BOARD OF DIRECTORS

PUBLIC MEETING

4 AUGUST 2016

Your Health. Our Priority.

Board of Directors Meeting - 4 August 2016

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July 2016

Dear Colleague

You are invited to a meeting of the Board of Directors which will be held on **Thursday 4 August 2016 at 1.15pm in Lecture Theatre A, Pinewood House, Stepping Hill Hospital.**

An agenda for the meeting is detailed below.

Yours sincerely

**GILLIAN EASSON
CHAIRMAN**

* *

AGENDA ITEM	TIME
1. Apologies for Absence.	1.15pm – 1.20pm
2. Opening Remarks by the Chairman.	"
3. Declaration of Amendments to the Register of Interests.	"
4. OPENING MATTERS:	
4.1 To approve the minutes of the previous meeting of the Board of Directors held on 30 June 2016 (attached).	1.20pm – 1.25pm
4.2 Patient Story.	1.25pm – 1.35pm
4.3 Report of the Chairman.	1.35pm – 1.40pm
5. TRUST ASSURANCE / GOVERNANCE:	
5.1 Performance Report (Report of Acting Chief Operating Officer attached).	1.40pm – 2.00pm
5.2 PLACE Quarter 1 Report (Report of Deputy Chief Executive attached)	2.00pm – 2.10pm
5.3 Board Assurance Framework (Report of Chief Executive attached).	2.10pm – 2.25pm
5.4 Strategic Risk Register (Report of Director of Nursing and Midwifery attached).	2.25pm – 2.35pm
5.5 Maintaining Safe Staffing Levels (Report of Director of Nursing & Midwifery attached)	2.35pm – 2.45pm

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AGENDA ITEM	TIME

5.6   Key Issues Reports from Assurance Committees:
 	
      5.6.1   Audit Committee (attached and John Sandford to report)
 	
      5.6.2   Finance & Performance Committee (attached and Malcolm Sugden to report)
	2.45pm – 2.55pm

5.7 Quarter 1 Governance Declaration (Report of Director of Finance attached).	2.55pm – 3.05pm
6 **STRATEGY AND DEVELOPMENT:**	
6.1 Report of Chief Executive (verbal).	3.05pm – 3.15pm
6.2 Health & Social Care – Estates MOUs (Report of Chief Executive attached).	3.15pm – 3.25pm
6.3 Stockport Together – Overview Design Business Case (Report of Deputy Chief Executive attached).	3.25pm – 3.35pm
7 **CLOSING MATTERS:**	
7.1 Any Other Urgent Business.	"
7.2 Date of next meeting: • Thursday 25 August 2016, 1.15pm, in Lecture Theatre A, Pinewood House, Stepping Hill Hospital.	"

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STOCKPORT NHS FOUNDATION TRUST

**Minutes of a meeting of the Board of Directors held in public
on Thursday 30 June 2016
1.15pm in Lecture Theatre A, Pinewood House, Stepping Hill Hospital**

Present:

Mrs G Easson	Chairman
Mrs C Anderson	Non-Executive Director
Mrs A Barnes	Chief Executive
Mr A Burn	Director of Financial Improvement
Dr M Cheshire	Non-Executive Director
Mr J Sandford	Non-Executive Director
Mr J Schultz	Non-Executive Director
Mrs J Shaw	Director of Workforce & Organisational Development
Ms A Smith	Non-Executive Director
Mr M Sugden	Non-Executive Director
Mr J Sumner	Deputy Chief Executive
Ms S Toal	Acting Chief Operating Officer
Dr C Wasson	Medical Director

In attendance:

Mr P Buckingham	Company Secretary
Mrs S Curtis	Membership Services Manager
Mr T Roberts	Deputy Director of Nursing & Midwifery
Mrs K Wiss	Deputy Director of Finance

182/16   Apologies for Absence

Apologies for absence were received from Mrs J Morris and Mr F Patel.

183/16   Opening Remarks by the Chairman

Mrs G Easson welcomed members of the Board to the meeting and thanked Mr M Sugden, Deputy Chair, for chairing the Board meeting held on 26 May 2016.

184/16   Declaration of Amendments to the Register of Interests

There were no interests declared.

185/16   Minutes of the previous meeting

The minutes of the previous meetings held on 26 May 2016 were approved as a true and accurate record of proceedings. The action tracking log was reviewed and annotated accordingly.

186/16   **Patient Story**

Mr T Roberts 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. The Board noted a story of a couple who had arrived at the maternity unit of Stepping Hill Hospital to deliver their second baby and who had highlighted an issue with regard to confusing signage and lack of clear instructions upon entry to hospital. Mr T Roberts noted the importance of each staff member adhering to the Trust's values and behaviours to ensure a positive patient experience and advised the Board of resultant actions with regard to behaviours. Dr M Cheshire commented that he had had a reassuring discussion with Mr T Roberts outside of the meeting with regard to the issues raised at the Patient Story.

The Board of Directors:

- Received and noted the Patient Story report.

187/16   **Report of the Chairman**

Mrs G Easson briefed the Board of her attendance at an event at the Royal College of Physicians on 26 May 2016 to which she had been invited to by NHS Improvement to deliver a presentation about the transformational work taking place at the Stockport health economy. She noted that the Trust had been invited to provide a further presentation at a future event. Mrs G Easson also invited colleagues and members to attend the Trust 'Super Heroes' Open Day on Saturday 9 July 2016 and made reference to the publication of the summer edition of the 'Stepping Up' magazine.

The Board of Directors:

- Received and noted the verbal report.

188/16   **Trust Performance Report – Month 2**

Ms S Toal presented the Trust's Performance Report which summarised the Trust's performance against Monitor's Risk Assessment Framework for the month of May 2016 including the key issues and risks for delivery. The report also provided a summary of the key risk areas 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 2 which were the non-achievement of the Accident & Emergency (A&E) 4-hour target and the Referral to Treatment 92% Incomplete Pathway target. With regard to the A&E 4-hour performance, it was noted that attendances had been unprecedentedly high in the first half of May with performance at 76.8%. Performance in the latter half of May had been at 87.9% which was above the Trust's 84% recovery trajectory submitted to Monitor. Ms S Toal noted that the combined performance for May, however, had resulted in below trajectory performance of 81.6%. It was noted that performance in June continued to improve but that bed occupancy continued to be an issue. Ms S Toal

provided an overview of the mitigating actions underway in this area and made specific reference to the actions implemented by the Urgent Care Review Group.

In response to a question from Mrs G Easson, Dr C Wasson and Mr T Roberts briefed the Board on processes in place to ensure that quality and patient safety was not compromised as a result of the Emergency Department issues. Mr M Sugden commented on the Trust's recovery trajectory being in the region of 90% for June 2016 and queried whether this would be achievable. Ms S Toal and Mr J Sumner advised the Board of bed occupancy issues and their effect on the trajectory and provided an overview of mitigating schemes of work which, it was anticipated, would begin to make a difference in approximately four months' time. Specific reference was made to the joint work with community and primary care with regard to admissions avoidance.

In response to a question from Mrs C Anderson, Ms S Toal briefed the Board on ongoing partnership work in the area of discharges and made specific reference to a process mapping event that had been held to review the ECIST eight high impact changes. Mr J Sumner noted that a longer term, system-wide solution was required for sustainable improvement and assured the Board that the right plans were in place in this area. Mrs A Barnes made reference to a recent NHSI hosted event with regard to Emergency Department performance in North of England and queried whether there had been any resultant ideas or solutions that the Trust should explore. Mr J Sumner advised that NHSI wished to move towards a quality improvement approach and had established a Quality Improvement Team. Ms S Toal noted that reference had been made to a suite of packages to help Trusts but further information was yet to be received.

Mr J Sandford made reference to sustainable improvement and the need for a whole system change in achieving this but queried what plans the Trust had in place to improve discharges. Mr J Sumner made reference to the need for clear medium and long term actions, including the length of stay project and Stockport Together programme, and noted that this area would be further explored in the forthcoming Board deep dive session. Mrs G Easson noted the huge amount of time and effort invested by Mrs S Toal and her team and commented that the issues facing the Trust were not isolated but were occurring in hospitals across the country.

With regard to the Referral to Treatment (RTT) target, Ms S Toal advised that recovery plans were in place which predicted a return to compliance by month 4 and therefore Quarter 2 onwards. Performance in May had been 91.3% which was slightly ahead of the planned trajectory of 90.8% submitted to Monitor. With regard to other key risks from the Integrated Performance Report (IPR), Ms S Toal made reference to issues and mitigating actions in the areas of discharge summary, patient surveys and Outpatient Waiting Lists. In response to a question from Dr M Cheshire who queried why all day case patients were required to arrive at the hospital at 7.30am, Dr C Wasson and Mr J Sumner provided an overview of the reasons behind this. It was further proposed that the reasons could be better communicated to patients to help mitigate any potential misunderstandings and frustrations.

In a response to a comment made by Mrs G Easson with regard to Gastroenterology service provision which was on the Trust's Strategic Risk Register as a severe risk, Ms S Toal provided an overview of mitigating actions in this area. Mr J Sumner made reference to an Outpatient Waiting List national pilot and noted the innovative work

that was being led by this Trust's staff. It was proposed that this be explored further either at the next Board meeting or the deep dive session. In a response to a question from Ms A Smith who queried the implementation of the 100 day pathway and whether this had resulted in any staffing changes, Ms S Toal advised the Board of group appointments offered to patients and it was noted that patient surveys had been built into the programme. In response to a question from Mrs G Easson with regard to the tracking of the 100 day programme, it was noted that Board would receive reports on milestones, KPIs, actions and outcomes.

With regard to Emergency Readmissions, Ms S Toal advised the Board of a strategic project which looked at all re-attends and readmissions and which was led by the Medical Director with support from KPMG. Ms A Smith requested that the Board be sighted on the different groups of patients re-admitted after 20+ days and it was proposed that this subject be covered at the forthcoming Board deep dive session.

With regard to finance, Mrs K Wiss advised that the Trust had a deficit of £5.1m at the end of May 2016 which was in line with the financial plan. The Trust had a planned deficit of £16.9m for the financial year 2016/17 which was after a cost improvement plan of £17.5m. Clinical income in May was £0.8m ahead of plan in month and it was noted that elective activity in particular was above plan. This, however, was linked to increased outsourced activity undertaken to reduce the referral to treatment backlog and therefore represented a low or nil margin contribution to the Trust. Mrs K Wiss noted that the Trust had delivered £0.3m of the cost improvement plan to date against a planned £0.9m target, resulting in a £0.6m shortfall.

The Board noted that by May 2016, the Strategic Staircase schemes had been expected to save £0.92m but had only delivered £0.17m, a shortfall of £0.75m. The overall deficit was due to non-delivery on Theatre Utilisation & Private Practice (£0.42m) and Agency Reduction (£0.30m). Mrs K Wiss advised that the Trust's cash in the bank position at the end of May was £26.9m against an operational plan of £26.0m, resulting in a positive variance of £0.9m. It was noted that the Trust had established a new Cash Action Group chaired by the Financial Improvement Director in order to protect the Trust's cash position and improve the £10m year-end forecast cash balance. In response to a question from Mrs G Easson, Mr A Burn confirmed that quality and safety of patient care had not been adversely affected by the Cost Improvement Programme.

Mrs J Shaw provided an overview of workforce metrics and made specific reference to the measures taken to improve essentials training compliance. In response to a question from Mr J Sandford, Mrs K Wiss agreed to seek clarification with regard to the Trust pay variance figures and confirm the position to Mr J Sandford. Mr J Schultz welcomed the comparison of staff turnover against a realistic national average figure. Mr M Sugden commented on bank & agency costs and noted that significant savings were due to be realised at a time of winter pressures. Mrs J Shaw noted the role of the Temporary Staffing Group in this area and advised the Board of plans in place with regard to recruitment to substantive posts, including international recruitment. In response to a question from Ms A Smith, Mrs J Shaw provided an overview with regard to the most common reasons behind staff long term sickness and advised of mitigating actions in place.

With regard to pressure ulcers, Mr T Roberts noted an error on page 7 of the IPR and advised that the narrative should have stated that there had been eight pressure ulcers, rather than eight avoidable pressure ulcers, in May. In response to a question from Dr M Cheshire who queried the underlying reason for the incidence of pressure ulcers, Mr T Roberts noted whilst nationally the Trust compared favourably in this area, issues were often related to staffing levels or leadership. He noted that staffing levels had improved and advised the Board of an increased level of scrutiny with regard to pressure ulcers. In response to a question from Ms A Smith, Mr T Roberts advised that pressure ulcers were not centred around any particular wards. In response to a question from Mr M Sugden who queried the new dotted line in Chart 9 (Clinical correspondence – typing backlog), Ms S Toal agreed to seek clarification with regard to the target and provide feedback at the next Board meeting.

Dr C Wasson reported a year end position of 13 cases of Clostridium Difficile which had been caused by significant lapses in care against a trajectory of 17. The Board of Directors noted the progress made in this area. In response to a question from Mrs G Easson who sought assurance with regard to the achievement of the Falls target in 2016/17, Mr T Roberts advised the Board of mitigating actions which included workshops to review the falls prevention bundle and prioritise actions for the forthcoming year as well as multi-agency work with regard to dementia patients. Mrs G Easson noted that the Board would wish to continue to track progress carefully with regard to Falls. In response to a question from Mr J Sandford who queried iPad surveys and in particular the issue around nutrition and hydration, Mr T Roberts advised that there had been some improvement in this area and advised that the issue was being monitored closely by the Quality Governance Committee.

The Board of Directors:

- Received and noted the contents of the Trust Performance Report
- Noted the current position for month 2 compliance standards
- Noted the future risks to compliance and mitigating actions
- Noted the key risk areas from the Integrated Performance Report

189/16   Annual Report - Safeguarding Children and Adults 2015-16

Mr T Roberts presented a report which provided an overview of all safeguarding activity in 2015/16 across Stockport and Tameside & Glossop. He made specific reference to four serious case reviews in Stockport and associated action plans and noted significant improvement with regard to midwifery supervision and safeguarding training compliance.

In response to a question from Mr J Schultz, Mr T Roberts provided an overview of multi-agency working in the event of any safeguarding issues. In response to a further question from Mr J Schultz, Mr T Roberts advised that the reporting systems with regard to adult social care would be further reviewed by the Safeguarding Adults Board. In response to a question from Mr M Sugden who queried how the Trust's performance measured overall, Mr T Roberts noted the significant assurance in this area and agreed to include a target in future reports.

The Board of Directors:

- Received and noted the report.

190/16   External Review of Never Events

Dr C Wasson presented a report which summarised the outcome of an external review undertaken by Professor B Toft into seven 'Never Events' reported by the Trust between December 2012 and July 2015. Dr C Wasson provided an overview of the content of the report and noted that Professor B Toft had concluded that only one of the serious incidents had qualified as a 'Never Event'. The report also noted that the pattern of serious untoward incidents experienced by the Trust was not unusual and that no evidence had been found to suggest that the Trust had an unrecognised systemic patient safety problem. Dr C Wasson advised the Board that evidence had indicated that the vast majority of the activities undertaken by the Trust met the highest standards with regard to patient safety. The Board considered the recommendations made by Professor B Toft and noted the resultant action plan which would be monitored by the Quality Assurance Committee.

Mrs G Easson made reference to the link between this report and the Risk ID 2742 on the Strategic Risk Register which related to 'Poor level of investigation into serious incidents'. In response to a question from Mrs G Easson who queried the timeline for the completion of the action plan, Dr C Wasson advised that some actions had already been completed and others would be expedited as soon as possible. He noted that in order to ensure appropriate closure of the process, a report would be considered by the Quality Assurance Committee in September 2016 followed by the Board of Directors in October 2016.

In response to a comment made by Mr J Schultz with regard to the link between the report and the Strategic Risk Register, Dr C Wasson noted that whilst the Trust was not complacent with regard to the incidents investigated by Professor B Toft, it was assuring to note that the Trust was not an outlier in this area. In response to a question from Ms A Smith who queried how the Trust compared with other hospitals regarding the number of Never Events, Dr C Wasson commented that every Trust was different depending on the level of work undertaken. In response to a question from Mr P Buckingham, the Board approved the publication of the full report on the Trust's website. It was noted that the report would be suitably redacted to remove any staff or patient identifiable information.

In response to questions from Mr J Sandford and Mr J Schultz who queried the reporting arrangements of Never Events and Serious Untoward Incidents to the Board, Dr C Wasson noted that the Trust needed to establish urgent and immediate actions following any serious incidents but then take time to undertake a thorough investigation, the result of which would be reported through the Quality Assurance Committee. Mrs G Easson wished to thank Professor B Toft on behalf of the Board of Directors for the detailed report, noted the learning and the resultant action plan and looked forward to receiving a further report in October 2016.

The Board of Directors:

- Received and noted the report.

191/16   Strategic Risk Register

Mr T Roberts presented the Strategic Risk Register and advised the Board that there was one new strategic risk added this month (2969) and one risk that had its current risk rating increased from a score of 16 to 20 (2742). The Board of Directors undertook a page by page review of the Strategic Risk Register. In response to a question from Ms A Smith with regard to risk 2942 (Hospital CCTV), Mr J Sumner provided an overview of mitigating actions and advised that the issue would be further considered at the Executive Team meeting on 5 July 2016. In response to a further comment made by Ms A Smith, Mr J Sumner agreed to change the narrative of the risk as well as review the risk score.

In response to a question from Mrs G Easson who queried risks 2721 (Trauma Unit External Peer Review Serious Concerns) and 2824 (Safe Staffing Surgery and Critical Care Wards), Mr T Roberts provided an overview of the risks, including any mitigating actions, and noted the anticipated removal of risk 2824 from the Strategic Risk Register. It was also noted that risk 2826 (Non-delivery of S&CC CIP/Income targets 2015-16) should be removed from the Strategic Risk Register as it referred to the previous Financial Year. In response to a question from Mr J Sandford who queried risk 2889 (7 day working), Dr C Wasson provided an overview of actions in place and agreed to provide a comprehensive update to the Board at the September meeting.

In response to a question from Mr J Schultz, Mr T Roberts confirmed that there were currently no strategic risks in the Child & Family Business Group. Mr J Sumner made reference to the recent EU referendum and noted that a risk assessment was being undertaken to establish whether the effect of Britain's exit from the European Union, particularly with regard to workforce, should be added to the Strategic Risk Register. He noted that the Board would be kept updated with regard to the outcome of the risk assessment.

The Board of Directors:

- Received the report and noted the content.

192/16   Maintaining Safe Staffing Levels

Mr T Roberts presented a report which provided an overview, by exception, of actual versus planned staffing levels for the month of May 2016. Mr T Roberts advised that registered nursing agency reliance figures were two months in arrears and were therefore reported for April 2016. He noted that overall reliance on registered nursing agencies was 2.5% in April 2016 which was a favourable reduction from 4.7% in February and March 2016.

Reference was also made to the information relating to care hours per patient day (CHPPD) which was a new staffing metric advised by the Carter Review and it was noted that its purpose was to reduce unwarranted variation. In response to a question from Mrs J Shaw, Mr T Roberts noted that the metric related to nursing staff only but would include Allied Health Professionals and other clinical staff by 2017. Reference was made to the need to remain cautious when interpreting the metric due to the

small sample size. In response to a question from Mr J Schultz, Mr T Roberts provided an overview of staffing issues in ward B2.

The Board of Directors:

- Received the report and noted the content.

193/16   **Key Issues Reports**

Finance & Performance Committee

Mr M Sugden briefed the Board on matters considered at a meeting of the Finance & Performance Committee held on 22 June 2016. He advised that this had been the first meeting of the Committee following the merger of the former Finance & Investment Committee and the Strategic Development Committee. The Committee had considered and subsequently recommended the draft Committee terms of reference for approval by the Board of Directors and Mr M Sugden noted that this was a separate item on the Board agenda. It was noted that the Committee had also considered and endorsed the format and content of the Flash Results information which would be circulated to the Board on a monthly basis in advance of its submission to NHSI. The Board noted that the Committee would continue to receive full financial reports.

The Committee had considered the Month 2 Financial Report and Mr M Sugden advised that, based on the information available, the Committee could not gain assurance on the delivery of the Cost Improvement Programme (CIP). It was the intention, however, to provide a report to the July meeting which would seek to provide assurance on CIP deliverability. The Committee had been advised that a new Cash Action Group chaired by the Financial Improvement Director had been established which would report to the Committee. The Committee had also considered an update report with regard to the Financial Improvement Programme, including new governance arrangements and reporting lines to support the Trust's financial improvement objectives. Mr M Sugden advised the Board of the establishment of a Financial Improvement Group and noted that Non-Executive Directors had an open invitation to its meetings. In response to a question from Ms A Smith, Mr A Burn agreed to circulate the meeting dates to Non-Executive Directors and advised that the next meeting would be held on 7 July 2016.

The Board of Directors:

- Received and noted the Key Issues Report.

194/16   **Finance & Performance Committee – Terms of Reference**

Mr P Buckingham presented a report, the purpose of which was to present draft Terms of Reference for a Finance & Performance Committee to the Board of Directors for approval. He noted that the draft Terms of Reference for the merged Committee had been prepared based on the functions undertaken by the former Finance & Investment and Strategic Development Committees and had been considered at an Executive Team meeting on 14 June 2016. Mr P Buckingham advised that amendments made at that meeting had been incorporated in the revised draft which was included for

reference at Annex A to the report. It was noted that the draft Terms of Reference had subsequently been presented for consideration at the initial meeting of a merged Finance & Performance Committee held on 22 June 2016 and had been recommended to the Board of Directors for approval.

The Board of Directors approved the Terms of Reference subject to incorporating appropriate reporting from the Estates & Facilities function. Mrs G Easson thanked Mr J Schultz for chairing the Strategic Development Committee.

The Board of Directors:

- Received and noted the report.
- Approved the establishment of a Finance & Performance Committee.
- Approved the Terms of Reference subject to incorporating appropriate reporting from the Estates & Facilities function.
- Formally approved the disestablishment of the Finance & Investment and Strategic Development Committees.

195/16   Governance Declarations

Mr P Buckingham presented a report, the purpose of which was to present draft Governance Declarations for consideration and approval by the Board of Directors. It was noted that declarations relating to the Corporate Governance Statement, Academic Health Science Centres and Governor training were required to be certified by the Board of Directors for submission to Monitor by the deadline of 5pm on 30 June 2016.   Mr P Buckingham advised the Board that the Trust's position against the required declarations was considered at an Executive Team meeting on 28 June 2016 and noted that the draft declarations had been included for reference at Appendix 1 to the report. In response to a question from Mrs G Easson, Mr P Buckingham advised that there had been no feedback arising from the Executive Team discussion.

The Board of Directors:

- Received and noted the report and approved the declarations included at Appendix 1 to the report.

196/16   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:

- Junior Doctors Contract – Appointment of Guardian for Safe Working
- Stockport Together
- Healthier Together
- Care Quality Commission – Draft Inspection Report
- Changes to Executive Team Portfolios
- Publications

Mrs A Barnes was pleased to report the appointment of Mr E Clark as Sector Clinical Champion for Healthier Together following a competitive recruitment process. With regard to the changes to Executive Team portfolios, Mrs A Barnes advised that the responsibility for the Estates & Facilities function would be transferred to the Acting Chief Operating Officer from July 2016.

The Board of Directors:

- Received and noted the Report of the Chief Executive.

197/16   Risk Management Strategy

Mr T Roberts presented a report seeking Board of Directors approval of a revised version of the Trust's Risk Management Strategy. He advised that the only changes to the document content related to s6.10 "Project Management – Management of Risk". It was consequently noted that further changes were required to the Strategy as a result of a revised governance structure. The changes related to a number of Committees referred to in the Strategy.

The Board of Directors:

- Received and noted the report and approved the Risk Management Strategy subject to some further changes with regard to the governance structure.

198/16   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 July 2016 at 1.15pm in Lecture Theatre A, 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. **Update on 28 April 2016** – As advised at the previous meeting, the final report from Prof B Toft would be considered by the Quality Assurance Committee on 24 May 2016 prior to consideration by the Board of Directors. **Update on 26 May 2016** – The report would be considered at the Board of Directors on 30 June 2016. **Update on 30 June 2016** – Report on agenda. **Action complete.**	Dr J Catania Dr C Wasson
3/16	26 May 16	127/16	Trust Performance Report – Month 1	It was proposed to hold a deep dive session to share the Trust's Urgent Care Plan with the Board of Directors. Mr J Sumner proposed that this was combined with the strategic session that was being arranged for June 2016 to discuss the Trust's strategic direction.	J Sumner / S Toal

				Update on 30 June 2016 – The strategic session held on 16 June 2016 did not cover the Urgent Care Plan in depth. A date for a further strategic session to be confirmed.	J Sumner / S Toal
4/16	30 June 16	188/16	Trust Performance Report – Month 2	Mr J Sumner made reference to an Outpatient Waiting List national pilot and noted the innovative work that was being led by this Trust's staff. It was proposed that this be explored further either at the next Board meeting or the deep dive session.	J Sumner
5/16	30 June 16	188/16	Trust Performance Report – Month 2	*Emergency Readmissions* - Ms A Smith requested that the Board be sighted of the different groups of patients re-admitted after 20+ days and it was proposed that this subject be covered at the forthcoming Board deep dive session.	S Toal
6/16	30 June 16	188/16	Trust Performance Report – Month 2	In response to a question from Mr M Sugden who queried the new dotted line in Chart 9 (Clinical correspondence – typing backlog), Ms S Toal agreed to seek clarification with regard to the target and provide feedback at the next Board meeting.	S Toal
7/16	30 June 16	190/16	External Review of Never Events	It was noted that in order to ensure appropriate closure of the process, a report would be considered by the Quality Assurance Committee in September followed by the Board of Directors in October 2016.	C Wasson
8/16	30 June 16	191/16	Strategic Risk Register	In response to a question from Mr J Sandford who queried risk 2889 (7 day working), Dr C Wasson provided an overview of actions in place and agreed to provide a comprehensive update to the Board at the September meeting.	C Wasson
9/16	30 June 16	193/16	Key Issues Report – Finance & Performance Committee	Mr A Burn agreed to circulate the Financial Improvement Group meeting dates to Non-Executive Directors.	A Burn

Report to:	Board of Directors	Date:	4th August 2016
Subject:	Trust Performance Report – Month 3		
Report of:	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 June 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 Annex A.

2. Compliance against Regulatory Framework

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

|	Standard	Weighting	Monitoring Period	Jul-15	Aug-15	Sep-15	Q2	Oct-15	Nov-15	Dec-15	Q3	Jan-16	Feb-16	Mar-16	Q4	Apr-16	May-16	Jun-16	Q1	July (f/cast)
Maximum time of 18 weeks from point of referral to treatment in aggregate: Patients on an incomplete pathway	92%	1.0	Quarterly	93.4%	92.8%	92.8%	93.0%	92.4%	92.7%	92.1%	92.4%	92.1%	92.0%	91.2%	91.8%	90.7%	91.3%	91.5%	91.2%	
maximum waiting time of four hours from arrival to admission/ transfer/ discharge:	95%	1.0	Quarterly	94.8%	92.5%	91.5%	93.0%	91.0%	78.0%	73.7%	80.6%	73.5%	72.8%	72.60%	73.0%	79.3%	81.6%	85.2%	82.1%	
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	1.0	Quarterly	84.7%	94.9%	87.0%	89.4%	78.5%	92.5%	92.6%	87.9%	87.2%	81.6%	90.0%	86.4%	89.5%	85.7%	93.3%	90.1%	
All cancers: 62-day wait for first treatment from: NHS Cancer Screening Service referral	90%		Quarterly	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%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	
All cancers: 31-day wait for second or subsequent treatment, comprising:anti-cancer drug treatments	98%	1.0	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100%	100%	n/a *	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	
All cancers: 31-day wait from diagnosis to first treatment	96%	1.0	Quarterly	98.7%	97.1%	97.5%	97.9%	98.6%	97.5%	96.1%	97.8%	98.6%	97.4%	98.6%	98.2%	97.3%	100%	96.7%	97.8%	
Two week wait from referral to date first seen, comprising:all urgent referrals (cancer suspected)	93%	1.0	Quarterly	97.1%	96.0%	94.7%	95.9%	96.0%	97.3%	97.6%	97.0%	96.8%	98.1%	97.5%	97.5%	96.6%	96.6%	98.1%	97%	
Two week wait from referral to date first seen, comprising:for symptomatic breast patients (cancer not initially suspected)	93%	1.0	Quarterly	96.3%	96.1%	95.9%	96.1%	94.2%	94.7%	98.7%	95.6%	96.4%	98.9%	99.1%	98.1%	98.8%	97.4%	98.7%	98.3%	
Meeting the C. difficile objective (< 17 in year due lapse in care)	de minimis applies	1.0	Quarterly	1	2	0	3	0	1	0	1	1	2	0	3	0	0	0	0	

● = no patients treated in month.

3. Month 3 Performance against Regulatory Framework

There were two areas of non-compliance against the regulatory framework in month 3:

A&E 4hr target

Performance in June was an improvement to that in May and attendances recorded more in line with expected. Whilst the overall performance was still below 95%, the NHSI revised trajectory was achieved for Q1.
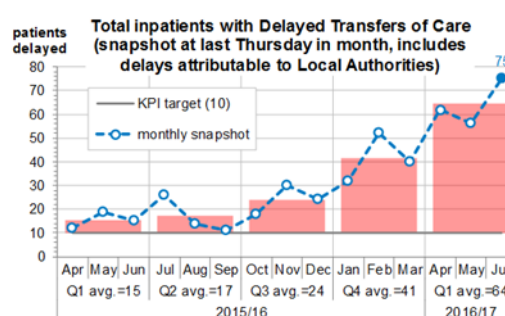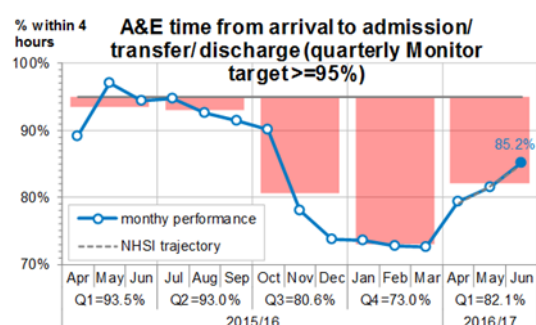
Attendances to date in July are circa 8% above predicted levels (average 278 per day) which along with a continued trend in DTOC, has adversely impacted performance.

Strategies to affect performance centre on themes 1)deflecting patients that do not need to be in A&E, 2)improving flow through the department and 3)expediting discharge home for those patients

not admitted within the 4hr target time.

The numerous work-streams within these themes are owned by the organizational strategy and implemented by the Urgent Care Review Group (UCRG)/Urgent Care Lead.

Longer term models of care that address high volumes of attendances that could be managed elsewhere and patients whose continuing care need not be in the acute setting are to be developed with other providers through commissioners and Stockport Together.

Shorter term measure to address performance include:
- Identifying and avoiding 4hr breaches by proactive management and escalation once a patient's attendance reaches 2.5hrs
- Protecting flow through the Medical Admissions Unit/Clinical Decisions Unit (MAU/CDU) by avoiding overnight patient stays
- Utilising the protected clinical decision beds for patients requiring a 'watch/wait for results' approach to free the space they might otherwise occupy in ED – analysis pending
- Changes to the 10 Pledges to ensure ED referrals to surgical specialties meet agreed KPI's regarding time to be seen(to be measured and monitored by the UCRG weekly).
- Urgent review of estate to create additional capacity in ED to avoid overcrowding.

Referral To Treatment, 92% Incomplete Pathway Target
Performance in June (91.5%) showed a slight improvement from May, however this was below the specified NHSI trajectory level of 92.1%.
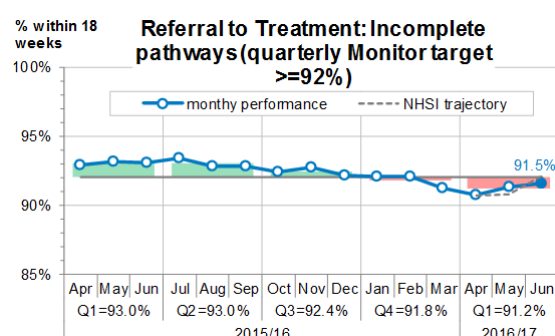
As shown in the graphs below, the Trust has reduced the overall non-admitted backlog to 982, and is now compliant against the KPI. The admitted backlog is proving to be a huge challenge particularly within ENT, Oral surgery, Urology and General Surgery. These specialties have on-going Outpatient capacity shortfalls which are elongating the patient pathway and therefore listing for admitted treatment is beyond 18 weeks.
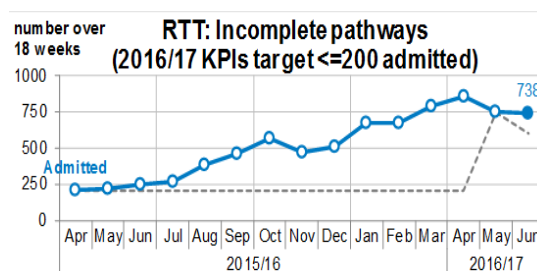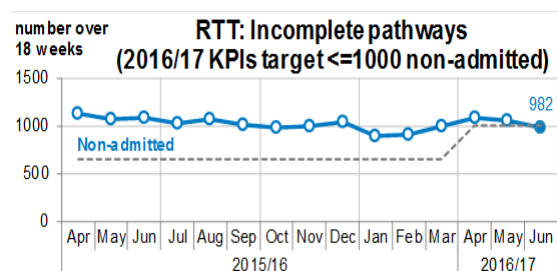
Future risks to compliance against Regulatory Framework

A return to compliance is expected for RTT from month 4, and hence quarter 2. The risk to the A&E standard is expected to remain during Q2.

4. Key Risks/hotspots from the Integrated Performance Report

4.1 Quality

- **Discharge Summary**

Performance has decreased by 0.86% in June 2016. The most significant factor in performance below trajectory is again in the Acute areas due to volume of patients coming through assessment areas.   The following actions have been put in place:

- Block rostering is now in place in acute areas. Alerts sent to Acute Physicians/Junior doctors detailing outstanding HCR's 24 hrs post patient discharge to enable completion of HCR within the 48 hr deadline. This system implemented early June; would hope to see improvement on trajectory in August/September 2016.
- Discussions held with AMD's; who will reinforce the mandatory HCR requirements through CD meetings and target individual consultants with their data.
- SAU (C3) – working towards implementing an automated HCR for those patients who are admitted to SAU for assessment only, and then discharged with a date to re-attend for further treatment. Currently there is poor compliance with completion of the initial HCR, however the subsequent HCR following treatment are already being completed appropriately.

- **Patient Experience**

June response rate for patients in ED was 23%, an increase of 5% since May. Children's ED response rate is 7% (89) up from 0%. Work has been undertaken to add the children's FFT to all ED iPads. Staff have engaged well with this and an increase in response rates has been seen as a result.

4.2 Performance

- **Outpatient Waiting Lists**
  Gastroenterology

It is expected OWL will continue to rise in the short term whilst future demand move into overdue appointments. Capacity remains an issue with 1 current vacancy and imminent departure of existing consultant.

Actions to improve are as follows:

- 100 Day pilot to give rapid access for follow-up patients
- Validation of follow up patients has identified 652 patients suitable for the 100 day pathway. These are being proactively reviewed using telephone follow up to assess condition stability and transfer to new pathway as appropriate.
- Pharmacy support joining IBD team in September to provide additional clinic capacity to assess an additional cohort of 150 patients' who are awaiting a review for medication assessment only.
- Agreement from consultants to raise templates for 2 additional follow up patients per clinic from September 2016.
- Meetings arranged with commissioners and Clinical lead to review GP referrals to optimise pathways in community.

Cardiology

Presently capacity has been lost from 2 consultants (maternity leave since January 2016 & vacant locum position since April 2016).The Business Group has now appointed a fixed term option to cover maternity leave, which will commence in August 2016. Additionally an

agency locum has been identified to also commence in August, this is just awaiting ECP approval.

Respiratory
The OWL is steadily improving with the support from agency locums which is essential in light of a substantive vacancy, recurrent capacity deficit, and restricted practice implications.

Ophthalmology
As described last month, the OWL increased in June due to appointments being temporarily un-booked following a clinical staff vacancy and a maternity leave. It is anticipated that the number of patients on OWL will start to decrease from August. Further capacity is being secured through additional Nurse Practitioner and Orthoptic resource. The vacant specialty doctor post has now been recruited to, and the new post-holder will commence in August. A request has also been made to ECP panel for a further replacement specialty Doctor.

- **Emergency Readmissions**
  The readmissions work stream, which is an enabler to the reduction of beds days project in the optimising capacity plan, has now a defined team structure and project lead to work alongside KPMG.

  The team is working towards the measurable, achievable objective of reducing readmission rates in specific specialties from the current Trust average to national peer average rates, by improved pathways. The plan involves strengthening and improving patient discharge information, and facilitating post discharge contact at 48 hours and 14 days to reduce readmissions into the acute sector, by navigating patients to local ,non- acute providers where appropriate. The project aims to reduce risk to patients of an unnecessary hospital admission. The Project aim will also be to avoid costs associated with the readmission.

4.3 Finance
- An extraordinary Board meeting took place on the 7th July 2016 in order to approve the acceptance of the Sustainability & Transformation Fund (STF) amounting to £8.4m and deliver a financial control total of a £6.0m deficit. A revised financial plan was submitted to NHSI and this report considers performance against this reforecast plan.

  The Trust has a deficit of £8.8m at the end of June 2016 and this is in line with the financial plan; this is an increase of £3.7m in month.

  Clinical income has improved again in June and is £0.1m ahead of plan in month, bringing the year-to-date variance up to £0.6m favourable. Elective activity in particular is above plan, but this is linked to increased out-sourced activity undertaken to reduce the referral to treatment backlog and represents a low or nil margin contribution to the Trust.

- Within expenditure the budgets have been updated as part of the reforecast to cover additional risks and pressures that have arisen since the original plan.

- The cost improvement plan is £0.3m behind plan in June and £0.9m behind plan to date. This is offset by a high level of non-recurrent pay vacancies.

- The planned capital expenditure to the end of June was £2.7m, but actual costs were £2.3m so are below the profiled plan by £0.4m.

- Cash in the bank at the 30th June 2016 was £24.7m. This is in line with both the original and revised plan and does not include the £3m loan forecast with the Independent Trust

Financing Facility (ITFF).

- Recent actions by the Cash Action Group to move to bi-weekly payment runs and 60 day payment terms are expected to reflect in cash balances from July 2016. The forecast year end cash balance has improved by £8.2m with the agreement in principle of the Sustainability & Transformation Fund.

4.4 Workforce

- **Essentials training**
  In June 2016 there was a decrease of 1.4% in compliance from the May position, from 88.9% to 87.5%.Only one of the Business Groups achieved compliance, Estates.

  Diagnostics and Clinical Support achieved 91.43%, Child & Family 92.73% and Community 91.70%. 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.

- **Appraisals**
  The Trust's total appraisal compliance for June 2016 is 88.83%, an increase of 2.4% since May 2016 (86.43%).

- **Turnover**
  The Trust's permanent headcount turnover figure for the 12 months ending June 2016 is 11.85% against a national average rate of 13.93%. This is a slight increase of 0.36% compared to the May 2016 figure of 11.49%, showing some stability in the turnover activity. (This does not include the TUPE transfer staff which increases the June 2016 permanent headcount turnover figure to 25.77%). The turnover rate for comparison to June 2015 was 12.40%.

- **Induction**
  Corporate Welcome attendance remains consistently at 100%. Local induction has decreased from 63.6% in May to 57.14% in June.

- **Efficiency**
  Bank & Agency costs
  The percentage of pay costs spent on bank and agency in June 2016 is 9% (the same as the position reported in May 2016), which equates to £1,686,714, a decrease of £6,824 from £1,679,890 in May 2016.

  The Medicine Business Group has the highest spend on bank/agency at £1,066,781 in June 2016 which equates to 63.25% of the overall bank/agency spend, an increase of 3.14% (£29,324) from the 60.11% May 2016 figure of £1,037,457.

  In June 2016, 3% of total pay costs were attributed to bank staff and 6% of total pay costs were attributed to agency staff, the same as May 2016 percentage figures. The use of bank and agency staff is closely monitored at Business Group Finance and Performance meetings and the Establishment Control Panel.

Agency shifts above cap

June 2016 shows a decrease in the number of shifts (241) which are taking place above the agency cap from 1042 in May 2016 to 801 in June 2016. Work continues in line with the IDP Agency Cap programme to address the level of cap breaches and to model the impact.

Trust pay variance

The Trust pay variance, expenditure above the financial envelope of establishment, including vacancies in June 2016 showed a £82,447 underspend, a decrease of £180,053 from the £51,216 overspend reported in May 2015.
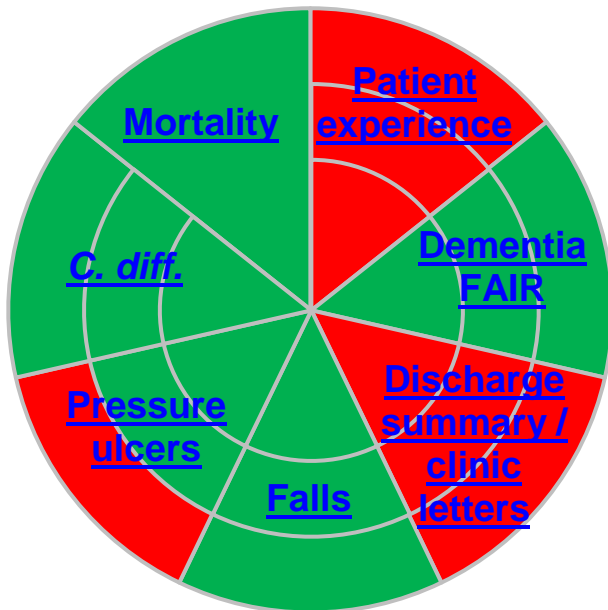
5. Recommendations
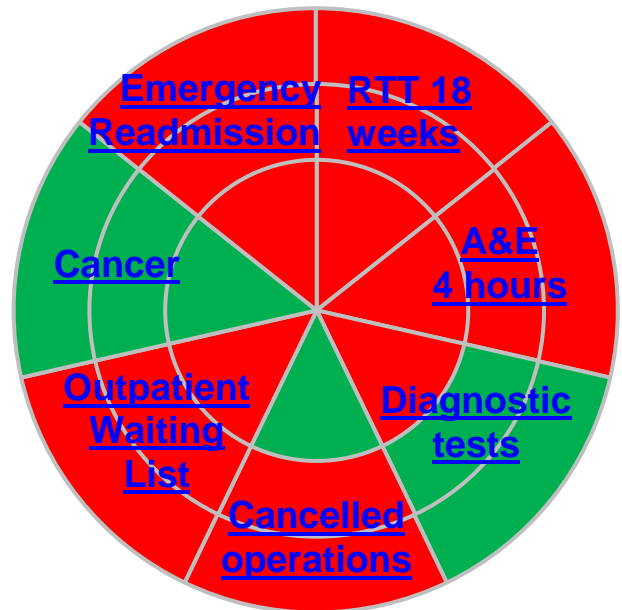
The Board is asked to:

- Note the current position for month 3 compliance against 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
July 2016

Stockport NHS
NHS Foundation Trust

1.Quality

Mortality
Patient experience
C. diff.
Dementia FAIR
Pressure ulcers
Discharge summary / clinic letters
Falls

2.Performance

Emergency Readmission
RTT 18 weeks
Cancer
A&E 4 hours
Outpatient Waiting List
Diagnostic tests
Cancelled operations

3.Finance

Income Variance
Financial Performance
Expenditure Variance
Capital
CIP
Financial Sustainability

4.Workforce

Essentials Training
Appraisals
Sickness Absence
Turnover
Engagement
Efficiency
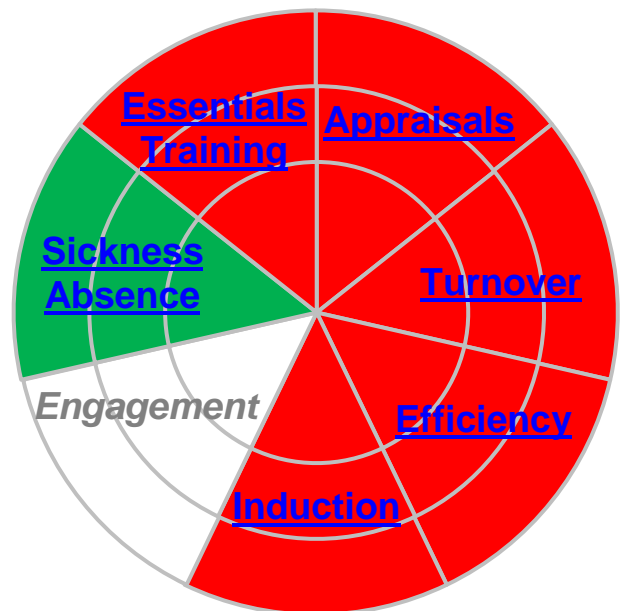Induction

Key to wheels:

Outer ring; Year-to-date performance. Middle ring, latest quarter. Inner ring, latest month.

Mortality is assessed on the latest 12 months, CIP (Cost Improvement Programme) on the year-to-date.

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

- NHS Improvement (formerly known as Monitor) trajectories added for A&E, RTT, Diagnostics and Cancer 62 day.

Key to indicators:

Monitor indicators (in Risk Assessment Framework): Ⓜ

Monitor indicators for which we have made forward declaration: Ⓜ

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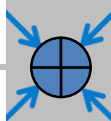
Filled	**Blank**		**Filled**	**Blank**
Trust Data	National Data		Validated	Unvalidated
Filled	**Blank**		**Filled**	**Blank**
Automated	Not Automated		Current Month	Not Current Month

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Patient Experience ⊕

Chart 1

Friends and Family Test % recommend by type of service (90% KPI target for highlighted services): June 2016

Chart 2

Friends and Family Test % recommend (combined responses from all services)

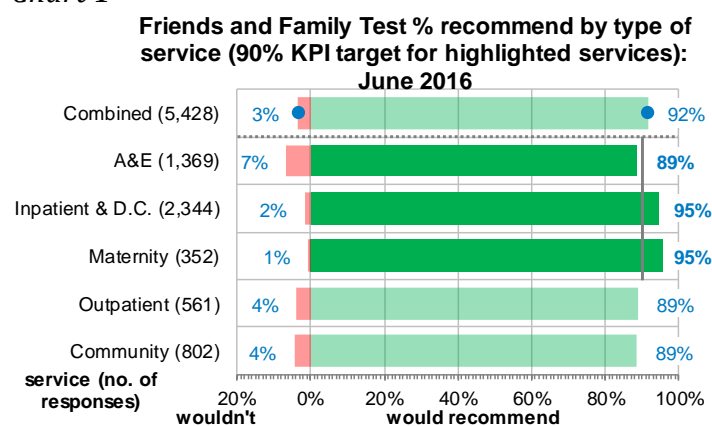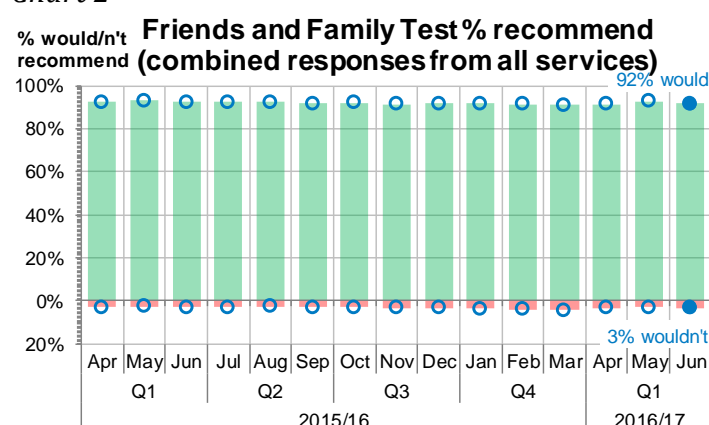Overall in June, the trust scored 92% extremely likely or likely to recommend, total responses were 5428. Broken down, June response rate for patients in ED was 23%, an increase of 5% since May. Children's ED response rate is **7%** (89) which is a significant **increase** since last month. Work has been undertaken to add the children's FFT to all ED iPads. Staff have engaged well with this and an increase in response rates has been seen as a result. This will continue to be monitored. Acute inpatients response rate was 41**%** in June overall.

Feedback Themes (acute):

ED (adult) – Positive comments received for June state staff are helpful and polite. Positive comments were also seen with regards to ambulance / paramedic staff, clinicians and reception staff. Waiting time has continued to receive some positive feedback but alternatively continues to receive some negative comments including excessive waits for results.

ED (Paediatric)

An increased number of comments in June have been received and were on the whole positive. Feedback included staff were friendly, welcoming and detailed information was given. Waiting time to be seen was also positive stating patients were seen 'very fast'.

Inpatients (adults) Positive comments received included staff were helpful, kind and caring. Negative comments included excessive waiting times to be seen on ward SAU (C3), lack of communication and poor information being given by staff.

Maternity – Overall positive comments received including patients felt supported, especially when given assistance to breastfeed. Comments also stated staff were approachable and helpful. Minimal negative comments were received across the services but of those received patients stated delays were experienced receiving pain relief, patients perceived some levels of poor staffing and at times there was a lack of communication.

Daycase - Negative comments continue to report long waiting times when admitted for procedures, surgery being cancelled after waiting and excessive amount of time and not being given enough information.
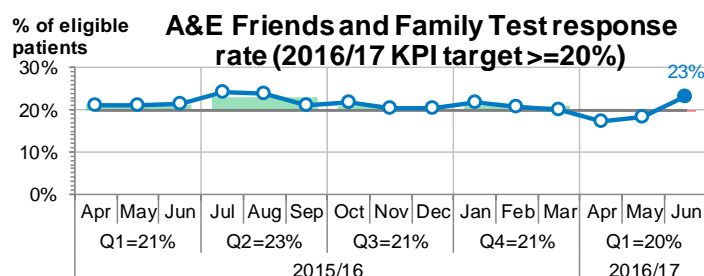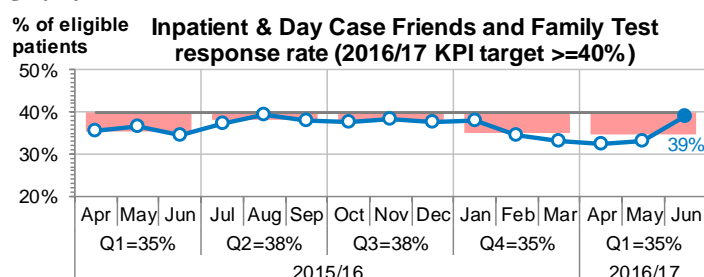
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Chart 3

% of eligible patients

A&E Friends and Family Test response rate (2016/17 KPI target >=20%)

Q1=21%	Q2=23%	Q3=21%	Q4=21%	Q1=20%
2015/16				2016/17

Chart 4

% of eligible patients

Inpatient & Day Case Friends and Family Test response rate (2016/17 KPI target >=40%)

Q1=35%	Q2=38%	Q3=38%	Q4=35%	Q1=35%
2015/16				2016/17

Out Patients - Positive comments received included staff were friendly and positive feedback around x-ray and pain control. Other feedback also commented that the areas were clean. Negative comments continue to report poor car parking, some staff poor attitude including reception staff, and poor quality of information being given.

