Trust, with respect to patient safety meet the highest standards.'

4.3 Prof Toft has identified room for improvement, and has made 26 local recommendations to the Trust, and 3 national recommendations to NHS England. The report will now be considered by the Quality Assurance Committee prior to presentation to the Board of Directors on 26 May 2016. It was also noted that the Safer Invasive Procedures Committee would develop an action plan to address any recommendations made in the report.

5. PUBLICATIONS

5.1 Could I draw the attention of the Board of Directors to the following items from issues 74-78 of the NHS England 'Informed' publication.

- **First wave of NHS Diabetes Prevention Programme national rollout announced**

  Up to 100,000 people in England will be offered places on the world's first nationwide programme to stop them developing type 2 diabetes. Healthier You: the NHS Diabetes Prevention Programme will start this year with a first wave of 27 areas covering 26 million people, half of the population, and making up to 20,000 places available. This will rollout to the whole country by 2020 with an expected 100,000 referrals available each year after. Those referred will get tailored, personalised help to reduce their risk of type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which together have been proven to reduce the risk of developing the disease.

- **NHS England announces new action to cut stillbirths**

  NHS England has published new guidance to reduce stillbirths in England. The new guidance, called Saving Babies' Lives Care Bundle is part of a drive to halve the rate of stillbirths from 4.7 per thousand to 2.3 per thousand by 2030, potentially avoiding the tragedy of stillbirth for more than 1500 families every year.

- **Health and care bodies reveal the map that will transform healthcare in England**

  National health and care bodies in England have published details of the 44 'footprint' areas that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View.

- **Friends and Family Test Awards showcase NHS improvements**

  From maternity wards to GP practices, from emergency departments to dental practices, the results of the national Friends and Family Test Awards demonstrate that NHS providers are listening to patient feedback and that services are continuing to

improve because of it. More than 100 entries were shortlisted in the finals of the awards, with the results announced during NHS England's Patient Insight and Feedback Conference in Leeds.

- **200,000 people given the skills to contact their doctor online, reducing NHS costs**

  200,000 homeless, older and vulnerable people have had 'lessons' to get online and contact their doctor reducing GP visits and costs to the NHS. In the first two years of the NHS England pilot scheme 'Widening Digital Participation' 14,000 people registered with a GP and looked online first before contacting the doctor. Half of those who would have gone to the GP or A&E said they would now use NHS Choices, 111 or a pharmacy first. Run by the Tinder Foundation for NHS England, the scheme works with hardest-to-reach communities giving them the skills and confidence to access online health information.

- **Quick guide to support patients avoid long hospital stays published**

  NHS England and partners have published a new quick guide, designed to help patients and families avoid long hospital stays, and support health and care systems to reduce delayed transfers of care. Drawing on the work of local government, health and social care organisations, the guide contains practical tips and links to useful documents that will be useful for both commissioners and providers.

- **NHS England publishes Business Plan 2016/17**

  Last week NHS England published the Business Plan for 2016/17 which reflects the main themes of the government's mandate and embodies the agenda of the Five Year Forward View. As with the previous plan, there remains strong continuity in the 10 business plan priorities for the year ahead. The priorities are grouped under the following themes: improving health, transforming care and controlling costs.

- **Sustainability and Transformation leaders confirmed**

  Senior figures from across health and care who will be leading work on Sustainability and Transformation Plans (STPs) within their 'footprint' area have been confirmed. The recently announced 44 STP footprints are geographic areas that will bring local health and care leaders, organisations and communities together, to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View.

- **Helping healthcare staff spot the signs of child sexual exploitation**

  A video aimed at helping health and social care professionals to spot possible signs of child sexual exploitation (CSE) has been launched. Supported by Health Education England, in association with the Department of Health and NHS England, the video presents a series of scenarios involving a young person potentially at risk of CSE and uses the voice of a real-life victim who talks about her experiences at the hands of a CSE gang. The video provides practical advice on what to do if healthcare professionals and others suspect a patient or person in their care is at risk and makes it clear that there is a responsibility to report any activity that they think is suspicious.

- **National Autistic Society calls for better understanding of autism**

  A new report, Too Much Information: why the public needs to understand autism better, from the National Autistic Society (NAS) reveals how poor public understanding of autism is pushing autistic people and their families into isolation, in some cases leaving them feeling trapped in their own homes. More than 1 in 100 people are on the autism spectrum, meaning they see, hear and feel the world in a different, often more intense, way to other people. Autistic people often find social situations difficult and struggle to filter out the sounds, smells, sights and information they experience, which means they feel overwhelmed by 'too much information' when out in public. NAS has also produced a list of tips to remember when meeting people with autism.

- **NHS medical devices deal to reinvest millions of pounds in patient care**

  NHS England has announced a new national system for purchasing expensive medical devices and implants, which will see savings of over £60 million reinvested back into specialist care in its first two years. A single national approach for purchasing and supplying devices such as bone-anchored hearing aids and bespoke prosthetics has now been agreed between NHS England and NHS Business Services Authority. The new system for hospital trusts to order devices for specialist services will be operated by NHS Supply Chain.

- **NHS England backs innovative care initiative**

  NHS England has announced a £1.75 million investment in an innovative family-based initiative to help more people to be cared for in a home, not a hospital. The Shared Lives model will support people who have needs which make it hard for them to live on their own, by carefully matching them with a carer to share their family and lives, giving care and support in the community.

- **NHS England launches consultation on a proposed method to support investment decisions in specialised commissioning**

  Each year, a significant number of proposals are put to NHS England for investment in new drugs, medical devices or interventions for use by specialised services in England. NHS England has to make difficult decisions on behalf of tax-payers about how to prioritise the funding that is available for those new investments each year, and is seeking views on a proposed method of decision making.

6. RECOMMENDATIONS

6.1 The Board of Directors is recommended to:

- Receive and note the content of the report.