Paediatrics (inpatients) - Mainly positive feedback was received which stated staff were found to be calming in a stressful situation, happy to listen to patients and friendly with an exceptional attitude.

Community Services - Overall positive comments were received with the top theme being good care received with staff having a positive attitude. Negative comments received were around waiting times for clinic appointments being long, not being able to be seen in the patients local clinic and poor communication.

IPad Inpatient Surveys

In June **266** inpatient iPad surveys were undertaken, which is an increase of **8** compared to May. 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, but a heavy reliance on volunteers to undertake surveys continues.

All results can be seen via the trust Corporate Information System and continue to be sent to wards on a monthly basis in more detail as a report. Using a RAG rating system the results via CIS 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 86% positive responses in June which is the same as May.

Responses to the questions and business group actions regarding nutrition and hydration will continue to be monitored via the trust Nutrition and Hydration group and reported through the designated governance structures.

Dementia 16

Chart 5

Patients asked Dementia Finding question within 72hrs (KPI target >=90%)

% relevant patients

97%

	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
	Q1=96.0%	Q2=97.9%	Q3=96.5%	Q4=96.8%	Q1=98.0%
		2015/16			2016/17
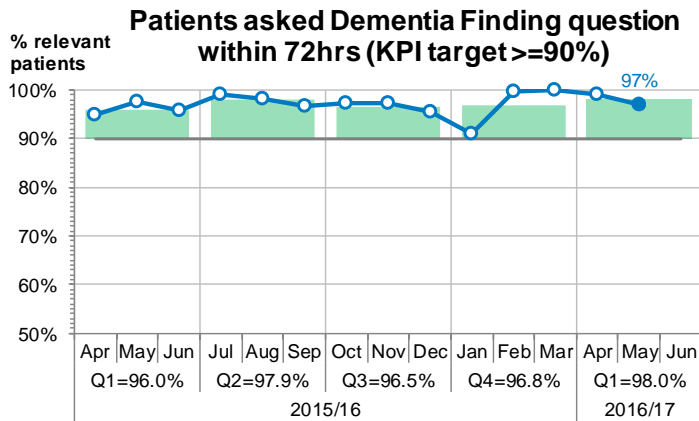
Charts 5 to 7 show performance against the dementia standards. Compliance with standard is expected to continue following implementation of an electronic recording.

Chart 6

Patients receiving Dementia Assessment & Investigation (KPI target >=90%)

% relevant patients

94%

	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
	Q1=95.2%	Q2=97.3%	Q3=86.9%	Q4=98.9%	Q1=95.9%
		2015/16			2016/17

Chart 7

Patients receiving Dementia Referral (KPI target >=90%)

% relevant patients

100%

	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
	Q1=89.7%	Q2=97.6%	Q3=100.0%	Q4=100.0%	Q1=97.8%
		2015/16			2016/17

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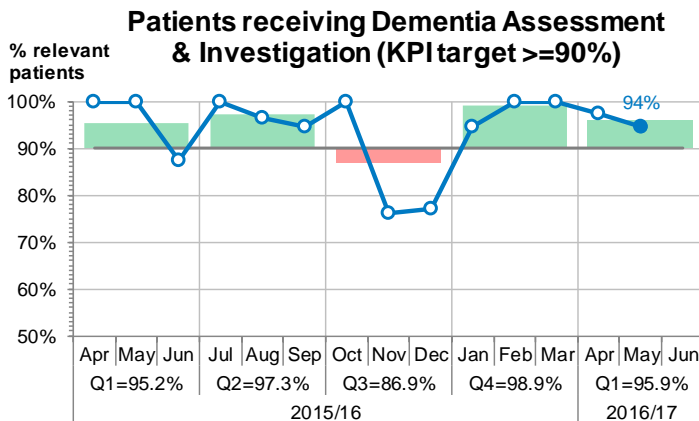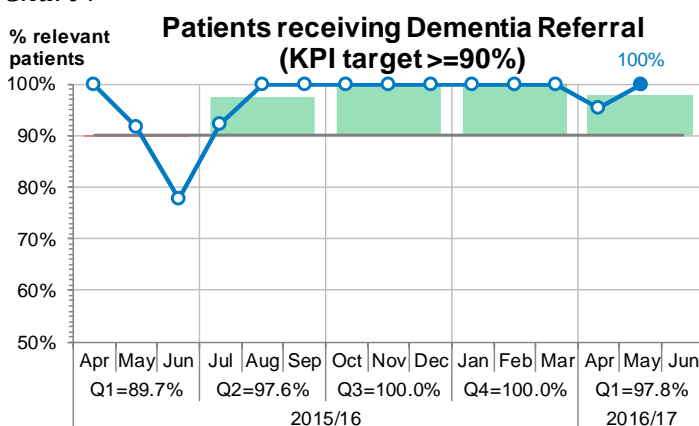
Discharge summary (published within 48 hours) ⊕

Chart 8

% of discharges

Discharge summary published within 48 hours, including A&E attendances (KPI target >= 95%)
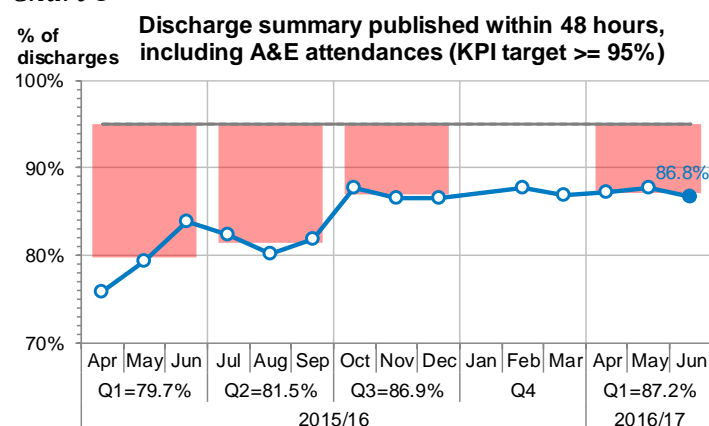

Chart 8 shows compliance with discharge summary completion within 48hrs.

Performance has decreased by 0.86% in June 2016. The most significant factor in performance below trajectory is again in the Acute areas due to volume of patients coming through assessment areas. The following actions have been put in place:

- Block rostering is now in place in acute areas. Alerts sent to Acute Physicians/Junior doctors detailing outstanding HCR's 24 hrs post patient discharge to enable completion of HCR within the 48 hr deadline. This system implemented early June; would hope to see improvement on trajectory in August/September 2016.

- Discussions held with AMD's; who will reinforce the mandatory HCR requirements through CD meetings and target individual consultants with their data.

- SAU (C3) – working towards implementing an automated HCR for those patients who are admitted to SAU for assessment only, and then discharged with a date to re-attend for further treatement. . Currently there is poor compliance with completion of the initial HCR, however the subsequent HCR following treatment are already being completed appropriately.

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Clinical correspondence (typing backlog) ⊕

Chart 9

Overall Score

Clinical Correspondence (Outpatient Letter typing) % Waiting 14 days or less (KPI target >=95%)

Legend:
- ······ 7 days or less (target from Sep-16)
- —○— % within target

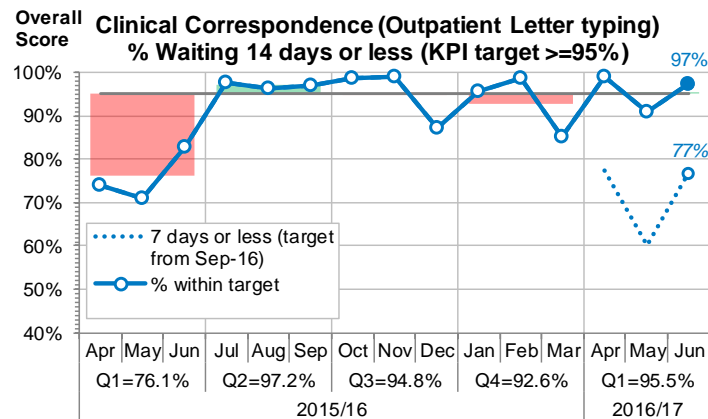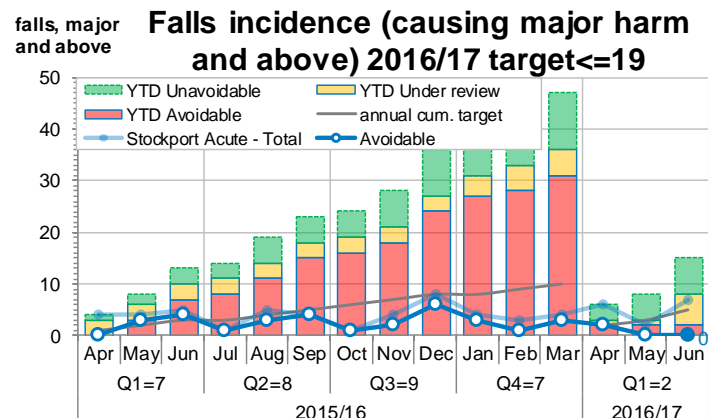|		
Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=76.1%	Q2=97.2%	Q3=94.8%	Q4=92.6%	Q1=95.5%
	2015/16			2016/17

Chart 9 shows the performance against the clinical correspondence standard of 95% of Outpatient letters to be typed within 14 days.

June saw a return to compliance, with 97% of letters being typed within 14 days, and 77% within the 7 day stretch target.

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Falls ⊕

Chart 10

falls, major and above

Falls incidence (causing major harm and above) 2016/17 target<=19

Legend:
- YTD Unavoidable
- YTD Under review
- YTD Avoidable
- annual cum. target
- Stockport Acute - Total
- Avoidable

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=7	Q2=8	Q3=9	Q4=7	Q1=2
	2015/16			2016/17

This year's target is 19 avoidable falls. In June there were 7 severe falls:
- 5 are under review
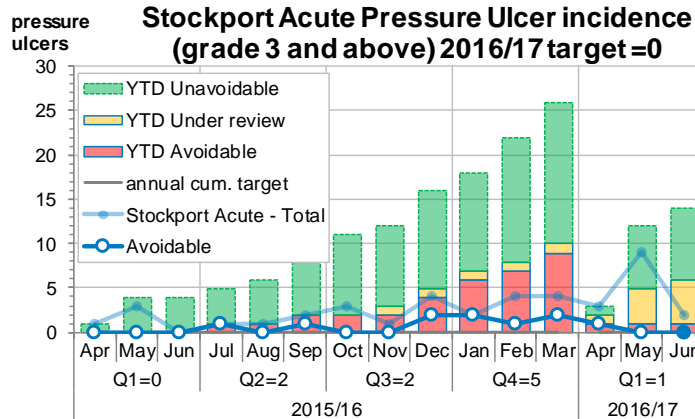- 2 have been deemed as unavoidable

The second workshop has been held to review current state in relation to falls prevention bundle and to prioirtise actions for the forthcoming year. An action plan has been developed and will be shared with all Business Groups. The corporate falls risk assessment has been reviewed and score approved, a further risk assessment has been completed and approved in relation to additional alarms required.

Work has commenced with members of the the Targeted Prevention Alliance in the community in relation to preventing falls and avoiding admission to hospital. This will include links between response to deterioration/making every contact count and connecting delivery into the neighbourhood services. A small working group will be set up to develop a draft whole system care pathway for falls .

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Pressure Ulcers 16

Chart 11

Stockport Acute Pressure Ulcer incidence (grade 3 and above) 2016/17 target =0

Chart 12

**Community Pressure Ulcer incidence (grade 3 and above) 2016/17 target <=3**

The stretch target for Stockport Acute services is zero tolerance of avoidable pressure ulcers grade 3 and 4 by the end of 2017.

In June there has been 2 x category 3 and above pressure ulcers, 1 is under review and 1 has been deemed as unavoidable.

In Q1 there has been 1 avoidable pressure ulcer confirmed.

The stretch target for Stockport Community is 50% reduction in grade 3 and 4 avoidable pressure ulcers by end of 2017. The target is 6 avoidable pressure ulcers.
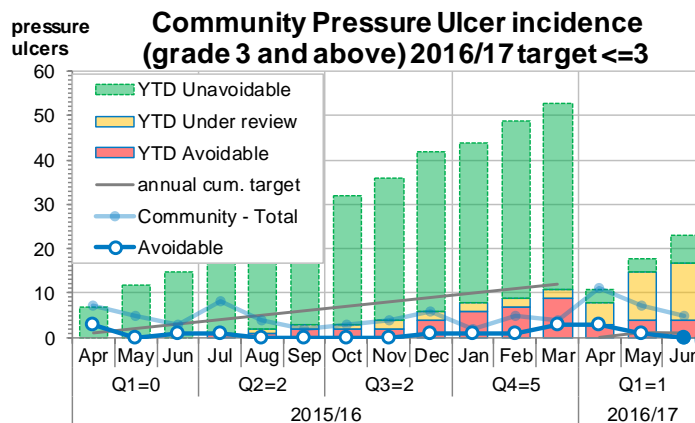
In June there have been 5 grade 3 or 4 pressure ulcers, 2 are under review and 3 have been deemed unavoidable

The sharp increase in PU numbers recently experienced appear to now be reducing in the acute trust and have stabilized in the community. A number of initiatives are in development:
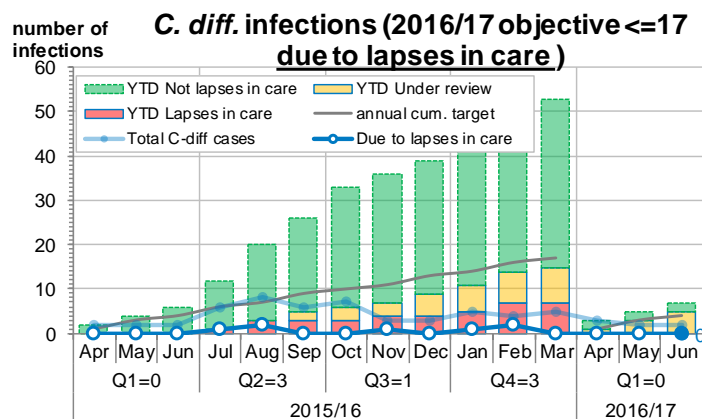
- Critical care have devised a bundle for medical devices.
- Theatres are looking at Rrevising the ICP pathway to include more emphasis on PU risk assessment and prevention.
- Community are developing core tissue viability competencies that can be rolled out.

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Stockport NHS
NHS Foundation Trust

Clostridium difficile (C. diff.) infections Ⓜ ⊕ ㉚

Chart 13

C. diff. infections (2016/17 objective <=17 due to lapses in care)

During 2015/16 there were 53 cases of Clostridium difficile, of these, 13 cases were found to have significant lapses in care against the trajectory of 17.

For 2016/17 there has been 2 cases of Clostridium difficile in June, the total number YTD is 7. Of these 7 cases 2 have been reviewed with the other 5 cases still under review. We have been advised by the CCG that the two cases reviewed by them do not have significant lapses in care and do not reach the threshold for reporting.
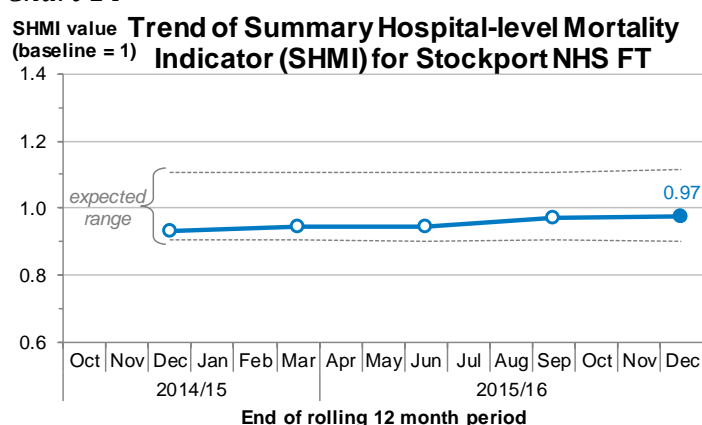
Mortality ⊕

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 14

Trend of Summary Hospital-level Mortality Indicator (SHMI) for Stockport NHS FT

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
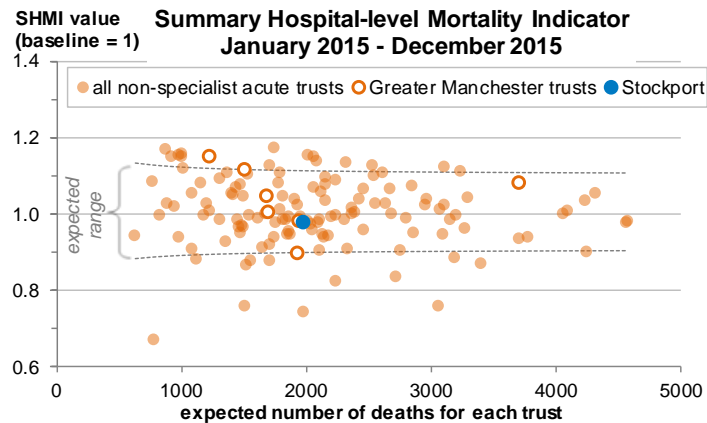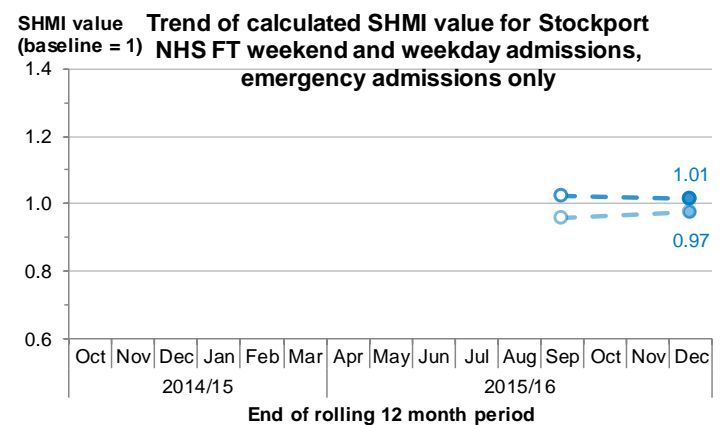
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Chart 15

SHMI value (baseline = 1)

Summary Hospital-level Mortality Indicator January 2015 - December 2015

Legend: all non-specialist acute trusts · Greater Manchester trusts (open circle) · Stockport (filled blue circle)

expected range

x-axis: **expected number of deaths for each trust** (0 to 5000)
y-axis: 0.6 to 1.4

Chart 16

SHMI value (baseline = 1)

Trend of calculated SHMI value for Stockport NHS FT weekend and weekday admissions, emergency admissions only

1.01

0.97

x-axis: Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2014/15   2015/16

End of rolling 12 month period

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.
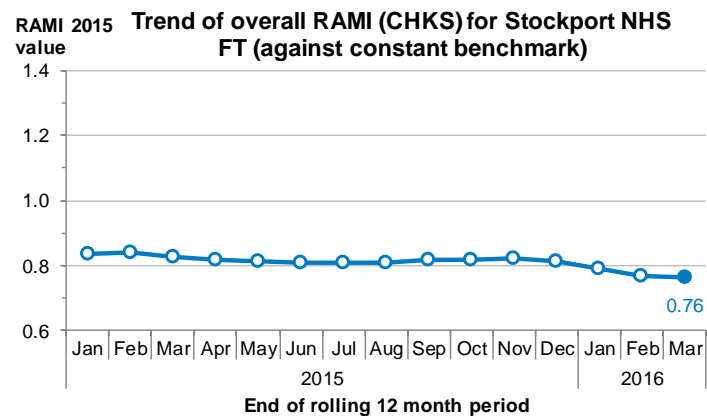*Data source: CHKS*

Chart 17

RAMI 2015 value

Trend of overall RAMI (CHKS) for Stockport NHS FT (against constant benchmark)

0.76

x-axis: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec | Jan Feb Mar
2015   2016

End of rolling 12 month period

Chart 18

RAMI 2015 value

RAMI (CHKS) Apr-15 to Mar-16 with value and expected range for all trusts shown

Legend: all non-specialist acute trusts · Greater Manchester trusts (open circle) · Stockport (filled blue circle)

expected range

x-axis: **expected number of deaths for each trust** (0 to 3500)
y-axis: 0.6 to 1.4

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Chart 19

Trend of RAMI value for Stockport NHS FT weekend and weekday admissions, non-elective admissions only

RAMI 2015 value

weekday

weekend

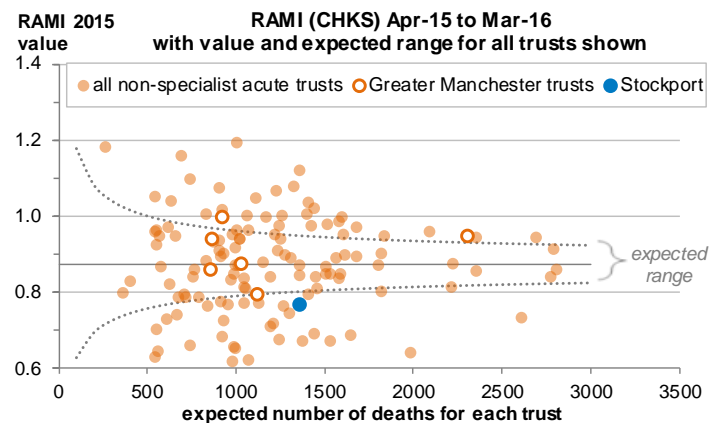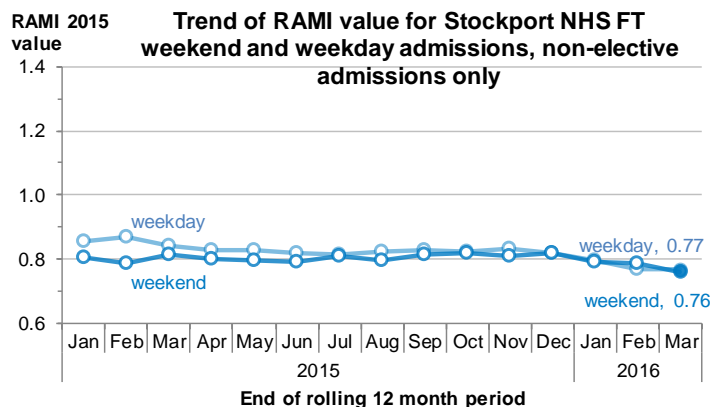weekday, 0.77

weekend, 0.76

End of rolling 12 month period

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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 20

Index (annual): All conditions

Index 12m MA — Expected Index
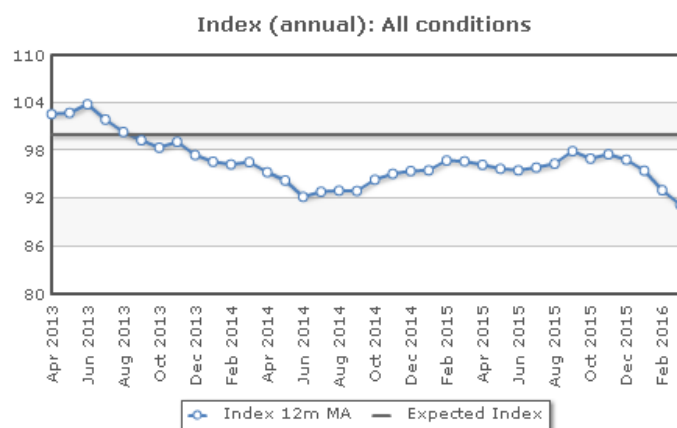
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Referral to Treatment (RTT) waiting times

Chart 21

Referral to Treatment: Incomplete pathways (quarterly Monitor target >=92%)

% within 18 weeks

monthy performance — NHSI trajectory

91.5%

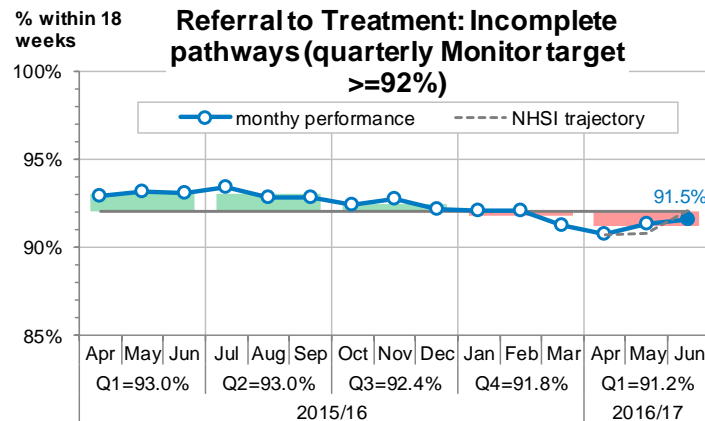| Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=93.0%	Q2=93.0%	Q3=92.4%	Q4=91.8%	Q1=91.2%

2015/16   2016/17

Chart 21 shows performance against the RTT Incomplete standard.

Performance in June (91.5%) showed a slight improvement from May, however this was below the specified NHSI trajectory level of 92.1%.
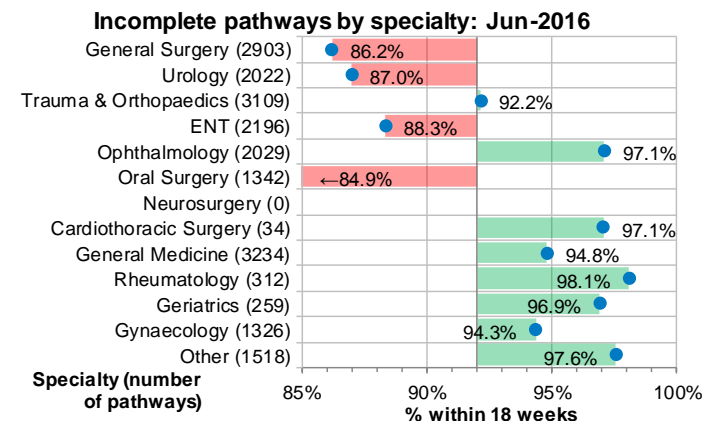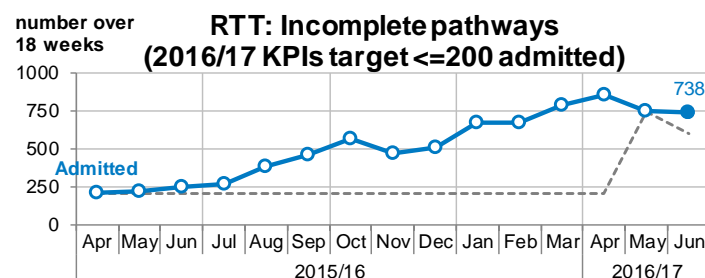
Chart 22

Incomplete pathways by specialty: Jun-2016

Specialty (number of pathways)	% within 18 weeks
General Surgery (2903)	86.2%
Urology (2022)	87.0%
Trauma & Orthopaedics (3109)	92.2%
ENT (2196)	88.3%
Ophthalmology (2029)	97.1%
Oral Surgery (1342)	←84.9%
Neurosurgery (0)	
Cardiothoracic Surgery (34)	97.1%
General Medicine (3234)	94.8%
Rheumatology (312)	98.1%
Geriatrics (259)	96.9%
Gynaecology (1326)	94.3%
Other (1518)	97.6%

Chart 22 shows performance against the incomplete standard at specialty level.

Chart 23

RTT: Incomplete pathways (2016/17 KPIs target <=200 admitted)

number over 18 weeks

Admitted

738

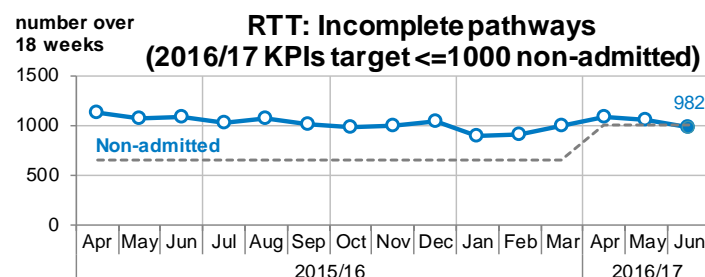| Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
2015/16				2016/17

Charts 23 and 24 show the number of patients waiting beyond 18 weeks split by admitted and non-admitted pathways.

The Trust has reduced the overall non-admitted backlog to 982, and is now compliant against the KPI.

Chart 24

RTT: Incomplete pathways (2016/17 KPIs target <=1000 non-admitted)

number over 18 weeks

Non-admitted

982

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
2015/16				2016/17

The admitted backlog is proving to be a huge challenge particularly within ENT, Oral surgery, Urology and General Surgery. These specialties have on-going Outpatient capacity shortfalls which are elongating the patient pathway and therefore listing for admitted treatment is beyond 18 weeks.

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Accident & Emergency total time in dept. Ⓜ ㉒

Chart 25

% within 4 hours

A&E time from arrival to admission/ transfer/ discharge (quarterly Monitor target >=95%)

85.2%

— monthy performance
---- NHSI trajectory

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=93.5%	Q2=93.0%	Q3=80.6%	Q4=73.0%	Q1=82.1%
	2015/16			2016/17
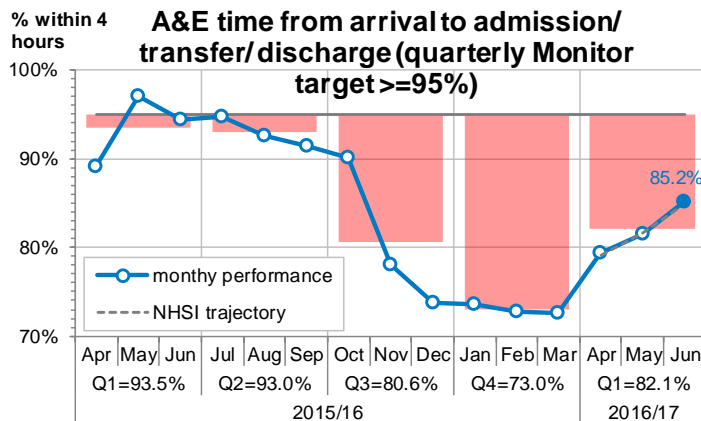
Chart *25* shows compliance against the 4hr A&E standard.

Performance in June was an improvement to that in May and attendances recorded more in line with expected. Whilst the overall performance was still below 95%, the NHSI revised trajectory was achieved for Q1.

Attendances to date in July are circa 8% above predicted levels (average 278 per day) which along with a continued trend in DTOC, has adversely impacted performance.

Chart 26
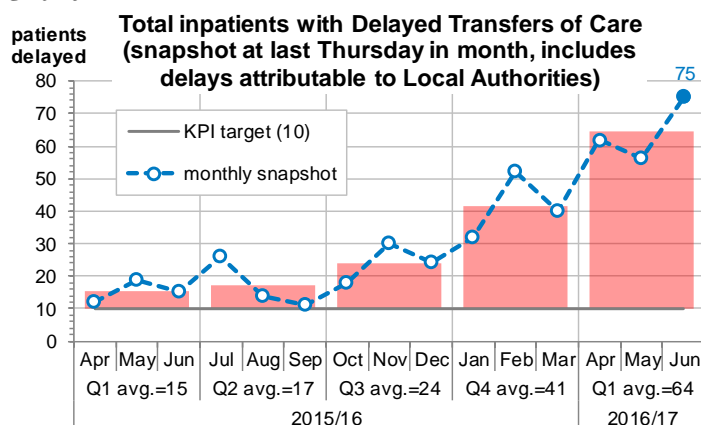
patients delayed

Total inpatients with Delayed Transfers of Care (snapshot at last Thursday in month, includes delays attributable to Local Authorities)

75

—— KPI target (10)
--O-- monthly snapshot

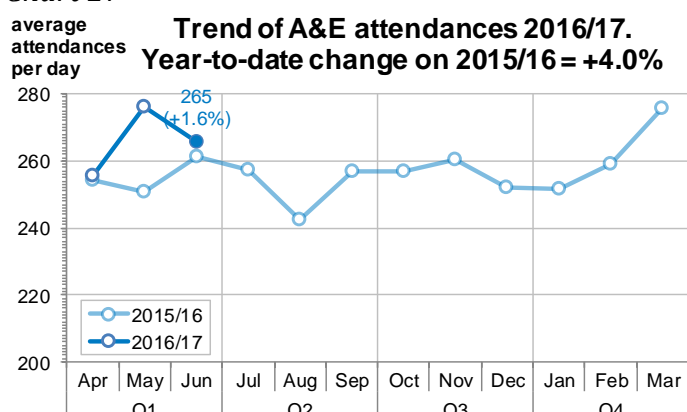| Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun |
| Q1 avg.=15 | Q2 avg.=17 | Q3 avg.=24 | Q4 avg.=41 | Q1 avg.=64 |
| | 2015/16 | | | 2016/17 |

Strategies to affect performance centre on themes 1)deflecting patients that do not need to be in A&E, 2)improving flow through the department and 3)expediting discharge home for those patients not admitted within the 4hr target time.

The numerous workstreams within these themes are owned by the organizational strategy and implemented by the The Urgent Care Review Group (UCRG)/Urgent Care Lead

Longer term models of care that address high volumes of attendances that could be managed elsewhere and patients whose continuing care need not be in the acute setting are to be developed with other providers through commissioners and Stockport Together.

Chart 27

average attendances per day

Trend of A&E attendances 2016/17. Year-to-date change on 2015/16 = +4.0%

265 (+1.6%)

—O— 2015/16
—O— 2016/17

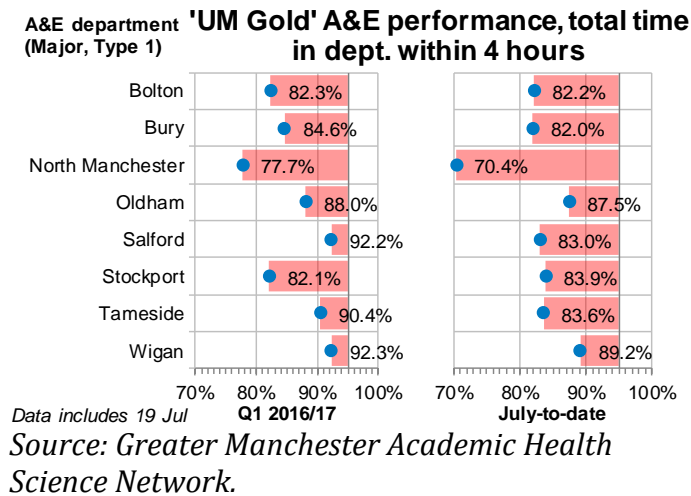| Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar |
| Q1 | Q2 | Q3 | Q4 |

Shorter term measure to address performance include:

- Identifying and avoiding 4hr breaches by proactive management and escalation once a patient's attendance reaches 2.5hrs
- Protecting flow through the Medical Admissions Unit/Clinical Decisions Unit (MAU/CDU) by avoiding overnight patient stays

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Integrated Performance Report July 2016

Stockport NHS Foundation Trust

Chart 28

'UM Gold' A&E performance, total time in dept. within 4 hours

A&E department (Major, Type 1)

	Q1 2016/17	July-to-date
Bolton	82.3%	82.2%
Bury	84.6%	82.0%
North Manchester	77.7%	70.4%
Oldham	88.0%	87.5%
Salford	92.2%	83.0%
Stockport	82.1%	83.9%
Tameside	90.4%	83.6%
Wigan	92.3%	89.2%

Data includes 19 Jul

Source: Greater Manchester Academic Health Science Network.

- Utilising the protected clinical decision beds for patients requiring a 'watch/wait for results' approach to free the space they might otherwise occupy in ED – analysis pending
- Changes to the 10 Pledges to ensure ED referrals to surgical specialties meet agreed KPI's regarding time to be seen(to be measured and monitored by the UCRG weekly).
- Urgent review of estate to create additional capacity in ED to avoid overcrowding.

Chart 28 shows ED pressures continue throughout Greater Manchester, with no peer achieving over 90% Q2 to date.

The next four pages show urgent care indicators (Chart 29 to Chart 41)

Urgent Care Key Performance Indicators

Chart 29

GP initiated emergency admissions, % who arrive via ED (Trust total)

% of GP init. adms.

	Q1=35%	Q2=35%	Q3=31%	Q4=32%	Q1=35%
	Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
	2015/16				2016/17

Legend: - - - previous year —o— monthy performance

34%

The following charts (29 to 34) are the high level KPIs to measure progress realized through the implementation of the Urgent care 90 day plan.
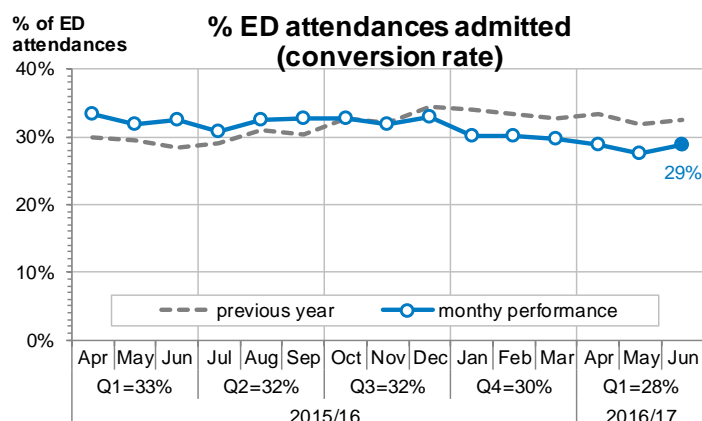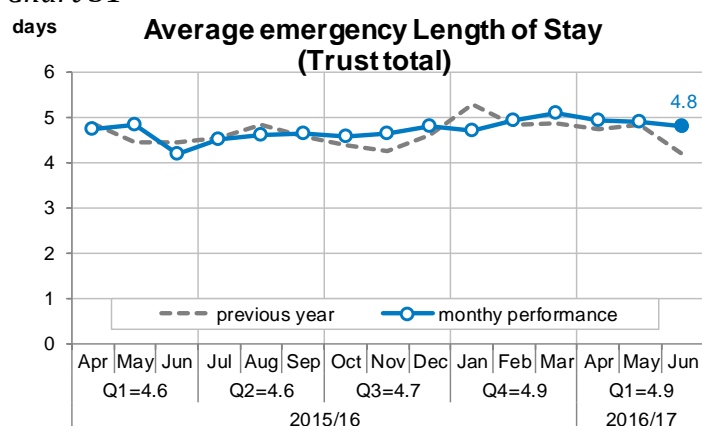
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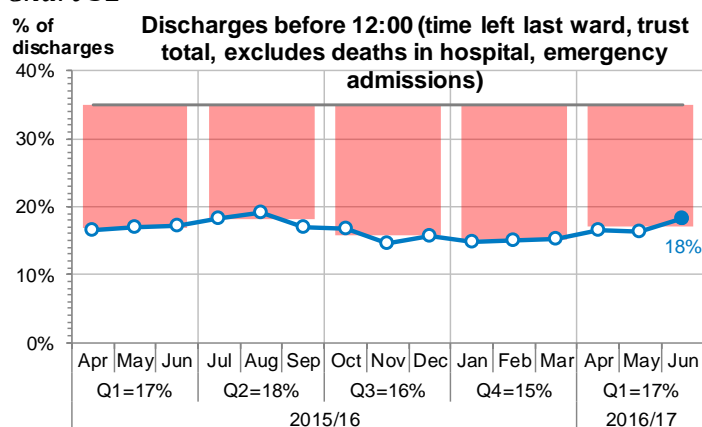
Chart 30

% of ED attendances

% ED attendances admitted (conversion rate)

- - - previous year   —○— monthy performance

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

| Q1=33% | Q2=32% | Q3=32% | Q4=30% | Q1=28% |

2015/16   2016/17

Chart 31

days

Average emergency Length of Stay (Trust total)

- - - previous year   —○— monthy performance

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

| Q1=4.6 | Q2=4.6 | Q3=4.7 | Q4=4.9 | Q1=4.9 |

2015/16   2016/17

Chart 32

% of discharges

Discharges before 12:00 (time left last ward, trust total, excludes deaths in hospital, emergency admissions)

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

| Q1=17% | Q2=18% | Q3=16% | Q4=15% | Q1=17% |

2015/16   2016/17

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Chart 33

% of discharges

Discharges between 12:00 and 16:30 (time left last ward, trust total, excludes deaths in hospital, emergency admissions)

	Q1=40%	Q2=39%	Q3=40%	Q4=41%	Q1=40%
	2015/16				2016/17

40%

Chart 34

chance of discharge at weekend

Weekend discharges (trust total adjusted for number of weekends in month, excludes deaths in hospital, emergency admissions, target based on 80% of weekday)

	Q1=18%	Q2=18%	Q3=18%	Q4=18%	Q1=18%
	2015/16				2016/17

17%

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Trust Urgent Care Key Performance Indicators

Chart 35

number

Ambulance handovers - NWAS only, financial exclusions applied (KPI target = 0 per month)

- Handovers > 30 mins
- Handovers > 60 mins

83
25

	Q1=81	Q2=109	Q3=230	Q4=369	Q1=154
	2015/16				2016/17

Chart 36

number

>12 hour ED trolley waits & >=8 hour total time in ED (KPI targets = 0)

- ED total time >=8 hours
- 12 hour trolley waits (DTA to admission time)

0
0

	Q1=193	Q2=158	Q3=935	Q4=1772	Q1=908
	2015/16				2016/17

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Chart 37

Time to Initial Assessment
01:00

Time to Initial Assessment (95th percentile)
Arrivals by Ambulance

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=0:19	Q2=0:18	Q3=0:23	Q4=0:28	Q1=0:21
		2015/16		2016/17

00:20

Chart 38

Time to Initial Assessment
01:00

Time to Initial Assessment (95th percentile)
Walk in attendances

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=0:34	Q2=0:37	Q3=0:42	Q4=0:47	Q1=0:40
		2015/16		2016/17

00:38

Chart 39

Time to seen for treatment

Time from Arrival to Seen for Treatment
(median time)

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=0:53	Q2=0:56	Q3=1:08	Q4=1:30	Q1=1:03
		2015/16		2016/17

00:58

Chart 40

% of ED attendances

% Left ED without being seen

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=2.8%	Q2=3.2%	Q3=4.3%	Q4=5.1%	Q1=3.8%
		2015/16		2016/17

3.6%

Chart 41

% of ED attendances

ED Unplanned Re-Attendance Rate
(within 7 days)

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=6.2%	Q2=6.1%	Q3=6.4%	Q4=6.5%	Q1=6.8%
		2015/16		2016/17

6.2%

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Integrated Performance Report
July 2016

Stockport NHS Foundation Trust

Diagnostic tests (6 week wait) 16 ⊕

Chart 42

Patients waiting at month end for one of 15 diagnostic tests (Monthly KPI >=99%)

% waiting <6 weeks

- monthy performance
- ----- NHSI trajectory

98.7%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Q1=99.7%			Q2=99.7%			Q3=99.9%			Q4=99.9%			Q1=99.2%		
2015/16												2016/17		

Chart 42 shows performance against the diagnostic standard.

As detailed last month, the equipment issues within the Cardiology department contributed to an under-performance against the 6 weekd Diagnostic standard.

These issues have been resolved, and a return to compliance is expected for the end of July.

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Cancelled Operations 20 ⊕

Chart 43

number of patients

Patients not treated within 28 days of last minute elective cancellation (monthly KPI target =0)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Q1=2			Q2=2			Q3=1			Q4=4			Q1=4		
2015/16												2016/17		
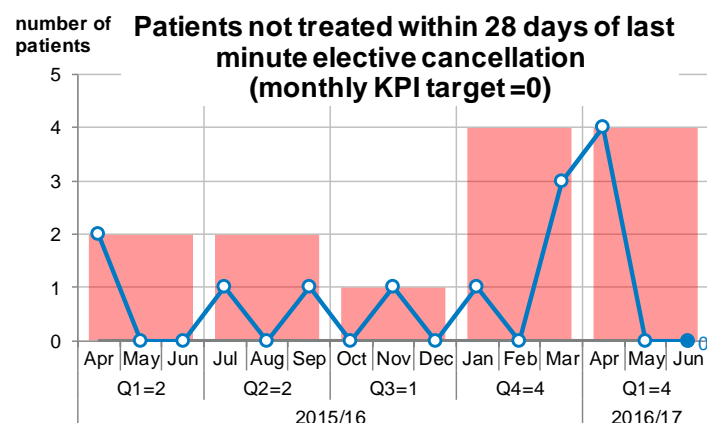
Chart 43 shows no breaches of standard in month.

Chart 44

% of elective admissions

Last minute elective operations cancelled for non clinical reasons (shown against threshold <=0.85%)

0.78%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Q1=0.61%			Q2=0.85%			Q3=0.96%			Q4=1.68%			Q1=0.80%		
2015/16												2016/17		
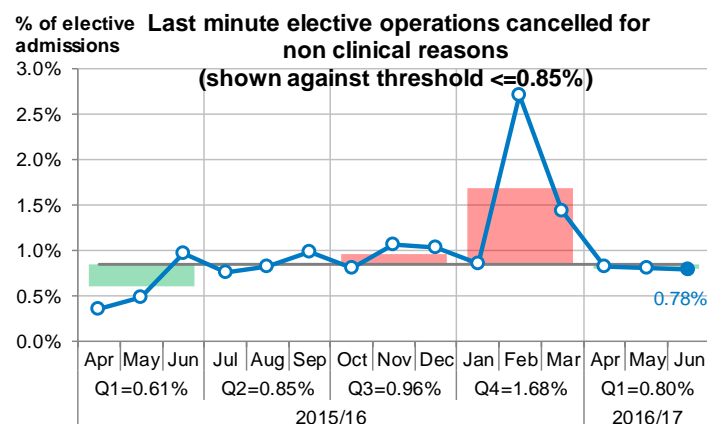
Chart 44 shows compliance against the standard for last minute cancellations in June.

There were a total of 27 cancellations on the day for non-clinical reasons.

The top reasons for cancellation were:

- 8 due to lack of theatre time
- 8 due to no urgent cases taking priority

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Outpatient Waiting List (OWL) 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 45 Ophthalmology OWLs past due date
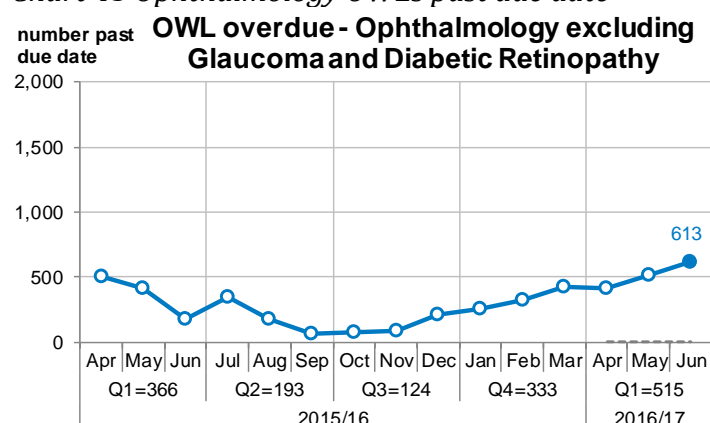
number past due date

OWL overdue - Ophthalmology excluding Glaucoma and Diabetic Retinopathy

613

Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun
Q1=366 | Q2=193 | Q3=124 | Q4=333 | Q1=515
2015/16 | 2016/17

Ophthalmology

As described last month, the OWL increased in June due to appointments being temporarily un-booked following a clinical staff vacancy and a maternity leave. It is anticipated that the number of patients on OWL will start to decrease from August.

Further capacity is being secured through additional Nurse Practitioner and Orthoptic resource. The vacant specialty doctor post has now been recruited to, and the new post-holder will commence in August. A request has also been made to ECP panel for a further replacement specialty Doctor.

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Chart 46 Gastroenterology OWLs past due date

number past due date

OWL overdue - Gastroenterology

2,268

2,000

1,500

1,000

500

0

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

Q1=1449   Q2=1695   Q3=1838   Q4=2095   Q1=2199

2015/16   2016/17
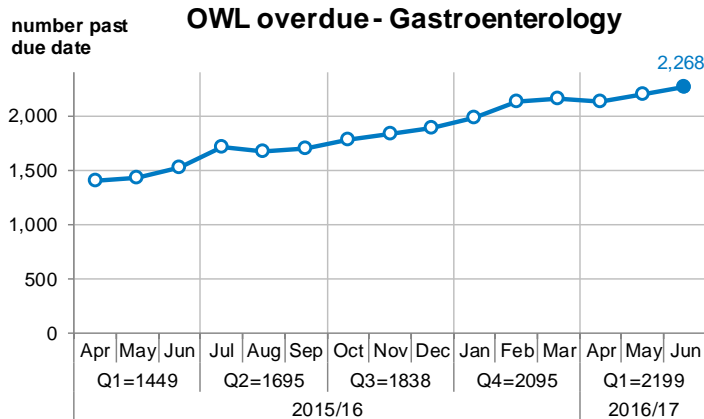
Gastroenterology

Chart 46 shows the number of Gastroenterology patients on the Outpatient waiting list beyond their due date.

It is expected OWL will continue to rise in the short term whilst future demand move into overdue appointments. Capacity remains an issue with 1 current vacancy and imminent departure of existing consultant.

Actions to improve are as follows:

- 100 Day pilot to give rapid access for follow-up patients
- Validation of follow up patients has identified 652 patients suitable for the 100 day pathway. These are being proactively reviewed using telephone follow up to assess condition stability and transfer to new pathway as appropriate.
- Pharmacy support joining IBD team in September to provide additional clinic capacity to assess an additional cohort of 150 patients' who are awaiting a review for medication assessment only.
- Agreement from consultants to raise templates for 2 additional follow up patients per clinic from September 2016.
- Meetings arranged with commissioners and Clinical lead to review GP referrals to optimise pathways in community.

Chart 47 Respiratory Medicine OWLs past due date

number past due date

OWL overdue - Chest

- - - - recovery plan   ⟶ monthy performance

1,000

750

500

250

0

496

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

Q1=228   Q2=429   Q3=201   Q4=554   Q1=629

2015/16   2016/17
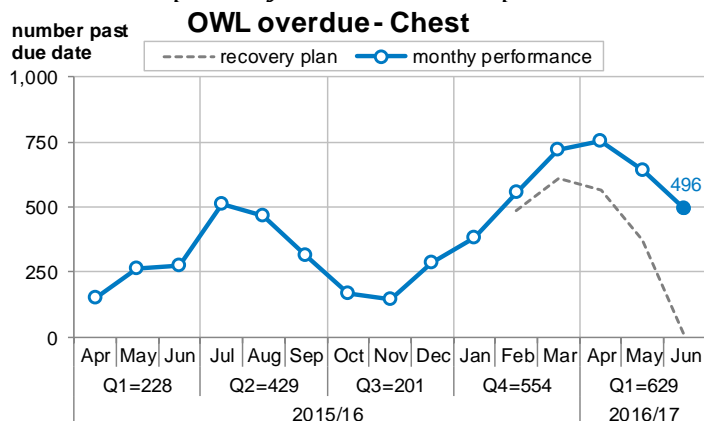
Respiratory Medicine

The OWL is steadily improving with the support from agency locums which is essential in light of a substantive vacancy, recurrent capacity deficit, and restricted practice implications.

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Chart 48 Cardiology OWLs past due date
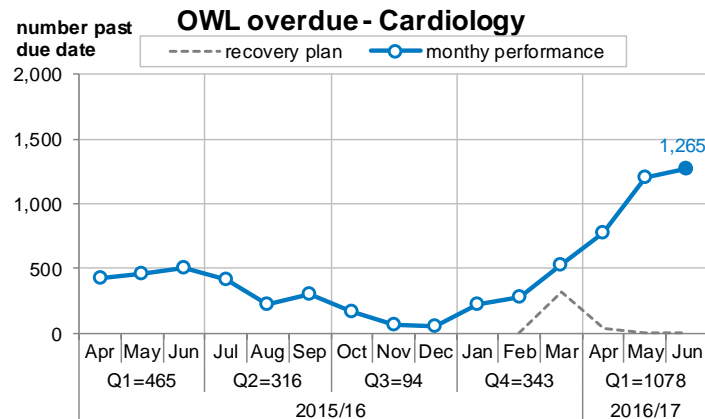
OWL overdue - Cardiology

number past due date

- - - - recovery plan —○— monthy performance

Q1=465 Q2=316 Q3=94 Q4=343 Q1=1078

2015/16   2016/17

1,265

Cardiology

Presently capacity has been lost from 2 consultants (maternity leave since January 2016 & vacant locum position since April 2016).The Business Group has now appointed a fixed term option to cover maternity leave, which will commence in August 2016. Additionally an agency locum has been identified to also commence in August, this is just awaiting ECP approval.

Cancer waiting times M 16 ⊕

Chart 49

% within 2 weeks

Urgent Cancer: referral to date first seen (quarterly Monitor target >=93%)

98.1%

Q1=96.6% Q2=95.9% Q3=97.0% Q4=97.5% Q1=97.0%

2015/16   2016/17
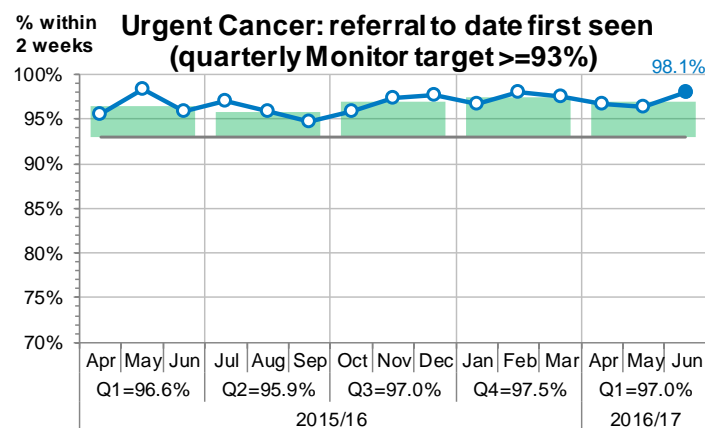
Compliance with the urgent referral standard continues.

Chart 50

% within 2 weeks

Breast patients: referral to date first seen (quarterly Monitor target >=93%)

98.7%

Q1=96.7% Q2=96.1% Q3=95.9% Q4=98.1% Q1=98.3%

2015/16   2016/17

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Chart 51

% within 31 days

All cancers: diagnosis to first treatment (quarterly Monitor target >=96%)

96.7%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Q1=99.1%			Q2=97.9%			Q3=98.3%			Q4=98.3%			Q1=97.8%		

2015/16   2016/17

Chart 52

% within 31 days

2nd or subsequent anti-cancer treatment: Surgery (quarterly Monitor target >=94%)

100.0%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Q1=100.0%			Q2=100.0%			Q3=100.0%			Q4=100.0%			Q1=100.0%		

2015/16   2016/17

Chart 53

% within 31 days

2nd or subsequent anti-cancer treatment: Drug (quarterly Monitor target >=98%)

100.0%

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Q1=100.0%			Q2=100.0%			Q3=100.0%			Q4=100.0%			Q1=100.0%		

2015/16   2016/17

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NHS Foundation Trust

Chart 54

% within 62 days

Urgent GP cancer referral to first treatment - with breach reallocation (quarterly Monitor target >=85%)

93.3%

— Monthly performance ---- NHSI trajectory

Apr May Jun	Jul Aug Sep	Oct Nov Dec	Jan Feb Mar	Apr May Jun
Q1=86.6%	Q2=89.4%	Q3=88.3%	Q4=86.8%	Q1=90.1%
2015/16				2016/17

Chart 54 shows performance against the 62 day cancer standard.

Latest indications are that the standard will be achieved for the month of June, confirming compliance for the first quarter of the year.

Performance for July and August is challenging due to a cohort of complex patients on the cancer pathway awaiting definitive treatment plans. Currently it is uncertain as to which month it will be appropriate for these treatments to take place.

There is a risk therefore that one month of Q2 may underachieve. This should not however compromise the performance for the Quarter.

Chart 55 GP referral to first treatment with breach reallocation, by tumour group.

Chart 55 shows performance against the 62 day standard by tumour group.

Tumour Group (Jun-16 data)	Number of breaches / cases	Performance (85% target)	Monthly trend
Urology	1.5 / 25.5	94%	
Gynaecology	0.5 / 6	92%	
Colorectal	0.5 / 4.5	89%	
Upper GI	0.5 / 4	88%	
Lung	0.5 / 1.5	67%	
Breast	0 / 11.5	100%	
Head & Neck	0 / 3.5	100%	
Haematology	0 / 2.5	100%	

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Stockport NHS
NHS Foundation Trust

Emergency Readmissions

Chart 56

Emergency Readmission rate within 28 days of discharge (shown vs. National rate)
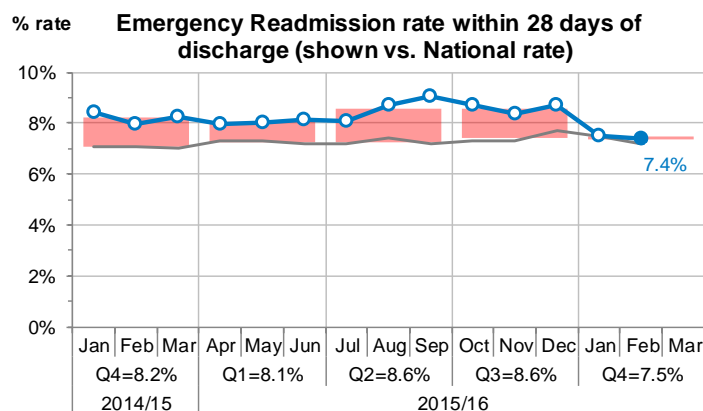
Data source: CHKS / Health and Social Care Information Centre

Chart 56 shows the Emergency Readmission rate within 28 days of discharge.

The readmissions work stream, which is an enabler to the reduction of beds days project in the optimising capacity plan, has now a defined team structure and project lead to work alongside KPMG.

The team is working towards the measurable, achievable objective of reducing readmission rates in specific specialties from the current Trust average to national peer average rates, by improved pathways. The plan involves strengthening and improving patient discharge information, and facilitating post discharge contact at 48 hours and 14 days to reduce readmissions into the acute sector, by navigating patients to local ,non- acute providers where appropriate. The project aims to reduce risk to patients of an unnecessary hospital admission. The Project aim will also be to avoid costs associated with the readmission.

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Financial Performance

Chart 57

June 2016 Variance to Financial Plan

£ 000s

Planned (Deficit): (3,735)
Clinical Income: 241
Other Income: (23)
Pay Costs: 154
Non Pay Costs: (92)
CIP: (296)
Financing Activities: 40
Actual (Deficit): (3,711)

Chart 58

Year to Date Variance to Financial Plan 2016/17

£ 000s

Planned (Deficit): (8,834)
Clinical Income: 666
Other Income: (25)
Pay Costs: 823
Non Pay Costs: (632)
CIP: (913)
Financing Activities: 142
Actual (Deficit): (8,773)

Chart 59

Cumulative Trust Financial Position

Legend:
- Actual deficit (green if favourable to plan)
- Actual deficit (red if adverse to plan)
- Planned deficit

An extraordinary Board meeting took place on the 7th July 2016 in order to approve the acceptance of the Sustainability & Transformation Fund (STF) amounting to £8.4m and deliver a financial control total of a £6.0m deficit. A revised financial plan was submitted to NHSI and this report considers performance against this reforecast plan.

The Trust has a deficit of £8.8m at the end of June 2016 and this is in line with the financial plan; this is an increase of £3.7m in month.

Clinical income has improved again in June and is £0.1m ahead of plan in month, bringing the year-to-date variance up to £0.6m favourable. Elective activity in particular is above plan, but this is linked to increased out-sourced activity undertaken to reduce the referral to treatment backlog and represents a low or nil margin contribution to the Trust.

Within expenditure the budgets have been updated as part of the reforecast to cover additional risks and pressures that have arisen since the original plan.

The cost improvement plan is £0.3m behind plan in June and £0.9m behind plan to date. This is offset by a high level of non-recurrent pay vacancies.

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Capital Programme ⊕

Chart 60

Description	Plan 2016/17 Year £'000	Year to Date June '16 Plan £'000	Actual £'000	Variance £'000
Surgical & Medical Centre - Building	3,740	2,050	2,072	(22)
Surgical& Medical Centre - Furniture & Fittings	600	-	1	(1)
Surgical& Medical Centre - Medical Equipment (partly donated)	660	-	11	(11)
Medical Ward Refurbishments	250	25	-	25
Electronic Patient Records - Purchased Software	598	-	-	-
Electronic Patient Records - Estates Enabling scheme b/f	55	55	79	(24)
Facilities Equipment b/f	60	60	-	60
Medical Equipment b/f	52	-	-	-
Aspen House Server Room b/f	-	-	6	(6)
MRI Estates Enabling works b/f	-	-	5	(5)
	6,015	2,190	2,174	16
Medical Equipment	1,290	190	89	101
Facilities Equipment	75	-	-	-
IT Hardware	503	184	88	96
IT Software	297	81	5	76
Estates -Backlog Maintenance	125	20	(17)	37
Estates - Non Backlog Maintenance	710	75	-	75
	3,000	549	165	384
	9,015	2,739	2,339	400
Revenue to Capital	-	-	(5)	5
Capital to Revenue	-	-	-	-
TOTAL (excluding Finance leases)	**9,015**	**2,739**	**2,334**	**405**
New Finance Lease Contracts				
I M & T - Intersystems EPR Software	1,006	-	-	-
I M & T - EMIS Community EPR Software	-	-	-	-
	1,006	-	-	-
TOTAL including new Finance Lease Contracts	10,021	2,739	2,334	405

The planned capital expenditure to the end of June was £2.7m, but actual costs were £2.3m so are below the profiled plan by £0.4m.

The D block Surgical and Medical Centre build has caught up one week's delay in relation to the plant room during June. The contractor is now reporting a one week delay against the works programme, but is confident this will also be recovered before final build completion date.

Medical equipment spend is below profiled plan. As part of the Financial Improvement Programme the Trust is reviewing capital expenditure for the rest of the financial year and thi si slinked to cash preserving actions.

Both acute hospital and community EPR projects are underway but no payment have been made yet in year and this is considered under finance leases as shown in the bottom section of table.

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Cost Improvement Programme 20 Ⓜ ⊕

Chart 61

Cumulative CIP Achievement
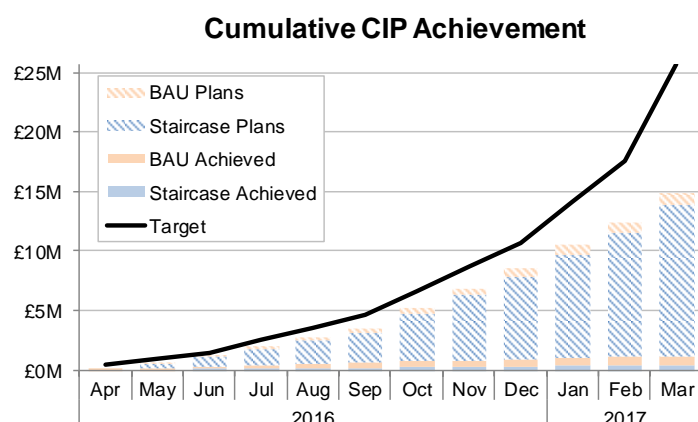
The total Cost Improvement Programme for 2016/17 now needs to deliver £25.7m of savings to allow the Trust to deliver the planned £6.0m deficit. This target is phased across the year, and the additional £8.2m required from the recent reforecast by accepting the has all been included in Q4. This is shown in the black target line in Chart 61.

In total to June 2016 £0.5m of CIP has been delivered to date against the planned £1.4m target, leaving a £0.9m shortfall.

The Business as Usual (BAU) schemes are not expected to deliver savings until the second quarter, but have so far delivered £0.2m of savings and so are ahead of plan.

By June the Staircase schemes were expected to save £1.4m but have only delivered £0.3m, a shortfall of £1.1m. Schemes delivering recurrent savings are Supplier Management £0.07m, Medicines Management £0.03m and Site Utilisation £0.03m. The overall deficit is due to non-delivery on Theatre Productivity £0.56m and Private Practice £0.70m and Agency reduction £0.44m. These targets will need to revised and updated following the publication of KPMGs Phase 1 report.

The Trust continues to work with its Financial Improvement Programme and plans are being finalised and put through assurance processes. This includes plans to stretch the CIP delivery from £17.5m to £25.7m.

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Financial Sustainability Risk Rating Ⓜ⊕

Chart 62

		Actual	Rating	Initiate Override?	Excellent			Poor	Weight	Weighted score
					4	3	2	1		
Balance Sheet Sustainability	Capital service capacity (times)	(2.6)	1	Yes	2.50	1.75	1.25	< 1.25	25%	0
Liquidity	Liquidity (days)	5.5	4	No	0	-7	-14	< -14	25%	1
Underlying Performance	I&E margin (%)	-10.8%	1	Yes	1.00%	0.00%	-1.00%	< -1.0%	25%	0
Variance from Plan	Variance in I&E margin as a % of income (%)	0.0%	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 63

Cash Position by Month

£9M loan

£25M

£25m minimum, equivalent to 30 days cash

Actual
Forecast

Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun
Q1 | Q2 | Q3 | Q4 | Q1
2015/16 | 2016/17
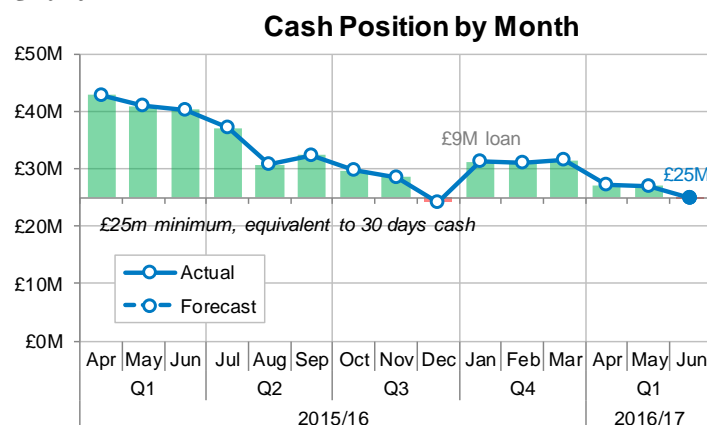
The Trust's overall Financial Sustainability Risk Rating (FSR) is 2, classified by Monitor as a material risk. The Trust's operational plan for 2016/17 predicted a score of 2 for June 2016 and our actual performance is in line with this.

NHSI are currently out to consultation on a Single Oversight Framework (SOF) to replace the current Risk Assessment Framework (RAF). This would bring together reporting for as NHS Trusts under NHSI, rather than currently separate requirements for Monitor and the Trust Development Agency (TDA). There are five themes proposed which Trusts will be measured against:

- Quality of care
- Finance & use of resources
- Operational performance
- Strategic change
- Leadership & improvement capability

Cash in the bank at the 30th June 2016 was £24.7m. This is in line with both the original and revised plan and does not include the £3m loan forecast with the Independent Trust Financing Facility (ITFF).

Recent actions by the Cash Action Group to move to bi-weekly payment runs and 60 day payment terms are expected to reflect in cash balances from July 2016. The forecast year end cash balance has improved by £8.2m with the agreement in principle of the Sustainability & Transformation Fund.

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Elective Income vs. Plan ⊕

Chart 64

Elective Income - £s

Day Case actuals   Inpatients actuals   — Plan
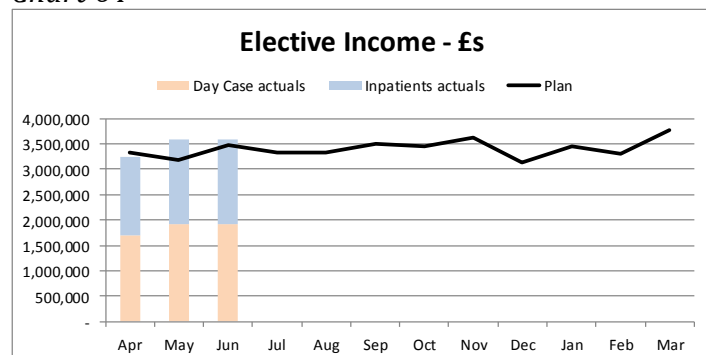
Elective income is above plan by £0.5m to the end of June 2016. This is an improvement of £0.4m from last month, of which £0.1m relates to finalisation of May's case mix pricing of actual activity compared to forecast.

Chart 65

Elective Income - Activity

Day Case activity   Inpatients activity   — Plan
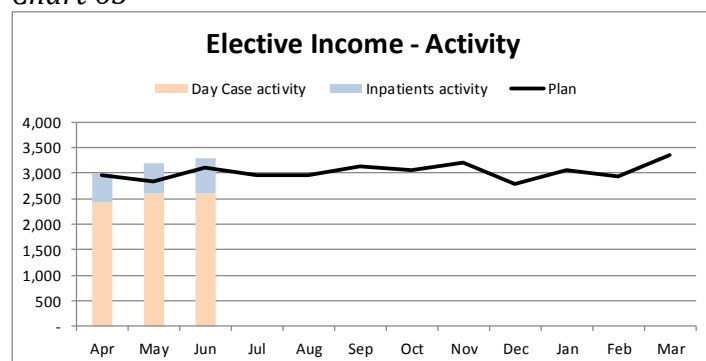
Elective in-patient activity is 177 cases above plan and 407 day cases above plan. This total of 584 cases above plan for Quarter 1 has generated £0.5m income above plan, but has not all been delivered in house. Surgery have outsourced 120 cases in June 2016 to reduce the referral to treatment backlog and generate additional income, but this represents a low or nil margin contribution to the Trust. Out-sourcing costs to date are £0.6m, primarily in Trauma & Orthopaedics £0.2m, General Surgey £0.1m, Endoscopy £0.1m and Ophthalmology £0.1m. Additional in-house capacity will be realized with the opening of the new theatres as part of the Surgical & Medical Centre in October 2016.

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Expenditure Variance ⊕

Chart 66

Trust Expenditure Variance
(above axis is worse than plan)

Pay ■ Non-Pay ■
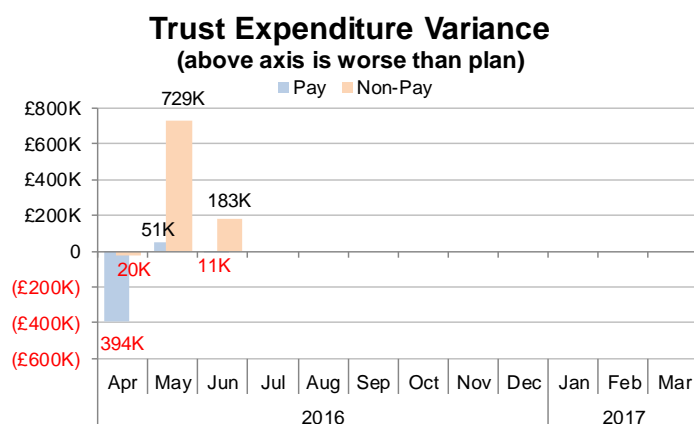
Expenditure budgets overspent by £0.2m in June, so are now £0.5m overspent year to date including a CIP shortfall of £0.7m across expenditure categories. Within expenditure the budgets have been updated as part of the reforecast to cover additional risks and pressures that have arisen since the original plan. This has therefore reduced the variances to budgets.

There is a variation across business groups but pay continues to overspend in Medicine and Surgery, where premium rate staff usage continues across a number of specialties. Particular pressure points for medical staffing are A&E and Acute Medicine, and in nursing for theatre staffing. Agency staff expenditure is below the NHSI capped level in June, but the step reductions expected in the trajectory each month make this increasingly challenging as the year progresses. The level of vacancies in other business groups is offsetting this overspend.

Although the expenditure variance has now reduced, this is a reflection of the updated budgets and profile rather than a reduced level of expenditure.

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Income Variance ⊕

Chart 67

Trust Income Variance
(above axis is better than plan)

■ Clinical Income　■ Other Income

£1000K	
£800K	765K
£600K	
£400K	
£200K	163K
0	49K
(£200K)	18K　8K
(£400K)	
(£600K)	495K

Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar

2016　　　　　　　　　　　　　2017

See also Financial [Income and Expenditure table](#)
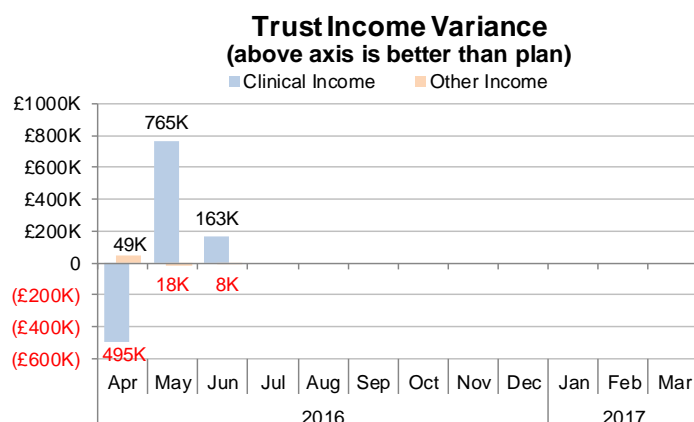
Clinical income has improved significantly in June and is £0.1m ahead of plan in month, which has brought the year-to-date variance up to £0.6m favourable.

Stockport CCG Block Contract
- Non-elective income for Stockport is in line with plan.
- Emergency Department estimated activity has now dropped to 4% above plan to date, so below the 5% threshold agreed with the CCG. This position will be closely monitored and discussed with the CCG as part of the reconciliation of the overall financial position.
- Out-patient and non-tariff elements of the Stockport CCG block remain a marginal benefit to the Trust, which has not moved since last month. Activity is slightly behind plan but we are still receiving the standard level of income; this is expected to fluctuate during the year.

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Workforce Appraisals ⊕

Chart 68
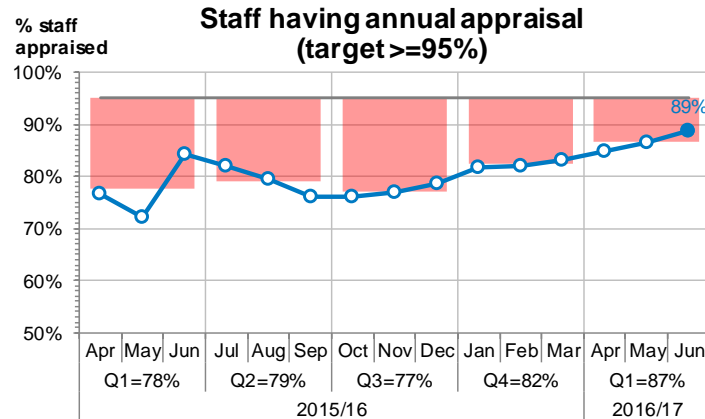
% staff appraised

Staff having annual appraisal (target >=95%)

| | Q1=78% | Q2=79% | Q3=77% | Q4=82% | Q1=87% |
| Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun |

2015/16   2016/17

Chart 69

Staff Appraisals by Business Group - June 2016

The Trust's total appraisal compliance for June 2016 is 88.83%, an increase of 2.4% since May 2016 (86.43%).

The following Business Groups have seen increases this month; Diagnostic & Clinical Support from 94.52% to 96.17% (meeting trust target), Child & Family from 88.19% to 89.63%, Corporate Services from 88.71% to 89.97%, Medicine from 82.31% to 84.45%, Surgical & Critical Care from 80.63% to 84.67% and Community Healthcare from 81.06% to 87.29%. Two business groups had a decrease this month; Estates from 89.2% to 83.33 and Facilities from 94.57% to 94.37%.
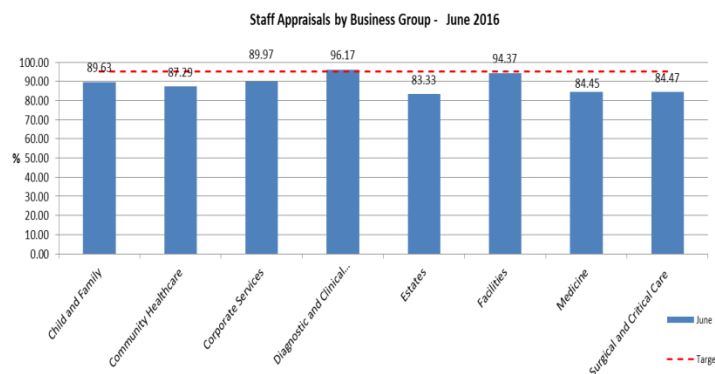
Individuals who do not have an update to date appraisal will not be approved to attend external training. The Head of OD and Learning has met with individual Business Group Directors to offer support, advice and assistance; in addition to attending team meetings.

Chart 70

% staff appraised

Medical appraisals (target >=95%)

| | Q1=n/a | Q2=n/a | Q3=n/a | Q4=88% | Q1=88% |
| Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun |

2015/16   2016/17
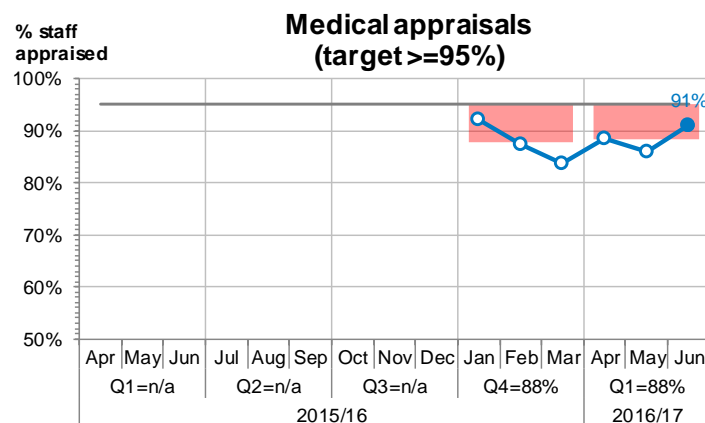
The medical appraisal rate for June 2016 is 91.07%, an increase of 5.21% from April 2016 (85.86%).

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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July 2016

Stockport NHS
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Workforce Turnover ⊕

Chart 71
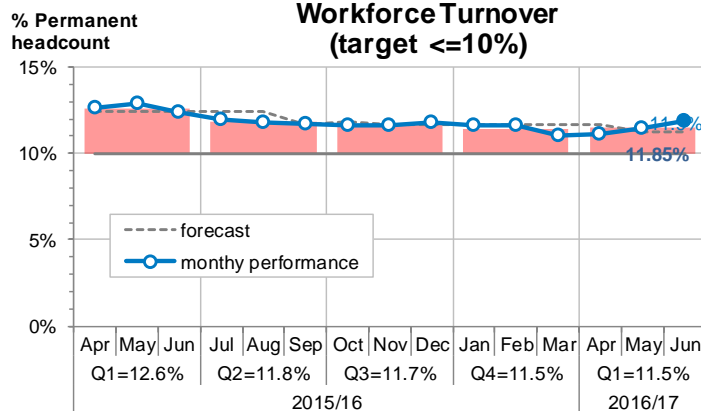
The Trust's permanent headcount turnover figure for the 12 months ending June 2016 is 11.85% against a national average rate of 13.93%. This is a slight increase of 0.36% compared to the May 2016 figure of 11.49%, showing some stability in the turnover activity. (This does not include the TUPE transfer staff which increases the June 2016 permanent headcount turnover figure to 25.77%). The turnover rate for comparison to June 2015 was 12.40%.
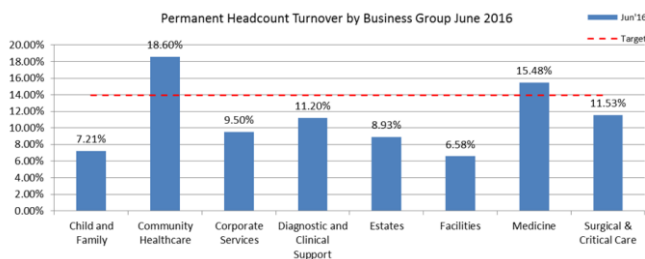
Facilities have the lowest turnover at 6.58%, followed by Child & Family at 7.21% in June 2016. Community Healthcare has the highest turnover rate at 18.60% and Medicine Business Group remains high at 15.48% in June 2016. Community Healthcare and Medicine Business Groups are above the Trust target of 13.93%, which is the National medium size Acute Trust average turnover rate.

Chart 72

All Business Groups have seen an increase in turnover in June 2016. Estates Business Group has seen the biggest increase of 1.66% from 7.27% in May 2016 to 8.93% in June 2016.

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Workforce Efficiency ⊕

Chart 73
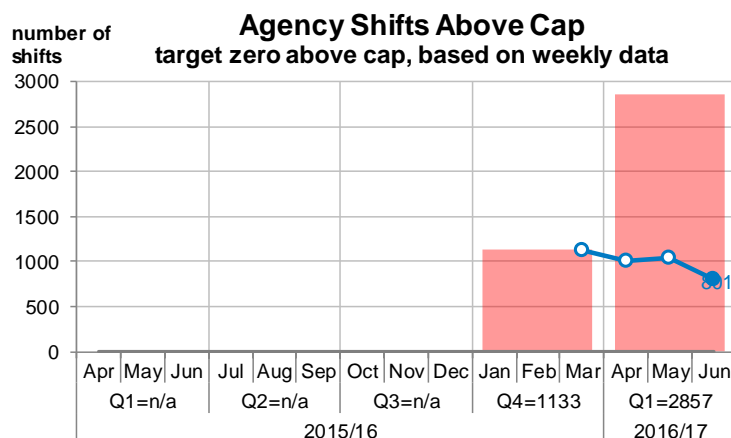
June 2016 shows a decrease in the number of shifts (241) which are taking place above the agency cap from 1042 in May 2016 to 801 in June 2016. Work continues in line with the IDP Agency Cap programme to address the level of cap breaches and to model the impact.

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Stockport NHS
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Chart 74

% staff posts (WTE)

**Staff in post
(target >=98%)**
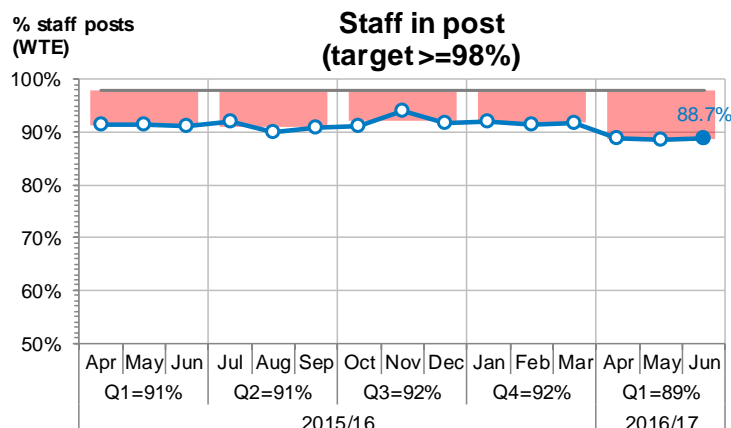
The Trust staff in post for June 2016 is 88.7% of the establishment, which is an increase of 0.1% from 88.6% in May 2016.

Chart 75

£ 000s

**Trust Pay Variance
(shown with cumulative quarters)**

The Trust pay variance, expenditure above the financial envelope of establishment, including vacancies in June 2016 showed a £82,447 underspend, a decrease of £180,053 from the £51,216 overspend reported in May 2015.

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Chart 76

% pay costs

**Bank and Agency pay costs
(target <=5%)**

- Bank & Agency costs
- Bank Staff
- Agency Staff

Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun
Q1=11% | Q2=12% | Q3=11% | Q4=11% | Q1=10%
2015/16 | 2016/17

9.0%

The percentage of pay costs spent on bank and agency in June 2016 is 9% (the same as the position reported in May 2016), which equates to £1,686,714, a decrease of £6,824 from £1,679,890 in May 2016.

The Medicine Business Group has the highest spend on bank/agency at £1,066,781 in June 2016 which equates to 63.25% of the overall bank/agency spend, an increase of 3.14% (£29,324) from the 60.11% May 2016 figure of £1,037,457.

In June 2016, 3% of total pay costs were attributed to bank staff and 6% of total pay costs were attributed to agency staff, the same as May 2016 percentage figures. 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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Workforce Induction⊕

Chart 77
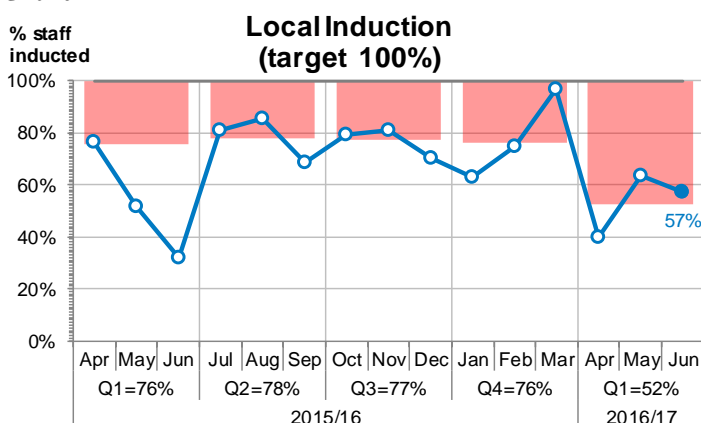
% staff inducted

**Local Induction
(target 100%)**

Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun
Q1=76% | Q2=78% | Q3=77% | Q4=76% | Q1=52%
2015/16 | 2016/17

57%

Corporate Welcome attendance remains consistently at 100%. Local induction has decreased from 63.6% in May to 57.14% in June.

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Staff Engagement

To be developed

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Sickness Absence ⊕

Chart 78

**Staff with Sickness Absence
(<=4% Full Time Equivalent basis)**

% staff absent (FTE)

Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar | Apr May Jun
Q1=4.3% | Q2=4.4% | Q3=4.6% | Q4=4.7% | Q1=3.8%
2015/16 | 2016/17

3.8%

Chart 79

Staff Sickness by Business Group June 2016
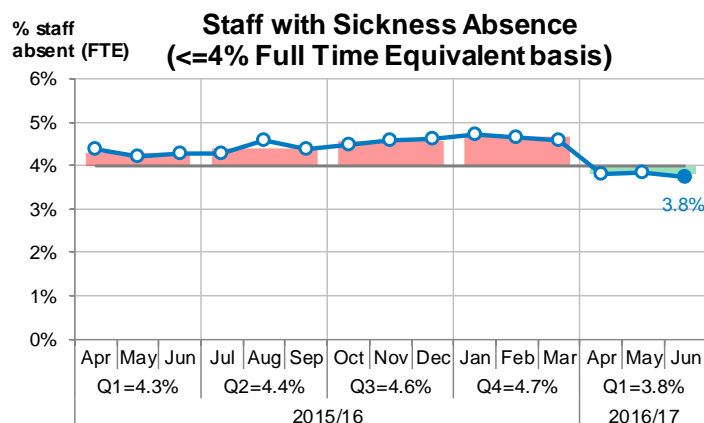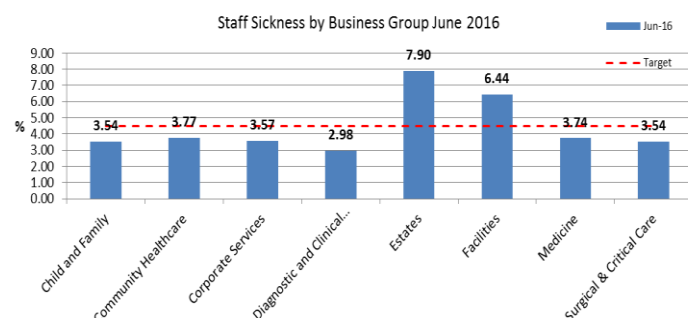
The in-month unadjusted sickness absence figure for June 2016 is 3.76%. This is a decrease of 0.08% compared to the May 2016 adjusted figure of 3.84%. The sickness rate for comparison in June 2015 was 4.30%.

The unadjusted cost of sickness absence in June 2016 is £395,104, a decrease of £17,330 from the adjusted figure of £412,434 in May 2016. This does not include the cost to cover the sickness absence.

Diagnostics & Clinical Services, Medicine, and Surgical & Critical Care have reported a decrease in sickness absence in June 2016. Only Estates (7.90%) and Facilities (6.44%) are above the target in June 2016.

The top 3 known reasons for sickness in June 2016 are back problems and other musculoskeletal problems including injury/fracture at 35.24% (a 3.91% increase from 31.33% in May 2016), stress at 26.60% (a 5.69% increase from 20.91% in May 2016), and cough, cold, flu, chest and respiratory problems at 6.48% (a 0.50% decrease from 6.98% in May 2016).

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Essentials Training

Chart 80
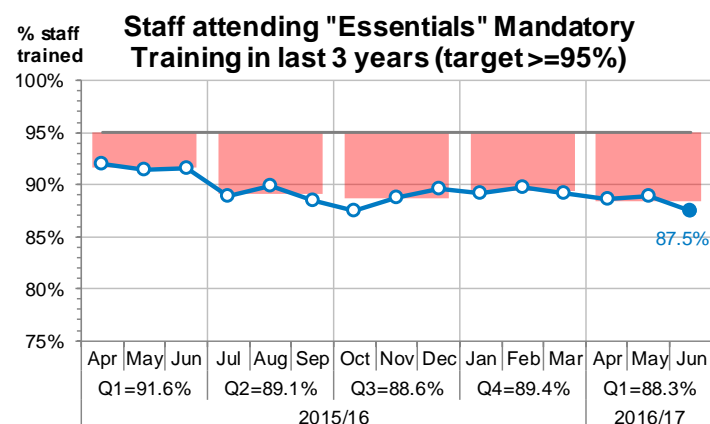
% staff trained

Staff attending "Essentials" Mandatory Training in last 3 years (target >=95%)

In June 2016 there was a decrease of 1.4% in compliance from the May position, from 88.9% to 87.5%.

Only one of the Business Groups achieved compliance, Estates.

Diagnostics and Clinical Support achieved 91.43%, Child & Family 92.73% and Community 91.70%. 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.

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July 2016 Financial Table

Stockport NHS
NHS Foundation Trust

Income and Expenditure Statement

	Trust Annual Plan	Year-to-date		
		Plan	Actual	Variance
	£k	£k	£k	£k
INCOME				
Elective	41,668	6,613	6,737	123
Non Elective	74,730	12,500	12,476	(24)
Outpatient	34,366	5,486	5,533	47
A&E	12,038	1,972	1,993	21
Total Income at Full Tariff	**162,801**	**26,571**	**26,739**	**168**
Community Services	31,891	5,436	5,487	52
Non-tariff income	52,614	8,707	8,896	189
Clinical Income - NHS	**247,306**	**40,713**	**41,122**	**409**
Private Patients	698	116	47	(69)
Other	959	160	90	(70)
Non NHS Clinical Income	**1,656**	**276**	**137**	**(139)**
Research & Development	454	70	61	(9)
Education and Training	7,121	1,200	1,218	18
Stockport Pharmaceuticals/RQC	5,971	969	864	(105)
Other income	14,381	2,888	3,015	127
Other Income	**27,926**	**5,127**	**5,158**	**31**
TOTAL INCOME	**276,888**	**46,117**	**46,418**	**301**
EXPENDITURE				
Pay Costs	(207,435)	(35,603)	(35,260)	343
Drugs	(16,050)	(3,229)	(3,164)	65
Clinical Supplies & services	(19,088)	(3,443)	(3,708)	(265)
Other Non Pay Costs	(36,763)	(6,484)	(6,993)	(509)
TOTAL COSTS	**(279,335)**	**(48,760)**	**(49,126)**	**(366)**
EBITDA	**(2,447)**	**(2,643)**	**(2,708)**	**(65)**
Depreciation	(9,094)	(1,474)	(1,431)	43
Interest Receivable	63	10	14	4
Interest Payable	(936)	(160)	(154)	6
Other Non-Operating Expenses	(706)	(118)	(64)	54
Fixed Asset Impairment Reversal	-	-	-	-
Unwinding of Discount	(30)	-	-	-
Profit/(Loss) on disposal of fixed ass	-	-	(4)	(4)
Donations of cash for PPE	540	-	-	-
PDC Dividend	(4,291)	(715)	(715)	(0)
RETAINED SURPLUS / (DEFICIT) FOR PERIOD	**(16,900)**	**(5,099)**	**(5,062)**	**37**

Your Health. Our Priority.

Stockport NHS

NHS Foundation Trust

Report to:	Trust Executive Board	**Date:**	18th July 2016
Subject:	Patient Led Assessment of the Care Environment (PLACE) – Q1 Update		
Report of:	Deputy Chief Executive	**Prepared by:**	Director of Estates & Facilities

REPORT FOR APPROVAL

Corporate objective ref:	-----	**Summary of Report** *Identify key facts, risks and implications associated with the report content.* The purpose of this report is to give a Quarter 1 2016/17 update to the Trust Board in respect of the actions and progress made against recommendations from the Trust's PLACE Assessment which took place during April 2016.
Board Assurance Framework ref:	-----	
CQC Registration Standards ref:	-----	**Recommendations** The Trust's Board of Directors are requested to receive and note the content of this report and comment accordingly.
Equality Impact Assessment:	☐ Completed ☒ Not required	

Attachments:	Appendix A – PLACE 2016 Provisional Scores, Stepping Hill Hospital Appendix B – PLACE 2016 Provisional Scores, Devonshire Appendix C – PLACE 2016 Provisional Scores, The Meadows Appendix D – PLACE 2016 Assessors Comments and Feedback Appendix E – PLACE 2016 Action Plan, Stepping Hill Hospital Appendix F – PLACE 2016 Action Plan, Devonshire Appendix G – PLACE 2016 Action Plan, The Meadows

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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1. INTRODUCTION

1.1 The purpose of this report is to give a 2016/17 Quarter 1 update to the Trust Board in respect of the actions and progress made against recommendations from the Trust's PLACE Assessment which took place during April 2016.

2. BACKGROUND

2.1 During the week commencing 18th April 2016, PLACE inspections, led by 19 Patient Assessors, were conducted across three of our sites.

2.2 Assessments took place at each of SNHSFT's inpatient venues at the following locations; Stepping Hill Hospital; The Devonshire Centre for Neuro rehabilitation and The Meadows, Bluebell Ward.

3. FINDINGS

3.1 Although we have not yet received confirmation of the final scores the provisional scores indicate that the Trust scored higher than the previous year on Cleanliness, Privacy, Dignity & Wellbeing, Condition, Appearance and Maintenance but lower on Dementia and Food and Hydration.

3.2 Overall the PLACE assessments for 2016 went very well with significant improvements being noted at all three Trust sites. Please refer to Appendix E – Patient Assessors comments / feedback for details.

4. ACTION PLANS

4.1 Detailed action plans have been developed and will be formally reviewed at the Trust's PLACE Group. In addition, the Estates and Facilities Work Group, led by the Director of Estates and Facilities continues to meet on a fortnightly basis to discuss progress with both the PLACE and CQC action plans as well as general standards of estates and facilities services.

4.2 A lot of remedial work was undertaken in Q4 of 2015/2016 in relation to that PLACE Action plan and in preparation for the CQC Inspection that took place in January 2016, so there have been very few actions required for Q1 across the Trust's sites. However, there are still areas around the Trust where decorating, seating within patient waiting areas, signage and ongoing improvements within the dementia spectrum are required.

4.3 PLACE introduced a new section this year under the heading of 'Disability'. We lost points mainly around patients seating not being suitable for disabled and bariatric patients as well as the lack of handrails around our corridors, wards and departments. This will be discussed at the next PLACE Group meeting.

5. PROVISIONAL SCORES

5.1 *Stepping Hill Hospital*

	STEPPING HILL HOSPITAL- Collection: 2016							
	Cleanliness	**Food**	**Organisation Food**	**Ward Food**	**Privacy, Dignity and Wellbeing**	**Condition Appearance and Maintenance**	**Dementia**	**Disability**
Achieved Score (Actual)	3093.0000	518.4745	112.1300	406.3445	376.1666	1504.0000	551.4117	441.9243
Available Score (Actual)	3146.0000	578.5039	114.5880	463.9159	444.0000	1634.0000	900.8571	618.3697
Site Score	98.32%	89.62%	97.85%	87.59%	84.72%	92.04%	61.21%	71.47%

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5.2 *The Devonshire Centre*

	CHERRY TREE HOSPITAL- Collection: 2016							
	Cleanliness	**Food**	**Organisation Food**	**Ward Food**	**Privacy, Dignity and Wellbeing**	**Condition Appearance and Maintenance**	**Dementia**	**Disability**
Achieved Score (Actual)	309.0000	212.6468	110.0040	102.6428	46.0000	194.0000	105.3571	78.8697
Available Score (Actual)	312.0000	220.6216	114.5880	106.0336	54.0000	208.0000	140.8571	92.3697
Site Score	99.04%	96.39%	96.00%	96.80%	85.19%	93.27%	74.80%	85.38%
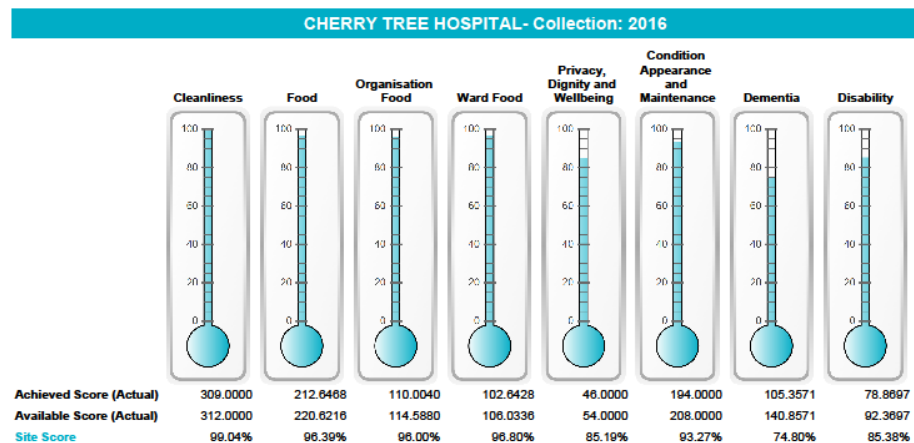
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5.3   *The Meadows*

THE MEADOWS [BLUEBELL WARD]- Collection: 2016

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	303.0000	168.6300	90.2771	78.3529	50.0000	201.0000	115.5756	83.0882
Available Score (Actual)	310.0000	201.2771	110.8065	90.4706	54.0000	220.0000	145.0756	98.5882
Site Score	97.74%	83.78%	81.47%	86.61%	92.59%	91.36%	79.67%	84.28%
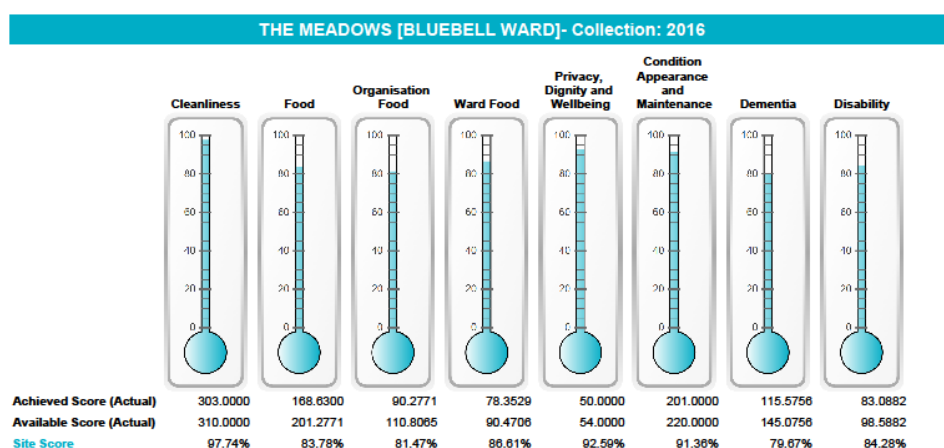
5.4   Please refer to Appendices A, B, C, E, F and G for the 2016 PLACE provisional scores and Action Plans.

6.   **PROGRESS**

6.1   Estates

6.1.1   Ceilings within Devonshire are programmed to be cleaned by the end of July 2016.

6.1.2   Redecoration and painting has been programmed to be undertaken in the 2nd quarter of 2016/17.

6.2   Cleanliness, Privacy and Dignity

6.2.1   In terms of Cleanliness, Privacy and Dignity replacement shower curtains have been sourced, infection and prevention training to domestic staff has been undertaken and cleanliness monitoring (C4C) has continued to improve.

6.2.2   A review of cleaning hours has been completed at The Devonshire Centre and cleaning tasks realigned. This resulted in much better cleanliness results.

6.2.3   Staff vacancies within the domestic department have been filled which has helped our ability to provide a consistent cleaning service during periods of staff annual leave a short term absences.

6.2.4   Cleanliness issues identified from the PLACE Assessment have been dealt with and remedial cleaning undertaken. Cleaning schedules for ventilation grills and blinds have been

reviewed and amended to ensure these items comply with the National Specifications for Cleanliness in the NHS.

6.3   Portering and Logistics

6.3.1   The portering rosters have been reviewed and we have now been able to allocate a fulltime resource to the corridors ensuring they remain clear from clutter, beds and mattresses.

6.3.2   The logistics team continue to ensure that all empty delivery cages are removed to the compound by the end of the shifts and the waste team continue to ensure all external areas are cleared periodically throughout the day, seven days a week.

6.4   Food and Hydration

6.4.1   The PLACE Assessment highlighted a concern that allergen information was not available on the wards inspections. However, the information had been previously issued but appeared to have gone missing. Since this notification allergen information has been re-issued to all wards across the Trust sites.

6.4.2   We have also introduced mini PLACE Food Inspections carried out on a monthly basis on 3 or 4 random wards. The food inspections are carried out by teams who follow the trolleys from the point of origin to the designated wards and then observe the health care assistants serve the patients meal. This has proved to be very successful and a pro-active way of assessing our food service and gaining feedback from our patients; thereby allowing us to make small adjustments to improve the quality of the food and service.

6.4.3   The food temperature checks were consistently good and in the 70+ degree celsius area with the Food Safety Regulations stating that hot food holding should be held at a temperature of 63 degrees celsuis or above.

6.4.4   The patient's comments continue to be excellent and in general are happy with the food provided.

6.5   Dementia

6.5.1   The PLACE Assessment continues to highlight failings in respect of dementia friendly environments and has highlighted particular priorities for improvement.

6.5.2   An updated action plan has been developed and will be presented to the Dementia Strategy Group for comment and agreement on recommended actions which include:
- Securing finance from the Trust to improve the care environment
- Influence managers and estates colleagues to support change
- Educate staff and help change attitudes
- Improve signage, flooring and colour schemes as part of maintenance programmes
- Redesign dining areas and change crockery

6.5.3   The estates team will continue to work with the Dementia Nurse to agree and make improvements throughout the Trust's sites in line with recommended PLACE standards.

6.   RECOMMENDATION

6.1   The Trust's Board of Directors are requested to receive and note the content of this report and comment accordingly.

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	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	3093.0000	518.4745	112.1300	406.3445	376.1666	1504.0000	551.4117	441.9243
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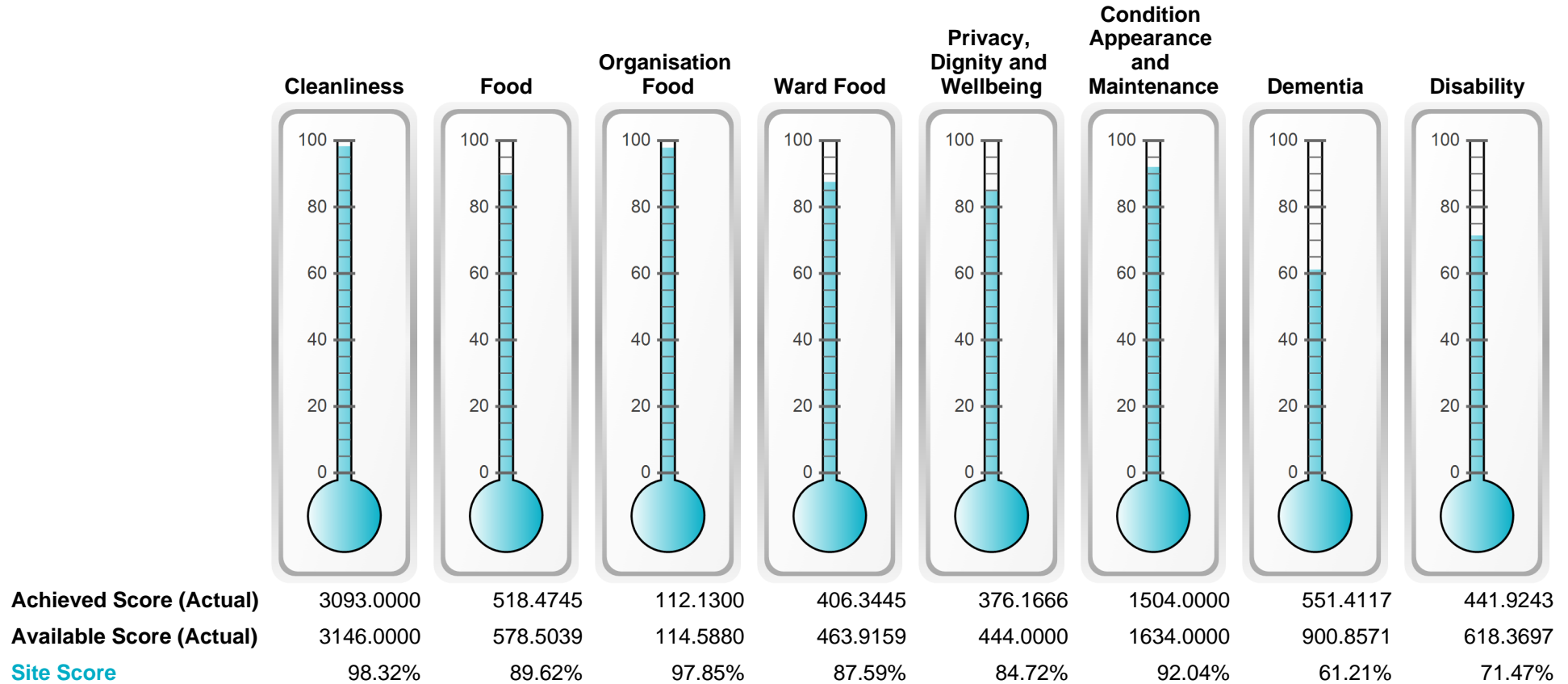
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CHERRY TREE HOSPITAL- Collection: 2016

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	309.0000	212.6468	110.0040	102.6428	46.0000	194.0000	105.3571	78.8697
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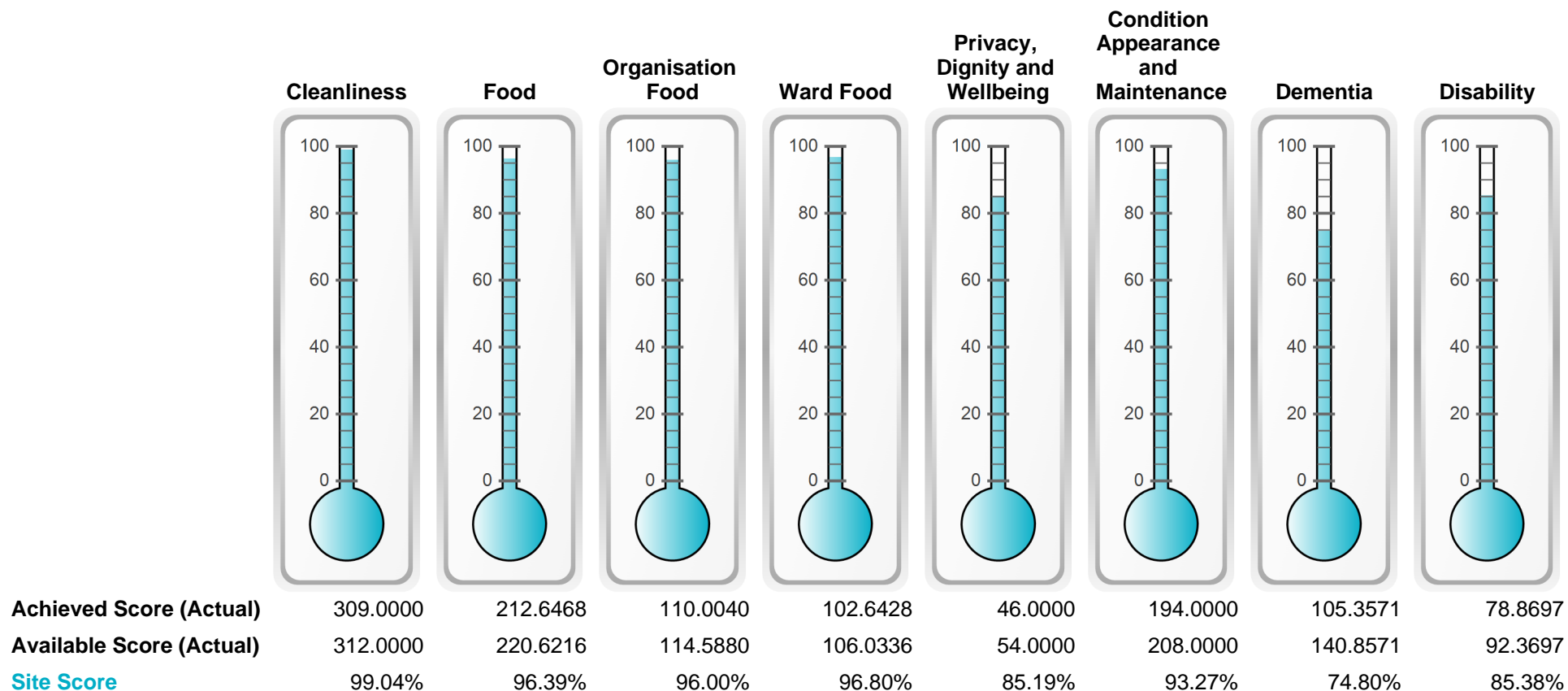
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THE MEADOWS [BLUEBELL WARD]- Collection: 2016

	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
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Site Score	97.74%	83.78%	81.47%	86.61%	92.59%	91.36%	79.67%	84.28%

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PLACE

2016/2017

Positive comments regarding the food at ward level:

Food	E2	All food looked very nice and tasted beautiful, all patients were very happy with the meals.
Food	C6	All food was lovely, very tasty and service at a good temperature.
Food	D2	We spoke to several patients some of whom had been in for a few weeks and most praised the food very highly giving it 9 out 10. Also they were delighted with the choice.

Patient Assessors comments / feedback:

Philip Enstone	**Food Inspection**
	Napkins could be sent from the kitchen. Also salt and pepper could be put in a plastic bag with a napkin sent from the kitchen.
	There is no reference for gluten free products on the order form. Also there is no reference for what products contain nuts (this should be put on the form).
	There is no reference asking about the state of the delivery trolley.
	Overall very impressed with the food and the service. Should there be a reference to say how the staff are serving the food.
	The staff serving the food should be complimented, there were very efficient serving the food and clearing away the trays after the patient had finished there meal.
	Ward Assessment
	Overall very impressed with the standards throughout the ward D4 and Bobby Moore Unit. Congratulations should be past on to the ward / unit managers nurses and services staff.
	The X-ray unit would benefit from a new ceiling and general upgrade, overall the manager of the unit should be congratulated as the overall unit was up to standard.
	Standard signage would benefit throughout the site, recommend SHC set up standard templates for all signage using standard design and text (No other signs to be displayed). Also signage to be located on the information boards and staff notice boards.

Alan Watt	**Food Inspection** On the service trolley the name of each patient is not quickly visible on their tray. Menu form had to be fished out from under the dishes and folded to be on view.
Ann Lyth	**Ward Inspection** On the whole the building is well maintained and clean.
Adele Buckley	**Ward Inspection** Generally found all wards, treatment areas, waiting rooms and all bathrooms very clean, very bright and all floors very clean.
Linda Appleton	**Ward Inspection** Because it is a rambling site with old and new sections there are a lot of differences in the areas, in terms of meeting criteria for the assessment. That said, every effort is being made to enable to older areas to conform with the necessary requirements. The outstanding issues are still the signage and uniformity to dementia guidelines, because of the cost / budget constraints this is being done as a rolling programme.
Lynne Woodward	**Ward Inspection** Lovely spacious grounds with lovely areas of planting, well sign posted. We were particularly impressed with the outdoor play area in the Treehouse. Imaginative, inter active, age appropriate, bright colours everywhere, very welcoming and inviting (Treehouse) **Food Inspection** I was particularly impressed at the variety of tempting food that was on offer. There was something for every age group and taste. Parents might find it useful to have a tray available to carry meals back to the bedside. Children who were having procedures etc. could put a meal away to have later. Excellent.

Chris Wrigley	**<u>Ward Inspection</u>** I believe the Trust copes admirably with the fact that it has new build and old build considering the restraints this can cause. I consider the hospital is providing a high quality of patient care and patients are treated with dignity and respect. The Trust is about to open a new block which will enable some of the old buildings to be taken out. I was very impressed with the friendliness of the staff and the caring attitude they displayed. Patients I spoke too endorsed my view.
Moy Waddington	**<u>Ward Inspection</u>** All three areas we inspected had a good standard of cleanliness and on the whole were maintained. The environment was conducive to the patient's dignity and respect.
Sarah Paddison	**<u>Ward Inspection</u>** Mixed age buildings, less natural light in the old buildings. Made the best of what they have.
Eve Brown	**<u>Ward Inspection</u>** Extremely impressed with general overall condition, most areas are very bright and clutter free, with the staff showing care and compassion. Good overall impression, standards overall have improved.
Ron Catlow	**<u>Ward Inspection</u>** Within the new buildings visited the standards of the cleanliness was very good. Standards of the fabric and signage were also very good.

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STEPPING HILL 2016				
	Score	**Areas for Improvement**	**Actions**	**Lead / Timescale**
CLEANLINESS	**(2015: 94.03%)** **2016 provisional score 98.32%**	**Brambles Ward:** • Doors, frames, fans, high and low surfaces dusty. **Ward D4:** • Ventilation and air conditioning grills throwing out dust. **Maternity 2:** • Bed frames thick with dust. • Dirty stands, breast pumps and dirty blood pressure machines. **Emergency Department:** • Patient equipment dusty. **Treehouse Clinic:** • Ventilation and air conditioning grills throwing out dust. **Bobby Moore:** • Dirty blinds. **Ultrasound:** • Plinth in room 3 dusty. • Heavy dust on light switch. • Radiator in waiting room dusty. • Monitors dusty in treatment rooms. **Antenatal Clinic:** • Light dust on blood trolleys.	• This was highlighted to the Domestic Manager and actioned. • Domestics to dust where possible. • Estates to clean vents. • Domestics to clean and monitor. • Lead nurse to clean and monitor. • Lead nurse to clean and monitor. • Estates to clean vents • Lead nurse to replace blinds • Domestics to clean and monitor. • Lead nurse to clean and monitor. • Lead nurse to clean and monitor	**Lead:** Lorna Hough / Dave Williams / Lead Nurse **Date:** 29 June 2016

1

FOOD & HYDRATION	Score	Areas for Improvement	Actions	Lead / Timescale
	(2015: 92.90%)	**Organisational Food:** • Information was not available on the wards inspections on how to obtain advice on food allergens .	• Information has now been provided to all wards.	**Lead:** Catering Manager **Date:** Complete
	2016 Provisional score 91.57%	**Ward Food:** • No areas for improvement required.	• To continue to monitor food standards	**Lead:** Catering Manager **Date:** On going

2

	Score	Areas for Improvement	Actions	Lead / Timescale
PRIVACY, DIGNITY & WELLBEING	**(2015: 83.53%)** **2016 Provisional site score 84.59%**	**Ward B4, DMOP,X Ray B, Bobby Moore:** • Toilet and bathrooms do not have appropriate signage.	• Estates to assess signage.	Lead: David Williams Date: Ongoing
	Score	Areas for Improvement	Actions	Lead / Timescale
CONDITION, APPEARANCE & MAINTENANCE	**(2015: 82.53%)** **2016 Provisional site score 92.04%**	**Ward B4, C4:** • Shower rooms / toilets needs holes filling in, windows resealing and skirting to be resealed. **Ward E2:** • Some ceiling tiles to be replaced. • Radiators to be repainted, rust. **Ward E3:** • Some ceiling tiles to be replaced**.** • Slight indentations in the lino/flooring throughout**.** • Some seating ripped and needs to be replaced**.** • Slats missing from some blinds	• Estates to repair / reseal as needed, (job docket raised) • Estates to replace / repair. (job docket raised) • Estates to replace / repair. (job docket raised) • Ward to replace ripped seats. • Estates to replace. (job docket raised)	**Lead:** David Williams **Date:** September 2016

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		Ward D1: • Bathroom / toilet, hot and cold indicators missing off taps, plug hole to be replaced.	• Estates to repair. (job docket raised)	
		Maternity 2: • Skirting to be restuck throughout the unit.	• Estates to repair. (job docket raised)	
		Emergency Department: • Crack in the flooring near the entrance to ED treatment area.	• Estates to repair. (job docket raised)	
		Physiotherapy: • Taps leaking in clinic 2 and 4.	• Estates to replace / repaint. (job docket raised)	NB: there is no current funding for repainting
		Ultrasound: • Waiting room needs repainting. • Ceiling tiles missing from outside rooms A&B.	• Estates to repair, repaint and replace. (job docket raised)	
		Antenatal clinic: • Reception area requires repainting. • Cracks in some walls in treatment rooms. • Ceiling tiles in waiting rooms to be replaced	• Estates to replace. (job docket raised)	
		X-Ray B: • Ceiling tiles in waiting rooms to be replaced	• Estates to replace. (job docket raised)	

4

		Bobby Moore: • Toilet door lock is showing red all the time		

5

DEMENTIA	**(2015: 74.51%)** **2016 Provisional site score 61.21%**	**WARD & COMMUNAL AREAS** • Not all toilet doors signs use pictures and text • Toilet seats, flushes and rails are not in a colour that contrasts with the bathroom walls & floors • There are no large faced clocks in any of the patient areas. • There are no day and date signs clearly visible within the ward. • It is not possible to cover or remove any of the mirrors • Not all flooring is matt and non-reflective • There is no clear signage on the wards showing the department / ward name	• Submit PLACE Dementia actions to the Dementia Strategy Group for comment and recommended actions • To work with the Dementia Nurse to make improvements to the unit in line with PLACE standards.	**Lead:** PLACE Lead **Date:** Ongoing
Disability	**New for 2016** **2016 Provisional site score 71.47%**	**WARD & COMMUNAL AREAS** • Seating in the reception / communal area does not provide a range of different heights, with and without arms or bariatric. • There is no hearing loop or other portable assistive system at the reception desk. • There are very few handrails around the hospital.	• Submit PLACE actions to the PLACE Group for recommendations.	**Lead:** PLACE Lead **Date:** Ongoing

Draft PLACE Action Plan July 2016. Version 1.0   Author: Trust PLACE Lead for monitoring by the PLACE Group

6

DEVONSHIRE 2016

	Score	Areas for Improvement	Actions	Lead / Timescale
CLEANLINESS	(2015: 82.08%) **2016 Provisional Score 99.04%**	**Ward & Internal areas:** • Ceiling tiles stained due to dust being thrown out by the heating ventilation.	• Ventilation to be cleaned. • Tiles to be dusted more regularly (DW is taking a team over to assess ventilation and cleaning requirements)	**Lead:** Estates Manager **Date:** September 2016
FOOD & HYDRATION	Score	Areas for Improvement	Actions	Lead / Timescale
	(2015:91.15%)	**Ward Food:** • No areas for improvement required.	• To continue to monitor food standards.	**Lead:** Catering Manager **Date:** On going
	2016 Provisional Score 96.39%	**Organisation Food:** • No areas for improvement required.	• To continue to monitor food standards	**Lead:** Sr G Garbott **Date:** On going

1

PRIVACY, DIGNITY & WELLBEING	Score	Areas for Improvement	Actions	Lead / Timescale
	(2015: 83.33%) **2016 Provisional Score 85.19%**	• No areas for improvement required.	• To continue to monitor standards.	Lead: Catering Manager Date: December 2016

CONDITION, APPEARANCE & MAINTENANCE	Score	Areas for Improvement	Actions	Lead / Timescale
	(2015: 74.24%) **2016 Provisional Score 93.27%**	**Social and communial areas:** • Minor chips to wall in room FR30 **Ward Areas:** • One tap indicator missing in one of the toilers.	• To carry out minor repairs and monitor the unit • To replace tap indicators.	**Lead:** Estates Building Manager **Date:** September 2016

2

		WARD & COMMUNAL AREAS		
DEMENTIA	**(2015: 51.77%)** **2016 Provisional score 74.80%**	**WARD & COMMUNAL AREAS** • Not all toilet doors signs use pictures and text • Not all toilet signage is consistent • Toilet seats, flushes and rails are not in a colour that contrasts with the bathroom walls & floors • Not all taps are clearly marked as hot and cold • Toilet doors are not painted in a different colour so as to distinguish them from others • There are no large faced clocks in any of the patient areas. • There are no day and date signs clearly visible within the ward. • It is not possible to cover or remove any of the mirrors	• Submit PLACE Dementia actions to the Dementia Strategy Group for comment and recommended actions • To work with the Dementia Nurse to make improvements to the unit in line with PLACE standards.	**Lead:** PLACE Lead **Date:** Ongoing
Disability	**New for 2016** **2016 Provisional Score 85.38%**	**WARD & COMMUNAL AREAS** • There are no handrails on the corridors or on the approach to bathrooms and toilets.	• Submit PLACE actions to the PLACE Community Group for recommendations.	**Lead:** PLACE Lead **Date:** Ongoing

Draft PLACE Action Plan July 2016. Version 1.0   Author: Trust PLACE Lead for monitoring by the PLACE Group

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MEADOWS 2016				
CLEANLINESS	**Score**	**Areas for Improvement**	**Actions**	**Lead / Timescale**
	(2015: 87.57%) **2016 Provisional site score 97.74%**	**Ward & Internal areas:** • Light dust on bed frames and patient equipment	• This was highlighted and actioned on the day of the inspection.	**Lead:** Domestic Supervisor **Date:** Complete
FOOD & HYDRATION	**Score**	**Areas for Improvement**	**Actions**	**Lead / Timescale**
	(2015: 88.49%)	**Ward Food:** • No areas for improvement required.	• To continue to monitor food standards.	**Lead:** Catering Manager Pennine **Date:** On going
	2016 Provisional site score 83.95%	**Organisation Food:** • No areas for improvement required.	• To continue to monitor food standards	**Lead:** Catering Manager Pennine **Date:** On going

1

	Score	Areas for Improvement	Actions	Lead / Timescale
PRIVACY, DIGNITY & WELLBEING	**(2015: 86.03%)** **2016 Provisional site score 92.57%**	• Patient equipment not easily identified as clean	• To ensure clinell tape is used for all equipment once cleaned. This was highlighted on the day of inspection.	Lead: Sister Toft Date: Ongoing
	Score	Areas for Improvement	Actions	Lead / Timescale
CONDITION, APPEARANCE & MAINTENANCE	**(2015: 90.11%)** **2016 Provisional site score 91.36%**	**Social and communial areas:** • No areas for improvement **Ward Areas:** • Patient bathroom was used for storage of medical equipment , folding beds, treatment trolleys etc. • There some fabric seats that need to be removed from patient area.	• Communal area was being decorated during the inspection. • All items were removed when highlighted on the day of the inspection	**Lead:** Sister Toft **Date:** Complete

DEMENTIA	(2015: 74.51%) **2016 Provisional site score 79.67%**	**WARD & COMMUNAL AREAS** • Not all toilet doors signs use pictures and text • Toilet seats, flushes and rails are not in a colour that contrasts with the bathroom walls & floors • There are no large faced clocks in any of the patient areas. • There are no day and date signs clearly visible within the ward. • It is not possible to cover or remove any of the mirrors	• Submit PLACE Dementia actions to the Dementia Strategy Group for comment and recommended actions • To work with the Dementia Nurse to make improvements to the unit in line with PLACE standards.	**Lead:** PLACE Lead **Date:** Ongoing
Disability	**New for 2016** **2016 Provisional Scores 84.29%**	**WARD & COMMUNAL AREAS** • Seating in the reception / communal area does not provide a range of different heights, with and without arms or bariactric. • There is no hearing loop or other portable assistive system at the reception desk.	• Submit PLACE actions to the PLACE Group for recommendations.	**Lead:** PLACE Lead **Date:** Ongoing

Draft PLACE Action Plan July 2016. Version 1.0   Author: Trust PLACE Lead for monitoring by the PLACE Group

3

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Report to:	Board of Directors	**Date:**	4 August 2016
Subject:	Board Assurance Framework		
Report of:	Chief Executive	**Prepared by:**	P Buckingham

REPORT FOR APPROVAL

		Summary of Report
Corporate objective ref:	N/A	*Identify key facts, risks and implications associated with the report content.* The purpose of this report is to present the current Board Assurance Framework 2016/17 to the Board of Directors for consideration and approval.
Board Assurance Framework ref:	BAF Risk 2	
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	☐ Completed X Not required	

Attachments:	Annex A – Board Assurance Framework

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P 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 this report is to present the current Board Assurance Framework 2016/17 to the Board of Directors for consideration and approval.

2.   BACKGROUND

2.1   Assurance Frameworks vary across organisations and, in some instances, can be lengthy documents that are not always well understood. This can prevent the Framework's effective use for managing the business and its strategic priorities. To be of real value to an organisation, the Board Assurance Framework must be clear, concise and tailored to the organisation's needs.

2.2   The format for the Trust's current Board Assurance Framework was designed in partnership with Mersey Internal Audit Agency (MIAA) with scope of content and presentation informed by best practice identified by MIAA. The form of the Board Assurance Framework was reviewed by Internal Audit in March 2016 and the review concluded that *"The organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board"*.

2.3   At the Board of Directors meeting on 31 March 2016, the Board adopted a revised approach to the Board Assurance Framework to ensure that strategic objectives, and the principal risks to achievement of these objectives, were subject to periodic review in order to maintain currency of the Framework content. To this end, the Board of Directors formally closed the previous Board Assurance Framework and approved a revised set of strategic objectives and principal risks which would form the basis of the Board Assurance Framework 2016/17.

3.   CURRENT SITUATION

3.1   The current Board Assurance Framework 2016/17, which is included for reference at Annex A of the report, has been reviewed by the relevant risk owners and updated accordingly. There is one risk where there has been an upward movement in residual risk score, Risk 4, which relates to the Trust's strategic objective to achieve a minimum 'Good' rating for CQC inspections. The residual risk score has increased from 12 to 16.

3.2   With regard to Risk 5, Board members are requested to note that the Risk Description has been amended from:

"Failure to deliver annual cost improvement programmes and realise planned benefits from strategic transformation projects impairs the Trust's financial position, with a consequent impact on patient services, and increases the likelihood of regulatory intervention"

to:

"Failure to deliver the required level of cost improvement to deliver the agreed control total and receipt of STF, with a consequent impact on patient services and increased

likelihood of regulatory intervention"

This amendment reflects the recent agreement of control total and associated Sustainability & Transformation Fund funding.

3.3   Board members will be aware of the need to ensure that the risks documented in the Framework continue to accurately reflect the principal risks to achievement of strategic objectives.   In addition, Board members should satisfy themselves that the content of the Framework is appropriately informing the content of Board agendas.

4.   LEGAL IMPLICATIONS

4.1   There are no legal implications arising out of the subject matter of this report.

5.   RECOMMENDATIONS

5.1   The Board of Directors is recommended to:

- Consider and approve the content of the Board Assurance Framework at Annex A.

SO1	To achieve full implementation and delivery of the Trust's Five Year Strategy 2015-20.	
Risk 1	**Emphasis on day to day operational delivery, in response to environmental pressures, results in lack of focus on strategic change programmes with consequent impairment or failure to deliver the Trust's Five Year Strategy.**	**Risk Owner: Chief Executive**

Board Risk Rating

	L	x C	= Level
Initial	2	4	8
Current	3	4	12

Opened Date	01/04/2016
Review Date	14/07/2016
Review Date	
Review Date	

RISK CONTENT

The Board needs to spend time on ensuring delivery of the Five Year Strategic Staircase as described in the approved Strategy, ensuring congruence with other significant strategic partnerships programmes of Healthier Together, Stockport Together and GM Devolution.

BOARD RISK APPETITE

The Trust is not risk averse in this area and accepts that there may be exposure to reputation and staff engagement risks in pursuing service transformation. The communication and engagement of staff and key stakeholders is recognised as essential. However, the Trust remains risk averse to any negative quality, safety or patient experience issues and understands the balance required for financial efficiency. Reduction of 50% of strategic Board discussions would require immediate review.

CONTROLS

- Dedicated Board Strategy sessions.
- Communications Plan for Strategy developed, implemented & monitored via Planning and Performance Group.
- Resources identified to ensure detailed work up of the Strategic Staircase and Innovation Programmes projects.
- Assurance reports to the Finance & Investment Committee on financial delivery of the strategic projects.
- Assurance reports to the SDC Committee on operational delivery of the strategic projects.

BOARD ASSURANCE

- Regular CEO reports on progress with strategic programmes.
- Quarterly review of progress against key organisational objectives.
- Strategy 2016/17 presentation to senior managers and clinical managers 16 March 2016.
- Start the Year: 3 & 5 May 2016 and rollout for all staff planned.
- Increased capacity and focus at senior level on strategy delivery implemented from April 2016.
- Increased capacity and focus through the Financial Improvement Programme to ensure financial improvement, efficiency and effectiveness of operational performance is managed robustly and does not impinge on strategic delivery focus

GAPS IN CONTROLS

- Outcome of Monitor assessment of 2016/17 Operational Plan submitted on 18 April 2016.
- Deputy Chief Executive leaving the Trust will create a gap in the strategy and transformation work at executive level

GAPS IN ASSURANCE

- Risk that concurrent strategic programmes will impair senior management capacity.

1

	Assigned to	Action Detail	Progress to Date	Due Date
ACTION PLAN	Chief Executive	Board to be given dedicated time for strategic discussion	Board to hold monthly strategy sessions	Ongoing
	Deputy Chief Executive	Monitor engagement with staff and facilitate workshop with Child and Family Business Group	Business Group performance review monitoring communication plan delivery. Further workshop held and future workshops scheduled.	Ongoing
	Chief Executive	To ensure appropriate and sufficient executive capacity is put in place to mitigate the loss of the Deputy Chief Executive from the Trust	Consideration underway on how to provide capacity and capability of all the Deputy Chief Executive responsibilities.	Oct/Nov 2016

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SO2	To achieve best outcomes for patients through full and effective participation in local strategic change programmes including; Stockport Together, Healthier Together & Greater Manchester Devolution.	
Risk 2	Failure to plan, resource and engage effectively with strategic change programme impairs level of control and influence with a consequent detrimental impact on patient services.	**Risk Owner: Chief Executive**

Board Risk Rating

Initial	**2**	**4**	**8**
Current	**2**	**4**	**8**
	L x C = Level		

Opened Date	01/04/2016
Review Date	14/07/2016
Review Date	
Review Date	

RISK CONTENT

The Board needs to spend time on ensuring delivery of the Five Year Strategic Staircase as described in the approved Strategy, ensuring congruence with other significant strategic partnerships programmes of Healthier Together, Stockport Together and GM Devolution.

BOARD RISK APPETITE

The Trust is not risk averse in this area and accepts that there may be exposure to reputation and staff engagement risks in pursuing service transformation. The communication and engagement of staff and key stakeholders is recognised as essential. However, the Trust remains risk averse to any negative quality, safety or patient experience issues and understands the balance required for financial efficiency. Reduction of 50% of strategic Board discussions would require immediate review.

CONTROLS

- Dedicated Board Strategy sessions.
- Chief Executive and other Executives (especially Finance and HR) participation in Greater Manchester Devolution developments.
- Chief Executive and Executive Director participation in the Stockport Together programme.
- Deputy Chief Executive participation as member of the MCP Shadow Provider Board.
- CEO, Deputy Chief Executive and Clinical Lead attendance at South East Sector Healthier Together Planning Committee.
- Director of Partnership designated as Programme Director for SE Sector Healthier Together implementation with consultancy resource support.
- Locality plan for Stockport consistent with Trust Strategic Plan and planning assumptions.

BOARD ASSURANCE

- Positive outcome of the Healthier Together Judicial Review.
- Regular CEO reports on progress with strategic programmes.
- Stockport Together adoption of the Trust's patient segmentation approach.
- Increased capacity and focus at senior level on Stockport Together programme implemented from April 2016.
- Board approval of GM Devolution governance arrangements.
- Appointment of interim Director of Provider MCP (all providers)
- Chief Executive, Deputy Chief Executive and Director of Finance are members of key Stockport Together governance meetings

3

GAPS IN CONTROLS	GAPS IN ASSURANCE
• Resource pressure associated with strategic change programmes. • Risk on full allocation of resource to fund the change programme as Vanguard monies are now through the GM Health and Social Care Transformation Programme Fund • Clarity on future organisational form of MCP provider – alternative models being considered.	• Risk that concurrent strategic programmes will impair senior management capacity. • Board yet to receive Business Case for Stockport Together changes which is currently in draft production • Funding for Stockport Together MCP vanguard programme approved by the GM Strategic Partnership Board Executive for final approval by the full Partnership Board on 29 July

	Assigned to	Action Detail	Progress to Date	Due Date
ACTION PLAN	Chief Executive	Board to be given dedicated time for strategic discussion	Board to hold monthly strategy sessions	Ongoing
	Chief Executive/Deputy Chief Executive	Working with Stockport partners to bid for transformation fund monies to support the Vanguard work	Outline bid made and further information on ROI and other issues being submitted to GM	June/July
	Director of Finance / Director of Workforce & OD	Information requirements from Trust as result of the Provider efficiency programmes Directors of Finance are undertaking at the request of the Provider Federation Board	Information provided as required	Ongoing
	Deputy Chief Executive	Member of newly established Executive Committee for Stockport Together to ensure delivery of programme and member of shadow Provider Board to ensure Trust as key stakeholder in future organisational form, contract arrangements and delivery.	Revised organisational management arrangements being actively considered by partner organisations for discussion within the Trust	Jul/Aug 2016
	Chief Executive	Member of the GM Strategic Partnership Board and able to articulate benefits of the funding of the MCP vanguard programme, if required	Approved by Executive Board	29 July 2016
	Deputy Chief Executive	Actively involved in the production of the Business case which will go to all Partner organisations governance boards in July/August 2016	Drafts to be considered by the Executive Team in July 2016	Jul/Aug 2016

4

SO3	To secure full compliance with requirements of the NHS Provider Licence through fit for purpose governance arrangements.	
Risk3	Failure to achieve sustainable delivery of the 4-hour A&E target impairs quality of patient care and results in further regulatory intervention.	Risk Owner: Chief Operating Officer

Board Risk Rating

	L	C	Level
Initial	4	4	16
Current	4	4	16

L x C = Level

Opened Date	01/04/2016
Review Date	27/07/2016
Review Date	
Review Date	

RISK CONTENT

Meeting national standards is key to maintaining the provider license. Failure to meet standards may adversely affect patient experience and have a negative impact on the Trust's reputation. There may also be contractual penalties imposed by commissioners.

BOARD RISK APPETITE

The Board is prepared to take informed risks to resolve performance issues such as a period of planned underperformance against standard in order to resolve patient wait times more quickly.

CONTROLS	BOARD ASSURANCE
• Executive accountability and capacity enhanced with appointment of Acting Chief Operating Officer • Weekly Urgent Care Task & Finish Group implementing and tracking actions • Plans for Medicine Bed reconfiguration to enhance flow and ED capacity • Daily Breach validation • 'Hot Clinics' pilot.	• Key Issues Reports from Quality Assurance Committee • Escalation process to Board via Integrated Performance Report (IPR) • Monthly Business Group performance reviews • External reports on areas of underperformance, e.g. Cancer or ED through ECIST or other bodies • 'Deep Dive' session on ED initiatives with Board members 18 July 2016 • NHSI & NHS England support for medium/long term plans for Stockport Together as sustainable solution. • NHSI approval of revised trajectory for 4-hour standard in 2016/17.

GAPS IN CONTROLS	GAPS IN ASSURANCE
• Ability to maintain sustainable levels of DToC. Continuing increases impact on hospital flow during periods of high demand. • Emergency Department standard is still reliant on reduced demand which has not yet manifested despite actions taken by commissioners.	• Matching capacity and demand within clinical services to best mitigate failure • Effectiveness of MCP in supporting long term sustainability against the 4 hour target; to avoid admissions and discharge to assess.

5

	Assigned to	Action Detail	Progress to Date	Due Date
ACTION PLAN	**Acting Chief Operating Officer, Chief Executive & Director of Finance**	**Continue to work with the Health and Social Care Economy leaders on the gaps in Urgent Care Provision across the health economy to enable achievement of the ED target**	**Systems Resilience Group in place and meeting monthly**	**Ongoing**
	Acting Chief Operating Officer	**Introduction of effective assurance reporting of outcomes from the monthly Performance & Planning meeting to the Quality Assurance Committee.**	**Action superseded by introduction of monthly Business Group performance reviews which are now fully established.**	

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SO4	To achieve, and maintain, a minimum 'Good' rating under the Care Quality Commission inspection regime.	
Risk 4	Inability to maintain and improve compliance with Care Quality Commission standards impairs patient experience, damages Trust reputation and results in regulatory intervention.	Risk Owner: Director of Nursing & Midwifery

Board Risk Rating

Initial	**4**	**4**	**16**
Current	**4**	**4**	**16**
	L	**x C**	**= Level**

Opened Date	01/04/2016
Review Date	14/07/2016
Review Date	
Review Date	

RISK CONTENT

If CQC outcomes are not met, then patient and family experience will be jeopardised. Closely linked to culture and values and issues arising from Francis, Keogh and Berwick reports. If CQC inspection results in a 'Requires Improvement' or 'Inadequate' rating, the reputation of the Trust will be damaged.

BOARD RISK APPETITE

Risk averse with regard to all aspects of CQC compliance. Three or more wards or departments in a business group, which continue in 'turnaround' following CQC mock inspections and Nursing Dashboard escalation for longer than three months would trigger an immediate review and further action.

CONTROLS

- **Quality Improvement Matron in post – lead for implementing CQC compliance policy (mock CQC inspections to check compliance, action planning and re-inspections)**
- **CQC assurance manager in post – lead for evidence and learning from other organisations' CQC inspections**
- **Monitoring of performance with commissioners**
- **Programme of activity forward to Board assurance through visibility and structured clinical activity for senior nursing staff**
- **Nursing & Midwifery Dashboard and escalation process for agreed triggers, including action plans for 'turnaround' wards**
- **CQC mock inspections and action plans included on business group quality governance committees and process redefined to include automatic escalation to Quality Governance Committee for areas identified as 'requires improvement' or 'inadequate'**
- **CQC mock inspection action plans monitoring outside business group – included in revised Strategic Heads of Nursing meeting structure for scrutiny.**

BOARD ASSURANCE

- **Key Issues Reports from Quality Assurance Committee**
- **Patient stories / complaints / incidents / patient experience quarterly report / High Profile Report – shared widely throughout organisation**
- **Quality elements of Integrated Performance Report**
- **Annual Quality Report**
- **Infection prevention and control reports**
- **Mock CQC inspection results to ADs and Heads of Nursing / Midwifery**
- **Independent internal reviews of ongoing compliance**
- **CQC inspection results and any resultant action plans**
- **Twice yearly nursing and midwifery staffing reviews**
- **Outcomes of patient surveys**

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		GAPS IN CONTROLS		GAPS IN ASSURANCE		
	•	**Ongoing recruitment issues for some areas of nursing and medical workforce may jeopardise compliance with CQC standards**		•	**Overall rating for the Trust is 'Requires Improvement'**	

		Assigned to	*Action Detail*	*Progress to Date*	*Due Date*
ACTION PLAN		**Director of Nursing & Midwifery**	**Lead the action planning required following the CQC inspection**	**Draft report received 12 July 2016; factual accuracy response returned 27 July.** **Action plan to be developed for the three non-compliant fundamental standards identified by CQC, but also for other areas identified within the report which are within the Trust's control.**	**Completed** **September 2016**

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SO5	To achieve the level of financial sustainability necessary to ensure provision of good quality services and facilitate delivery of the Trust's Five Year Strategy	
Risk 5	Failure to deliver the required level of cost improvement to deliver the agreed control total and receipt of STF with a consequent impact on patient services, increasing the likelihood of regulatory intervention.	**Risk Owner: Director of Finance & Deputy Chief Executive**

Board Risk Rating

	L	C	Level
Initial	4	5	20
Current	4	4	16

L x C = Level

Opened Date	01/04/2016
Review Date	14/07/2016
Review Date	
Review Date	

Likelihood x Impact = Score
- Very Low (green)
- Low (yellow)
- Medium (orange)
- High (red)

IMPACT / CONSEQUENCE

RISK CONTENT

Failure to pay staff and suppliers to continue to provide safe and effective services.

Triggering the need for distress financing which would increase the risk of regulatory intervention.

Not being able to provide the range of services and failing respective access and contract targets / clauses leading to financial penalties.

Not being able to support Strategic Development initiatives including the need to modernise the estate and replace aging medical equipment.

BOARD RISK APPETITE

Necessity to take risks to deliver the cost improvement and significantly challenging programmes to achieve financial resilience with a willingness to review core services with a view to third party delivery and/or outsourcing of corporate departments.

CONTROLS

- Detailed financial planning process including activity, workforce and capital planning
- Operational Plan 2016/17
- Participation in the NHSI Financial Improvement Programme
- Implementation of a CIP Governance Framework with Executive-level monitoring
- Performance Management Framework and Performance Review Meetings
- Establishment Control Panel & Staff Absence Panel
- Detailed financial report to F&P Committee

BOARD ASSURANCE

- Finance and CIP Performance reports
- Budget and Plan approval
- CQUIN update
- Finance & Performance Committee review of progress reported to Board
- Strategic Development Committee reporting to Board
- Financial Improvement Programme
- Financial Improvement Group – monthly monitoring
- Appointment of Financial Improvement Director on secondment

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GAPS IN CONTROLS	GAPS IN ASSURANCE
• Wider clinical ownership and accountability for programme delivery • CQUIN objectives need to be devolved to those charged with delivery • Prioritisation of capital investment for Medical Equipment replacement • Financial impact of final CQC report.	• Well defined and realistic efficiency programme for 2016/17 • Appropriate targeting and deployment of additional resources to deliver savings and improvements – capacity and capability • Potential conflict between Trust plans and those of wider health economy • Programme management experience amongst senior managers across the Trust • Transfer of skills from KPMG personnel to substantive staff.

		Assigned to	Action Detail	Progress to Date	Due Date
ACTION PLAN		Acting Chief Operating Officer	Hold Business Group Directors to account for delivery of their financial and activity plans	Performance Review meetings established, supported by KPMG representatives.	
		Director of Workforce & OD	Develop and deliver a clinical and non-clinical engagement programme to ensure that staff across the Trust understand the financial challenges facing the organisation.	Communication plan to be implemented from 27 July 2016.	
		Director of Finance	Progress application for a further loan as normal course of business with the ITFF.	Meeting with ITFF scheduled to be held on 21 July 2016.	
		Director of Finance / Deputy Chief Executive / Financial Improvement Director	Work with the Financial Improvement Programme to identify and deliver cost savings to meet the NHSI control total.	Significantly challenging projects to be scoped and assessed	
		Acting COO / Director of Finance	Develop a demand and capacity model incorporating growth, impact of CIP/strategic programmes and impact of delivering agreed trajectories.		
		Director of Workforce & OD	Preparation of a workforce plan which incorporates current and future vacancies in order to establish workforce requirements over the next 24 months.		

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SO6	To develop, and maintain, a flexible, motivated and proficient workforce	
Risk 6	Failure to prepare and deliver effective workforce plans supported by continuous professional development impairs the availability of workforce resources with a consequent impact on the delivery of patient services.	Risk Owner: Director of Workforce & Organisational Development

Board Risk Rating

	L	x C	= Level
Initial	3	4	12
Current	3	4	12

Opened Date	01/04/2016
Review Date	22/07/2016
Review Date	
Review Date	

RISK CONTENT

An engaged workforce is critical during a period of transformation and associated uncertainty. Different staffing models will be needed resulting in different ways of working with an increased requirement for new roles, skill mix and role development. Key supply risks exist in relation to a number of roles including medical and nursing posts and other specialist roles.

BOARD RISK APPETITE

Risk averse given the necessity to engage successfully with the workforce to achieve change.

Triggers for consideration:
1. **>50% of the KPIs in the Integrated Performance Report are outside of a 15% threshold**
2. **The Trust's staff engagement score in the annual staff survey falls below 3.0**

CONTROLS

- **Policies and procedures**
- **Performance Appraisal Policy**
- **Mandatory training**
- **Establishment Control Panel**
- **Quarterly Pulse Surveys, including Staff Friends & Family Test**
- **Operational Plan 2016/17**
- **Leadership plan**
- **Staff focus groups**
- **Business group performance meetings.**
- **Pay Progression Policy**
- **Recruitment and Retention Implementation Plan**
- **Centralised temporary staffing processes**
- **Absence and temporary staffing performance meetings**

BOARD ASSURANCE

- **Workforce & OD Committee / People Performance Committee**
- **Business Group assurance reporting**
- **Assurance reporting on attendance, sickness, absence, mandatory training, turnover and medical appraisal & temporary staffing spend**
- **Annual Staff Survey results and Friends & Family results (3 x per year)**
- **Freedom to Speak Up Guardian commenced in post in February 2016**
- **Health & Wellbeing Strategy**
- **Recruitment & Retention Strategy approved by Board of Directors**
- **OD Strategy approved by Board of Directors**
- **Leadership Strategy approved by Board of Directors**
- **Talent management strategy approved by Board of Directors**

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•	**Revised terms of reference for Establishment Control Panel**	

GAPS IN CONTROLS	GAPS IN ASSURANCE
• **Succession Plan** • **Staff Engagement Plan** • **Workforce Plan**	• **Engagement Strategy** • **People and Performance Committee terms of reference to be agreed** • **Workforce Efficiency Group terms of reference to be agreed**

	Assigned to	*Action Detail*	*Progress to Date*	*Due Date*
ACTION PLAN	**Head of Organisational Development and Learning**	**To ensure staff survey results are widely shared and robust action plans are developed in response to the annual staff survey and quarterly pulse surveys.** **Further information to be sought through focus group engagement.**	**Results shared. Business group action plans in development.** **Focus groups underway.**	**Ongoing**
	Director of Workforce and Organisational Development	**Workforce KPIs reviewed for 2016/17 and approved by Workforce Organisational Development Committee.**	**Business group performance monitored in Performance meetings.**	**Complete** **Ongoing**
	Deputy Director of Workforce	**Workforce planning cycle to be aligned to business planning and workforce numbers monitored monthly.**	**Workforce planning update shared with Workforce and Organisational Development Committee.** **Business group planning template approved.** **Refreshed approach to workforce planning in partnership with KPMG.**	**Ongoing**
	Head of Organisational Development and Leadership	**Engagement strategy to be developed with support from Marrow Consulting.**	**Initial work focused on FIP.**	**Ongoing**
	Director of Workforce and Organisational Development	**Terms of reference for People and Performance Committee and Workforce Efficiency Group to be agreed.**	**Terms of reference developed for agreement at next meetings.**	**Ongoing**

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SO7	To implement and embed an Electronic Patient Record (EPR) system.	
Risk 7	**Failure to ensure efficient management of the EPR project results in data loss from current systems and the inability to realise the benefits expected to accrue from implementation of a comprehensive electronic system.**	**Risk Owner: Deputy Chief Executive**

Board Risk Rating

Initial	*3*	*4*	*12*
Current	*3*	*4*	*12*

L   x   C   = Level

Opened Date	01/04/2016
Review Date	27/07/2016
Review Date	
Review Date	

RISK CONTENT

Redesign of clinical and operational workforce will need to be enabled by IT both within the Trust and across GM to ensure a sustainable future.

Technology is key to delivering clinical services in terms of quality, safety and outcomes.   The Board needs to be sighted on key projects.

BOARD RISK APPETITE

The Board is prepared to take decisions on investment at scale in IT provided that there is strong assurance that there is the ability to recover costs through efficiencies.

CONTROLS

- EPR programme board chaired by CEO
- Programme and project governance
- Policies and procedures
- Audit programme
- IG Toolkit

BOARD ASSURANCE

- External and internal audit reporting of design and operation of plans
- External 'gateway' review process prior to key stages of implementation
- Approval of strategies and plans through Finance & Investment Committee
- Data integrity assurance – through data quality strategy
- IGT assurance – through HIS Board
- Project and programme assurance – through HIS Board & Capital Programme Development Group
- EPR Governance Assurance Report – Audit Committee 17 May 2016

GAPS IN CONTROLS

- Gaps in IT systems

GAPS IN ASSURANCE

- Benefits realisation on large scale IT projects – further work required

13

	Assigned to	Action Detail	Progress to Date	Due Date
ACTION PLAN	**Deputy Chief Executive**	**Ensure Electronic Patient Record programme has suitable governance process in place**	**Programme Board in place with terms of reference and executive leadership** **First two meetings held. Risk Register and programme reporting now in place.**	**July 2016**
		Ensure a process for developing benefits realisation is in place	**Intersystems (strategic partner) have brought in Channel 3 to work with the EPR programme on benefits realisation process. Presentation on approach endorsed by July EPR programme Board.**	**Sept 2016**

14

Report to:	Board of Directors	**Date:**	4th August 2016
Subject:	Strategic Risk Register		
Report of:	Director of Nursing & Midwifery	**Prepared by:**	Head of Risk & Customer Services

REPORT FOR APPROVAL

Corporate objective ref:	**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. The headlines are; • 2 strategic risks have been mitigated and managed to below a risk score of 15 in June 2016 • Currently there are 11 severe strategic risks scoring 20
Board Assurance Framework ref:	• Two new strategic risks are added this month; 2971- Non-compliance with Nursing and Midwifery Revalidation 2977- Compliance with RTT 92% Incomplete Monitor Standard
CQC Registration Standards ref:	The Board of Directors is asked to note the contents of the risk register
Equality Impact Assessment: Not required	

Attachments:	Strategic Risk Register

| **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 |

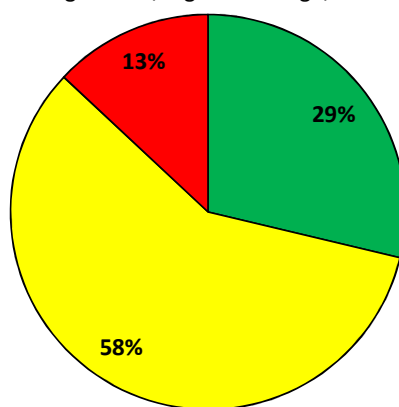**- THIS PAGE IS INTENTIONALLY BLANK -**

Trust wide Risk and Severity Distribution.

1.1 There are currently 364 live risks recorded on the Trust Risk Register system compared to 382 the previous month. 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
June	0	18	31	64	4	30	47	38	5	109	9	27	15	0
July	0	16	30	62	3	31	43	35	5	105	6	15	13	0

Severity Distribution Trust Wide

Legend: ■ Low □ Significant/High ■ V High/Severe

- 13%
- 29%
- 58%

1.2 Top Five Sources of Risk across the Trust.

- 13
- 17
- 44
- 118
- 83

■ Equipment

■ Compliance (with standards/mandatory or legislative)

■ Staffing

■ IT Systems

■ Infection Prevention and Control
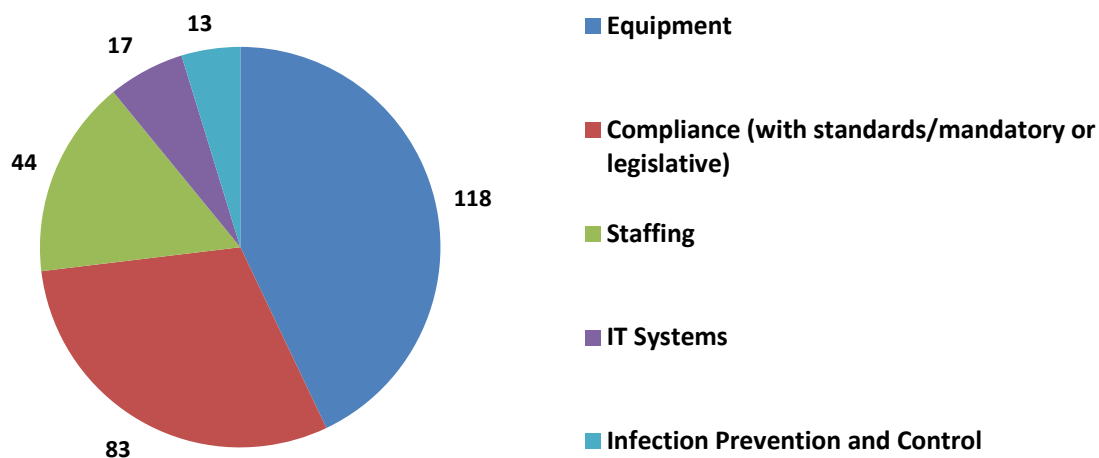
2.1 Severity distribution in Business Groups.
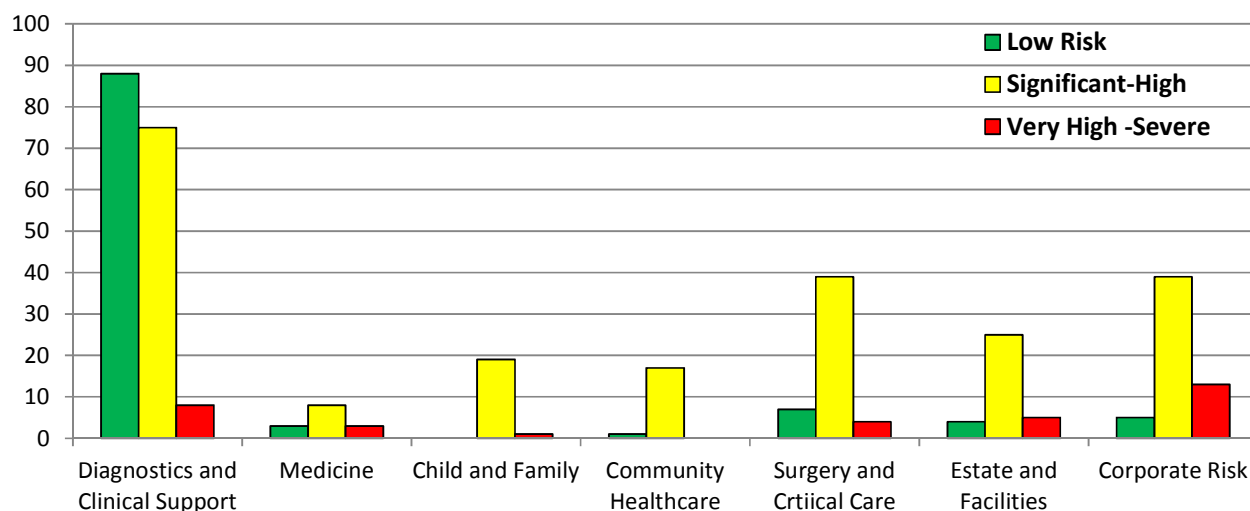
2.2 Strategic risk (approved) distribution across Business Groups.

Very High		Severe	Unacceptable
15	16	20	25
Medicine			
0	0	2	0
Child and Family			
0	0	0	0
Community Healthcare			
0	0	0	0
Surgery and Critical Care			
0	0	0	0
Estate and Facilities			
2	0	1	0
Corporate Risk (Nursing, Finance, I.T. Executive Team, HR.)			
0	4	7	0
Diagnostics and Clinical Support			
0	2	1	0

3.1 Closed risks and mitigated risks.

The Strategic risks below have been reviewed and either closed or de-escalated.

- *2824- Safe Staffing Surgery and Critical Care Wards*
- *2826- Non-delivery of S&CC CIP/Income targets 2015-2016*

3.2 New strategic risk.

There are two new strategic risks added this month.

- *2971- Non-compliance with Nursing and Midwifery Revalidation*
- *2977- Compliance with RTT 92% Incomplete Monitor Standard*

3.3 Changes in risk rating

All strategic risks are reviewed monthly. Currently there are 19 strategic risk, 11 of these are considered severe. In this month, no risks have had their current risk rating amended based upon the actions carried out and assurances received.

Strategic Risk Register

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Corporate Nursing	2742	Analysis & Improvement	Cathie Marsland	Strategic	**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 .*	Standard Operating procedure which clearly details the requirements for a robust investigation Guidelines for all staff conducting investigations Training offered via training brochure on how to undertake an investigation Number of governance and senior management staff have undertaken the NPSA root cause analysis training.	16	4	5	20	Develop specific training for validators. Develop further training for all involved in RCA	31/08/2016	8	Reduced amount of reinvestigation and reduced criticism from external regulator	⟷	JM/QAC
Corporate Nursing	2806	Compliance	Cathy Gibson	Strategic	**Non Compliance with the Trust Alert & Hazards SOP** *Lack of staff awareness of the Trust Risk Management Alerts and their requirements*	Trust process in place to circulate alerts through Risk & Safety Team	16	4	4	16	Further spot checks to be completed and results to Risk Committee	30/08/2016	8	Staff compliance with Alert and Hazard notices SOP	⟷	JM/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Corporate Nursing	2969	Falls	Cathy Gibson	Strategic	**2969-Reduce the number and harm of Major to Catastrophic Patient Falls-2016–2017** *A number of major to catastrophic falls has increased in 2015-2016. Target of avoidable falls was not met.*	Hospital falls group meets 6 weekly to review corporate falls data report. Severe and catastrophic falls reported to Trust Incident Review Meeting, reported to commissioners and full root cause investigation undertaken by business groups. Policies and procedures in place regarding falls prevention and management. Initiatives to assist in the management and prevention of falls - low profiling beds, sensor alarms, slipper project etc. Risk and Safety Team review falls incidents and escalate as and when required for investigation. Wards notify Risk & safety team/business group of falls which result in fracture or serious injury. Specialisted falls prevention and management training mandatory every three years for nursing and therapy staff.	16	4	4	16	Deep dive workshop to be arranged to agree and prioritise for this year. Non exec Director to be a member of hospital falls group. Post falls action chart for medical staff to be developed. Trust falls SOP to be reviewed and launched. Continue with slipper project. Undertake trial of slipper socks. Complete Trust Falls Alarm Programme, to include purchase of additional alarms.	31/08/2016	12	To have less than 19 avoidable falls in a year.	⬌	JM/QAC
Corporate Nursing	2194	Infection Prevention and Control	Nesta Featherstone	Strategic	**Reduction in number of single rooms for isolation of patients** *With the rising trend and increased outbreaks during 2014-15 from Carbapenemase producing Entrobacteriaceae cases, the requirement and recommendations for single room isolation facilities continues to be a challenge across the Trust. No Robust Alert system in place across the Trust to highlight previous patients with Health care associate infections.*	SOP for isolation of patients	16	4	4	16	Bed managers following training will take over side room database. Opening of D block	31/10/2016	8	A robust system is in place to ensure patients are appropriately managed in single rooms	⬌	JM/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Corporate Nursing	2971	Compliance	Carole Sparks	Strategic	**Non-compliance with Nursing and Midwifery Revalidation.** *Risk that some staff will not be ready in time for revalidation which will have impacts both for the Trust and the individual.*	All nurses and midwives have been contacted directly by the NMC to inform them of their responsibilities. Trust Professional Registration Standing Operating Procedure	20	5	4	20	Work with Trust NHSP lead to monitor numbers of bank only staff and help facilitate. Heads of Nursing to ensure anyone who is non-compliant is seen and has a plan in place to achieve revalidation asap. Generate a letter from Director of Nursing to remind staff of the requirements of revalidation at least 3 months prior to their revalidation date. Devise and circulate quarterly monitoring reports to show compliance of Trust staff and present at the Workforce and Organisational Development Committee. (April-June Figures) presented at August Meeting. (July-September Figures) present at November mtg. Undertake ongoing awareness raising via Team Brief/ circulation of information leaflets/ monthly updates to Strategic Heads of Nursing/ awareness raising sessions in Pinewood House and at team meetings.	31/08/2016	10	Comply with revalidation requirement.	⟷	JM/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Diagnostic & Clinical Support	2718	Medication	Paul Buckley	Strategic	**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 notice has been put on the front page of the ePMA screen and on the intranet alerting staff to the risks of having different systems for prescribing and that all drugs prescribed must be transferred to ePMA as soon as possible after admission. A warning on this risk added to the nurses' essential training.	16	4	4	16	Implementation of new EPR system.	01/09/2016	12	Implementation of new EPR system.	⟷	JS/QAC
Diagnostic & Clinical Support	2130	Clinical procedures	Sara Wilson	Strategic	**Insufficient capacity in Endoscopy to meet the current demand** *The Trust is at risk of not achieving its target*	Flexible use of existing staff to cover as many unused lists as possible. A plan to review the utilisation of the unit and the changes needed to meet demand. Mediscan have been commissioned to conduct 10 additional weekend lists per month. There is close monitoring of the breaching of targets and the Senior Team are alerted to any immediately. Introduced new role of Inpatient co-ordinator to manage all inpatient referrals to prioritise referrals and maximise use of capacity. Endoscopy Cancellation escalation procedure developed.	20	4	5	20	Continue to support estates/procurement in establishing plans for unit expansion Improve sessional productivity, adding 1 unit to each list by developing case pre-assessment and additional nurses allocated to procedure rooms	31/08/2016	12	Endoscopy target to be achieved	⟷	JS/QAC
Diagnostic & Clinical Support	2877	Compliance	Grace Davie	Strategic	**Continued operation and sustainability of existing AOS.** *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.*	Service pager held by non-clinical staff in times of absence as a message relaying service only to the visiting oncologists. Staff training in acute areas on management of neutropenic sepsis and MSCC. Options paper prepared for Trust consideration to increase staffing. 24 hour advice line available at The Christie	16	4	4	16	Await outcome of options paper. Action plan to be developed following QST review	31/08/2016	12	To be compliant with requirement	⟷	JS/QAC

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Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Estates and Facilities	2942	Equipment	Russell James	Strategic	**Hospital CCTV.** *A significant proportion of the hospitals Closed Circuit Television surveillance equipment is an old analogue system that was originally installed up to 20 years ago. This equipment is starting to fail and large parts of the systems covering the Maternity Building and the Emergency Department have already broken down. There are no maintenance contracts in place.*	CCTV analogue, Door access to wards Door access to main door (Through the night) Security Awareness Training Conflict Resolution Training,	20	5	4	20	Submit to Directorate Management. Obtain quotations for CCTV. Further management action to be determined once the cost of possible options are known.	30/08/2016	10	Maintenance contract in place for any of the CCTV installations	⟷	JS/QAC
Estates and Facilities	2730	Compliance	Russell James	Strategic	**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.*	Training on waste streaming at ward/ department level, staff were trained to put medicines (pharmaceutically active) into yellow lidded sharps containers. Since this training took place, suppliers of waste disposal containers have introduced dedicated blue lidded containers for this type of pharmaceutical waste, allowing improved segregation.	15	3	5	15	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	30/08/2016	6	No breach of waste disposal legislation	⟷	JS/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Estates and Facilities	2748	Environment	Russell James	Strategic	**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*	Additional Storage space including the bed store. Two dedicated corridor agency porters. Corridor Review Group has been established - however due to capacity pressures representation from all business groups have proved difficult. The action tracker outlining the work of the group so far is attached for.	15	5	3	15	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	30/08/2016	10	Fire service compliance	⬌	JS/QAC

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Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Finance	2896	Financial	Kay Wiss	Strategic	**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.*	As part of the Board Assurance Framework Structure performance (including finance and standards) are reported through the committees. This has been enhanced by a second tier of performance and CIP escalation meetings.	20	5	4	20	Financial analysis of staircase projects and deliverability over 5 years. Formation of Strategic Planning Team with appropriate resources in corporate areas. StraSys consultancy engaged to provide a Trust Strategy and a method for delivery of future savings: Identifying patient cohorts to inform strategy and decision making. Identification of projects for "strategic staircase" for savings. Design and introduction of innovation projects to deliver transformational change. Series of new meetings to support workstreams within thenew environment including a fortnightly FInancial Improvement Group. A weekly Senior Management Group has been established and will receive updates from the Programme Managerto help resolve issues.	30/04/2017	15	CIP delivery	⬌	FP/FS&I

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Human Resources	2879	Finance	Emma Cain	Strategic	**Use of Temporary Staffing** *Risk to patient care through ongoing or increasing use of temporary staffing*	Twice yearly train the trainer updates at the CPF workshops Bi monthly report to the medical devices committee regarding compliance New RNs being taught at clinical induction from September 2015	20	4	5	20	Development of Temporary Staffing Policy.	31/08/2016	12	Reduction in cost and use of Temporary Staffing	⟷	JSh/WOD
Medicine	2470	Other	Stuart Rogers	Strategic	**Gastroenterology service provision** *Insufficient capacity to adequately deliver all service areas within Gastroenterology Failure to meet NICE guidance*	OWL Backlog patients are being clinically validated by one of the substantive team to ensure the safety of patients with extended waits. Reliance on Locum medical staff is reducing as substantive recruitment continues, this is improving the quality and continuity of clinical care, as well as pathway management. The 6th Substantive Consultant post is back out to advert to allow the implementation of the COW model.	20	4	5	20	6th Consultant confirmed as starting in post August 2016. Remaining patients to be appointed	31/08/2016	8	Nice guidance compliance	⟷	CW/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Medicine	2721	National Recommendation	Rebecca Barker	Strategic	**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*	Currently there is an ED Consultant on call for trauma 24/7. The ED Consultant is on site between 09.00 and 22.00, they are then on call and respond within 30 minutes. Currently every patient has a named Nurse could take this role. Current baseline is that less than 16% are seen by a consultant within 30 minutes, according to data.	20	4	5	20	Conduct quarterly practice Trauma call activation via switchboard at differing times of the day and week. Review the process of recording of the CT reporting within 1 hour to assure demonstrates performance indicator is reached for appropriate patients Examine current Triage standards & if any Trauma identified assure seen by Consultant in 30 minutes. Develop a plan to enable a robust Trauma co-ordinator service 7 days a week that can demonstrate the use of Rehabilitation prescriptions. Audit whether CT within 30 minutes of request for Major Trauma & timing of verbal reporting.	30/09/2016	8	Trauma unit peer review compliance	⟷	CW/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Trust Executive Team	2889	Compliance	Collin Wasson	Strategic	**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:*	Extending palliative care team support for community and hospital over Saturday and Sunday, 8am to 430pm. Rota changes of consultants in Medicine Business Group to provide Consultant Physical presence on AMU from 8am to 5pm on Saturday and Sunday; to provide Consultant delivered ward rounds on B2/E1 (stroke unit) on Saturday and Sunday; to provide in reach Consultant Cardiology input to AMU and CCU on Saturday and Sunday Radiology staff on site 24/7 to provide plain film x rays, mobile x rays, theatre imaging and CT scans. There is now continuous CT provision on site providing swifter patient access to CT scanning for trauma and stroke patients out of hours.	20	4	5	20	All actions to be taken through Stockport Together Transformational Project	30/08/2016	12	Achievement of standards in 7/7 working	⟷	CW/QAC
Trust Executive team	2644	Compliance	Colin Wasson	Strategic	**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).*	*There is guidance for the management of those patients who are haemodynamically unstable to receive endoscopy this plan is different for in hours and out of hours (Standard 2). Endoscopy within 24 hours can be offered to patients with the exception of those being admitted on Saturdays and on Sundays preceding bank holidays In hours, the appropriate endoscopic treatment for non variceal bleeding can be offered. Aspirin and antibiotic therapy advice is a given as per guidance*	20	4	4	16	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	30/08/2016	8	Full compliance with the NICE/NCEPOD guidance	⟷	CW/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Trust Executive team	2977	Compliance	Sue Toal	Strategic	**Compliance with RTT 92% Incomplete Monitor Standard.** *Failure to achieve the RTT 92% Incomplete standard at the end of March 2016, as such failing the standard for Q4 of 2015/16.*	*Weekly Trust-wide PTL meeting – captures performance overview and tracks progress against recovery trajectory*	20	4	5	20	ENT/Oral Surgery-Address residual capacity & demand deficit for both specialties following impact analysis of previous actions. ENT/Oral Surgery-Review pathway for micro-suctioning with CCG and further review of agreed pathway. GS/Urol-Address residual capacity & demand deficit for both specialities. Theatres-Extending staff mode for theatres/wards to be explored to maximise weekend theatre capacity. Diabetes/Endocrinology-Temporarily increase consultant PA for on-call to 1.4 both substantive consultants to offer increase in PM clinics when on-call. Gastro-6th Consultant appointed to commence in August Gastro-Prioritise booking of new patients>18wks. ENT/Oral Surgery-Continue to offer choice of alternative provider (MSS) to new ENT referrals. T&O-Implement longer term service redesign for spinal pathway.	31/03/2017	12	Achieve the RTT target	⬌	JS/QAC

Business Group	ID	Source	Risk Owner	Risk Type	Risk	Existing Controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Mitigating actions to be completed	Date for action plan completion	Target Risk Score	Key Indicators	Progress Arrow Key: Red = increase in current rating Green = reduction in current rating Yellow = no change	Exec Owner/ Committee (See Key above)
Trust Executive team	1881	Compliance	Sue Toal	Strategic	**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.*	Existing internal escalation processes Daily monitoring of staffing rotas in ED and on-call The trust Unscheduled Care Plan- monthly meetings Whole health economy collaboration to deliver this target	20	5	4	20	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). Triage Plus Model - 15 min to Triage (95th Centile)	30/08/2016	10	Achieving 95% in the 4 hour Performance Target within ED	↔	JS/QAC

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:**	4th August 2016
Subject:	Safe Staffing report		
Report of:	Director of Nursing and Midwifery	**Prepared by:**	Deputy Director of Nursing and Midwifery and Lead Corporate Nurse

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 June 2016. Key points of note as follows; • Fill rates for Registered Nurses (RN) and care staff remain above 90% • Staffing challenges remain across two wards in Trauma and Orthopaedics, D2 and D1, and two wards in surgery; B3 and C6. In Medicine, A15 and B2 are reporting Registered Nurse staffing challenges. Matron is supporting A15 and B2 whilst awaiting start dates for newly recruited staff The Board of Directors is asked to note the contents of this report with assurance given that Safe Staffing was maintained during June 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 June 2016

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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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 June 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, and 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.

JUNE 2016	DAY	NIGHT
RN/RM Average Fill Rate	91.1% ↓	95.7 % ↑
Care Staff Average Fill Rate	103.6%↓	114.3% ↓

3.   CURRENT SITUATION

3.1   **Registered Nurse/Midwife**

3.2   **Overall Performance**
 June 2016 wards have continued to report safe staffing levels overall, there has been continued pressure on wards D2, B3, C6 and D1 within the Surgery and Critical Care Business Group and on wards A15 and B2 within the Medicine Business Group. Theatres report a 5.83% vacancy rate currently.

3.3   **Temporary Staffing**
Registered Nursing agency reliance figures are 2 months in arrears and so are reported here for May 2016. Overall reliance on Registered Nursing agencies is 2.7% in May 2016. Our compliance with the introduction of capped rates for agency nursing staff is now reported as 100% for all general areas from the 1st July 2016. Focus work with theatres continues as a significant priority.

Surgery and Critical Care
Surgery has continued to report sub-optimal staffing levels across D2, C6, D1 and B3 .It is pleasing to now report that further staff have been recruited and are working in their supernumerary period. Safe staffing has been maintained due to the daily actions put in place by the Matrons. Theatres continue to be a focus for recruitment and a Theatre focused recruitment campaign commences on 6 July 2016, culminating in an open day on Saturday 6th August. M4 reports an improving trend of recruitment which is positively reflected in this month's improved figures.

3.4　**Medicine**
Wards A15 and B2 continue to report Registered Nurse vacancies In June 2016 and Matrons are providing support for safety assurance. All posts now are fully recruited to and we await start dates.

3.5　**Community**
Community currently have very limited vacancies and discussions continue with the CCG regarding sub optimal uplift/headroom provision. A risk register entry is underway.

3.6
　　Child and Family
Neonatal reported high sickness levels which has contributed to their safe staffing figures. However Tree House has supported Neonatal as Tree House activity levels low in the month.

3.7　**Recruitment**
EU and non EU recruitment continues as per agreed plan. The open day in June generated 11 successful applicants. A targeted emergency department and theatre campaigner is planned for July with a further open day on august 6th to focus on UK recruitment.

3.8　**Care hours per patient day (CHPPD)**
June's report also includes information relating to care hours per patient day (CHPPD). This is the new staffing metric advised by the Carter review which aims to allow comparison between organisations to a greater extent than previously, whilst noting that location specific services (specialty centres for example) will influence the final measure.

The CHPPD calculates the total amount of Nursing (RN and Care staff) available during a month, and divides this by the number of patients present on the in-patient areas at midnight. This gives an overall average for the daily care hours available per patient (all nursing and midwifery staff). During the Carter pilot stages, 25 trusts were included and their results showed CHPPD range from 6.3 to 15.48 CHPPD and a median of 9.13. For June 2016, our report shows an average CHPPD of 7.9. Further work is underway nationally to inform next steps in relation to the interpretation of CHPPD.

4.　RISK & ASSURANCE

4.1　The Organisation can be assured that safe staffing levels were maintained during June 2016.

5.　CONCLUSION

5.1　Safe staffing levels have been maintained and reliance on agency staffing significantly reduced in ward areas. Theatres continue to present significant challenges in relation to agency usage, and the surgical and critical care Business Group have an action plan to address reducing the reliance on agency.

6.　RECOMMENDATIONS

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

Appendix A – Previous months staffing fill rates

May 2016	DAY	NIGHT
RN/RM Average Fill Rate	91.9% ↑	95.2% ↓
Care Staff Average Fill Rate	106.3% ↓	125.1% ↑

April 2016	DAY	NIGHT
RN/RM Average Fill Rate	90.3%	95.7 % ↑
Care Staff Average Fill Rate	107.6% ↑	122.9% ↑

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

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: **June_2016-17**

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

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

Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Registered midwives/nurses Total monthly planned staff hours	Registered midwives/nurses Total monthly actual staff hours	Care Staff Total monthly planned staff hours	Care Staff Total monthly actual staff hours	Registered midwives/nurses Total monthly planned staff hours	Registered midwives/nurses Total monthly actual staff hours	Care Staff Total monthly planned staff hours	Care Staff Total monthly actual staff hours	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - registered nurses/midwives (%)	Night Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	Head of Nursing Comment
RWJ09	STEPPING HILL HOSPITAL - RWJ09	NNU - Neonatal Unit	420 - PAEDIATRICS		2250	1837.5	0	0	1575	1239	0	0	81.7%	n/a	78.7%	n/a	331	9.3	0.0	9.3	High levels of sickness, cross covered by Tree House ward staff over this month. Safe care delivered.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	TH - Tree House	420 - PAEDIATRICS		3150	2835	450	450	2100	2067	0	0	90.0%	100.0%	98.4%	n/a	454	10.8	1.0	11.8	Cover provided to Neonatal Unit by Tree House ward staff as patient numbers have been low this month. Safe care delivered .
RWJ09	STEPPING HILL HOSPITAL - RWJ09	JW - Jasmine Ward	502 - GYNAECOLOGY		900	900	450	450	600	600	0	0	100.0%	100.0%	100.0%	n/a	217	6.9	2.1	9.0	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	BC - Birth Centre	560- MIDWIFE LED CARE	501 - OBSTETRICS	1800	1800	450	450	1200	1190	300	300	100.0%	100.0%	99.2%	100.0%	63	47.5	11.9	59.4	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	M1 - Delivery Suite	501 - OBSTETRICS		2700	2617.5	450	435	1800	1700	300	300	96.9%	96.7%	94.4%	100.0%	176	24.5	4.2	28.7	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	M2 - Maternity 2	501 - OBSTETRICS	560- MIDWIFE LED CARE	1575	1560	900	877.5	600	600	300	270	99.0%	97.5%	100.0%	90.0%	433	5.0	2.7	7.6	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	ICU & HDU	192 - CRITICAL CARE MEDICINE		4500	4564	750	750	3960	4007	0	0	101.4%	100.0%	101.2%	#DIV/0!	322	26.6	2.3	28.9	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	SSSU	101 - UROLOGY	100 - GENERAL SURGERY	1857	1745	567	465	620	578	300	300	94.0%	82.0%	93.2%	100.0%	349	6.7	2.2	8.8	Lower care staff numbers represent vacancies which are now recruited to , awaiting start dates. No adverse impact in care delivery.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B3	100 - GENERAL SURGERY	101 - UROLOGY	1350	1110	1125	1095	660	638	660	660	82.2%	97.3%	96.7%	100.0%	601	2.9	2.9	5.8	Registered Nurse day duty shortfall due to vacancies which have been recruited to, with start dates July. Daily Matron assurance for safety. Minimum of 2 Registered Nurses per shift .
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B6	100 - GENERAL SURGERY	101 - UROLOGY	1350	1162.5	1125	1289	660	660	660	671	86.1%	114.6%	100.0%	101.7%	637	2.9	3.1	5.9	Registered Nurse days shortfall due to vacancies which have been recruited to. Daily Matron assurance for safety. Minimum of 2 Registered Nurses per shift .
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C3	100 - GENERAL SURGERY	101 - UROLOGY	1575	1539	1080	1044	840	829	660	671	97.7%	96.7%	98.7%	101.7%	301	7.9	5.7	13.6	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C6	101 - UROLOGY	100 - GENERAL SURGERY	1350	1086	1350	1338	660	649	660	660	80.4%	99.1%	98.3%	100.0%	622	2.8	3.2	6.0	Registered Nurse days shortfall relates to vacancies , recruits due to start between July and September. Daily Matron assurance, minimum 2 Registered Nurses per shift
RWJ09	STEPPING HILL HOSPITAL - RWJ09	D1	110 - TRAUMA & ORTHOPAEDICS		1575	1216.5	1350	1326	660	649	660	660	77.2%	98.2%	98.3%	100.0%	655	2.8	3.0	5.9	Registered Nurse days shortfall relates to vacancies which have been recruited to , start dates July. Daily Matron assurance for safety . Minumum 2 Registered staff per shift
RWJ09	STEPPING HILL HOSPITAL - RWJ09	D2	110 - TRAUMA & ORTHOPAEDICS		1350	1131	1125	1077	660	660	660	638	83.8%	95.7%	100.0%	96.7%	521	3.4	3.3	6.7	Registered Nurse days shorfall relates to vacancies which have been recruited to . Safety assured by Matron, minimum of 2 registered nurses per shift .
RWJ09	STEPPING HILL HOSPITAL - RWJ09	D4	110 - TRAUMA & ORTHOPAEDICS		915	872.5	975	1082	660	649	484	545	95.4%	111.0%	98.3%	112.6%	449	3.4	3.6	7.0	Increased care staff on night duty to support dependent patients at high risk of falls
RWJ09	STEPPING HILL HOSPITAL - RWJ09	M4	110 - TRAUMA & ORTHOPAEDICS		2025	1697	2025	2423	990	946	990	1364	83.8%	119.7%	95.6%	137.8%	753	3.5	5.0	8.5	Care staff levels increased to support sub optimal days Registered Nurse numbers. Vacancies recruited to . Daily Matron assurance for safety .Increased care staff on nights to support patients with high risk of falls and increased dependency .
RWJ09	STEPPING HILL HOSPITAL - RWJ09	AMU1	300 - GENERAL MEDICINE		2707.5	2287.5	1890	1905	1980	1714	1650	1831.75	84.5%	100.8%	86.6%	111.0%	915	4.4	4.1	8.5	Ward monitored by Matron for safety.Registered Nurse posts now recruited to, awaiting a start date . Registered Nurse allocated from the EU recruitment programme.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	AMU2	300 - GENERAL MEDICINE		1890	1578	1530	1716	1650	1627	1320	1307	83.5%	112.2%	98.6%	99.0%	615	5.2	4.9	10.1	Ward monitored by Matron for safety.Registered Nurse posts now recruited to, awaiting a start date . Registered Nurse allocated from the EU recruitment programme.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A10	430 - GERIATRIC MEDICINE		1726.6	1726.5	1620	1845	660	660	660	1089	100.0%	113.9%	100.0%	165.0%	842	2.8	3.5	6.3	Additional Care Staff at night are supporting high falls risk patients who require 1-1 theraputic observations
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A11	300 - GENERAL MEDICINE		1860	1710	1395	1380	660	660	660	1308	91.9%	98.9%	100.0%	198.2%	818	2.9	3.3	6.2	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A12	300 - GENERAL MEDICINE		1681	1576	1410	1387.5	660	660	660	660	93.8%	98.4%	100.0%	100.0%	788	2.8	2.6	5.4	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A14	300 - GENERAL MEDICINE		1614.5	1584.5	1170	1185	660	689.5	660	858	98.1%	101.3%	104.5%	130.0%	766	3.0	2.7	5.6	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	A15	300 - GENERAL MEDICINE		1707	1212	1170	1391	660	660	660	794	71.0%	118.9%	100.0%	120.3%	747	2.5	2.9	5.4	Increased care staff hours on days and reduced Registered Nurse hours are attributed to 1 Registered Nurse awaiting registration . Remaining Registered Nurse vacancies are being recruited to.The ward is monitored by Matron and safety is assured
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B2	430 - GERIATRIC MEDICINE		1620	1266	810	936	1320	948	660	708	78.1%	115.6%	71.8%	107.3%	408	5.4	4.0	9.5	Ongoing recruitment continues. The ward is monitored by Matron and safety is assured. Never less than 2 Registered Nurses on duty.
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B4	320 - CARDIOLOGY		1050	1020	810	860.5	660	660	330	427.5	97.1%	106.2%	100.0%	129.5%	459	3.7	2.8	6.5	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	B5	300 - GENERAL MEDICINE		1050	1015.75	810	872.5	660	660	660	682	96.7%	107.7%	100.0%	103.3%	432	3.9	3.6	7.5	
RWJ88	THE MEADOWS - RWJ88	BW	318- INTERMEDIATE CARE		1170	903.5	2370	2352	660	660	660	968	77.2%	99.2%	100.0%	146.7%	738	2.1	4.5	6.6	Some sickness and 1 Registered Nurse on secondment. Unit is monitored by Matron and safety is maintained. The increased care support workers at night are supporting theraputic obsevations 1-1 on high falls risk patients
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C2	300 - GENERAL MEDICINE		1050	990	810	872	660	660	660	693	94.3%	107.7%	100.0%	105.0%	467	3.5	3.4	6.9	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	C4	320 - CARDIOLOGY		1035	965.5	810	831	660	660	330	352.5	93.3%	102.6%	100.0%	106.8%	450	3.6	2.6	6.2	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	CCU	320 - CARDIOLOGY		810	763.75	450	450	660	660	330	330	94.3%	100.0%	100.0%	100.0%	139	10.2	5.6	15.9	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	CLDU	300 - GENERAL MEDICINE		480	480	480	480	300	300	300	300	100.0%	100.0%	100.0%	100.0%	85	9.2	9.2	18.4	
RWJ03	CHERRY TREE HOSPITAL - RWJ03	DCNR	314 - REHABILITATION		1110	1026	1935	1845	660	660	660	660	92.4%	95.3%	100.0%	100.0%	560	3.0	4.5	7.5	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	E1	430 - GERIATRIC MEDICINE		1950	1747.5	2235	2182.5	990	737	1320	1320	89.6%	97.7%	74.4%	100.0%	948	2.6	3.7	6.3	Recruitment is ongoing for Registered Nurses. Ward is safe and moitored by Matron
RWJ09	STEPPING HILL HOSPITAL - RWJ09	E2	430 - GERIATRIC MEDICINE		2302.5	2294.5	1620	1660.5	990	979	990	1155	99.7%	102.5%	98.9%	116.7%	1013	3.2	2.8	6.0	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	E3	430 - GERIATRIC MEDICINE		2302.5	2243	1620	1838	990	957	990	1353	97.4%	113.5%	96.7%	136.7%	1031	3.1	3.1	6.2	
RWJ09	STEPPING HILL HOSPITAL - RWJ09	SSOP	430 - GERIATRIC MEDICINE		810	727.5	450	435	660	660	330	319	89.8%	96.7%	100.0%	96.7%	431	3.2	1.7	5.0	Ward is undergoing an establishment review due to increased bed numbers. Unit remains safe and monitored by Matron
		Total			60148.6	54791	39567	40976	35045	33532.5	21124	24154.75	91.1%	103.6%	95.7%	114.3%	19536	4.5	3.3	7.9	

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Board of Directors' Key Issues Report

Report Date: 04/08/16	**Report Of:** Audit Committee	
Date of last meeting: 12/07/16	**Membership Numbers:** Quorate	
1.	Key Issues Highlighted:	The Committee considered an agenda which included the following: ▪ Internal Audit Progress Report ▪ Anti-Fraud Annual Report 2015/16 ▪ External Audit Technical Update ▪ Assurance Report – Scanning Review 2015/16 ▪ Reference Costs Audit Report ▪ Gifts & Hospitality Report ▪ Confirmation of Submission of Annual Report & Accounts ▪ Scheme of Delegation With regard to matters to bring to the attention of the Board, the Committee considered a Progress Report from Internal Audit which detailed outcomes of audit reviews as follows: ▪ Medical Equipment - Significant Assurance ▪ Ward Quality Spot Check Review - Significant Assurance With regard to the Ward Quality Spot Check Review, whilst the outcome was positive in terms of a Significant Assurance assessment, the Committee noted a recommendation relating to consistency of Whiteboard rounds across wards together with a suggestion that practice remained subject to piloting. Further assurance on the subject of Whiteboard rounds was subsequently requested by the Committee. The Trust's Anti-Fraud Specialist attended the meeting and briefed the Committee on the Anti-Fraud Services Annual Report 2015/16. The report detailed full delivery of the Anti-Fraud Programme during 2015/16 together with positive outcomes of a self-assessment against NHS Protect standards in the four domains of; Hold to Account, Prevent & Deter, Inform & Involve and Strategic Governance. The Committee noted work carried out to raise awareness of the Anti-Fraud agenda amongst staff and was advised of work currently being undertaken to review the Trust's Anti-Fraud Policy. The Acting Director of IT attended the meeting to present an assurance report which detailed progress against recommendations arising from an Internal Audit Scanning Review which had resulted in an assessment of Limited Assurance. The Committee was satisfied that the report, together with explanatory comments from the Acting Director of IT, provided positive assurance that good progress had been

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made in addressing recommendations arising from the review. During consideration of this agenda item, the Committee raised the issue of cyber-crime and will look to seek assurance on the effectiveness of the Trust's control arrangements in this area at a future Committee meeting.

The Director of Finance presented a report which detailed outcomes of an independent audit of the Trust's 2014/15 Reference Costs which had been completed by PriceWaterhouseCooper (PWC). The Committee noted that the audit was part of a national programme of audit work relating to Reference Costs with the Trust being selected as one of a number of providers subject to audit during 2015/16. The Committee is able to report positive assurance on audit outcomes with the Trust being green-rated as Materially Compliant. The Company Secretary presented a report which provided assurance on the Trust's arrangements relating to Gifts, Hospitality & Interests with a revised policy implemented during 2015/16 and registers in place for recording declarations of interests and offers of gifts and/or hospitality. The Committee noted that there were a modest number of entries in the registers and endorsed the intentions of the Company Secretary to conduct further awareness raising during autumn 2016/17.

Finally, the Committee reviewed a report which provided assurance on the submission of the Annual Report & Accounts 2015/16 to relevant bodies in accordance with submission deadlines. The Committee also noted and endorsed an updated Scheme of Delegation together with additional amendments to financial authorisation levels which had recently been implemented as part of the Financial Improvement Programme.

2.	Risks Identified	Nil		
3.	Actions to be considered at the Audit Committee	Assurance report on controls relating to cyber-crime to be scheduled for a future Committee meeting.		
4.	Report Compiled by	John Sandford, Chair	Minutes available from:	Company Secretary

Board of Directors' Key Issues Report

Stockport **NHS**
NHS Foundation Trust

Report Date: 04/08/16	**Report of:** Finance & Performance Committee
Date of last meeting: 20/07/16	**Membership Numbers:** Quorate

1.	Key Issues Highlighted:	The Committee considered an agenda which included the following:

The Committee considered an agenda which included the following:

- Updated Annual Plan 2016/17
- Flash Results - Month 3
- Month 3 Finance Report 2016/17
- STF Criteria Report
- Update on Financial Improvement Programme
- IG Toolkit Assurance Report
- Committee Work Plan Report

With regard to matters to bring to the attention of the Board, the Committee considered a report from the Director of Finance which detailed the revised Annual Plan which was submitted to NHS Improvement. Board members will note that the Annual Plan was revised to reflect the Trust's acceptance of £8.4m from the Sustainability & Transformation Fund and agreement of a control total which equates to a £6.5m deficit. The Committee noted in particular that the revised plan is predicated on delivery of an extremely challenging cost improvement target of circa £25.7m in 2016/17. Clearly, seeking assurance on progress against this target will be a key focus for the Committee in the coming months. Consequently, the Committee discussed arrangements for effective monitoring together with phasing of the savings programme. The Committee emphasised the need to expedite delivery of savings, as far as practicable, in advance of Quarter 4 2016/17.

The Committee considered the content of the Month 3 Flash Report, which is intended to provide Board members with an early summary of the financial position in advance of mid-month submissions to NHS Improvement. The Committee offered a number of suggestions for improving the presentation of future reports. The Committee then reviewed the full Month 3 Finance Report and noted that performance at 30 June 2016 was consistent with plan (revised plan) at a deficit position of £8.8m. The Director of Finance assured the Committee that performance review meetings with Business Groups had been fully implemented and advised that the Medicine Business Group was currently subject to an escalation process due to variance from control total. The Committee noted positive performance to date against the Agency Ceiling Trajectory but also noted that maintaining performance was likely to be increasingly challenging over the coming months. The Committee discussed measures to reduce spend on agency staff including international recruitment and assessment of non-essential services with current high agency levels. The Committee noted the importance of effective

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monitoring of the Trust's cash position over both the short and long term and has requested that a long term cash forecast be included in future reports. The Director of Finance acknowledged this request and also noted that an enhanced suite of performance metrics would be included in the report for the next Committee meeting.

The Committee considered a report which provided an overview of criteria associated with the Sustainability & Transformation Fund and noted the outcome of the Trust's risk assessment which resulted in a residual risk score of 16. As such, this risk will appear on the Trust's Strategic Risk Register. The Committee then received a report from Mr A Burn, Financial Improvement Director, on progress with the Financial Improvement Programme. The report summarised the position relating to identification and delivery of savings in addition to those originally planned by the Trust in 2016/17 (as a result of the increased CIP target associated with the revised annual plan). The Committee noted that, whilst much work has been undertaken to document both non-complex and complex schemes, there is currently a lack of demonstrable assurance on measures to mitigate a savings gap and seeking this assurance will be a key focus for the Committee at future meetings. To avoid misunderstanding, Board members should note that areas for further savings have been identified, it is assurance on the scale and timing for delivery which is currently lacking.

The Committee concluded the meeting by receiving an assurance report on the outcome of an Internal Audit review on the Trust's Information Governance Toolkit submission which had resulted in an assessment of Significant Assurance. Finally, the Committee noted work being undertaken by the Director of Finance and Company Secretary to prepare a revised Committee Work Plan. This will be considered at the next meeting, which is an additional meeting, on 22 August 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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Report to:	Board of Directors	**Date:**	4th August 2016
Subject:	Monitor Risk Assessment Framework Assessment Q1 2016/17		
Report of:	Director of Finance	**Prepared by:**	Kay Wiss, Deputy Director of Finance

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REPORT FOR APPROVAL

		Summary of Report
Corporate objective ref:	-----	This report sets out the required declarations of performance against current and forward national targets and standards for the Quarter 1 governance submission to Monitor.
Board Assurance Framework ref:	-----	As the Board of Directors was rescheduled, the Governance Statement was discussed by Executive Directors on Tuesday 26th July and was signed by the Chief Executive and the Chairman to meet the 29th July 2016 deadline.
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	☐ Completed ☐ Not required	

Attachments:	Appendix 1 – Targets and indicators submission for Q1 Appendix 2 – Board declarations for Q1

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 Q1 self-certifications:

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

1.3   From Q1 2016/17 the returns have been split between a financial return and a governance return.   The governance return needs to be submitted on the last working day of the calendar month following the quarter end.

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 in Appendix 1, however the categories that need to be considered are:
       1.   CQC Concerns;
       2.   Access and Outcomes Metrics;
       3.   Third Part Report;
       4.   Quality Governance Indicators; and
       5.   Financial Risk and Indicators.

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 of Directors are asked to note:

Governance Category	Comment
CQC information	The CQC undertook an announced inspection on the 19th – 22nd January 2016. A draft report was received in July 2016 with factual queries to be confirmed by the 27th July 2016 prior to publication. Overall, the Organisation has been rated as 'requires improvement'. Effectiveness, Caring and well-led were rated as Good, and Safety and Responsive as 'requires improvement.'
Access and Outcomes metrics	The Trust has declared a forward risk on achieving the A&E target for 2016/17 and has agreed a trajectory with the CCG and this was submitted as part of the revised APR on the 5th July 2016. This was after an NHSI Regional A&E Conference chaired by Jim Mackay, where Trusts were advised to agree realistic achievable trajectories for the year. The Trust has achieved above this trajectory for Q1.

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 revised Operational Plan which was submitted in July 2016 accepting the STF of £8.4m and a control total of £6.5m. The FSR rating within the plan scores a 2 for the whole of the financial year and therefore the Trust cannot confirm.

3.   RECOMMENDATIONS

3.1   The Board of Directors are asked to note the following:

a)   The Board of Directors are asked to note the performance detailed in Appendix 1;

b)   The Board of Directors are asked to note the declarations and the comments in Appendix 2.

Appendix 1 – Risk Assessment Categories

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.
	   o High exec team turnover
	   o Satisfaction
	   o Sickness/absence rate
	   o Proportion of temporary staff
	   o Staff turnover
	Aggressive cost reduction plans
		• 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

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

Appendix 2 – HealthCare targets and Indicators

Click to go to index

Declaration of risks against healthcare targets and indicators for 201617 by Stockport NHS Foundation Trust

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A
NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:

| must complete |
| may need to complete |

Target or Indicator (per Risk Assessment Framework)		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
				Annual Plan		**Quarter 1**			
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	i	92%	1.0	No	0	91.2%	Not met		1
A&E Clinical Quality - Total Time in A&E under 4 hours	i	95%	1.0	Yes	1	82.3%	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	90.1%	Achieved		0
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	i	90%	1.0	N/A		0.0%	Not relevant		
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	i					90.7%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	i					100.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	i	94%	1.0	No	0	100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - drug treatments	i	98%	1.0	No		100.0%	Achieved		
Cancer 31 day wait for second or subsequent treatment - radiotherapy	i	94%	1.0	N/A		0.0%	Not relevant		
Cancer 31 day wait from diagnosis to first treatment	i	96%	1.0	No	0	97.8%	Achieved		0
Cancer 2 week (all cancers)	i	93%	1.0	No	0	97.0%	Achieved		0
Cancer 2 week (breast symptoms)	i	93%	1.0	No		98.3%	Achieved		
Care Programme Approach (CPA) follow up within 7 days of discharge	i	95%	1.0	N/A	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		
Admissions had access to crisis resolution / home treatment teams	i	95%	1.0	N/A	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
Ambulance Category A 8 Minute Response Time - Red 2 Calls	i	75%	1.0	N/A	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
C.Diff due to lapses in care (YTD)	i	4.25	1.0	No	0	0	Achieved		0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i					7			
C.Diff cases under review						5			
Minimising MH delayed transfers of care	i	<=7.5%	1.0	N/A	0	0.0%	Not relevant		0
Early intervention in psychosis: first experience treated with a NICE-approved package within 2 weeks	i	50%	1.0	N/A	0	0.0%	Not relevant		0
Improving access to psychological therapies: % patients beginning treatment within 6 weeks of referral	i	75%	1.0	N/A	0	0.0%	Not relevant		0
Improving access to psychological therapies: % patients beginning treatment within 18 weeks of referral	i	95%	1.0	N/A	0	0.0%	Not relevant		0
Data completeness, MH: identifiers	i	97%	1.0	N/A	0	0.0%	Not relevant		0
Data completeness, MH: outcomes	i	50%	1.0	N/A	0	0.0%	Not relevant		0
Compliance with requirements regarding access to healthcare for people with a learning disability	i	N/A	1.0	No	0	N/A	Achieved		0
Community care - referral to treatment information completeness	i	50%	1.0	No		90.0%	Achieved		
Community care - referral information completeness	i	50%	1.0	No	0	98.3%	Achieved		0
Community care - activity information completeness	i	50%	1.0	No		95.5%	Achieved		
Risk of, or actual, failure to deliver Commissioner Requested Services		N/A		No		No			
Date of last CQC inspection	i	N/A		N/A		01/01/2016		Draft report received 12/7/16	
CQC compliance action outstanding (as at time of submission)		N/A		No		Yes		Draft report received 12/7/16	
CQC enforcement action within last 12 months (as at time of submission)		N/A		No		No			
CQC enforcement action (including notices) currently in effect (as at time of submission)		N/A		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		Yes		See commentary on draft report	
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		No		No			
Overall rating from CQC inspection (as at time of submission)	i	N/A		N/A		Requires improvement			
CQC recommendation to place trust into Special Measures (as at time of submission)		N/A		N/A		No			
Trust unable to declare ongoing compliance with minimum standards of CQC registration		N/A		No		No			
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)		N/A		N/A		N/A			
Results left to complete:	0	i				0			
Checks Count:	0	i							
Checks left to clear:	0	i				OK			
Service Performance Score		i		1		2			

Appendix 2 – Q1 Governance Statement

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.

| Confirmed |

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to NHS Improvement (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	26/07/2016	Date	26/07/2016

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

A The CQC undertook an announced inspection on the 19th – 22nd January 2016. A draft report was received in July 2016 with factual queries to be confirmed by the 27th July 2016 prior to publication. Overall, the Organisation has been rated as 'requires improvement'. Effectiveness, Caring and well-led were rated as Good, and Safety and Responsive as 'requires improvement.'

B The Trust has declared a forward risk on achieving the A&E target for 2016/17 and has agreed a trajectory with the CCG and this was submitted as part of the revised APR on the 5th July 2016. This was after an NHSI Regional A&E Conference chaired by Jim Mackay, where Trusts were advised to agree realistic achievable trajectories for the year.

The Trust has achieved above this trajectory for Q1.

Whilst the Trust did not achieve RTT performance in Q1 it is expecting that compliance will be achieved from Q2 onwards.

C 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 revised Operational Plan which was submitted in July 2016 accepting the STF of £8.4m and a control total of £6.5m. The FSR rating within the plan scores a 2 for the whole of the financial year and therefore the Trust cannot confirm.

![Stockport NHS Foundation Trust logo]

Report to:	Board of Directors	Date:	4 August 2016
Subject:	Update on Financial Improvement Plan 'bold' Measures Announcement		
Report of:	Chief Executive	Prepared by:	Ann Barnes

REPORT FOR NOTING

		Summary of Report
Corporate objective ref:	S4	*To update the Board on the recent announcement of 'bold' measures within the Financial Improvement Programme.*
Board Assurance Framework ref:	S05	
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	☐ Completed ☐ Not required	

Attachments:	Appendix 1 - Line Managers Briefing Pack Appendix 2 - FIP Communications Timeline

This subject has previously been reported to:	✓ Board of Directors ✓ Council of Governors ☐ Audit Committee ✓ Executive Team ☐ Quality Assurance Committee ☐ F&P 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 Financial Improvement Programme (FIP) which began in early May 2016, as the diagnostic phase 1, is now midway into phase 2 where schemes are being developed, implemented or delivered. The aim of the programme being to provide improved financial performance and a sustainable, resilient financial position going forward.

2.   BACKGROUND

2.1   While the work of phase 1 has led to a strengthened Cost Improvement Programme (CIP) of £16.1M together with support from NHS Improvement of a Sustainability Transformation Fund of £8.4M and an agreed control total of £6M there remains a gap of £12M. The Board at an Extraordinary meeting on 7th July approved in principle a number of further 'bold' schemes, designed to close the gap, together with approval of the Sustainability Transformation Fund.

2.2   Taking account of a staff survey on communication preferences it was agreed by Executives to meet with managers in order to advise them of the package of 'bold' schemes which would be actioned. This meeting took place on Wednesday 27th July and the managers were asked to cascade the messages to their staff by Monday 1st August. A Line Manager Briefing pack was made available that afternoon and is attached as Appendix One. Staff Side were confidentially briefed earlier on 11th July and 21st July.

2.3   Unfortunately, in the effort to be open and transparent to all key internal and external stakeholders by circulating the line manager briefing on the afternoon of 27th July, a media story broke on Thursday 28th July, prior to all staff being briefed. This was unfortunate and as a result an All User email had to be sent to all staff apologising for the fear they may have heard first from a media story and advising them they should use the formal briefing and microsite information rather than the initial, incorrect media story about "sacking of 400 staff".

3.   CURRENT SITUATION

3.1   The timeline of communication is attached as Appendix Two. The Communication Team and Chief Executive provided responses to the media and key stakeholders including CCG, Council and Members of Parliament over the Thursday and Friday: 28th & 29th July.

3.2   The various groups of stakeholders have focussed on different aspects of the 'bold' initiatives: voluntary redundancies, car parking and ward/bed closures being the main areas.

3.3   The general response from staff, stakeholders and media has been one of understanding when the facts are given and the process of quality checks on savings initiatives are described.

3.4   Stockport Together Partners: CCG and Council offered to send a joint statement with the Trust to show solidarity in purpose to making the changes around Stockport Together, which would provide essential care to a sustainable health and social care economy, both

operationally and financially going forward.

4.   RISK & ASSURANCE

4.1   Each CIP and 'bold' scheme initiative is subject to a Quality Impact Assessment by the Director of Nursing & Midwifery and the Medical Director. Each Voluntary Redundancy request is subject to scrutiny by a panel chaired by the Chief Executive with clinical, financial, operational and human resource senior managers.

4.2   The Board should be assured that, although the financial savings of £18M must be delivered in 2016/17, these will not be done by affecting the quality and safety of patient care. This will be the situation for the announced schemes and those which are still being developed and which staff and managers are yet to propose.

4.3   Further media stories are not expected but will be managed if they arise.

5.   CONCLUSION

5.1   The communication of the FIP implementation of savings schemes was well organised and in line with staff's preferred methods. It was unfortunate that an erroneous media leak from a stakeholder group meant the plan to brief all staff directly by their line manager was not fulfilled. Given the sensitivities of the subject this was not unexpected, but disappointing.

6.   RECOMMENDATIONS

6.1   The Board are asked to note the information.

Line Manager's Briefing Pack

Stockport

NHS

NHS Foundation Trust

ALL ON BOARD

Introduction

This pack provides the information about the financial improvement programme that you need to share with your teams.
It covers:

- The financial improvement programme and what it is
- How we are planning to address the challenges
- How we will communicate and engage with our colleagues
- What you need to do next

What's the financial improvement programme (FIP) and why do we need it?

In common with many other NHS trusts, we are seeing increasing numbers of patients and facing severe financial challenges.

The cost of running the trust is more than the money we receive to pay for it. We have an

annual income of £285m, our deficit is £40.1m this year - currently we are losing £75 every minute of every day.

"our deficit is £40.1m this year - currently we are losing £75 every minute of every day."

It is essential that we manage our financial situation and ensure long term sustainability. Without it, we will not be able to take forward our strategy as part of Stockport Together and Greater Manchester plans.

Because of this, we expressed our interest to be part of the financial improvement programme and were accepted by NHS Improvement.

We are working with KPMG who are helping us to find additional savings that we have not already identified as part of our cost improvement programme and transformational plans.

Where will the savings come from?

Ward and bed closures

We are closing surgical ward B3 and also 8 trauma and orthopaedic beds. At the moment we are still analysing which wards these 8 beds will come from.

These have all had a quality impact assessment involving clinical staff, so we are assured that quality of care is not impacted.

The 8 trauma and orthopaedic beds will close as they become available until October 2016, when they will be used again, as there is a known seasonal reduction in trauma demand.

Ward B3 (22 beds) will close permanently on Friday 29th July, with patients treated on other surgical wards. Ultimately there will be some expansion of the short stay surgical unit to accommodate patients, as developments in surgery and technology mean that surgical patients typically do not need to stay in hospital as long. This has allowed us to reduce our surgical beds.

During the summer months, more of our colleagues take annual leave and we use more agency staff. Therefore our staff from these areas will be used more effectively to help us reduce our need for agency and bank staff, in turn helping us to save money.
We will continue to ensure that we deliver safe care and ensure operational performance is maintained and improved.

Car parking – changes & price increases

Prices for staff parking will increase from Thursday 1st September 2016.

This will be based on your salary:

Salary Banding	Cost per month
< £10k	£10
£10k < £20k	£30
£20k < £40k	£45
£40k < £60k	£60
£60k+	£80

Staff will automatically pay for their parking straight from their salary under the salary sacrifice benefit scheme unless they chose to opt out. This way staff will save between 20% and 40%.

Alternatively, staff can use the Park&Ride scheme based 1.5 miles away in Hazel Grove. Parking is free and the bus journey costs £5 per week. Or consider another option e.g. car sharing, using local transport, walking or biking to work.

Patient parking charges will increase from £6 to £8 per day. Part day charges will also change in line with the increase.

Site rationalisation

We have a full estates strategy to 'shrink' the site moving forward.

This year we aim to sell the North East corner of the site (see map overleaf) which includes the Chest Clinic, Ash House (social services), Holly House (accommodation) and Aspen House (surgical offices, human resources and finance). We don't expect most staff to move for the next 12-18 months.

Departments located in these buildings will be relocated to other areas on site or moved off site if

appropriate. For example, wards A12, 14 and 15 are moving into the new building and so this area may be converted into offices.

In the longer term, there are plans to build a multi-storey car park on the area next to Beech House (gravel car park). This could include an outpatients centre and retail outlets on the ground floor. We are looking at a number of options to fund this.

Voluntary redundancies

We are doing as much as we can to make saving through non-pay initiatives. However our pay-bill is higher than the national average and therefore we need to reduce our whole time equivalent by 350 (approx. 410 heads). We are looking to achieve this reduction through a range of schemes including: reviewing current vacancies, reducing temporary and agency staffing, and reduction of sickness absence.

However this will not be enough to achieve the required savings. Therefore, we will be launching a voluntary redundancy programme with effect from Monday 8th August 2016. Staff who have their voluntary redundancies application approved will leave by 1st November 2016. As a last resort, we may have to move to compulsory redundancies.

North East corner

Zone Blk	Department
01	Outpatients B
02	Medical Records Library 1
03	EPR Offices
04	Pennine Care Psychiatric
05	Pennine Care Psychiatric Wards
06	Med Record/Security/R&D Stores
07	Cardiac Research Unit
08	Occupational Health
09	Ward A15
10	Ward A12
11	Ward A14
12	Pathology Store (garage)
13	Electrical Sub Station (Bramhall Moor Lane)
14	Kitchen
15	Woodlans Unit Wards E1 E2 E3
16	Boiler House
17	Estates Conference Centre
18	Estates Department
19	Beech House (I.T.)
20	H.S.D.U.
21	Birch House (Nursing Directorate)
22	EBME
23	Staff Restaurant
24	Telephone Exchange/Urology Secretaries)
26	Main Plant Room
28	EEG / ECG / Lilac Suite
29	Mortuary
30	Pathology
31	Pathology Haz Mats Store
32	Stockport Eye Centre / Wards B2, C2
34	Physiotherapy
35	Maple Suite / Wards B4 C4
36	Domestics / Porter Supervisors
38	Rowen Suite
39	Magnolia Suite / Wards B5 C5
40	Radiology 'B'
41	Laurel Suite
42	Endoscopy
43	Medical Gas Store
44	Bobby Moore Unit / Wards B6 C6
45	Chapel
46	Domestic Services
47	Oak House
48	PALS / Pharmacy Shop / Orthotics / Radio Room
49	Ward AMU2 Med. Short Stay (female) / CCU / Wards B3 C3
50	Hydrotherapy Pool / Occupational Therapy
51	Ward AMU1
52	Pathology Store
53	Main Corridors
54	Voluntary Services
56	Chest Clinic
57	Ash House
58	Holly House
59	Aspen House
61	Chestnut House
62	Willow House
63	Cedar House
64	Ultra-sound / Theatre / Neo-Natal Unit
65	Ante-Natal / Gynaecology
66	Womens Unit (main block) / Orthopeadics (M4)
67	Treehouse (Childrens Services)
68	Pharmacy
69	V.I.E. Plant
70	Car Park (P3) rear of DEMOP
71	Quality Control North West
72	Urology (Basquil House)
73	Pinewood House
74	Gas Meter House (Bramhall Moor Lane)
75	Gas Meter House (Poplar Grove)
76	Elec Sub Station (Poplar Grove)
77	Security Lodge
78	Lift shaft attached to Block 39
79	Lift shaft attached to Oak House
80	Water Pump Station
81	Emergency Department / Theatres 3,4,5,6 & 7
82	Radiology 'A' / Fracture Clinic / ICU / HDU / Ward D3
83	Outpatients 'A' / Audiology / Wards D2 D1
84	Power House
85	Southern Sector Wards D4, D5 / Theatres 1 & 2
86	Link Corridor
87	Womens Unit Corridor
88	Asceptic Unit
89	Pennine P.I.C.U.
90	DMOP
91	Car Park (P1) rear of Pinewood
92	Car Park (P2) opposite Womens Unit
93	Car Park rear of Cedar House
94	CCU/AAU/SSSU/Wards D1, D2, D5 / Theatres8,9,10 & 11
95	Generator House
96	Woodlands Extension

Red hatched areas denote new-build extension and new main entrance due to open October 2016

Denotes main entrances where existing Infopoint phones located

Denotes new main entrance location

159 of 260

Other areas of savings:

We are also addressing the following. For more information, visit the financial improvement programme microsite on the intranet:

Cash
Managing cash flow and cash generation.

Policies
Enforcing policies to increase efficiencies.

Pay
Reducing sickness levels and temporary staffing.

Human Resources
Lose or use holidays. Days can only be carried over in exceptional circumstances.

Non-Pay
Budget restrictions and changed authorisation levels.

Cost improvement programme
Improve quality, speed, efficiency and reduce costs.

Information Sources

We have produced a range of materials which will be stored on the financial improvement programme microsite on the intranet to help you share this information with your team.

- Presentation slides (powerpoint)
- Q&As (constantly updated)
- Podcast (on the financial improvement programme microsite from Thursday 28th July 2016)

We will keep everybody informed about the financial improvement programme over the coming months in the following ways:

- Financial improvement programme director email update
- Q&A session with Executive Team in Pinewood House education centre Tuesday 2nd August 2016:
    - 9.30am – 10.30am
    - 11.00am – 12.00pm
    - 6.00pm – 7.00pm

There will also be a series of engagement opportunities including:

- 'Ask the Exec' Q&A sessions beginning in the Autumn
- Continuation of the walkabouts by the Executive Team

And we are also launching:

- A peer-to-peer network – the OnBoard Team
- A short monthly survey to gauge the mood of the organisation
- A dedicated email address for the financial improvement programme – FIP@stockport.nhs.uk

The OnBoard team
(peer-to-peer network)

We recognise that whilst line managers ensure their teams are well briefed, engaged and supported, colleagues will talk to colleagues and sometimes may prefer to share their views and concerns that way.

So we are going to create a peer-to-peer network called the 'OnBoard team', and will be recruiting straight away.

This network is not about replacing line managers or reducing your responsibility to regularly speak to your teams, it's in addition to all of that.

What will the OnBoard team do?

The OnBoard team will support how the financial improvement programme is communicated. They will contribute their own ideas, those of colleagues and identify best practice to help shape our financial future and be instrumental in delivering messages and creating engagement with hard-to-reach groups.

The OnBoard team will run virtually, but also meet once a month for around an hour, plus one quarterly update session.

Interested?

To nominate yourself or someone in your team (with their consent), please email FIP@stockport.nhs.uk with the name, contact details, job role and department and line manager's name. We will then send them all the information they need about being a member of the OnBoard team.

What do line managers need to do next?

You need to share this information with your teams, **before end of Monday 1st August 2016.**

Q&A sessions with the Executive Team for all staff will take place in Pinewood House education centre Tuesday 2nd August 2016:

- 9.30am – 10.30am
- 11.00am – 12.00pm
- 6.00pm – 7.00pm

It is important that staff have as much information as possible before attending, and that you also encourage them to attend one of these sessions.

A Q&A sheet is provided to help you answer some of the queries that may be raised by colleagues. This is on the financial improvement programme microsite on the intranet, and will be updated regularly.

You will need to confirm that you have held a cascade session with your team, and also capture any comments, questions, concerns or ideas.

The cascade and comment form needs to be returned to FIP@stockport.nhs.uk by Wednesday 3rd August 2016.

27th July 2016

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Financial Improvement Programme - communications actions timeline

Thursday 21st July

1) Detailed briefing of Staff Side by Director of Workforce and OD with the Director of Financial Improvement

Monday 25th & Tuesday 26th July

1) Comms leads for NHS Improvement, GM Devo, Stockport CCG, Stockport Council, KPMG verbally briefed (face-to-face or over phone)

Wednesday 27th July

1) Lunch time briefing for line managers and consultants, explaining measures being take for the financial improvement programme (FIP), with instructions to cascade this to all staff as soon as possible (by Tuesday 2nd August at the latest.)
2) E-mail to line managers and consultants following this briefing with information for face-to-face cascade for staff, including briefing document, presentation slides, cascade & comments form
3) Briefings sent to all stakeholders - including MPs, partner communication leads etc. (and copied to non-execs and governors)
4) Key stakeholders briefed over phone (eg: chief exec briefed Jon Rouse, GM Devo lead)

Thursday 28th July

1) Information - including briefing ,Q&A, podcast and other related documents (eg: travel information with parking forms, park & ride details) goes live on FIP microsite on staff intranet
2) Q&A sent directly to all line manager and consultants
3) Following media story stemming from Liberal Democrat press release - our media statement sent to media, placed on website and linked to social media
4) Media statement also shared with all staff, non-execs, governors and other stakeholders
5) Key stakeholders briefed over phone (MPs by our chief exec, comms leads by our head of comms)

Friday 29th July

1) Stockport Together media statement on our website and linked to social media
2) Chief Executives weekly update with information on FIP sent to all staff
3) Summary of media coverage sent to board, governors and managers - and put on intranet

Report to:	Board of Directors	**Date:**	4 August 2016
Subject:	Greater Manchester Health & Social Care – Estates MoU		
Report of:	Chief Executive	**Prepared by:**	P Buckingham

REPORT FOR APPROVAL

		Summary of Report
Corporate objective ref:	N/A	*Identify key facts, risks and implications associated with the report content.* The purpose of this report is to present the Greater Manchester Health & Social Care Memorandum of Understanding documents to the Board of Directors for consideration and approval.
Board Assurance Framework ref:		
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	☐ Completed X Not required	

Attachments:	Annex A – Summary of MoUs Annex B – Memorandum of Understanding between GM Bodies Annex C – Memorandum of Understanding between GM and National Bodies

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P 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 this report is to present the Greater Manchester Health & Social Care Memorandum of Understanding documents to the Board of Directors for consideration and approval.

2.   BACKGROUND

2.1   The Memorandum of Understanding documents provide information on progress with the Greater Manchester Health & Social Care Estates workstream which forms part of the Enabling Better Care priority of the Health and Social Care Strategic Plan. There is a requirement for the Board to approve the Trust's participation in accordance with the Memorandum of Understanding documents included at Annex B and Annex C of this report.

3.   RECOMMENDATIONS

3.1   The Board of Directors is recommended to:

- Approve the Trust's participation in accordance with the Memorandum of Understanding documents included at Annex B and Annex C of this report.

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National Estates MOU

Executive Summary

1. Parties

The Parties to the Memorandum are:-

> GM Combined Authority (GMCA)
> The 10 GM Local Authorities
> Association of GM CCG's
> The 12 GM CCG's
> GM NHS Provider Trusts
> The 15 GM NHS Provider Trusts
> Association of Greater Manchester Local Medical Committees
> Department of Health (DH)
> NHS England (NHSE)
> NHS Improvement (NHSI)
> HM Treasury (HMT)
> Department for Communities and Local Government (DCLG)

2. Context

This MOU sets out the overarching principles needed to provide the leadership and coordination needed to maximise the opportunities the GM estate offers. It:

- establishes the way in which GM and national organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

3. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:

- Better manage the GM public sector estate so that it enables the reforms needed to deliver:
  - Improved health and wellbeing outcomes for the people of GM,
  - The most efficient utilisation of the current health and social care estate,
  - Achieve clinical and financial sustainability for the GM health and social care system by 2020;
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: Greater Manchester Strategy', 'Taking Charge' of our Health and Social Care in Greater Manchester and the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View;
- Identify and release surplus land to optimise receipts and deliver economic growth and value for money;
- Enable GM to optimise site value and to help DH meet its targets for receipts from land disposals and housing units, and delivery of key worker housing if required; and
- Deliver plans that are consistent with any overarching health and social care estate or public sector targets, estates sales plans and place based collaborations.

4. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration
- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value (minimising delivery risks with appropriate financial risks);
- All parties commit to optimise the scale and value of disposals from surplus land, including ,where appropriate, housing
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal with clear recognition of the need to protect commercial confidentiality;

Decisions
- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of

the GM strategic plan, Stronger Together: Greater Manchester Strategy and Taking Charge[1] of our Health and Social Care in Greater Manchester and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;

- The delivery of 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions[2];
- There is no requirement for GM health and social care estate ownership to change;
- The MOU does not affect the autonomy of any GM organisation, nor will it interfere with the rights and duties of any party to the MOU to determine what relevant estate is disposed of, or when; and
- So far as is consistent with any statutory or other legal obligations on them. all parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

5. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.[3]

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

In all cases, decisions by the parties in pursuance of this MOU must be consistent with their respective statutory and other legal obligations, rights

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[1] 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror the requirements of the Sustainable Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

[2] NHS providers also have commitments/responsibilities to patients/residents beyond GM. There may be estate decisions taken regionally that we would want to be complementary but would not be incorporated into either Taking Charge, the STP or Locality Plans.

[3] This recognises that GP practices may be owned privately but still provide public health services.

and objectives.

6. What the MOU Delivers

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.[4]

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

In all cases, decisions by the parties in pursuance of this MOU must be consistent with their respective statutory and other legal obligations, rights and objectives.

7. Implementation.

DH Targets

The MOU outlines the process relating to the disposal of surplus property and the handling of receipts. (See full National MOU)

Governance

New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.

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[4] This recognises that GP practices may be owned privately but still provide public health services.

GM Estates MOU

Executive Summary

1. Parties

The Parties to this Memorandum are:-

> GM Combined Authority (GMCA)
> Association of GM CCG's
> GM NHS Provider Trusts
> NHS Property Services (NHSPS)
> Community Health Partnerships (CHP)
> North West Ambulance Trust
> Association of Greater Manchester Local Medical Committees

2. Context

This MoU sets out the overarching principles needed to provide the leadership and coordination needed to maximise the opportunities the GM estate offers. It:

- establishes the way in which GM organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

3. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:
- Better manage the GM public sector estate so that it enables the reforms needed to deliver;
    - Improved health and wellbeing outcomes for the people of GM,
    - The most efficient utilisation of the current health and social care estate,
    - Achieve clinical and financial sustainability for the GM health and social care system by 2020,
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: GM Strategy', 'Taking Charge' of our Health and Social Care in GM and the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View; and

- Use surplus land to optimise capital receipts and deliver economic growth value for money.

4. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration
- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value;
- All parties, including NHSPS and CHP, will collaborate when considering investment priorities and will consider the ambition of 'Taking Charge'; and
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal.

Decisions
- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, 'Stronger Together' and 'Taking Charge' and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;
- The delivery of 'Stronger Together', 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions;
- Requirements, based on delivering wider GM objectives, to be prioritised through the Strategic Estates Groups, comprising Local Authorities, CCG's, provider representatives, and wider public sector representation;
- There is no requirement for GM health and social care estate ownership to change;
- The MOU will not impact the sovereignty of any Trust or organisation, nor will it interfere with the sovereign rights of an organisation to determine what estate is disposed of, or when ;and
- All parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

5. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.

In relation to disposals it does not cover any other buildings or land owned

by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

6. What the MOU Delivers

Terms of the Memorandum

All parties will work together to drive maximum value from the public estate by:
- acting in good faith to support the objectives and principles of this MOU for the benefit of all GM patients and citizens;
- working collaboratively and transparently to deliver effective management of the public estate aligned with the 'Stronger Together' and 'Taking Charge', delivery of the ten Locality Plans and the principles of the GMCA Devolution agreement;
- facilitating an ongoing dialogue with relevant bodies managing health assets and the health estate across GM, including the option for surplus land to be acquired by mutual consent, between GM organisations;
- taking decisions at a GM level in respect of the health and social care estate where the GM place-based approach is optimum for its residents, recognising regional and national directives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- developing a commercial model for accessing capital funding, which may include working with institutional investors to create a fund or an SPV to provide investment in new facilities in return for long term revenue streams. This will be in addition to accessing existing sources i.e. borrowing by Foundation Trusts, NHSE capital for primary and community care developments, LIFT type schemes and prudential borrowing via LAs; and
- Agreeing a process for developing a pipeline of GM estate projects that will support the delivery of 'Stronger Together', Taking charge' and locality plans and the wider GM health and social care strategy.
- Agreement of a dispute resolution procedure in those cases where there is a clear conflict of interest between individual organisations interest and its potential negative impact on the GM strategic or Locality Plans.

7. Implementation.

The GM Estates Strategy Delivery Unit will support the identification and disposal of public sector land in GM. The Unit will provide appropriate

strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM statutory public bodies in the delivery of housing, public service reform, and growth ambitions. Core responsibilities will include:

- Strategic planning of key land and property programmes including oversight of and direction for local estate strategies to ensure alignment with 'Taking Charge' and Locality Plans;
- Programming and delivery of strategic estates programmes; and
- Designing and embedding common standards and practices for estates planning and delivery.

8. GM Health and Social Care Estates Governance

New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success. (Further details in section 5 of this report)

- A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the Estate).

- Each of the ten GM localities have established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.

GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION

MEMORANDUM OF UNDERSTANDING BETWEEN GM BODIES - ESTATES

1. Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding (MOU) is to ensure that the effective management of the Greater Manchester (GM) health and social care estate enables the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of GM.

This requires a more integrated approach to the use of the existing health and social care estate, which will be a critical component in delivering transformational changes to the way in which services are delivered across GM.

To facilitate this, the MOU creates a framework for achieving the dialogue and consensus between all parties to the MOU that will be required to drive forward, at pace, an effective GM estates strategy. It sets out the process for collaborative working to ensure that the maximum value is derived from the changes to the GM health and social care estate that will be necessary if the ambitions in the GM health and social care strategy 'Taking Charge' are to be realised.

All parties to this MOU agree to act in good faith to support the objectives and principles set out here, for the benefit of all GM patients and citizens.

2. Parties

The Parties[1] to this Memorandum are:-

- GM Combined Authority (GMCA)
- The 10 GM Local Authorities
- Association of GM CCGs
- The 12 GM CCGs
- GM NHS Provider Trusts
- The 15 GM NHS Provider Trusts
- NHS Property Services (NHSPS)
- Community Health Partnerships (CHP)
- Association of Greater Manchester
- Local Medical Committees

There will also be an MOU between GM partner organisations and national bodies setting out how they will work together. The parties to this Memorandum will be:-

- GM Combined Authority (GMCA)
- The 10 GM Local Authorities
- Association of GM CCGs
- The 12 GM CCGs
- GM NHS Provider Trusts
- The 15 GM NHS Provider Trusts

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[1] Appendix 1 includes a full list of organisations that are party to this Memorandum

- Association of Greater Manchester Local Medical Committees
- Department of Health (DH)
- NHS England (NHSE)
- NHS Improvement (NHSI)
- HM Treasury (HMT)
- Department for Communities and Local Government (DCLG)

3. Context

Estates development is a key enabler for the successful implementation of the GM Health and Social Care Strategic Plan "Taking Charge" and the closure of the £2bn gap in five years and will also have a wider impact on GM economic outcomes (e.g. housing delivery, economic space).

The key features of estate changes needed for health and social care in GM are that:

- through the combined effect of a radical upgrade in prevention, scaling up primary care, the integration of community health and social care and the standardisation of clinical support and back office services, there should be a reduced need for hospital capacity due to inappropriate demand; and
- there will be requirements for multi-purpose community based hubs accommodating, for example, integrated primary care, community health and adult social care services and enhanced provision of step down services preventing inappropriate demand for acute beds.

However, the current structure of the health and social care system can make strategic investment/disinvestment decisions in multiple ownership situations challenging. The existence of multiple and different decision points for estate development or changes and the plurality of processes for agreeing business cases for investment and disposal can result in difficulties in whole-system planning. There are currently few existing incentives for unified strategic estate planning across the diverse spectrum of health and social care partners.

There is unlikely to be sufficient capital available within existing sources to deliver the estate changes required for the health estate in GM. GM will therefore develop a capital investment strategy for estates that considers the availability of capital budget (Capital Delegated Expenditure Limit known as CDEL) and creates appropriate funding platforms in open consultation and collaboration with NHSE, NHSI, DH and HMT.

This MoU sets out the overarching principles needed to provide the leadership and coordination needed to maximise the opportunities the GM estate offers.

In that context this MoU:

- establishes the way in which GM organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and
- clarifies the process by which the disposal of GM health and social care estate will be managed.

It should be read in conjunction with the MOU for the GM health and social care devolution, and the National MOU for Estates.

4. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:

- Better manage the public sector estate so that it enables the reforms needed to deliver;
    - Improved health and wellbeing outcomes for the people of GM,
    - Better utilisation of the current health and social care estate,
    - Achieve clinical and financial sustainability for the GM health and social care system by 2020,
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: GM Strategy', 'Taking Charge' of our Health and Social Care in GM and the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View; and
- Use surplus land to optimise capital receipts and deliver economic growth value for money.

5. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration
- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value;
- All parties, including NHSPS and CHP, will collaborate when considering investment priorities and will consider the ambition of 'Taking Charge'; and
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal;

Decisions
- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, 'Stronger Together' and 'Taking Charge'[2] and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;
- The delivery of 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions[3];
- Requirements, based on delivering wider GM objectives, to be prioritised through the Strategic Estates Groups, comprising Local Authorities, CCG's, provider representatives, and wider public sector representation;
- There is no requirement for GM health and social care estate ownership to change;
- The MOU will not impact the sovereignty of any Trust or organisation, nor will it interfere with the sovereign rights of an organisation to determine what estate is disposed of, or when; and
- All parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

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[2] 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror the requirements of the Sustainable Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

[3] NHS providers also have commitments/responsibilities to patients/residents beyond GM. There may be estate decisions taken regionally that we would want to be complementary but would not be incorporated into either Taking Charge, the STP or Locality Plans.

6. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.[4].

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

7. What the MOU Delivers

Terms of the Memorandum

All parties will work together to drive maximum value from the public estate by:
- acting in good faith to support the objectives and principles of this MOU for the benefit of all GM patients and citizens;
- working collaboratively and transparently to deliver effective management of the public estate aligned with the 'Stronger Together' and 'Taking Charge', delivery of the ten Locality Plans and the principles of the GMCA Devolution agreement, in particular to help the achievement of clinical and financial sustainability for the GM health and social care system by 2020,
- facilitating an ongoing dialogue with relevant bodies managing health assets and the health estate across GM, including the option for surplus land to be acquired by mutual consent, between GM organisations;
- taking decisions at a GM level in respect of the health and social care estate where the GM place-based approach is optimum for its residents, recognising regional and national directives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- developing a range of commercial models for accessing capital funding, which may include working with institutional investors to create a fund or an SPV to provide investment in new facilities in return for long term revenue streams. This will be in addition to accessing existing sources i.e. borrowing by Foundation Trusts, NHSE capital for primary and community care developments, LIFT type schemes and prudential borrowing via LAs; and
- Agreeing a process for developing a pipeline of GM estate projects that will support the delivery of 'Stronger Together', Taking charge' and locality plans and the wider GM health and social care strategy.

8. Implementation

This MOU agreed between GM partner organisations will:

- be agreed by and apply to all public sector health and social care organisations across GM;
- ask GM organisations to formally agree that they will consider the delivery of the locality plan as a significant priority for investment;
- imply a different approach to disposal in some instances, and a clear agreement that we will work together across GM to maximise value, possibly over time rather than simply maximise cash up front;
- expect organisations to consolidate around those parts of the estate that we are legally committed to retain;

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[4] This recognises that GP practices may be owned privately but still provide public health services.

- seek agreement from organisations to agree that a primary purpose for the deployment of resources is the delivery of the capital strategy underpinning the Locality plan; and
- develop a process and framework that provides the ability to flex between individual organisational interest (which must always be respected) and the interest of the wider economy.

The GM Estates Strategy Delivery Unit will support the identification and disposal of public sector land in GM. The Unit will provide appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM statutory public bodies in the delivery of housing, public service reform, and growth ambitions. Core responsibilities will include:

- Strategic planning of key land and property programmes including oversight of and direction for local estate strategies to ensure alignment with 'Taking Charge' and Locality Plans;
- Programming and delivery of strategic estates programmes; and
- Designing and embedding common standards and practices for estates planning and delivery.

The following processes will be agreed in order to deliver the vision and objectives:

- How the parties will share benefits of improved outcomes that accrue from the result of GM devolution – referred to as 'Gainshare; and
- How any disputes will be resolved

9. GM Health and Social Care Estates Governance

The GM Strategic Partnership Board is accountable for the delivery of 'Taking Charge'. New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.

- The governance of health and social care will form part of the governance arrangements for the GM Land Commission (GMLC). The GMLC will provide a strategic link between GM and Government Departments / Non Departmental Public Bodies to facilitate the better use of the public estate to help meet national and local policy objectives. A GMLC / One Public Estate (OPE) framework is currently being developed comprising GM and local strategy and delivery capability. The emerging framework is shown at Appendix 2 to this MOU.

- A GM Land and Property Board responsible for delivering the OPE agenda in GM, accountable to the GMCA. It will support the GMLC and has responsibility for implementing the strategic direction for land and property set by GMCA in consultation with GMLC.

- A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the Estate).

- Each of the ten GM localities have established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.
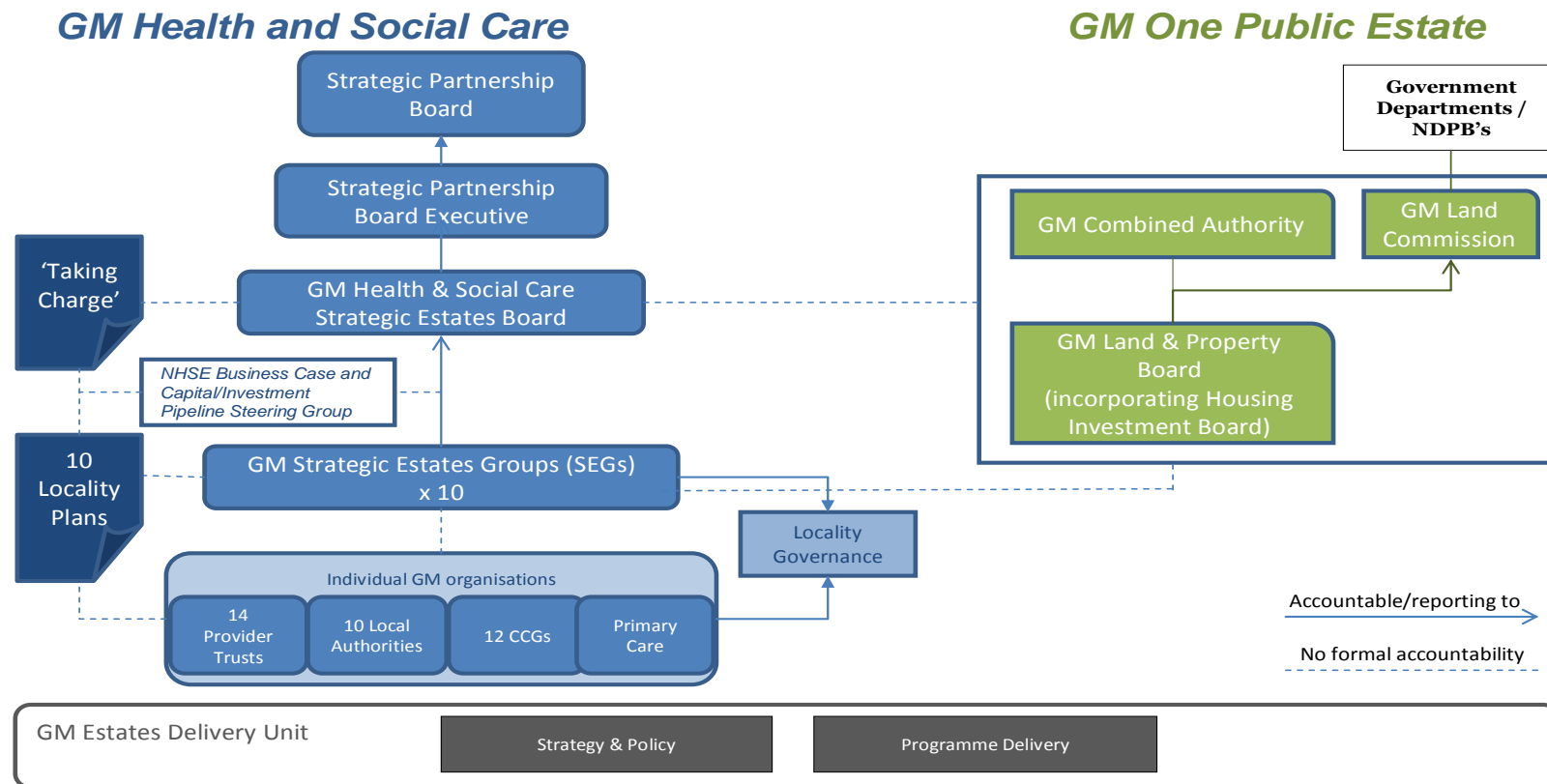
Appendix 1 – Parties to the Memorandum

GM Combined Authority	Association of GM CCGs	GM NHS Provider Trusts
• Bolton Council • Bury Council • Manchester City Council • Oldham Council • Rochdale Borough Council • Salford City Council • Stockport MBC • Tameside MBC • Trafford Council • Wigan Council	• NHS Bolton CCG • NHS Bury CCG • NHS Central Manchester CCG • NHS Heywood, Middleton and Rochdale CCG • NHS North Manchester CCG • NHS Oldham CCG • NHS Salford CCG • NHS South Manchester CCG • NHS Stockport CCG • NHS Tameside and Glossop CCG • NHS Trafford CCG • NHS Wigan Borough CCG	• Bolton NHS FT • Central Manchester University Hospitals NHS FT • Greater Manchester West Mental Health NHS FT • Manchester Mental Health and Social Care Trust • North West Ambulance Service • Pennine Acute Hospitals NHS Trust • Pennine Care NHS FT • Salford Royal NHS FT • Stockport NHS FT • Tameside Hospital NHS FT • The Christie NHS FT University Hospital of South Manchester NHS FT • Wrightington, Wigan and Leigh NHS FT • 5 Boroughs Partnership NHS FT • Bridgewater Community Healthcare NHS FT[5]

NHS Property Services (NHSPS)
Community Health Partnerships (CHP)
North West Ambulance Trust
Association of Greater Manchester Local Medical Committees (LMCs)

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[5] 5 Boroughs and Bridgewater are formally located in Cheshire and Merseyside but are parties to this Memorandum as they have estate within GM.

Appendix 2 - Proposed GM Estates Governance Structure

Estates Governance framework

GM Health and Social Care

GM One Public Estate

Strategic Partnership Board

Strategic Partnership Board Executive

'Taking Charge'

GM Health & Social Care Strategic Estates Board

NHSE Business Case and Capital/Investment Pipeline Steering Group

10 Locality Plans

GM Strategic Estates Groups (SEGs) x 10

Locality Governance

Individual GM organisations

| 14 Provider Trusts | 10 Local Authorities | 12 CCGs | Primary Care |

Government Departments / NDPB's

GM Combined Authority

GM Land Commission

GM Land & Property Board (incorporating Housing Investment Board)

Accountable/reporting to

No formal accountability

GM Estates Delivery Unit

Strategy & Policy

Programme Delivery

1	**GM Land Commission (GMLC)**	• The GMLC will provide a strategic link between GM and HMG Departments / NDPB's to facilitate the better use of the public estate to help meet national and local policy objectives. It will:
		  – Support GM with discussions with HMG Departments to unlock barriers or resolve centrally determined estates issues impacting on the successful delivery of GMCA land and property programmes;
		  – Provide a mechanism for HMG Departments to link, and support delivery of, departmental estate disposal programmes with locally led housing, economic growth and public service reform initiatives.

2	**GM Land & Property Strategy Board**	• Responsible for delivering the One Public Estate agenda in GM, accountable to the GMCA. • Supports the GMLC and has responsibility for implementing the strategic direction for land and property set by GMCA in consultation with GMLC. • Develops and monitors a range of targets on behalf of the GMCA, in relation to the strategic management of public land and property assets in GM, and the delivery of key land and property programmes. Holds GM delivery function to account.
3	**GM Delivery Unit** **(Strategy and Planning Programme Delivery PMO)**	• Delivery function providing appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM. The Delivery Unit will work within national guidance to provide the support required to deliver 'Taking Charge'. • Core responsibilities include i) Support the planning and delivery of key estate programmes including local estate strategies; ii) Planning and delivery of strategic estates programmes iii) Design, implement and embed common standards and practices for estates planning and delivery.
4	**GM Health and Social Care Strategic Estates Board**	The GM Health and Social Care Strategic Estates Board will: • Provide strategic oversight and leadership to the development and delivery of the GM Health and Social Care Estates Strategy, and to ensure that the MoU developed between GM and DoH, is supported by a corresponding intra GM MoU that defines how GM will work together. • Be responsible for delivery and oversight of the GM/DoH MoU, and the delivery of the intra GM MoU. • Have oversight for the production of the ten Strategic Estates plans, and be responsible for ensuring that there is a consistency in ambition and content. In support of this the SEG Chairs Group will be represented on the Board. • Have oversight of and be responsible for ensuring the estates elements of the Strategic/Implementation plans are produced and hold the Delivery Unit to account for developing them. • Have oversight of any national policy development that impacts on health and care GM organisations and their estate. • Not be responsible for the development of a GM Spatial Framework, its responsibility extends to the strategic management of the health and care estate only.
5	**Strategic Estates Groups (SEGs)**	• Collaborative forums of public sector occupiers charged with using public estates more efficiently based on the needs of each community. Develop locality-based strategic estate plans and delivery programmes that are aligned to Locality Plans and 'Taking Charge'.
	NHS England Business Case and Capital/Investment Pipeline Steering Group	• The group oversees the governance arrangements of the Capital/Investment pipeline across Lancashire & Greater Manchester. It's main aim is to provide strategic oversight to ensure capital investment is made in line with the strategic direction of NHS England; to ensure investment is targeted at the areas of greatest need; and to ensure value for the NHS and that any investment has the maximum benefit to the NHS and its patients
6	**Organisation specific property asset management**	• Deliver local property and asset management services in respect of detailed local strategies for housing delivery, economic growth and public service reform. • Engage with, and supported by, GM Delivery Unit through SEGs.

Appendix 3- Dispute Resolution

Any dispute arising out of or in connection with this contract shall, at first instance, be referred to a mediator for resolution. The parties shall attempt to agree upon the appointment of a mediator, upon receipt, by either of them, of a written notice to concur in such appointment. Should the parties fail to agree within fourteen days, either party, upon giving written notice, may apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a mediator.

Should the mediation fail, in whole or in part, either party may, upon giving written notice, and within twenty eight days thereof, apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a single arbitrator, for final resolution. The arbitrator shall have no connection with the mediator or the mediation proceedings, unless both parties have consented in writing. The arbitration shall be governed by both the Arbitration Act 1996 and the Controlled Cost Rules of the Chartered Institute of Arbitrators (2014 Edition), or any amendments thereof, which Rules are deemed to be incorporated by reference into this clause. The seat of the arbitration shall be England and Wales. "

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GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION

MEMORANDUM OF UNDERSTANDING - ESTATES

BETWEEN GREATER MANCHESTER AND NATIONAL BODIES

1. Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding (MOU or Memorandum) is to ensure that the effective management of the Greater Manchester (GM) health and social care estate enables the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of GM.

This requires a more integrated approach to the use of the existing health and social care estate, which will be a critical component in delivering transformational changes to the way in which services are delivered across GM.

To facilitate this, this MOU creates a framework for achieving the dialogue and consensus between all parties that will be required to drive forward, at pace, an effective GM estates strategy. It sets out the process for collaborative working to ensure that the maximum value is derived from the changes to the GM health and social care estate that will be necessary if the ambitions in the GM health and social care strategy 'Taking Charge' are to be realised. Furthermore this MOU underpins a second MOU that will be agreed between GM's health and social care organisations that will help shape the development of the GM estate.

All parties to this MOU agree to act in good faith to support the objectives and principles set out here, for this MOU for the benefit of all GM patients and citizens.

2. Parties

The Parties[1] to the Memorandum are:-

GM Combined Authority (GMCA)
The 10 GM Local Authorities
Association of GM CCGs
The 12 GM CCGs
GM NHS Provider Trusts
The 15 GM NHS Provider Trusts
Association of Greater Manchester Local Medical Committees
Department of Health (DH)[2]
NHS England (NHSE)
NHS Improvement (NHSI)
HM Treasury (HMT)
Department for Communities and Local Government (DCLG)

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[1] Appendix 1 includes a full list of organisations that are party to this Memorandum

[2] DH is the sole shareholder for NHS Property Services (NHS PS) and Community Health Partnerships (CHP). Both organisations have important roles to play in the development of the GM estate, but are represented in this MOU by DH.

NATIONAL ESTATES MOU – DRAFT

There will also be an MOU between GM partner organisations setting out in more detail how they will work together on management of the GM public sector estate. The parties to the GM Memorandum will be:-

GM Combined Authority (GMCA)
The 10 GM Local Authorities
Association of GM CCGs
The 12 GM CCGs
GM NHS Provider Trusts
The 15 GM NHS Provider Trusts
NHS Property Services (NHSPS)
Community Health Partnerships (CHP)
Association of Greater Manchester Local Medical Committees

3. Context

Estates development is a key enabler for the successful implementation of the GM Health and Social Care Strategic Plan "Taking Charge" and the closure of the £2bn gap in five years and will also have a wider impact on GM economic outcomes (e.g. housing delivery, economic space).

The key features of estate changes needed for health and social care in GM are that:

- through the combined effect of a radical upgrade in prevention of demand for health and social care services, scaling up primary care, the integration of community health and social care and the standardisation of clinical support and back office services, there should be a reduced need for hospital capacity due to inappropriate demand; and
- there will be requirements for multi-purpose community based hubs accommodating, for example, integrated primary care, community health and adult social care services and enhanced provision of step down services preventing inappropriate demand for acute beds.

However, the current structure of the health and social care system can make strategic investment/disinvestment decisions in multiple ownership situations challenging. The existence of multiple and different decision points for estate development or changes and the plurality of processes for agreeing business cases for investment and disposal can result in difficulties in whole-system planning. There are currently few existing incentives for unified strategic estate planning across the diverse spectrum of health and social care partners.

There is unlikely to be sufficient capital available within existing sources to deliver the estate changes desired for the health estate in GM. GM will therefore develop a capital investment strategy for estates that considers the availability and affordability of capital budget (Capital Departmental Expenditure Limit known as CDEL) and where appropriate and value for money and create appropriate funding platforms in open consultation and collaboration with NHSE, NHSI, DH and HMT.

This MOU sets out the overarching principles so that there is the necessary leadership and coordination needed to maximise the opportunities the GM estate offers.

In that context this MOU:

- establishes the way in which GM and national organisations will adopt a collaborative approach to the management of the GM estate with the wider GM strategy in mind; and

- clarifies the process by which the disposal of GM health and social care estate will be managed.

It should be read in conjunction with the MOU for the GM health and social care devolution, and the MOU for Estates between GM parties.

4. Vision and Objectives

A vision for GM Health and Social Care estates has been agreed at the Strategic Estates Group Chairs' workshop in October 2015:

'Greater Manchester will seek to drive maximum value from the public estate by enabling its more efficient use in order to deliver local strategic objectives and national policy objectives'.

The parties to this MOU share the following objectives:

- Better manage the public sector estate so that it enables the reforms needed to deliver:
    - o Improved health and wellbeing outcomes for the people of GM,
    - o better utilisation of the current health and social care estate,
    - o Achieve clinical and financial sustainability for the GM health and social care system by 2020;
- Make more efficient use of the public sector health and social care estate in order to deliver 'Stronger Together: Greater Manchester Strategy', 'Taking Charge' of our Health and Social Care in Greater Manchester, the delivery of our ten Locality Plans and national policy objectives included in the 'Better Quality Care for Patients' the Five Year Forward View;
- Identify and release surplus land to optimise receipts and deliver economic growth and value for money;
- Enable GM to optimise site value and to help DH meet its targets for receipts from land disposals and housing, and delivery of key worker housing if required; and
- Deliver plans that are consistent with and support any overarching health and social care estate or public sector targets, estates sales plans and place based collaborations.

5. Overarching Principles

The MOU is underpinned by the following principles which will support the vision of driving maximum value from the public estate:

Collaboration
- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities;
- All parties will engage in collaborative, constructive conversations about the optimum use of public sector assets across GM to maximise value (minimising delivery risks with appropriate financial risks);
- All parties commit to optimise the scale and value of disposals from surplus land, including, where appropriate, housing
- A commitment for all parties to take a transparent and open book approach in relation to land and property assets, including early notification of possible land and buildings for disposal with clear recognition of the need to protect commercial confidentiality;

Decisions
- All parties will work collectively to ensure that decisions relating to estates taken at both locality and GM level will focus on the delivery of the GM strategic plan, Stronger Together: Greater Manchester Strategy and Taking Charge[3] of our Health and Social Care in Greater Manchester and the delivery of our ten Locality Plans and therefore the interests and outcomes of patients and people in GM, not organisational self-interest alone;
- The delivery of 'Taking Charge' and of the ten Locality Plans will be considered as a significant priority for investment and strategic estates decisions[4];
- There is no requirement for GM health and social care estate ownership to change;
- The MOU does not affect the autonomy of any GM organisation, nor will it interfere with the rights and duties of any party to the MOU to determine what relevant estate is disposed of, or when; and
- So far as is consistent with any statutory or other legal obligations on them. all parties will seek to optimise the utilisation of assets where long term commitments exist, such as PFIs, LIFT etc.

6. Scope

The MOU relates to all investment and disposals in health and social care estate (buildings and land) in GM that is owned by the public sector or GP practices.[5]

In relation to disposals it does not cover any other buildings or land owned by independent or private sector organisations from which health and social care services are delivered.

It is recognised that there are organisations outside of GM that may have health and social care estate in GM. The parties to this memorandum are expected to collaborate with such parties even though they are not party to this memorandum.

The MOU relates to strategic decisions on the GM estate's health and social care buildings and land, not operational management of the estate or facilities management.

In all cases, decisions by the parties in pursuance of this MOU must be consistent with their respective statutory and other legal obligations, rights and objectives.

7. What the MOU Delivers

Terms of the Memorandum

All parties will seek to drive maximum value from the public estate by:
- acting in good faith to support the objectives and principles of this MoU for the benefit of all GM patients and citizens;
- working collaboratively and transparently to deliver effective management of the public estate aligned with the 'Stronger Together' and 'Taking Charge', delivery of the ten Locality Plans and the principles of the GMCA Devolution agreement;

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[3] 'Taking Charge' is GM's five year strategic plan for health and social care. As it develops it will mirror the requirements of the Sustainability Transformation Plan (STP) guidance that other areas are producing. GM will not be producing a separate STP.

[4] NHS providers also have commitments/responsibilities to patients/residents beyond GM. There may be estate decisions taken regionally that we would want to be complementary but would not be incorporated into either Taking Charge, the STP or Locality Plans.

[5] This recognises that GP practices may be owned privately but still provide public health services.

- facilitating an ongoing dialogue with relevant bodies managing the GM health and social care estate;
- taking decisions at a GM level in respect of the health and social care estate where the GM place-based approach is optimum for its residents, recognising regional and national objectives;
- developing a partnership for strategic estate planning, aligned with sub-regional strategies;
- committing to a process designed for reaching agreement as to how GM will contribute to the DH estate disposal and housing targets. (See appendix 2 for proposed process); and
- agreeing to open discussions on issues that will help GM accelerate the pace of change, or to overcome national constraints that inhibit the development of the GM strategy. Current examples of this are:
  - Capital Resource Limit - All parties will work together to agree how the NHS Capital Resource Limits relating to GM NHS Trusts and NHS Foundation Trusts can be confirmed as soon as possible, and to investigate how a GM wide allocation can be made in the future; and
  - Approval process for Capital Projects - GM will work with DH, NHSE and NHSI with the intention of streamlining approval processes for NHS Primary Care capital projects by ensuring they are fully aligned to 'Taking Charge', locality plans and national directives and thus are ready for approval

8. Implementation.

Appendix 2 outlines the process relating to the disposal of surplus property and the handling of receipts

9. Governance

New governance structures will enable the parties to work together to make decisions in relation to the GM health and social care estate that are strategically co-ordinated and aligned to maximise benefit across GM. An innovative governance framework will be key to success.

- The governance of GM health and social care will form part of the governance arrangements for the GM Land Commission (GMLC). The GMLC will provide greater local oversight and accountability for estates management strategies, including approaches to disposals and generation of capital receipts.. The GMLC will provide a strategic link between GM and Government Departments / Non-Departmental Public Bodies to facilitate the better use of the public estate to help meet national and local policy objectives. A GMLC / One Public Estate (OPE) framework is currently being developed comprising GM and local strategy and delivery capability. The emerging framework is shown at Appendix 4 to this MOU.

- A dispute resolution process is shown at Appendix 3

- A GM Land and Property Board responsible for delivering the OPE agenda in GM, accountable to the GMCA. It will support the GMLC and has responsibility for implementing the strategic direction for land and property set by GMCA in consultation with GMLC.

- A GM Health and Social Care Strategic Estates Board has been established which represents all stakeholders and is responsible for high level strategic estates planning (not the management of the estate).

- Each of the ten GM localities have established Strategic Estates Groups (SEGs). These are collaborative forums of public sector occupiers charged with using public property assets more efficiently based on the needs of each community. The SEGs will develop locality-based strategic estate plans and delivery programmes which will flow from the Locality Plans. The work at locality level will be supported by work at GM level to understand the scale of the estate requirements and to secure the investment needed.

NATIONAL ESTATES MOU – DRAFT

Appendix 1 – Parties to the Memorandum

GM Combined Authority	Association of GM CCGs	GM NHS Provider Trusts
• Bolton Council • Bury Council • Manchester City Council • Oldham Council • Rochdale Borough Council • Salford City Council • Stockport MBC • Tameside MBC • Trafford Council • Wigan Council	• NHS Bolton CCG • NHS Bury CCG • NHS Central Manchester CCG • NHS Heywood, Middleton and Rochdale CCG • NHS North Manchester CCG • NHS Oldham CCG • NHS Salford CCG • NHS South Manchester CCG • NHS Stockport CCG • NHS Tameside and Glossop CCG • NHS Trafford CCG • NHS Wigan Borough CCG	• Bolton NHS FT • Central Manchester University Hospitals NHS FT • Greater Manchester West Mental Health NHS FT • Manchester Mental Health and Social Care Trust • North West Ambulance Trust • Pennine Acute Hospitals NHS Trust • Pennine Care NHS FT • Salford Royal NHS FT • Stockport NHS FT • Tameside Hospital NHS FT • The Christie NHS FT • University Hospital of South Manchester NHS FT • Wrightington, Wigan and Leigh NHS FT • 5 Boroughs Partnership NHS FT • Bridgewater Community Healthcare NHS FT[6]

Association of Greater Manchester Local Medical Committees (LMCs)
Department of Health (DH)
NHS England (NHSE)
NHS Improvement (NHSI)
HM Treasury (HMT)
Department for Communities and Local Government (DCLG)

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[6] 5 Boroughs and Bridgewater are formally located in Cheshire and Merseyside but are parties to this Memorandum as they have estate within GM.

Appendix 2 –

PROCESS FOR GM TO CONTRIBUTE TO THE CAPITAL RECEIPT AND HOUSING TARGET FOR DH

1. Introduction

1.1   The national MOU will determine a collaborative way of working – principles, scope etc. The MOU will ensure that decisions are taken with the wider GM strategy in mind. It will establish an "Open book process" to optimise the speed and value of disposals in GM, helping DH meet its targets.

1.2   DH has a challenging Spending Review target which includes £2bn asset sales and disposal of land to deliver 26,000 new homes. GM has a 220,000 new homes target as part of the Devolution agreement. There is a need to consider the interplay (and any potential overlap) between this target and the NHS target.

2. Disposals

2.1   For disposals involving one organisation the capital receipt flow and contribution to the DH receipts and housing targets is illustrated in Table 1.The contribution to the DH target is notional as funds remain with the organisation making the disposal

2.2   Where the disposal involves approval for housing on land owned by NHS bodies or NHS PS the housing numbers will contribute to the DH target.

3. Disposals involving multiple sites

3.1   Where a disposal follows site assembly by GM of one or more sites in the ownership of different public sector ownership, including NHSPS, 'marriage value'[7] may be created i.e. added value above that which might have been obtained from individual transactions (including the usual overage).

3.2   In these cases, the capital receipts relating to the un-enhanced value   (plus usual overage[8])of the individual sites will flow to the individual site owners. The share of the marriage value - 'gainshare' will be shared as agreed between the parties.

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[7] 'Marriage Value' is the value released by the merger of two or more interests in land, often when combining land parcels to assemble a development site.

[8]

4. Delivery

4.1   Establish a working group composed of: DH, CHP, NHS PS, Provider Trusts and the GM Health and Social Care Partnership team.The group will report into the MOU Working Group.

4.2   GMGM will establish an evidence based list of DH identified NHS sites,or disposal or housing development covering the period 2016-2020. The sites will be identified from the twelve GM interim Local Estates Strategies dated December 2015 and sites reported to HSCIC as surplus as part of the annual surplus land data exercise, refined through further Trust visits by the DH Provider Engagement Programme and by reference to the 'Taking Charge' strategy, which will include the national requirements for Sustainable Transformation Plans, and through updates to the Local Estates Strategies..

4.3   Agree monitoring of receipts, through an agreed 'Disposals Framework', for NHS sites identified for disposal/housing development from April 2016 onwards..

Table 1

Current GM H&SC Estate owner	Capital Receipts from disposals	Counts towards DH targets
NHS Foundation Trusts	FT retains	✔
NHS Trusts	Trust retains, with NHSI consent	✔
NHS Property Services	NHS Property Services Ltd.	✔
Local Authority	LA retains	✘
CHP	CHP	✘

Primary Care (GP owned)	GP partner	✘
Primary Care (not GP owned)	Freeholder	✘
CCGs	n/a	Dependent on freeholder

Appendix 3

Dispute Resolution

1. Any dispute arising out of or in connection with this contract shall, at first instance, be referred to a mediator for resolution. The parties shall attempt to agree upon the appointment of a mediator, upon receipt, by either of them, of a written notice to concur in such appointment. Should the parties fail to agree within fourteen days, either party, upon giving written notice, may apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a mediator.

2. Should the mediation fail, in whole or in part, either party may, upon giving written notice, and within twenty eight days thereof, apply to the President or the Vice President, for the time being, of the Chartered Institute of Arbitrators, for the appointment of a single arbitrator, for final resolution. The arbitrator shall have no connection with the mediator or the mediation proceedings, unless both parties have consented in writing. The arbitration shall be governed by both the Arbitration Act 1996 and the Controlled Cost Rules of the Chartered Institute of Arbitrators (2014 Edition), or any amendments thereof, which Rules are deemed to be incorporated by reference into this clause. The seat of the arbitration shall be England and Wales. "

Appendix 4 – Proposed GM Estates Governance Structure

Estates Governance framework

1	**GM Land Commission (GMLC)**	• The GMLC will provide a strategic link between GM and HMG Departments / NDPB's to facilitate the better use of the public estate to help meet national and local policy objectives. It will:
		  − Support GM with discussions with HMG Departments to unlock barriers or resolve centrally determined estates issues impacting on the successful delivery of GMCA land and property programmes;
		  − Provide a mechanism for HMG Departments to link, and support delivery of, departmental estate disposal programmes with locally led housing, economic growth and public service reform initiatives.

2	**GM Land & Property Board**	• Responsible for delivering the One Public Estate agenda in GM, accountable to the GMCA. • Supports the GMLC and has responsibility for implementing the strategic direction for land and buildings set by GMCA in consultation with GMLC. • Develops and monitors a range of targets on behalf of the GMCA, in relation to the strategic management of public land and property assets in GM, and the delivery of key land and property programmes. Holds GM delivery function to account.
3	**GM Delivery Unit** **(Strategy and Planning Programme Delivery PMO)**	• Delivery function providing appropriate strategic capacity and multi-disciplinary expertise to support the existing estates capacity across GM. The Delivery Unit will work within national guidance to provide the support required to deliver 'Taking Charge'. • Core responsibilities include i) Support the planning and delivery of key estate programmes including local estate strategies; ii) Planning and delivery of strategic estates programmes iii) Design, implement and embed common standards and practices for estates planning and delivery.
4	**GM Health and Social Care Strategic Estates Board**	The GM Health and Social Care Strategic Estates Board will: • Provide strategic oversight and leadership to the development and delivery of the GM Health and Social Care Estates Strategy, and to ensure that the MoU developed between GM and DoH, is supported by a corresponding intra GM MoU that defines how GM will work together. • Be responsible for delivery and oversight of the GM/DoH MoU, and the delivery of the intra GM MoU. • Have oversight for the production of the ten Strategic Estates plans, and be responsible for ensuring that there is a consistency in ambition and content. In support of this the SEG Chairs Group will be represented on the Board. • Have oversight of and be responsible for ensuring the estates elements of the Strategic/Implementation plans are produced and hold the Delivery Unit to account for developing them. • Have oversight of any national policy development that impacts on health and care GM organisations and their estate. • Not be responsible for the development of a GM Spatial Framework, its responsibility extends to the strategic management of the health and care estate only. •
5	**Strategic Estates Groups (SEGs)**	• Collaborative forums of public sector occupiers charged with using public estates more efficiently based on the needs of each community. Develop locality-based strategic estate plans and delivery programmes that are aligned to the Locality Plans and 'Taking Charge'.
	NHS England Business Case and Capital/Investment Pipeline Steering Group	• The group oversees the governance arrangements of the Capital/Investment pipeline across Lancashire & Greater Manchester. It's main aim is to provide strategic oversight to ensure capital investment is made in line with the strategic direction of NHS England; to ensure investment is targeted at the areas of greatest need; and to ensure value for the NHS and that any investment has the maximum benefit to the NHS and its patients

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Report to:	Board of Directors	**Date:**	4th Aug 2016
Subject:	Stockport Together Overview Design Business Case		
Report of:	Deputy Chief Executive	**Prepared by:**	Stockport Together Programme Office

REPORT FOR APPROVAL

		Summary of Report
Corporate objective ref:	-----	This overview case outlines the proposed integrated service model that will operate within Stockport as a result of the Stockport Together programme.
Board Assurance Framework ref:	-----	It sets out the model of care that will be provided, consultation and business case process and asks for four decisions from the Trust Board and other partner governing bodies on page 55.
CQC Registration Standards ref:	-----	There is an Executive Summary at page 5 which gives an overview of the case. There is also a suite of supporting appendices which, due to file size, have not been included in the meeting pack. The appendices can be viewed at: http://www.stockport-together.co.uk/documents-and-publications
Equality Impact Assessment:	☐ Completed ☒ Not required	

Attachments:	

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

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Business Case Introduction

Describing the

New Integrated Service Solution

Foreword

Our collective vision is *a sustainable* health & care system for the people of Stockport delivering improved health outcomes, reduced health inequalities, greater independence and a lower need for bed-based care. To achieve this we are delivering *new forms of care* to specific cohorts of our population through a *new form of organisation* constructed from the GP registered list at neighbourhood level and incentivised by a *new form of commissioning*. Our model of care will ultimately serve the whole population.

The business cases introduced here will specifically focus on the *GP registered adult population* (243,000 people) and the *new forms of care* proposed to deliver sustainability and improved outcomes. We refer to these new forms of care collectively as the **Integrated Service Solution.**

Our planned improvements to services described in this overview will reduce non-elective and A&E activity by 30% per year from current levels and they will also reduce length of stay by 50%. Over hospitalisation and length of stay are shown to reduce the independence of older people and thus we are also expecting these proposals to reduce admissions to care homes by 8%. Furthermore, by supporting the most vulnerable in the community and introducing new approaches to the GP / Consultant relationship we expect to reduce traditional outpatient appointments by 50%.

The financial benefit of these changes is calculated to be £38m by 2020.

As well as reducing time spent in a hospital bed or waiting for an outpatient appointment we expect the following improvements in outcomes and service quality for people living in Stockport.

- A reduction in premature mortality from causes preventable by healthcare and healthy life expectancy increasing fastest in the most deprived areas of Stockport
- Reduction in the number of people reporting social isolation
- Increase in the number of people feeling supported to manage their condition
- Reduced proportion of working adults with long-term sickness
- Increased number of people / carers who would recommend the service
- An increased proportion of people at end of life die in their preferred place of choice
- Meeting the national A&E waiting time and other NHS constitutional standards

Our vision has been developed in line with national and Greater Manchester policy. We will deliver these services through a Multi-Specialty Community (MCP) provider developed from general practice as set out in the NHS 5 year forward view. We will develop this in the context of much greater integration of health & social care in commissioning and provision. Our focus is on prevention at scale, a transformation of out-of-hospital care and a richer engagement of our population at both an individual and community level.

To deliver our vision our proposals describe improvements in how we support the most vulnerable in our community and their carers to live more independently through changes in neighbourhood working, the intermediate tier of services, and urgent care hospital front-end. It also describes how we are looking to further enhance the general practice offer whilst relieving the pressure on that part of the system and better utilise community assets before finally addressing the transformation of outpatient services.

Contents

1 Executive Summary

We are proposing to make changes to how health and social care services for Adults and Older People are provided across Stockport

1.1 The Case for Change

We plan to make these changes because the care that we currently provide isn't as good as we would like it to be and if we carry on delivering services in this way with the same level of outcomes then health and social care services in Stockport will have a recurrent financial deficit of £136m (about 25% of its current budget) by 2021.

There are four main reasons for this:

1. **The Stockport population is increasing and getting older**. Older People and Adults with Long Conditions (such as coronary heart disease, diabetes, hypertension and dementia) are the heaviest users of local health and social care services accounting for around 70% of all health and social care spend

   Key Fact: The number of people in Stockport aged over 65 will increase from 55,700 in 2014 to 61,000 by 2020 (an increase of 9.7%)

2. **Too many people in Stockport, particularly those over 65, are admitted to hospital** when they would be better, and more appropriately cared for, at home

   Key Fact: Stockport admits 37% more people to hospital as an emergency admission than the England average - our emergency admission rate for this cohort is also double the average for North West England.

3. **Older People, in particular, stay in hospital far longer than they should, or need to,** because of difficulties discharging them.

   Key Fact: If a person over the age of 75 spends 10 days or more in hospital then it leads to the equivalent of 10 years ageing in their muscles and makes subsequent independent living very difficult. 3,100 Stockport people were in this positon in 2015/16 (this represent 30% of all emergency admissions for people in this age group)

4. **Care is fragmented and not joined up around the patient;**

   Key fact: patients tell us that they are frequently bounced between services before they receive the care they need and they are

required to tell their story multiple times to different health and social care professionals.

1.2 What are we going to do?

In order to remedy this situation, we plan to do four things over the next 5 years:

1. Invest **£9m recurrently** in Primary, Community and Mental Health Care in order to implement a new joined up model of health and social care that will create the capacity and capability (the community alternatives) to deliver the right care and support in or close to people's homes rather than in hospital. This enabling money has been given to us from the Greater Manchester Transformation fund for this explicit purpose.

2. Implement a model of care which has been designed by patients, carers, clinicians and social care professionals over a 12 month period through the Stockport Together programme and which is based on the best available national and international evidence of what works and what good care looks like.

3. By providing more appropriate evidence based primary and community alternatives to hospital admission and attendance, this will enable us to deliver £38m recurrent savings because primary and community based care is more cost effective to deliver than hospital base care.

4. In order to ensure that local health and social care organisations work together in a more joined up way to deliver this vision, we plan to create a new type of organisation: a Multi-Specialty Community Provider (MCP) which will be based on the registered GP list. Over time, we plan to move towards a single organisation covering all providers of health and social care in Stockport called an Accountable Care Organisation (ACO).

1.3 What is the proposed model of care?

Stockport together has a developed evidence based, integrated model of care which has been designed to deliver care and support that:

- is personalised, joined up and coordinated around the patient
- enables people to maintain their health, wellbeing and independence at home for as long as possible by promoting self-management, community resilience and choice
- recognises and supports the critical role played by carers
- is safe and effective, given by caring, compassionate staff
- is delivered in the right place at the right time, every day of the week, enabling care and support to be delivered wherever possible close to or in people's homes rather than in hospital

- is convenient, easy to access and tailored to local neighbourhood needs
- places greater importance on developing solutions through good relationships and by connecting people together rather than an over reliance on systems and processes.

The new model of care has the following key components each of which are/will be supported by a series of business cases and which operating together form our proposed integrated service solution:

Integrated Neighbourhood Teams **Business Case 1**	Integrated Neighbourhood Teams (INT) will form the hub of all future community-based activity for Adults and Older People in Stockport and will be the first steps towards primary care at scale. We have established 8 Integrated Neighbourhood Teams each serving between 4- 8 GP practices with practice populations ranging from 30-50,000. Each Team will comprise a multi-disciplinary team of professionals including a core team of GP's, community nurses and social care staff together with a wider team of mental health professionals, allied health professionals, pharmacists, acute consultants, integrated health and social care support-workers, third sector staff from the TPA and other linked professionals including housing and Police. Each NT will be co-located as far as practicable, within primary care. This will enable GPs to build effective working relationships with named, identifiable teams of staff. Each Neighbourhood Leadership Team (composed of a GP as clinical lead, nurse and social worker) will determine the best staffing configuration for its INT within the budget delegated to them. INT's will work holistically to meet the health and social care needs of their practice populations (adults and older people) but will work particularly with GP practices to identify and then intensively manage the 15% of their patients (21,000 people) at greatest risk of future admission (i.e. with a risk score of >=18.03) in order to avoid crisis and reduce the risk of a hospital episode through: - Use of formal Risk stratification including use of frailty scores and social factors - Intelligence gathered from GP's, ANP's and social care - Frequent user information from the ambulance service/acute trusts INT's will then coordinate case management for these patients through regular multi-disciplinary team (MDT) meetings, which will: - Ensure patients' wishes are fully considered. - Encompass physical health, mental health, social care and housing provision. - Develop a shared care plan with a range of personalised services wrapped around the patient to meet their needs - Identify a named case manager.

	• Monitor progress against the plan. For people with long-term conditions (LTCs) such as coronary heart disease, diabetes, hypertension and dementia, integrated clinical pathways will offer a holistic review and assessment with specialists working closely with INTs. Teams will identify mental health issues in LTC patients and anticipate future care needs. Named pathway consultants will provide e-mail, telephone, Skype and face-to-face consultations. Preventive programmes for key causes of emergency admission in Stockport such as Falls will be developed and introduced. In addition to working intensively with the 15% of the population most at risk of admission, INT's will introduce a new Find and Treat Service working in partnership with the third sector to identify and then proactively work with those patients that have not been screened or who have high predisposing risk factors that may subsequently go onto make them high users of health and social care services.
Enhanced Primary Care **Business Case 1**	In order to firstly relieve the pressure within General Practice and then create the capacity for GP's to work with INT's to proactively manage complex patients; three schemes offering alternatives to routine GP appointments will be introduced. These are: Direct Access Physiotherapy, Enhanced Pharmacy Support in Neighbourhoods and additional capacity to address low level mental health issues in Practice Populations. All three schemes were identified by GPs themselves.
Intermediate Tier **Business Case 4**	Rapid Response, Intermediate Care and Reablement are key evidence based health and social services which, when properly implemented, have a proven impact on helping people to maintain their independence in community settings rather than being admitted to hospital and in facilitating speedy discharge. Despite spending above the national average, services in Stockport are currently fragmented (over 20 separate teams), are difficult to access and do not have an appropriate balance between step up/step down care, being geared towards the latter rather than the former. Their effectiveness in both admission avoidance and early discharge is therefore limited. These services have been redesigned to provide a 24/7 co-located service integrated with GP out of hours services and with a rebalanced Step Up/Down capability composed of : • A central hub providing for a single point of access and co-ordination • Rapid Response providing a maximum 1 hour response time including Mental Health for those most at risk of admission • An overnight sitting service • Intermediate Care both community and inpatient based • Reablement • Implementing the discharge to assess model - an evidence based model developed in South Warwickshire that is intended to ensure speedy discharge from hospital to home and to deliver

|	
	assessment in the best place. Staff will build strong relationships with INTs and Emergency Departments to ensure that there is joined up care around the patient. To enable this, they will have mobile access to the Stockport electronic health and social care record, EMIS viewer and the AdvantisED system from Day 1 of operation
Healthy Communities **Business Case 3**	Prevention and early-intervention at every level of our integrated service solution co-ordinated by the Third-Sector and embedded within Integrated Neighbourhood Teams is critical to the overall success of our model. A key component is the increased emphasis placed upon building individual, family and community resilience at all levels of the model in order to enable a greater level of self-management of long term conditions by individuals themselves There are seven core elements to this approach - Targeted approaches in the acute setting, Intermediate Tier and Neighbourhoods to support access to community and voluntary assets - Community Health Champions working with General Practice - Peer support capacity development, particularly for carers under pressure - Increased health trainer and social prescribing capacity to deliver health coaching - Improving access to volunteering opportunities - Community Investment Fund to support community driven innovative solutions to improving resilience - Organisational development investment to deliver change in our relationships with people and communities
Acute Interface – Ambulatory Care Pathways **Business Case 6**	A key component of an effective urgent care system that prevents unnecessary admissions to hospital is the provision of ambulatory emergency care (AEC) for what are known as Ambulatory case sensitive conditions at the 'front door' to the hospital. There is a very strong evidence base in this area. Implementing effective ambulatory emergency care ensures that, where appropriate, emergency patients presenting to hospital for admission are rapidly assessed and streamed to AEC, to be diagnosed and treated on the same day with ongoing clinical care planned and agreed avoiding the need for an overnight stay in hospital. Processes are streamlined, including review by a consultant and timely access to diagnostics and treatments are all delivered within one working day. This evidence based approach has improved both clinical outcomes and patient experience, while reducing costs through obviating the need for overnight hospital stay. **Three key changes are proposed:**

	1. Extending the opening hours of Medical Admission Unit (MAU) The current hours will be extended to operate 7 days a week until 2am with the last admission at 10pm (after 10pm there is a drop off in admissions). This will mean we will have the capacity to manage 10 more patients through MAU a day that would have otherwise been admitted to a specialist ward in the hospital. **2. Optimise the use of Ambulatory Case Sensitive Condition (ACSC) Pathways** The current use of ACSC pathways for people presenting with ambulatory care sensitive conditions at the ED department at Stepping Hill varies significantly and offers scope for improvement to bring us more into line with our peer group to ensure that older people in particular are offered AEC as an alternative to admission. **3. Implement Clinical signposting and joined up working with INT's and the Intermediate Tier** Our plan is to deliver a more streamlined approach to triage so that staff working in the ED department are clearer about the community alternatives to admission and can access them easily.
Key enablers **Business Case 8**	To support the delivery of integrated health and social care, we will also implement the following key enablers: **IM&T** An integrated digital health &social care record will be an integration engine to provide all health and social care professionals with a single unified view of patient records including acute, community, GP and social care information. A single NHS electronic patient record across General Practice, Out-of-Hours and community services will further enhance integration. **Workforce** The proposed MCP plans to create a provider workforce that is multi-skilled and multi-professional working without boundaries in a fully integrated system. We will train staff to avoid unnecessary admissions by developing their skills and expertise to deliver key interventions such as intravenous antibiotics/falls management programmes in a patient's home rather than inpatient settings. Increased productivity will also be delivered through the implementation of new ways of working including reducing duplication of appointments,

	eradicating multiple patient assessments and care plans. This will also be enabled through the expansion in staff mobile working, more effective staff rostering and reduced travel.

Four other key business cases are currently in development which will be presented for approval during the period September to November 2016 as these form Phase two of the implementation of the new integrated Service Solution. These are:

- Business Case 2: Care and Home Care
- Business Case 5: Other specialist Borough wide services
- Business Case 7: Out Patients and Referral
- Business Case 9: Reduction in Bed Base and Clinical Capacity

A summary of the key components of the integrated service solution and their interrelationship is set out in the diagram below:
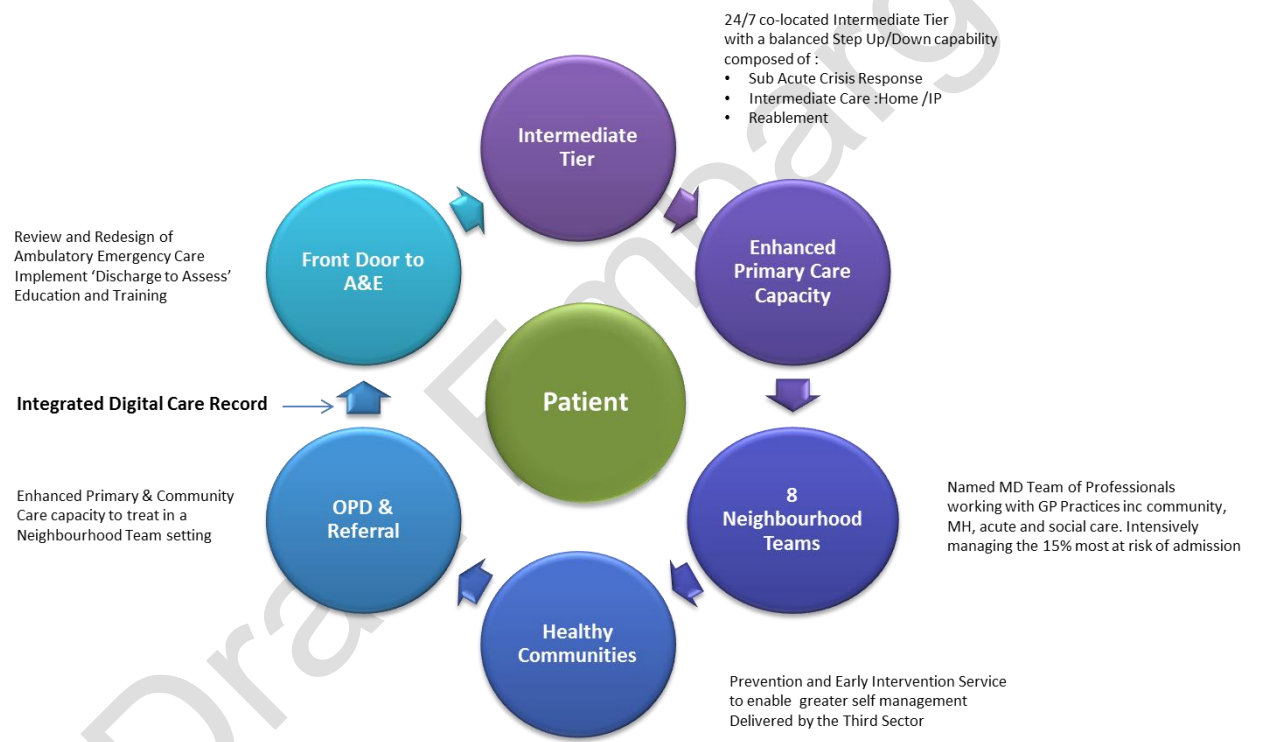
1.4 What outcomes are we expecting to achieve and what is the evidence base to support our model and the assumptions we have made?

We know that 6% of the Adult population in Stockport (14,000 people) account for 60% of the non-elective admissions to hospital. By focusing evidence based interventions on this cohort of people, we believe that the

implementation of our integrated service solution will deliver reductions in acute activity for this cohort at the following levels over the outturn for 2015/16:

- 30% reduction in non-elective admissions & A&E attendances , a saving of £9.6m
- 50% reduction in length of stay for those in the cohort whose admission is not deflected, a saving of £4.5m
- 8% reduction in new nursing/care home admissions, a saving of £2.4m

At a Neighbourhood Team Level this will translate into the following four expected target outcomes:

1. Reduce avoidable hospital admissions:
   – by about 19 admissions per day, every day of the year;
   – 2 per day per Neighbourhood Team

2. Reduce avoidable visits to emergency departments
   – by about 33 per day, every day of the year
   – 4 per day per Neighbourhood Team

3. Reduce avoidable admissions to care and residential homes
   – by about 3 per month

4. Reduce the length of time people who are admitted have to stay in hospital (by about 50%)

We are confident that these levels are deliverable because the national and international evidence supports both our service model and the underpinning assumptions that we have made about their impact on activity reduction particularly when set in the context that Stockport is an outlier in these areas nationally.

A summary of the international evidence on the impact of integrated care by McKinsey 2015 ('The evidence for integrated care', March 2015) and subsequently NHS England 2015 ('Transforming urgent and emergency care services in England', August 2015**)**, concluded that it is the impact of a number of key components operating together that can deliver the sort of step change that systems are seeking.

These are:

- **Implement case management within better, more joined up Neighbourhood Teams with greater capacity :** Assertively managing acutely at risk populations through individual care planning and multi-disciplinary teams delivered primarily in primary and community care

- **Improve and increase intermediate care capacity:** Early review by a suitably qualified clinical decision maker supported by responsive

intermediate care **(**with the right balance between step up/step down) can reduce admissions by up to a quarter

- **Implement ambulatory emergency care:** consider all potential acute admissions for ambulatory emergency care unless care needs can only be met by an inpatient stay:

They further concluded that reductions in emergency admission and ED attendances as a result of the implementation of integrated care of between 20-30% could be expected. These components are all at the heart of the implementation of our integrated service solution.

1.5   Creation of a Multi-Speciality Community Provider (MCP)

It is intended that this Integrated Service Solution will be delivered by an MCP arrangement that incorporates the 8 integrated neighbourhoods along with borough-wide services and those services that sit at the interface between acute hospital and primary care. This is under procurement currently and is not specifically part of this case. The intention is for a strong degree of devolved responsibility and accountability within the MCP to the front-line neighbourhood teams. The national principles of an MCP which form the basis of our design include:

New Organisational Form
- An integrated provider of out-of-hospital care
- Own organisational capability to hold capitated contract for a population

Core Elements
- Primary medical services, community-based services and social care
- Incorporate some acute specialists e.g. consultant geriatricians, psychiatrists
- Incorporate and be built from the list(s) of registered patients for the population
- A joined-up electronic health record for its registered population
- Dedicated services for different groups of patients
- Majority of outpatient consultations & ambulatory care to out of hospital settings
- Excel at empowering patients and involving local communities.

This overview case sets the scene for the further detailed cases that will come forward over the next few months. It describes a significant change in the way services are delivered to ensure improvements in care, better outcomes and financial sustainability.

2 Scope and Case for Change

2.1 Purpose of document

We are committed to undertaking large whole system change. This requires both a significant number of specific service changes *and* an integrated approach to that change. We cannot describe every change in detail at the same time but do need to ensure that each service change is understood in the wider context and that the implications of the change as a whole are described.

This document describes the case for the overall system change and the key components of that change. Each of these changes will have specific business cases that will follow between September and March 2017. This document includes at a system level the economic and financial case for the overall change.

This overview case is in effect the first gateway and later cases will build on this and cannot without full partner agreement reverse the model and approach described within this case.

2.2 Scope and exclusions

We propose an *integrated service solution* that impacts on the following 5 **cohorts** of the GP registered adult population, those who:

- use general practice when better alternatives could be made available (c500,000 appointments);
- have already had a non-elective admission and are at a high risk of doing so again (c15,000 people);
- have a range of risk factors that indicate they are at high risk of non-elective admissions and other intensive input in near future (c20,000 people);
- have an unknown disease or unidentified risk factors (c60,000);
- use outpatient and associated diagnostic services (c100,000 people, 360,000 appointments).

Therefore, given these cohorts the commissioning spend and service areas in scope *within this proposal* include General Practice; Public Health; Adult Social Care including home care & care home commissioning; Community based health services including mental health provision; some aspects of community pharmacy; third sector contracts; all intermediate tier services including some hospital bed based provision; outpatients and diagnostics; A&E and ambulatory care; ambulance services and Out-of-hours; discharge planning and arrangements within the acute hospital.

This document indicates the *future form* of the provider and the *approach to commissioning* that will help facilitate the most effective delivery of the benefits described but these *are not critical to and do not form part of the approval* of the Integrated Service Solution. Further business cases will follow to relevant partners.

This proposition **does not** directly involve any children's services.

Improvement and rationalisation of the public sector estate is an important component of the Stockport Together programme. We believe such developments will enhance the integrated service solution described in this case but are not a prerequisite of it. A separate estates strategy and related business cases will be brought forward in due course and have been developed alongside the integrated service solution described in this proposition but are wider reaching.

2.3　　National Context

2.3.1　　NHS Five Year Forward View
The NHS five year forward view sets out the challenges facing the NHS , including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. In response, it places much greater emphasis on integration of systems and ways of working. The 2016-17 planning guidance pushes this forward with a much greater emphasis on locality based planning, transformation and transparency. In particular the forward view focuses on:

- Prevention and empowerment
- Greater patient and service user control and choice
- Removal of barriers between care organisations
- A new deal for GP practice
- Requirement to rebalance demand, efficiency and funding of the NHS.

2.3.2　　NHS Vanguard
NHS 'Vanguard' sites for new models of care are one of the first steps towards delivering the Five Year Forward View and the integration of services. A number of sites have been selected to build and test new models of care and new organisational forms. Central to this NHS England and Monitor have committed themselves to work together to support these sites. Stockport Together is an NHS Vanguard site, one of **15 MCP (Multi-specialty Community Provider)** sites in England.

2.3.3　　The Care Act 2014
The Care Act aims to provide a coherent approach to adult social care. It consolidates previous health and social care laws, regulations and guidance. As an integrated piece of legislation, different sections of the Act are designed to work together, and will encourage local authorities to collaborate and cooperate with other public authorities. The key impact is that it changes the eligibility criteria and offers a more 'universal offer' to a wider population. It is anticipated by some that the Care Act will increase the demand for Social Care services.

2.4　　Greater Manchester Devolution
Greater Manchester Devolution is important in shaping the thinking within our plans. The GM Integrated Health & Social Strategy describes five specific

areas where change is envisaged and each GM locality is required to demonstrate delivery in these areas.
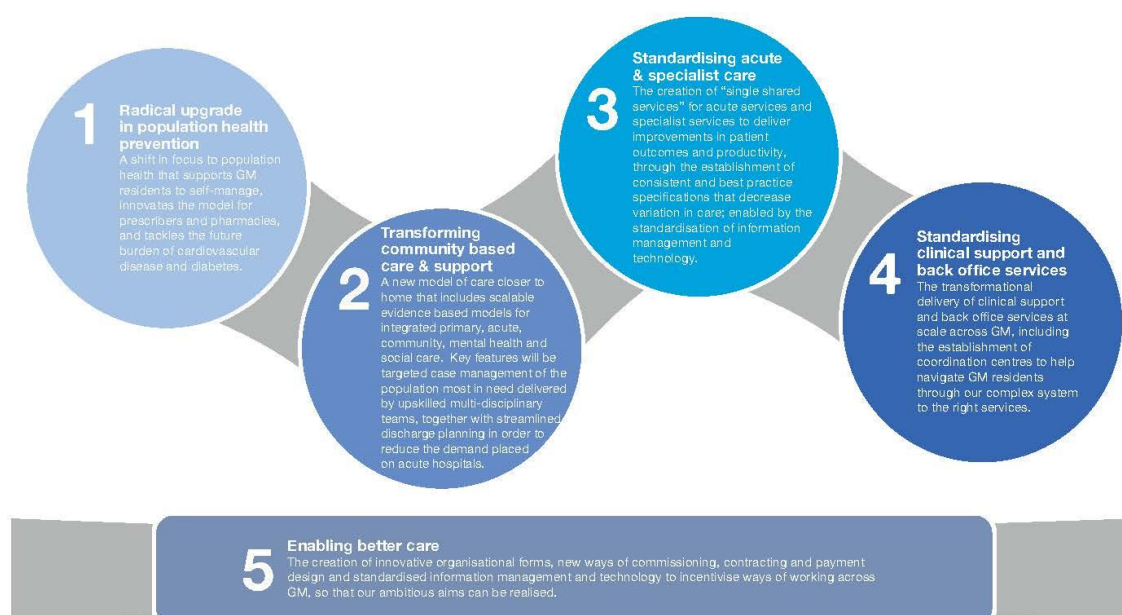
The Stockport Together programme as a whole is looking to address four of the five areas and this has formed the basis of our bid to the GM Transformation Fund. Stockport Together is not the programme responsible for standardising acute care; this is led by Healthier Together. The Integrated Service Model within which there are four workstreams; *Core Neighbourhoods, Healthy Communities, Boroughwide Services*, and *Acute Interface* will contribute in particular to:

2.4.1 A radical upgrade in population health & prevention

Our model of care built from the registered list of all general practices within neighbourhoods is designed to support at scale early intervention and prevention in primary care. Within the core neighbourhood work stream we have a *Find and Treat* intervention. This is targeted at 60,000 people who have not recently had NHS screening for a variety of issues and/or not recorded data on areas such as blood pressure, atrial fibrillation and CHD and diabetes risk factors. Data mining of the single GP EPR will enable this. In addition we are rolling out the Heathy Living Pharmacy Initiative which is one of the GM wide initiatives utilising pharmacy skills to improve health.

Integrated intensive support teams in each of our 8 neighbourhoods will support older people to stay well longer and to improve the management of complex care and long-term conditions. The development of communities as assets is also an essential building block of our approach: for example ensuring care homes become an integral part of our neighbourhoods. Population behaviour change and self-care support programmes are also components of neighbourhood delivery.

2.4.2 Transforming care in localities

Our approach is predicated on a radical change to the way services are delivered in each neighbourhood with a focus on deep integration between primary, community, mental and social care services. Our neighbourhood model includes moving 50% of outpatient activity out of an acute setting, proactively managing people at home including increasing capacity in primary and community services and significant rationalisation to strengthen the support available in intermediate tier services. This will reduce the requirement for treatment in hospital or attendance at A&E. Alongside this we are focussed on developing the community assets to create additional capacity in primary care without needing to recruit additional already scarce GPs. We will develop alternative professional and third sector alternatives to a GP appointment including physiotherapy, practice based pharmacists and community pharmacy, counselling and signposting to non-health related support services.

2.5 The Stockport Case for Change

2.5.1 Health Outcomes and causes of premature mortality

We have a GP-registered population of around 300,000 people, are one of the healthiest places to live in the North West and are comparable with England in terms of health outcomes. We rank amongst the highest in England in terms of cancer survival rates, and have achieved decreasing mortality over a long period of time.

We know through our Joint Strategic Needs assessment (JSNA) that there are four main disease groups which cause **80% of premature deaths** in Stockport; Cancer, Heart Disease, Lung Disease and Mental Health. The environment and lifestyle choices are contributing significantly to the development of these diseases and the higher burden felt in the most deprived areas. Early identification of disease is also essential to improving outcomes, as is supporting individuals to have the knowledge and the confidence to proactively manage their condition.

Preventable premature death is driven by a range of factors. Around 25% of adults in Stockport are classified as obese, and 75% are not active enough. Among our population hospital stays resulting from alcohol related harm was 709 per 100,000 in 2013/14, worse than the average for England. On the widest measure a total of 6,900 admissions per year can be attributed to alcohol. Around 18% of adults in Stockport are smokers (slightly better than the England average), but rates show significant inequalities so that people in our most deprived areas are more than twice as likely to smoke as the average.

2.5.2 Health Inequalities

We have one of the **largest health inequality gaps** in England. The overall borough wide health outcomes mask significant differences between the

different neighbourhoods across the borough. There is a life expectancy gap between the most affluent and most deprived neighbourhoods of 11 years (for men) and 8 years (for women).

Stockport inequality map
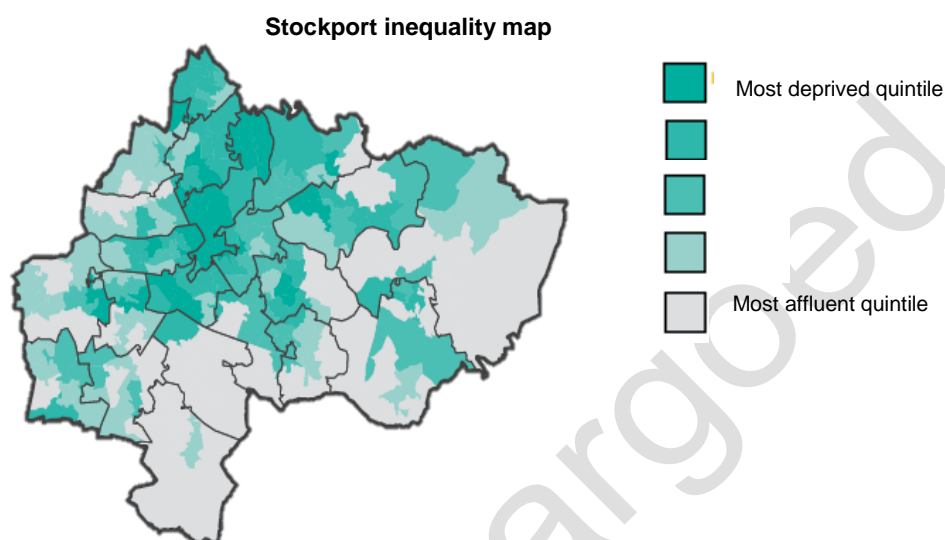
The deprivation gap *for healthy life expectancy* is even greater than that in life expectancy.

- In the most deprived areas men will on average have 7 years (9.4% of life) in poor health compared to 3 years (3.4%) in the most affluent areas.
- In the most deprived areas women will on average have 5 years (6.8%) poor health compared to 2 years (2.9%) in the most affluent areas.
- In the most deprived areas men will on average have 19 years (25.8%) fair or poor health compared to 12 years (14.1%) in the most affluent areas.
- In the most deprived areas women will on average have 20 years (26.6%) fair or poor health compared to 13 years (15.0%) in the most affluent areas.
-

In the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas, a gap of 16 years.

Even a relatively small increase in healthy life expectancy in the most deprived boroughs would reduce the 'burden' of ill health and would improve quality of life for a significant number of people, as well as channeling resources back into the economy.

2.5.3   Sustainability

We face a number of challenges to the financial sustainability of the health & social care system. Unless we address these collectively they will form a perfect storm that will result in either financial non-viability or diminution of service provision and quality. Whilst the national funding of health & social care is outside our power we should and can address the other local challenges.
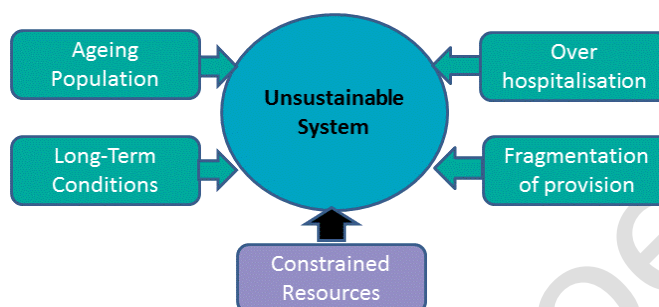
Demographic Changes

The number of over 65s in Stockport (19.4%) is above the national average (17.7%) and this figure is expected to continue to grow. By 2020, the proportion of the population of Stockport aged over 65 is expected to reach 21%, an increase of almost 5,000 people. The number of people aged over 65 will increase from 55,700 in 2014 to 61,000 by 2020 (an increase of 9.7%). The proportion aged 65+ is also significantly higher in some neighbourhoods in the borough than others (already 20.5% in Cheadle and Bramhall).

Older people have greater health needs and a greater probability of developing long term illnesses meaning co-morbidities increase, thus they account for the most significant amount of health service use.   Keeping this group healthy, well and socially active will be vital in reducing the need, and subsequent cost, of health and social care, and improving their quality of life.

Long-term conditions

The increase in people living with other long term conditions is also impacting upon the health and social care system dramatically. This is driven by both the ageing demography, healthy life-expectancy gap and lifestyle factors described above. 30% of our citizens already have one or more long term conditions, which accounts for 50% of GP appointments; 7 out of 10 hospital beds; and 70% of health and social care spend. Stockport Foundation Trust has over 4,000 patients on its outpatient waiting list who are overdue for an appointment for a long-term condition.

People with long-term conditions are the most intensive users of the most expensive services, not only in terms of primary and acute services, but also in social care and community services.

Many people with long term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life. Costs to the healthcare system are also significant. By

interacting and exacerbating physical illness, co-morbid mental health problems raise total healthcare costs by at least 45% for each person with a mental health problem alongside a long term condition. This means that around £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing. If we want to improve the quality of life for this group of people and reduce the cost to the health and social care system, we have to address their mental health needs.

An increasingly older population also means that the prevalence of dementia will likely rise above the national average and planning care for this group of people will require additional attention.

It is estimated that nationally the number of people living with more than one long-term condition will increase by 53% in the next decade, which will challenge the traditional way of delivering services and managing disease. For us in Stockport this will equate to an additional 47,700 people living with a condition.

Over hospitalisation of healthcare

Stockport people are already among the highest users of hospital services in the country. Hospital admissions *are 37% higher than the England average* and double the North West average even allowing for weighting for age. *We have the highest admission rate of any of the 15 national MCP Vanguard sites[1].* The data reflects the case that the current system is overly reliant on hospital services as the key outcomes on which Stockport performs poorly mostly relate to emergency hospital admissions, particularly for conditions that can be better managed in other parts of the system. For example, unplanned hospitalisation for chronic ambulatory care sensitive conditions[2] (1,099 versus 781 England average per 100,000 population), emergency re-admissions within 30 days of discharge (12.7% versus 11.8% Eng. Av.) and emergency admissions for alcohol-related liver disease (36 versus 24 Eng. Av.) To better manage our resources we need to rebalance the proportion of care delivered out of hospital with that in hospital.

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[1] Stockport is a 'Vanguard' site, site which the NHS have selected to build and test new models of care and new organisational forms.

[2] Those conditions that should not need a hospital inpatient stay

Emergency Admissions - Activity (per 1,000 population)
Vanguard: Stockport Together - NCM: MCP (14Q4 - 15Q3)
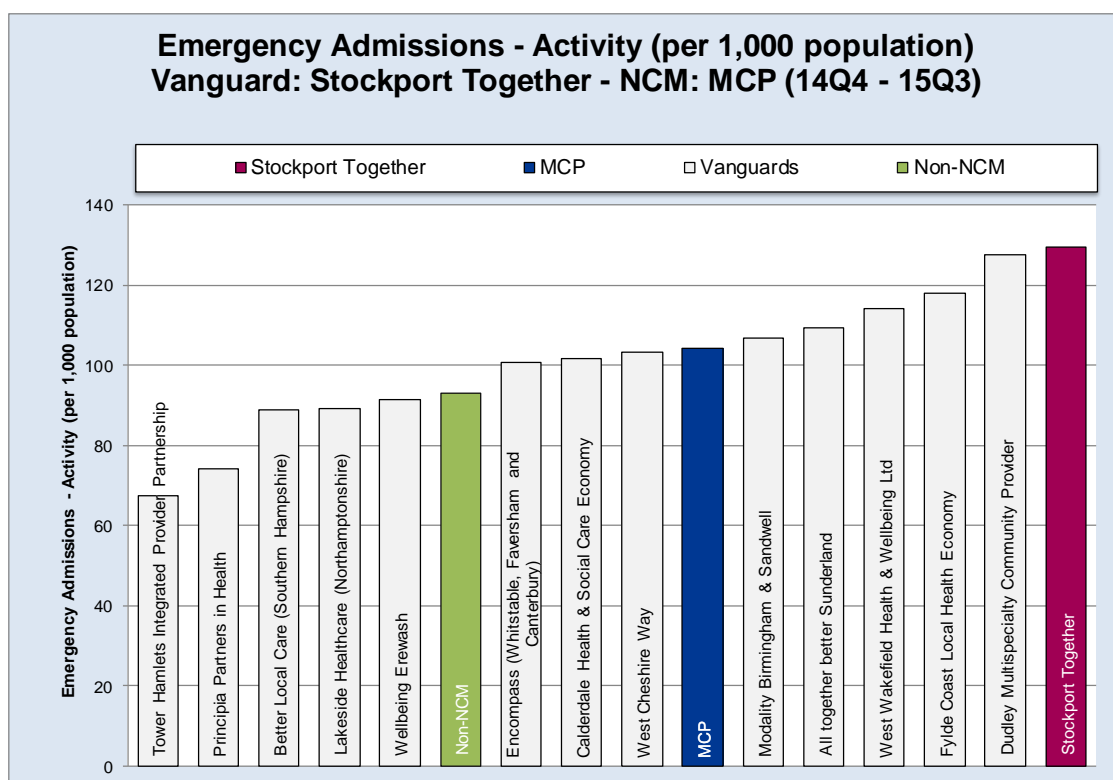
[NHS Better Care, Better Value Indicators](#) provide benchmarking across a range of indicators at Commissioning and Provider level. Comparison (for 2014/15 Q4) identifies various potential areas of improvement including reducing outpatient appointment rates, first to follow up rates, emergency admissions and length of stay.

NHS England's [Right Care](#) programme uses benchmarking data to identify where an economy is an outlier in terms of the amount of money it spends and the health outcomes achieved. The Right Care programme produces a series of *Commissioning for Value Packs*. Through devolution, Greater Manchester will use this tool to triangulate our position and manage assurance.

A review of Stockport's [Commissioning for Value packs](#) generally supports the direction of travel set out in Stockport Together. The packs highlight Stockport's high use of acute services compared to similar areas, identifying opportunities for savings and service improvements in the following areas:

	Spend & Outcomes	Outcomes	Spend
1	Gastro-Intestinal	Trauma & Injuries	Gastro-Intestinal
2	Trauma & Injuries	Gastro-Intestinal	Circulation
3	Neurological	Mental Health	Trauma & Injuries
4	Mental Health	Neurological	Respiratory
5	Cancer	Cancer	Neurological

National ranking based on the Right Care spend analysis puts Stockport 9th out of 211 CCG areas in terms of the ***highest potential savings*** for non-electives with a savings potential of £11.7m. We are 45th in terms of potential

elective savings with a savings potential of £5.7m. If these savings were met it would just return us to existing peer levels. We are a clear outlier in:

- **Gastro-Intestinal spending**
- **Spending on Circulation**
- **Rates of Falls**, particularly among older people
- **Emergency Admission rates** are a common theme in every data pack in Right Care. Reducing our emergency admission rates is not only key evidence of improved outcomes, but would take substantial costs out.

Fragmentation of system

Health and Social Care services are provided to the population of Stockport via a disparate range of providers and locations. Financial and other incentives further compound this fragmentation. For example we have identified 21 distinct intermediate tier services.

Social care, physical health and mental health are all commissioned and provided separately through a multitude of contracts. The current fragmented system is not meeting the expectations and requirements of people with complex needs who are most likely to suffer problems with co-ordination of care and delays in transitions between services. Furthermore these delays and duplications in the system are wasting resources.

Funding Challenges in Health & Social Care

Nationally whilst the NHS has received a small increase in funding this does not match the growing demands and is estimated to be £22bn short of what would be required without transformation. The financial constraints on local authorities are even more severe and even with the ability to raise extra revenue if they wish through the precept[3] will result in a significant shortfall. Locally we have calculated that the total commissioner financial resource available for health and social care In Stockport in 2015/16 is £457m. If growth in demand continues as experienced in the past few years and we continue to deliver services in the same way, by 2020 the Stockport Health and Social Care system is facing a c£136m shortfall in adult services. This is clearly ***an unsustainable position***. These pressures are already being felt by commissioners and providers in both financial and in service delivery terms.

Implications

We do not believe we can do nothing, nor do we as partners in Stockport believe we can act alone. The impact would be cuts in service provision and reductions in the quality of services.

However, working together we believe ***we can much better spend the £457m available*** to us to provide services differently, not only ensuring their quality but improving outcomes for our population. This integrated service solution describes an important contribution to that approach.

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[3] The social care precept is the government policy to allow councils which provide social care to adults to increase their share of council tax by up to an extra 2%

2.5.4 Neighbourhoods and General Practice

The Stockport Together proposals are built on the foundation of "neighbourhoods". Each neighbourhood in Stockport is quite different from the others and therefore any approach to improving outcomes and services needs to acknowledge this variation. At the heart of each neighbourhood are GP practices that each has responsibility for people from that neighbourhood from pre-conception through to death.

Stockport Borough is divided into eight neighbourhoods within four localities as shown below with the GP practices indicated.
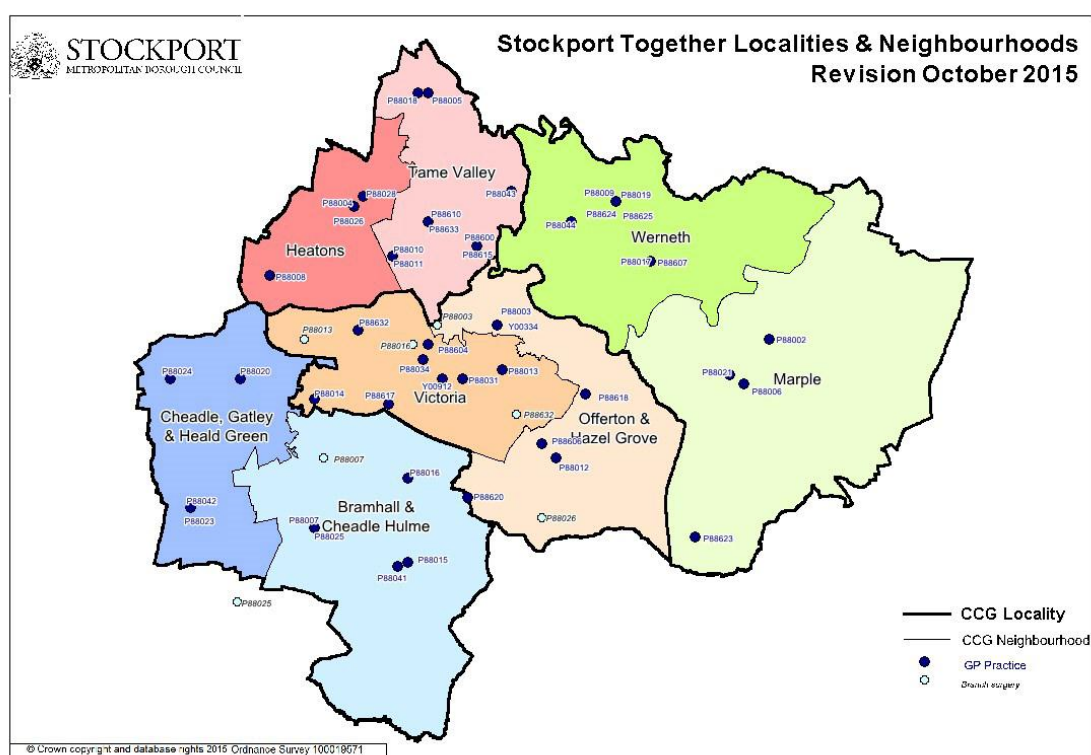
The eight neighbourhoods have varying characteristics. For example:

- Bramhall & Cheadle Hulme: lowest level of deprivation, longest life expectancy, lowest level of disease prevalence, lowest level of unhealthy lifestyle factors.
- Tame Valley: highest level of deprivation, highest level of disease prevalence.
- Marple: highest proportion of population 65+, lowest level for unhealthy lifestyle factors.
- Victoria: lowest proportion of population 65+, highest level of disease prevalence, shortest life expectancy for 65+.

2.6 What the public have told us

We have undertaken continual engagement with the public as described in **Section 6.4.1.** Overall, views were expressed that services often treat a single condition, rather than looking at the needs of the individual. As a result, individuals feel pushed from pillar to post, with each appointment only dealing

with one aspect of their care needs and a lack of communication between professionals about what care they have received.

A number of specific overarching thematic views from the public events required a response:

Public View	*Our Response*
We should change the way services support people with long-term conditions with greater integration.	Our neighbourhood integrated teams and plans for self-care recognise this.
Many services currently provided in hospital should be closer to home.	Our plans will move much more outpatient activity and diagnostics to neighbourhoods.
Greater emphasis on preventative measures and the better management of long-term conditions through GP Practices and community services.	Neighbourhood teams are built from general practice and include prevention and management.
People don't want to keep repeating their story at each appointment.	We are creating a single shared record and single neighbourhood teams will create greater continuity of care.
GP surgeries should provide more appointments.	We have extended primary care access to 8-to-8 and 7 day primary care.
Mental health is seen as having equal importance to physical health.	We are integrating mental health into local teams.
Online access viewed as right thing to do but some fear less IT empowered people will be disadvantaged.	Online is an enhancement for those who wish to use and not the only route.
The sharing of care records to improve care is generally supported.	There are strong IG agreements in place.
Clearer information about how to access services should be provided.	We have Health app, Simpler access points, and will have a new prevention website.

2.7 Summary of Case

We have long established and significant health inequalities and whilst health outcomes are generally good, life expectancy and healthy life expectancy remain very poor for many. We have a population ageing faster than England averages and like most of the UK predict a significant increase in those living with one or more long-term conditions. We already have one of the most hospitalised health and care systems in England. Taken together these with significant constraints in spending are already resulting in an unsustainable system which will result in poor performance, poor service quality and an

inability to address the drivers of inequality. A do-nothing scenario leaves every major partner unsustainable.

The public want a model of care that is better integrated; that retains personal interaction and builds on advances in digital technology; that gives greater attention to prevention and mental health services; and ensures even better access to primary care. They are supportive, with the right safe guards, of the sharing of information between professionals to support their care in a common or shared record.

National and Greater Manchester drivers are pointing towards greater integration of health and social care, more care delivered out of hospital, a greater focus on prevention and early intervention.

Given the relative strength of general practice in Stockport, our MCP status and the significant variation in health and care needs between neighbourhoods our response is to develop an *integrated service solution built from the registered list in each of eight neighbourhoods*.

3   Approach to Business Case Development

3.1   Development within Workstreams

This proposal has been developed by the Stockport Together partners over the last 12 months. The new *Integrated Service Solution* has been developed by providers and commissioners working collaboratively and bringing together a range of clinical and social care practitioners with managers and members of the public. In some cases we are building on early prototypes and rapid testing of changes that are already underway; in all areas we have built on learning from elsewhere.

The Integrated Service Solution has been developed in *4 workstreams*;
- Core Neighbourhoods
- Healthy Communities
- (Out of hospital) Borough-wide services
- Acute Specialist Interface

Each of these is a *working group of the Executive Programme Board* which has worked to ensure that the interfaces are being addressed to deliver a genuinely integrated service solution. Each workstream has a mix of commissioners and providers and a mix of health and social care leadership and input from the public. Each has a senior Stockport partnership executive as SRO.

The workstreams are developing a number of interventions and thus business cases. Given the scale of the changes it is not possible to bring every business case either together as one all-encompassing case or together at the same time without delaying essential change. Rather we have collectively developed the overall shape of the integrated service solution and identified the key elements described in the document, and will then bring specific cases forward one-by-one, always described within this overall context.

Decision makers are asked to:

- approve the approach to development of cases being taken,
- approve the overall design of the new system,
- approve the overall financial and economic case.

3.2   Neighbourhood the essential building block

At the heart of the transformation we are undertaking is a new primacy within the health and social care system of *neighbourhoods*. This is a challenge to the current hospital centric system we have and also reflects the very real variation in health & care needs that exists between the different neighbourhoods.

We are constructing the Stockport Health & Care System from the *core neighbourhood* level. Clearly not all services can be delivered at a

neighbourhood level but those services outside of the neighbourhood whether *borough-wide* out-of-hospital services or *acute specialist* services will be realigned to deliver support to the neighbourhood. Services outside the neighbourhoods' principal purpose will be designed to support the neighbourhood to better deliver care and good outcomes for its population.

As a Multi-Specialty Community Provider (MCP, described in section below) Vanguard site the neighbourhoods are defined from the GP registered list. *All neighbourhood health services* will be aligned to the registered list of each neighbourhood. Social care services (as far as possible within their statutory responsibilities for the resident population) will also be aligned. This will then form the basis of an integrated neighbourhood team serving a clearly defined population.

The neighbourhood approach will see Stockport health and social services aligned to 8 areas, each with a population of approximately 30 – 50,000 people. Evidence shows that units of approximately this size are the optimum size around which services can be established to achieve the care for their population and remain flexible enough to shape according to the individual's needs. The neighbourhoods are based on a group of GP practices working together and their registered list of patients.

Bramhall	Heatons	Marple	Steppinghill
P88007 – Smithy Green Health Centre	P88004 – Heaton Moor Health Centre 1	P88002 – Marple Bridge Surgery	P88003 – Manor Medical Practice
P88015 – Bramhall Health Centre	P88008 – Heaton Mersey Medical Practice	P88006 – Marple Cottage Surgery	P88012 – Beech House Medical Practice
P88016 – Bramhall Park Medical Centre	P88026 – Heaton Moor Health Centre 2	P88021 – Marple Medical Practice	P88606 – Springfield Surgery
P88025 – Hulme Hall Medical Group	P88028 – Eastholme Surgery	P88623 – High Lane Medical Centre	P88618 – The Surgery, Fulmar Drive
P88041 – The Village Surgery	Population - 33,357	Population - 43,440	P88620 – Haider Medical Centre
Population - 55,329			Y00334 – Little Moor Surgery
			Y00912 – Cedar House
			Population - 35,967

Cheadle	Tame Valley	Werneth	Victoria
P88020 – Cheadle Medical Practice	P88005 – The Family Surgery	P88009 – Woodley Health Centre 1	P88013 – Caritas General Practice
P88023 – Heald Green Health Centre 1	P88010 – Heaton Norris Health Centre 1	P88017 – Chadsfield Medical Practice	P88014 – Adshall Road Medical Practice
P88024 – Gateley Medical Centre	P88011 – Heaton Norris Health Centre 2	P88019 – Woodley Health Centre 2	P88031 – Bracondale Medical Centre
P88042 – Heald Green Health Centre 2	P88018 – Park View Group Practice	P88044 – Bredbury Medical Centre	P88034 – Cale Green Surgery
P88043 – Brinnington Health Centre	P88607 – The Guywood Practice	P88604 – Lowfield Surgery	P88600 – The Surgery, Brinnington Road
Population - 26,056	P88617 – Adswood Road Surgery	P88624 – Woodley Health Centre 3	P88632 – Stockport Medical Group
	P88610 – South Reddish Medical Centre 1	P88625 – Woodley Health Centre 4	Population - 46,524
	P88615 – Vernon Park Surgery	Population - 32,910	
	P88633 – South Reddish Medical Centre 2		
	Population - 30,635		

Each neighbourhood will have a core leadership team and wider leadership team normally led by a local GP, which will:
- Set direction for neighbourhoods within delegated parameters
- Lead neighbourhood strategy, engaging a wide range of practitioners and the local community in the future models
- Be accountable for a devolved neighbourhood budget
- Be accountable for defined health and care outcomes for neighbourhood
- Be accountable for clinical/practitioner governance within neighbourhood
- Design the model of care for the neighbourhood around neighbourhood needs

3.3 Multi-Specialty Community Provider

The Integrated Service Solution will be delivered by an MCP arrangement that incorporates these 8 integrated neighbourhoods along with borough-wide services and those services that sit at the interface between acute hospital and primary care. There will be a strong degree of devolved responsibility and accountability within the MCP to the front-line neighbourhood teams. The national principles of an MCP which form the basis of our design include:

New Organisational Form
- An integrated provider of out-of-hospital care
- Own organisational capability to hold capitated contract for a population

Core Elements
- Primary medical services, community-based services and social care
- Incorporate some acute specialists e.g. consultant geriatricians, psychiatrists
- Incorporate and be built from the list(s) of registered patients for the population
- A joined-up electronic health record for its registered population
- Dedicated services for different groups of patients
- Majority of outpatient consultations & ambulatory care to out of hospital settings
- Excel at empowering patients and involving local communities.

In this latter regard, we have a fourth workstream specifically looking at how we can better empower individuals and build on the rich assets of individual communities to support our ambition of improved health and sustainable services. The *Healthy Communities* workstream is taking forward this work again thinking at a neighbourhood level.

3.4 Population Cohorts, Workstreams, and Business Cases

Given the centrality of neighbourhoods and the integrated neighbourhood team we have developed workstreams along the lines of *core neighbourhood*, and then the 3 supporting areas *healthy communities*, *borough-wide* and *acute interface*. However, individuals will need care at various times of their lives from all these areas. As discussed in the scope we have also identified 5 cohorts for whom we will have the biggest impact. Those who:

- use general practice when better alternatives could be made available (540,000 appointments);
- have already had a non-elective admission and are at a high risk of doing so again (c15,000 people);
- have a range of risk factors that indicate they are at high risk of non-elective admissions and other intensive input in near future (c21,000 people);
- have an unknown disease or unidentified risk factors (c60,000);

- Use outpatient and associated diagnostic services (c100,000 people, 360,000 appointments).

To create a cohesive system and fully understand the potential benefits for cohorts we have ***then taken specific elements of each workstream and built the benefit case around each of the cohorts***. In this way we have ensured both the primacy of the neighbourhood in our total model and been able to demonstrate the impact of changes across the whole pathway from neighbourhood to acute. The relationship between cohorts, workstreams and impacts is shown below and is collectively known as the ***Integrated Service Solution.***

Intervention by Workstream, Cohort and Business Case

| Cohort	Healthy Communities	Core Neighbourhood	Boroughwide Services	Acute Interface	Critical Enablers
Seeing GP where better alternative should be available	3 Enhanced social prescribing, & lifestyle support 3 Community resilience	1a.Enhanced General Practice. – Physiotherapy, Mental Health, &Pharmacists,			Additional AHP & 3rd sector capacity 8. Shared record through standard (EPR)
15% of people most at risk of admission	3 Peer Support for Carers 3 Health champions 3 Targeted community based support	1b Intensive case management 1c Integrated Teams and proactive care 2 Care Home & Home Care Changes	4 Intermediate Tier 5 Alignment of borough-wide community specialist support	6 Ambulatory Care Pathway and service at front-end	Additional community /domiciliary /3rd sector capacity Additional Medical Leadership 8. Shared record and community EPR
People with unidentified long-term conditions or predisposing risk	3 Improved volunteering opportunities	1d Proactive Find and Treat			Additional Medical Leadership Additional 3rd sector capacity 8.Shared record and community EPR
100,000 people utilising outpatients				7 Virtual clinics and electronic communication 7 Pathway reform 7Additional diagnostics	New Medical rotas Additional medical capacity in community 8 Shared record and enhanced IT connectivity

Business Cases: 1a-d Core Neighbourhood; 2 Care Homes and Home Care; 3: Healthy communities; 4: Intermediate Tier; 5 Boroughwide specialist
6 Ambulatory Care ; 7 Outpatients; 8 Various IM&T ;
9: If successful then likely to be ward decommission case

3.5   Summary of Business Cases

Drawing from the diagram above there are 7 specific business cases planned and two other types of business case that will emerge. It is important that decision makers understand each case in the context of the overall Integrated System Solution **and** the overall economic model described in Chapter 5. The cases are listed below.

Case	Date Due
Case 1: Core Neighbourhood	Sept 2016
Case 2: Care Homes/Home Care	Nov 2016
Case 3: Healthy communities	Sept 2016
Case 4: Intermediate Tier	Sept 2016
Case 5: Borough-wide services	Oct 2016
Case 6: Ambulatory care	Sept 2016
Case 7: Outpatients	Oct 2016
Case Area 8: Enablers Various	Various 2016-17
Case Area 9: Bed & Clinic Capacity	Late 2016-17

The various cases make-up one new comprehensive health and social care integrated service solution. Phase 1 of this overall service model is described diagrammatically below and then the various elements of the total case are summarised on the following pages.

Integrated Service Solution: Phase 1

3.5.1　　Business Case 1 Core Neighbourhood
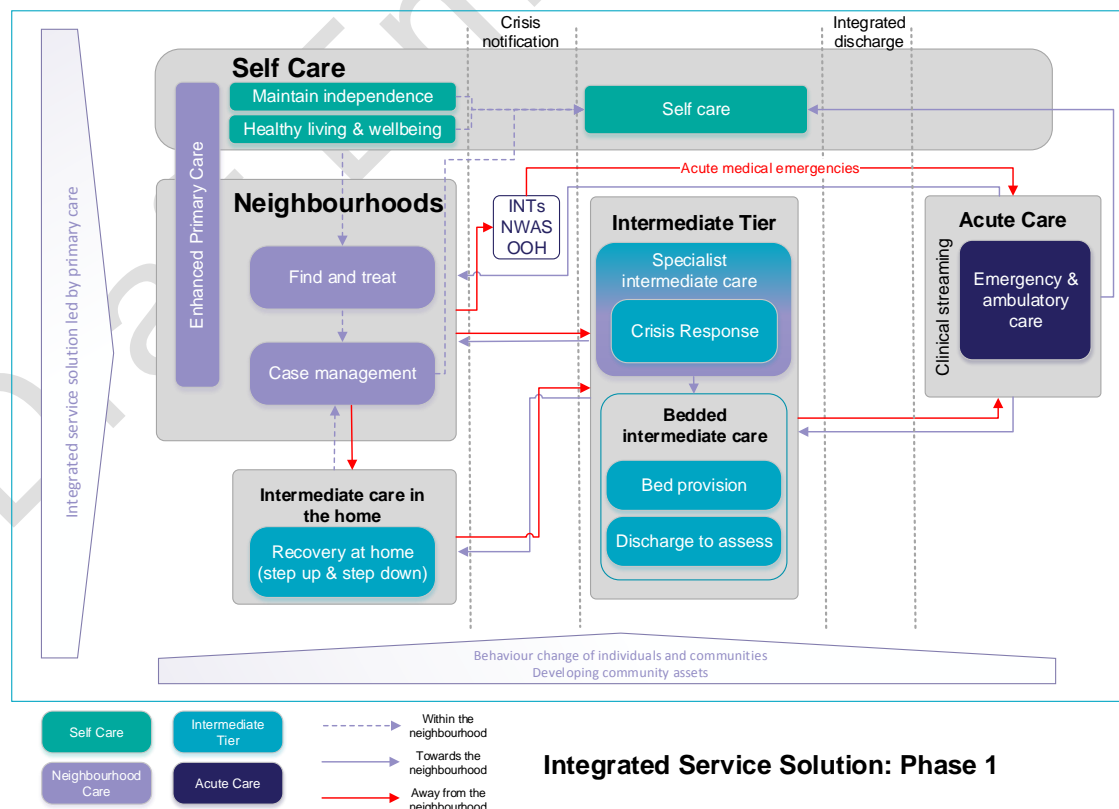
1A: Enhanced Primary Care

For the MCP and neighbourhood services to work as envisaged thereby relieving pressure on other parts of the system it is essential the enormous pressures on General Practice are also relieved and not compounded. The medical leadership of the system is a basic component of an MCP and currently the capacity is not available. In addition to leadership the ability of existing GPs to proactively manage complex patients is extremely constrained.

Therefore it is essential that firstly, the excess pressure is removed and that secondly some routine capacity can be released perhaps for longer appointments and leadership roles. Among some of the changes that are possible as practices work together at neighbourhood level will be the introduction of alternatives to GP appointments to the estimated 30% of appointments that could be better managed by someone other than a GP. Local GPs have identified three of these:

- Direct access physiotherapy so that rather than booking to see a GP then being referred to a physiotherapist for muscoskeletal problems the physiotherapists would act as part of the extended primary care team.
- All neighbourhoods with dedicated pharmacists in the extended practice team able to deal with medication reviews, medication enquiries and other medicine related time or appointments.
- Many appointments are for low level mental health issues including anxiety which are not easily addressed in a 10 minute appointment and often result in frequent visits, so increasing through the neighbourhood arrangement access to counsellors and CBT staff as part of an extended practice team will be very beneficial.

These are the first steps towards developing primary care at scale in each neighbourhood.

1B-C: Integrated Teams

Across Stockport c15% of the population has already been identified as either already using acute inpatient services intensively or at high risk of doing so. By bringing together community based health services including mental health practitioners with social and GPs in dynamic neighbourhood teams we expect to much better coordinate care, reduce exacerbations and crisis arising, and respond better when they do. These dynamic teams under local neighbourhood rather than service level leadership will have shared records, modern mobile technology, active support from third sector partners and home care providers, and new ways of working. At the intense end of this cohort there will be care navigators available to support people through the system and at the lower end active self-care and patient activation.

1D: Proactive Find and Treat

The GP electronic patient record (in Stockport soon to be universally EMIS web) has powerful capability to identify those patients that have not been screened, or who have high risk factors. Public health analytical expertise supporting general practice in each neighbourhood will look for individuals and then with the wider neighbourhood team work with GPs to target specific support including behaviour change and lifestyle support and or better compliance with medication.

Case Due: September 2016

3.5.2   Business Case 2: Care and Home Care

The opportunity presented by a single pooled budget with integrated commissioning and a capitated contract mechanism will support the development of an approach that ensures the home care and care home sectors become a more attractive proposition for investors, and that standards can be raised. This case will look at the financial issues and the opportunities to raise quality standards through innovation such as nursing rotation along with close alignment to the integrated neighbourhood teams described above.

Case Due: November 2016

3.5.3   Business Case 3a-f: Healthy Communities

The Healthy Communities design team has drawn on national evidence as well as local experience, to develop a multi-faceted approach based on the five areas identified in *Realising the Value*, as showing significant potential to improve quality of life for people with long-term conditions and deliver benefits across the three dimensions of value. The proposal encompasses seven elements which can deliver early impact as well as longer term benefits, while providing opportunities for testing and evaluating the approach:

- Targeted approaches in the acute setting, Intermediate Tier and Neighbourhoods to support access to community and voluntary assets
- Community Health Champions working with General Practice
- Peer support capacity development, particularly for carers under pressure
- Increased health trainer and social prescribing capacity to deliver health coaching
- Improving access to volunteering opportunities
- Community Investment Fund to support community driven innovative solutions to improving resilience
- Organisational development investment to deliver change in our relationships with people and communities

Case Due: September 2016

3.5.4 Business Case 4: Intermediate Tier

Stockport has 21 Intermediate Tier services. There is much greater capacity to support people out of hospital to return home (step-down) and very little capacity to support people in crisis and prevent them from entering hospital (step-up). Each current service has real strengths but there is less clinical input across the system to manage sub-acute care outside a hospital than we need. This business case will essentially do four things:

- Reduce fragmentation and increase co-ordination through rationalisation and creation of single hub access;
- Increase step-up capacity and care at home ability, whilst reducing the bed base;
- Improve the ability to respond rapidly (within an hour) to support neighbourhood teams;
- Increase the ability of the service to manage sub-acute care.

Case Due: September 2016

3.5.5 Business Case 5: Other Boroughwide Specialist Services

There are currently a range of out-of-hospital specialist services that are managed at Boroughwide level, such as *End of Life* or *COPD*. This business case will undertake two tasks:

Assess which of these (or aspects of them) could be moved to neighbourhood level and when,

Where this is not clinically safe or cost effective will ensure capacity is sufficient and alignment absolute to support the needs of neighbourhood teams.

Case Due: October 2016

3.5.6 Business Case 6: Ambulatory Care Pathways

Whilst the changes to neighbourhood teams and intermediate tier should reduce the number of people attending A&E with ambulatory conditions, they will not eliminate the need for acute interventions. Ambulatory conditions by definition should not normally require an admission but often do. Currently if people attend A&E and are put on this pathway they are usually treated and discharged effectively, but not many people are placed on these pathways and this is not 24/7 service. This case will set out how we can improve triage, increase capacity in the ambulatory care unit including access to necessary diagnostics and specialist opinion, and in doing so not only reduce admission but improve A&E flow and waiting times.

Case Due: September 2016

3.5.7 Business Case 7: Outpatients

The Stockport Together partners have already identified those episodes of care in each specialty which require a face-to-face acute site outpatient visit.

This equates to c50% of the current appointments. Through the better use of technology and shared records and virtual clinics this case will describe how an alternative approach to care based on a team of the *patient*, the *GP* and the *consultant/specialist* will be developed and the potential reduction realised. This will include core principles around moving information not the person and *patient activation*.

Case Due: October 2016

3.5.8 Business Case 8: Various Enabler

A number of IM&T and similar business cases will be brought forward over the next few months which are critical to deliver. Some have already been agreed for example: the Community EPR; EMIS roll-out to all GP practices; development of an outcomes framework and underpinning data systems.

Cases Due: Throughout 2016-17

3.5.9 Business Case 9: Reduction in Bed Base and Clinic Capacity

When the reductions in demand expected from implementation of the new Integrated Service Solution emerge there will a series of reductions in the bed base and clinic capacity required on the Stepping Hill site. Whilst we have pump priming to start many of the changes described above the sustainability of the total model requires costs to come out of acute services. As necessary cases will be developed setting out the details.

Cases Expected: By early 2017

4 Enablers

4.1 Overview

In order to deliver the models to the scale and pace required for the Integrated Service Solution, the effective mobilisation of enabling services is critical. We recognise that this has to be ambitious and needs to be a step change in terms of pace and innovation in order to optimise the opportunities presented by the new models of care.

As with the Integrated Service Solution model, the enabling work is also closely aligned with the Devolution agenda across Greater Manchester (GM). The integration of Health and Social Care is a key priority for the Greater Manchester Combined Authority (GMCA) and work is taking place across IM&T, Estates and Workforce to look at opportunities for alignment of strategies, sharing of best practice, and GM approaches to resourcing. This is particularly well developed within Estates and IM&T and Stockport's local strategies in these areas both align with those at GM. As such interim, as well as longer term transformation, within these areas will be developed with this sub-regional direction in view.

4.2 Stockport Together Enablers

For the purpose of this Business Case, enabling areas are considered within the following themes:

- Workforce
- Information Management and Technology (IM&T) (including Information Governance and Business Intelligence)
- Estates
- Integrated Support Service

Enabling areas have identified and progressed early requirements which form the foundation of the Integrated Service Solution, from the development of cross-organisational strategies (such as: Health Estates Strategy; Informatics Strategy and Workforce Strategy) to operational support to integrated teams (such as shared Wi-Fi access and COIN, shared record, and the facilitation of workforce engagement activity). This early work has identified the importance of managing the dependencies between enabling areas (for example Estates and IM&T). This will be particularly important as we implement the new models of care. Therefore any enabling activity will need to be seen in the wider context of the Integrated Service Solution and its enabling support.

4.3 Key Enabler Products

In order to understand the ambition and implementation of the models fully, a series of conversations have been taking place between Workstreams and Enablers. Whilst an ongoing process this has identified a number of key enabling requirements which are summarised below:

Enabling Theme	Key Requirements	Examples of Outputs	Stockport Together Workstream			
			CN[4]	HC	BWS	AI
IM&T	Integrated Systems and Digital Care Records	Stockport Health and Social Care Record (SHCR); Clinical and Care Management System Review; Joint Information Governance and Data Sharing Arrangements; Resource and Asset Management e.g. community bed management system	✓	✓	✓	✓
	Connected Infrastructure	Mobile Working Solutions; Shared Resource Domain; shared Wi-Fi	✓	✓	✓	
	Digital Front Door	Assistive technology; Information Advice and Guidance;	✓	✓	✓	
	Health and Social Care Business Intelligence	Neighbourhood level dashboard; access to urgent care dashboard for Neighbourhood and Intermediate Tier Services;	✓	✓	✓	
Estates	Interim Accommodation Solutions	Co-located bases within 8 neighbourhoods; Temporary Intermediate Tier approach to bed reconfiguration.	✓	✓	✓	
	Strategic Estates Plan	Capital Investment Programme including: 4 Community Hubs; Single Intermediate Care Unit. Review and rationalisation of Health and Social Care Estates including Stepping Hill.	✓	✓	✓	✓
Workforce	Strategic Workforce Plan	Workforce transition plan; HR & Recruitment Activity; Skills	✓	✓	✓	✓

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[4] CN = Core Neighbourhoods, HC = Healthy Communities, BWS = Boroughwide Services, AI = Acute Interface

Enabling Theme	Key Requirements	Examples of Outputs	Stockport Together Workstream			
			CN[4]	HC	BWS	AI
		Review; Workstream level workforce plan; new role development; staff consultation plan.				
	Culture Change Programme	OD and Engagement Plan informed by cross-cutting Healthy Communities values	✓	✓	✓	✓
Integrated Support Service	Integrated Support Service	Integrated support service specification including approaches to 24/7 support arrangements (e.g. IM&T)	✓	✓	✓	✓

4.4 Next Steps

Delivering these products at the pace and scale outlined within this business case and the detailed workstream models is not without its challenges. To ensure clear accountability and management of enabler dependencies a dedicated Executive SRO is in place that works closely with the Stockport Together Programme Director and Interim MCP Director to ensure resources are co-ordinated effectively.

As part of the mobilisation required for the MCP we have identified focussed enabler teams around workforce, IM&T and estates. These teams are responsible for delivering the headline enabling priorities identified above. As outlined above, and within the workstream business cases, further work is required to fully map out and agree the detail of enabling solutions. This will be done collaboratively with workstream leads to ensure that there is shared agreement on approaches and ambition.

There are resourcing implications in delivering the enabling requirements outlined above. An initial understanding of non-recurrent resources required is outlined within section 5 of this business case. Non-recurrent capital estates requirements are being considered separately by Greater Manchester.

5   Economic and Financial Case

5.1   Economic Benefit of interventions

The CCG, Stockport NHS Foundation Trust and SMBC finance teams working with the workstream leads have undertaken together *a cost benefit analysis* of the impact of the various *workstreams collectively* on a number of specific population cohorts. The impact **before** investment and optimism bias are applied is shown below. The detailed assessment is attached in **Appendix 1.**

Table of Impact of interventions by year at economy level £,000

Benefit by Cohort	16/17	17/18	18/19	19/20	20/21
15% Intensive Support deflection	958	5,748	8,622	9,580	9,580
15% Length of Stay	908	1,816	2,724	3,633	4,541
15% Residential & Nursing	185	1,110	1,832	2,184	2,406
Outpatients	2,021	7,772	11,970	14,457	15,545
Healthy Communities	494	2,962	4,443	4,936	4,936
Enhanced Primary Care Prescribing	-	-	296	593	988
Total	**4,566**	**19,408**	**29,887**	**35,383**	**37,996**

5.2   Key Assumptions

In undertaking this cost benefit assessment and judging the impact of schemes a number of assumptions were made. The *principal ones* are described below with a rationale for making this assessment of benefit are indicated.

Cohort	Key metrics	Rationale
15% most at risk	30% reduction in non-elective admissions & A&E attendance by cohort

50%   reduction in length of stay

8% reduction in nursing/care home admission | The evidence base for a combined system change is a benefit of between 20 and 30% on non-elective and A&E. We have opted for the higher figure as we are a national outlier and have schemes in place across pathway.

The evidence base for reductions in length of stay indicates 30-50% and again as an outlier   and   with   plans   to   introduce discharge-to-assess we expect to have big impact.

The evidence for care home admission reduction is 8-15% and we have gone low as current levels are in line with peer group.

Our optimism bias reflects the opportunity |

		available, the evidence base and the system-wide approach.
Population with unmanaged risk	A further 10% reduction in non-elective admissions & A&E	Currently 85% of our population drive 40% of non-elective activity. We have assumed a 25% reduction in this cohort's contribution to admissions based on earlier identification and this aligns to the evidence base suggesting a 10% impact of such schemes on *total* admissions
People Utilising Outpatients	50% reduction in traditional outpatient activity	There is limited evidence for this scale of change and as such our optimism bias is likely to be high. However, we do have local studies in Cardiology and Respiratory indicating a 30% straight discharge or back to primary care without the range of innovations planned. We also benchmark high for both referrals and follow-ups and we have an agreed set of rules that require hospital based outpatients. These rules have been run through local data at specialty level with clinicians twice to establish the 50% figure.

5.3 Contribution to Stockport Locality Plan

As a health and social care economy we are forecasting a c£136m do-nothing gap by 2020-21. In our **best case scenario** the already identified interventions described above contribute a benefit of £38m. This will require recurrent investment of £9m, meaning a net impact of £29m recurrently from the interventions.

If we then include partner identified CIPs (£101m) and a conservative £20m (5%) contribution to our deficit from investment being led at GM level from the transformation fund this leaves the economy with a *surplus of c£14m*. This is set out diagrammatically below.

Recurrent Economy Position 2020/21
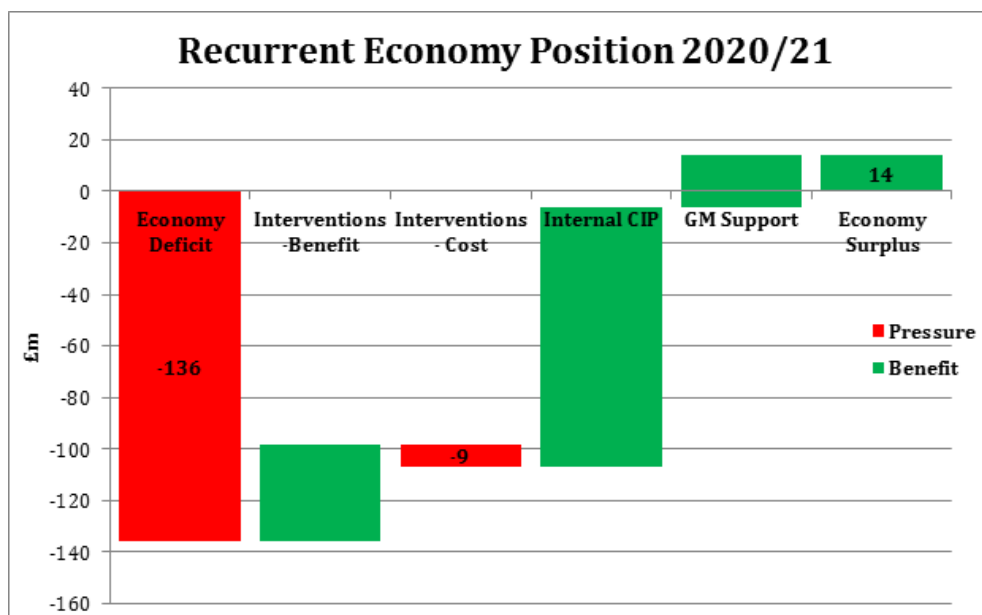
5.4   Optimism Bias and Additional Risks

Assessing the impact of major change programmes perfectly is difficult and so we have therefore added an optimism bias within the business case across different components:

Intervention	Benefit (reduces impact)	Cost (increases cost)
Integrated Intensive Support	-5%	5%
Outpatients	-25%	5%
Prevention & Empowerment	-5%	5%
Proactive Care – Length of Stay	-5%	5%
Prescribing	-5%	5%
Residential & Nursing	-5%	5%

In all cases benchmarking data indicates a strong likelihood of delivery as described in the assumptions. However, the evidence base behind the outpatients work is not as strong and thus the proportionate scale of change is higher hence the optimism bias being set higher.

This reduces the net benefit from £29m to £11m and leaves us with a c£3m economy deficit.

In addition to optimism bias there are two further risks.

- The speed at which costs can be taken out was not fully captured within the Cost Benefit Analysis tool. Work done together previously on fixed, semi-fixed and variable costs indicates a further £11m of risk

in the 5 year time frame (The full gross benefit of £38m may then only be realised by 2022-23) This leaves us with a £14m deficit by 2020-21.

- The NHS CIP programmes are very demanding and if we included optimism bias here of say 50% based on pass performance then we would have an additional £32m of risk. This increases the total economy deficit to £46m. The joint approach locally to addressing challenges together compared to previous years more adversarial approach will mitigate some of the non-delivery of CIP.

We are then left as indicated below with a forecast economy position of somewhere between a best case £5m surplus and £46m deficit worst case.

If we then run the same assumptions and biases across the economy by year we are presented with the following scenario.
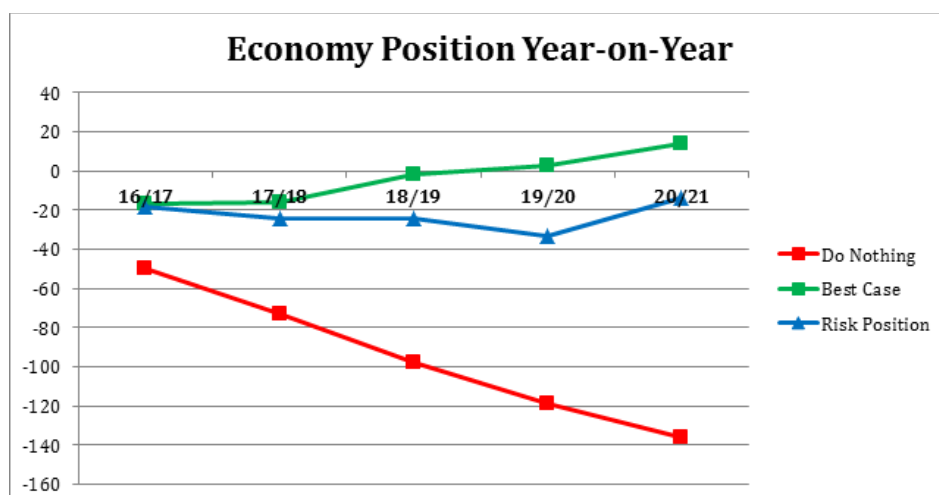
5.5   Financing of investment

We have undertaken a cost analysis on the first drafts of the detailed business cases that are under development and identified the likely investment required across each year from 2016-17 through to 2020-2. This forms the basis of our submission to the Greater Manchester Transformation fund. As we progress these and move into implementation we would expect some variance in the precise figures over the next three years.

The opening requirements are set out in the table below:

Summary of Investments by Business Case					
Application	16/17 £000	17/18 £000	18/19 £000	19/20 £000	20/21 £000
Ambulatory Care	£555	£485	£327	£327	£327
Boroughwide	£2,863	£2,333	£1,469	£1,469	£1,469
Core Neighbourhoods	£5,158	£5,770	£5,436	£5,436	£5,436
Enabler	£4,241	£2,636	£1,500		
Healthy Communities	£209	£1,672	£977	£927	£927
Outpatients	£110	£2,400	£3,696	£4,114	£4,114
Grand Total	**£13,136**	**£15,295**	**£13,405**	**£12,273**	**£12,273**

We have then identified the following sources for funding across the next 5 years. This is sufficient to meet the requirements and the remaining recurrent commissioning investment matches the c£9m set out at section 5.3.

| Sources of Funding					
SOURCES	16/17 £000	17/18 £000	18/19 £000	19/20 £000	20/21 £000
Transformation Fund	£7,506	£9,190	£3,500		
Better Care Fund	£5,500	£3,575	£3,575	£3,575	£3,575
Commissioner Investment (CCG / SMBC)	£130	£2,530	£6,330	£8,698	£8,698
Total	**£13,136**	**£15,295**	**£13,405**	**£12,273**	**£12,273**

5.6 Release of Funding

Significant movement within existing resources, any commissioning investment and the majority of the GM Transformation Fund will be released through approval of the detailed business cases as set out in section 3.5. Therefore, when approving this overview case specific commitments will still be required to be made through approval of these individual cases. It is felt taking this approach should enable decision makers to be fully sighted on the overall programme before making individual investments and decommissioning decisions made later in the year.

It should be noted that some of the GM Transformation Fund investments have already been committed at risk in areas such as programme costs, Outcome Framework, EMIS roll-out and Community EPR.

# 6 Management Case

6.1 Governance and Approach

The Stockport Together programme has had a clear governance structure and formal governance arrangements in place for 2 years which are regularly reviewed. These arrangements have overseen development of the plans and will oversee implementation of the Integrated Service Solution.
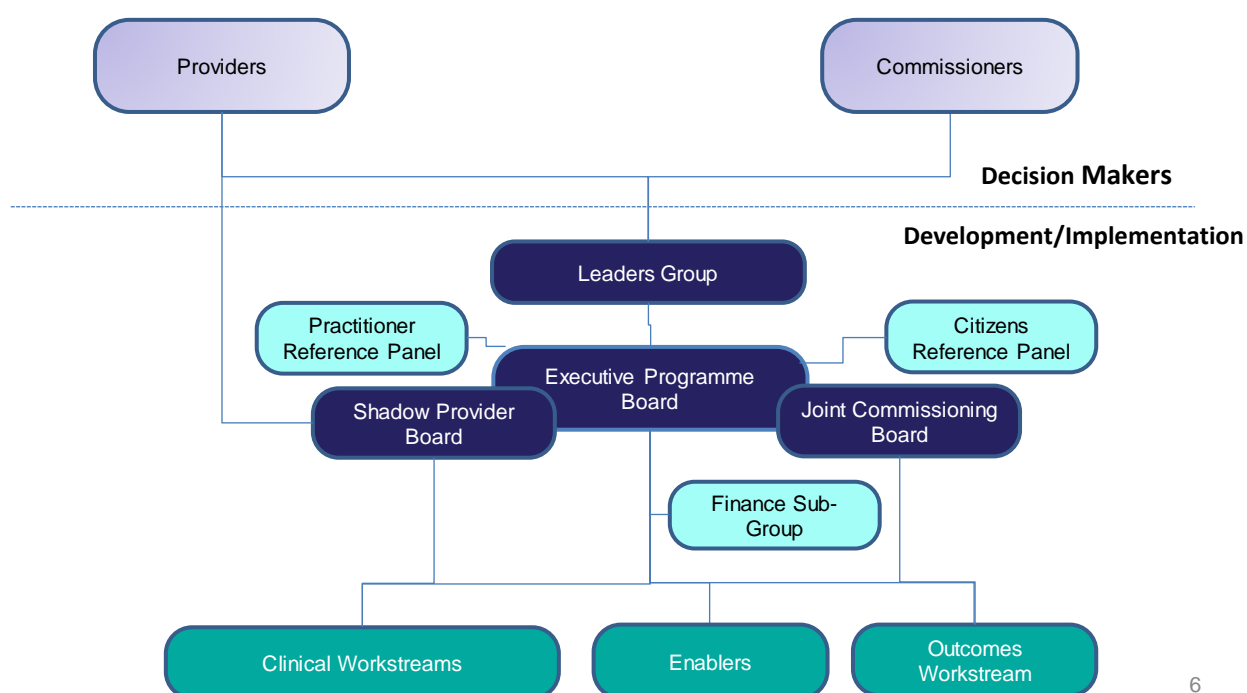
We have put *in place* a Programme Director and Programme Office. The Programme Office has Programme Director (0.8wte); A Senior Programme Manager (1.0wte;); A Project Support Officer (1.0wte); Administrators (1.4wte); Head of Communications (0.8wte); Communications and engagement staff (2.0wte); Dedicated BI and Finance support (1.6wte); Evaluation Director (0.4wte). In addition *each major workstream* has an identified Executive SRO, Senior Clinical Lead and a full-time Programme Manager, with further project managers as required.

The Providers have appointed an experienced Director to lead development and mobilisation of the Integrated Service Solution (reporting to the Shadow Provider Board), who himself is supported by a dedicated programme management.
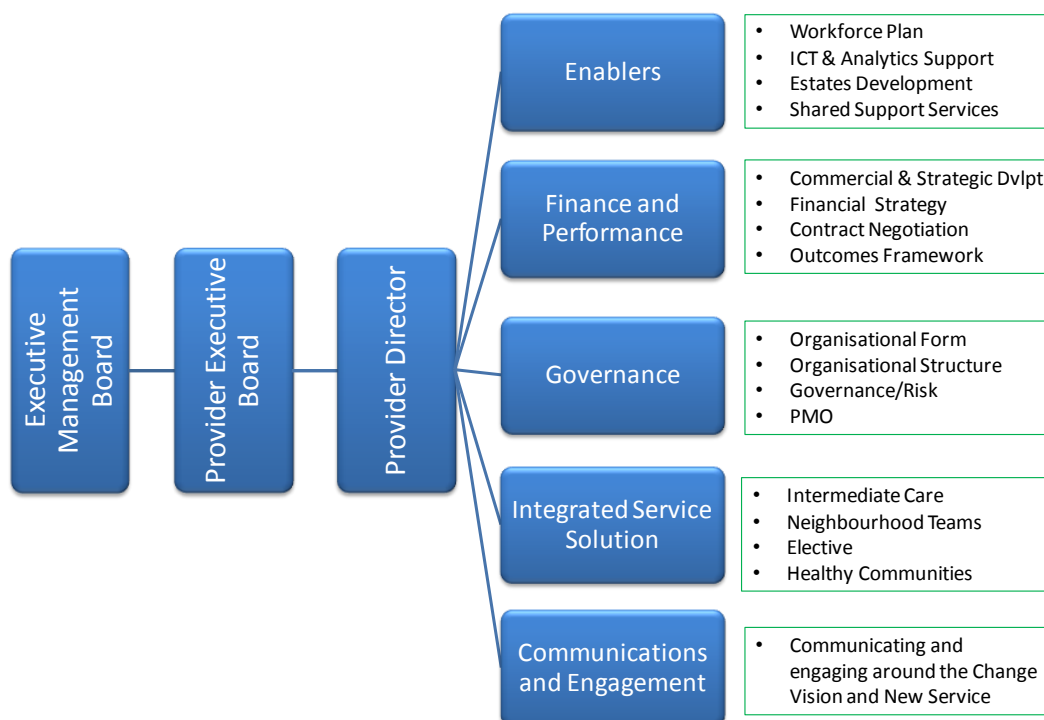
We are using, where possible, existing staff to take forward this change, and have recognised that to deliver the degree of ambition and pace required we need a dedicated Executive SRO and Programme Manager coordinating the **enabling resource required** from existing partners' staff. We have adopted a task and finish approach to enabling work, underpinned by an Enabler work programme which is approved on a monthly rolling cycle by the Executive Board.

We have *enabler teams* leading workforce, IM&T and estates working with Programme workstreams and the Programme Office to ensure that new models of care and enabling solutions are aligned in development and that constructive challenge is available throughout this process.

Appendix 2. G*overnance Framework* describes the roles and responsibilities of the individuals and boards within the programme in detail*.* The programme management *approach* defined within Stockport Together is based on the following principles, essential to managing the complex environment of multi-partner transformation:

- Individuals and interactions **are as important as** processes and tools
- Responding to change and opportunity **are as important as** following a plan
- Working solutions **over** comprehensive documentation
- Stakeholder collaboration **over** contract negotiation

Appendix 3. Programme Management Framework. We have adopted an approach that puts the emphasis, where possible, on iterative change led near the frontline adopting agile approaches to change wherever appropriate.

6.2   Risk Management

Appendix 4. is the Risk and Opportunities Assurance Framework. This is the high level strategic risks for the overall Stockport Together programme, rather than risks to implementation of specific workstreams. The framework is reviewed quarterly by the Executive Board.

The Executive Board also receives weekly risk escalation of "immediate risks" e.g. those that are short term but high priority (usually top 5) for the Executive Board to action.

Workstreams also have their own risk logs which contain more detailed risks relating to the implementation of the models of care. For example the Intermediate Tier risk log includes such things as "Demand necessitates more intermediate community beds required than modelled", "Hospital bed capacity is reduced before the new model is able to demonstrate impact/deflect acute activity, negatively impacting quality / performance". The Core Neighbourhood risk log includes such things as "Inability to recruit to a number of key posts within the Programme that the benefits are dependent on e.g. ANPs and GP's" and "Services e.g. homecare that are likely to see a short term increase in demand as they support the move of activity out of the acute system that have not been identified to receive any further investment".

The key risks relating to this business case are summarised below. However, the Provider Board will be undertaking a more risk identification exercise in regarding the risks and opportunities arising from implementation of the integrated service.

| Theme	Risk	Mitigation Approach
Service Design	Interfaces between the workstreams are not effectively designed and implemented, resulting in gaps or duplication in service provision.	- Implement as "integrated service solution" via MCP Provider Board - Key interfaces have been identified, management actions being implemented - Test the services with user "personas"
Service Design	Risk that the changes impacts users negatively (e.g. due to new models of care and transition arrangements)	- Changes in service delivery for service users during the transitional period to be constantly monitored through effective engagement. Emerging issues are rapidly addressed by Providers. - Equality impact assessments and consultation will be undertaken to understand impact on service users

System Sustainability	Failure of new model to prevent forecast level of acute admissions, ED attendance and free up primary care services	- Robust benefits realisation processes to be put in place, including: workstream KPIs to monitor process changes, system indicators to monitor impacts on health, quality and sustainability - Rapid testing/Plan Do Check Act approaches to test new approaches with quick indicators regarding success. Intervene quickly where benefits are not realised (regular reporting to Executive Board)
Resourcing	Inability to increase capacity due to delays in recruiting suitable workforce. Workforce for double running may not be available in the market place resulting in delay to implementation of the models and realisation of benefits	- Workforce plan to be completed 12th August 16. Risk assessment to be undertaken on availability of required workforce (use of locums). Interim measures to cover winter may be required. - Implement programme to rotate staff from acute to community - Further discussion required with Provider Board to ensure providers (including outside Stockport Together) are primed to fulfil roles.
Resourcing	Staff/resources required to make changes are not released to support implementation, impacting success of delivery.	Provider Board to prioritise implementation and release staff so that the changes can be operationally led
Contracting Approach	Contracting incentives to support the integration (outcomes framework) will not be in place in time for implementation of the new service model. This could result in less effective delivery as payment flows won't follow the model of care until April 17	- Commissioners to work together to ensure that plans to move to an outcome framework are aligned - Work with regulators to highlight where regulatory mechanisms don't support the objectives for moving to an outcomes framework
Organisation Culture	Failure to achieve cultural change or adopt new values and behaviours in an already de-motived workforce who have "change fatigue". This could mean the benefits of integrated working aren't realised.	- Investment in OD support has been identified in GM Bid. - MCP will need to have a strong "brand" with clear values, behaviours and culture which align to the clinical model - This is an opportunity to motivate staff who have a desire to "do the right thing" for patients
Engagement of Stakeholders	Engagement with both the public and front line staff has been limited due to the short timescales for production of the business cases. This could result in difficulty to implement a model that hasn't been co-designed	- Robust engagement plan to be created for the implementation of the MCP (by end of July 16) - Workstreams to ensure that users are involved in detailed implementation - Continued use of Citizens Reference panel to advise on public engagement
Engagement	The model encourages and relies upon	- Effective, widespread campaigning

	behaviour changes by the public, towards more self-care, activation and a willingness to be managed by less "specialist" services. There is a risk that the public will still want and use acute services as they are today, resulting in failure to deliver the benefits, or reputational risk due to complaints.	to embed messages into the public consciousness about why we are making these changes (sharing the evidence) and how services are best used. Messaging needs to be embedded into service provision and contacts. - Investment in resources for community activation - Systems Leadership Group to engage other public service providers to support these messages
of Stakeholders		
Infrastructure	Lack of co-location solution (physical location) reduces ability to work in an integrated way	- Neighbourhood and Integrated Team estates requirement identified. Plans are in place but could not be realised until Q1 17/18. - Risk mitigation plan required once estate timescales are confirmed
Infrastructure	Information governance arrangements aren't sufficient to allow for sharing of data and tracking of patients through the services. This could result in reduction in quality of patient care (due to incomplete information), inability to measure the success of the neighbourhood model and patients may not be offered services that would improve their health	- Plan to ensure Tier 1 and Tier 2 data agreements are signed (engagement plan with GPs required) - Plan and deliver training and development with front line staff to support data sharing and information governance agreements - Longer term plan to deliver the MCP will reduce IG issues
Infrastructure	Integrated digital care record with live feeds will not be available for in 16/17 which reduces the effectiveness of integration and realisation of benefits	Implement following interim arrangements to the SHCR by October 16: - Health to access to social care documentation (GRCR[5] & support plan, read only) - Intermediate tier and social care staff to access SHCR with single sign on (gives read only view of GP care records, district nurse activity, and end of life plan)
Engagement of Stakeholders	Timescales associated with full public/staff consultations impact ability to implement significant changes before Winter period	- Phased approach so that elements not requiring public and staff consultation can be implemented by October 16. All other changes to follow due process

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[5] Goals, risk and capacity record

6.3 High Level Implementation Plan Milestones

A more detailed implementation plan is in Appendix 5.
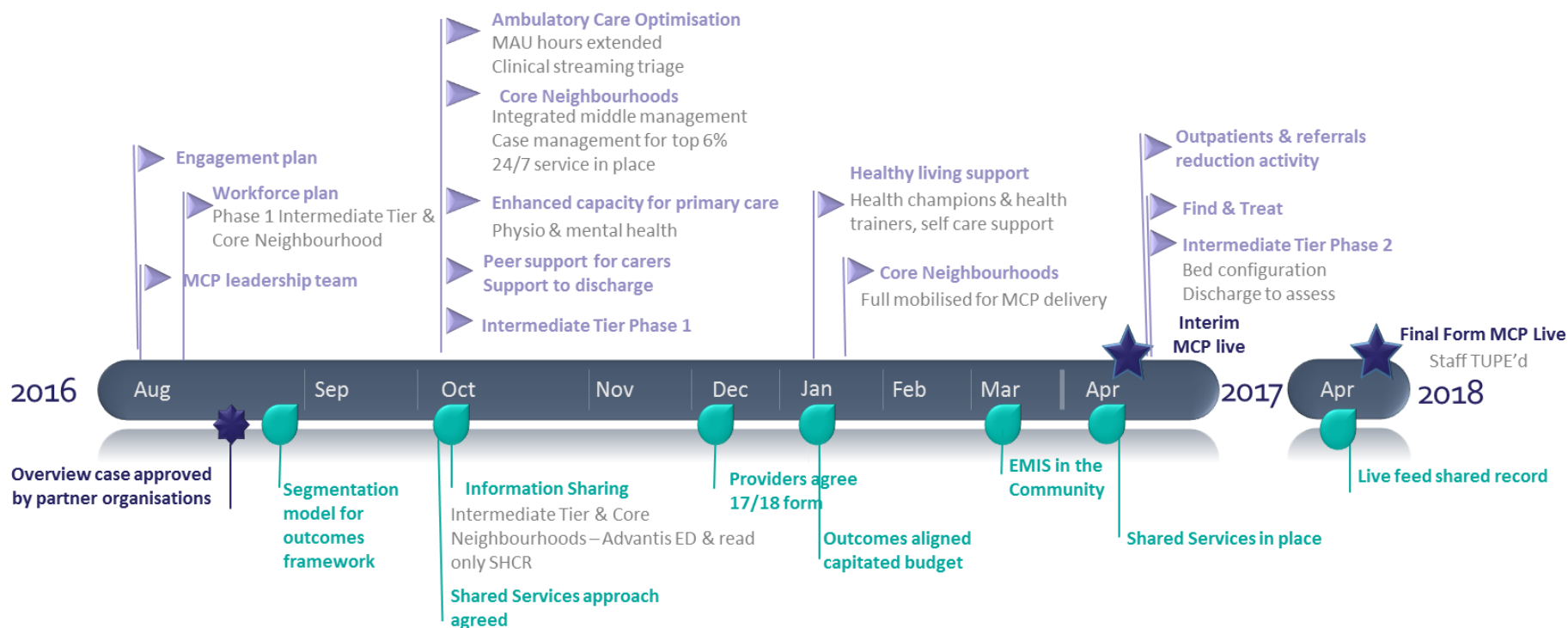
6.4 Four Tests

The design process used the four tests set out in the 2014/15 Mandate from the Government to NHS England. Proposed service changes should be able to demonstrate evidence of:

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base;
- support for proposals from clinical commissioners.

6.4.1 Strong public and patient engagement

Since 2013 engagement and co-production has been undertaken across Stockport on the integration of health and social care services. In 2013-2014, 700 people were spoken to at a number of events in Marple and Werneth where the initial integrated locality pilot was launched. Since the Care Congress and vision launch in January 2015, over 500 people have been engaged and their views sought on the case for change and the vision for future of health and social care.

A variety of different events and surveys have been used including experience-based design, workshops, public and staff surveys and standard presentation and discussion sessions. Many of these conversations and events have been enabled by Healthwatch and other local voluntary sector partners, for example, carers of adults with Learning Disabilities, University of the 3rd Age and patient reference groups.

We are committed to ongoing engagement and co-production within design and implementation. The Citizens reference panel are being closely aligned to each workstream to constructively support and challenge teams. Healthwatch are also a member of the Executive Programme Board.

The learning from these events is captured in **Section 2.6**

6.4.2 Consistency with current and prospective need for patient choice

There is nothing in these plans that will actively reduce existing choice particularly at the point of referral to secondary care. The Outpatient Business case will specifically address this issue. The procurement strategy and future new contracts will set out the requirements to protect patient choice. They will also set out clearly the restrictions on the provider in-sourcing provision currently procured without prior approval of the commissioner. Whilst there will be one MCP, the establishment of 8 semi-autonomous neighbourhood teams gives a continued dimension of choice in primary care provision.

Bringing together health & social care will allow for further development of personalised budgets which should in turn enhance choice.

6.4.3   A clear clinical evidence base

We have developed an evidence base pack which lies behind both the clinical model design and the assumptions we have made in calculating the benefits (Appendix 6). As a Vanguard site we have been encouraged to develop new approaches and adopt or adapt national and international models of care. As well as table-top exercises we have learnt from other parts of the UK including visits to and from Newquay, Sunderland, West Wakefield, Tower Hamlets and other work going on across Greater Manchester in Oldham and Wigan for example. Each intervention described previously includes some of this learning.

6.4.4   Support for proposals from clinical commissioners

The CCG is a co-sponsor of these plans and as such subject approval by its Governing Body has demonstrated its support to the changes.

6.5   Consultation

6.5.1   Public

Areas for Formal Consultation

This introduction to the integrated service solution describes a whole set of system changes. We have engaged members of the public, service users, carers and patients on the development of these ideas. Many of them are improvements to existing service provision and as such we do not believe require formal consultation before implementation, however there are a number of aspects that will be changes to service provision and as such do require formal consultation. The table below indicates which with an explanation of the view.

Major Intervention / Change	Formal Consultation?	Rationale
Integrated Neighbourhood Teams	No	We have engaged heavily on this and it is an improvement in the way that services are coordinated and delivered rather than a change in the availability of service provision.
Intermediate Tier Phase1	No	These aspects of the Intermediate Tier are service improvements in terms of coordination and improving capacity to increase timeliness of response.

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Intermediate Tier Phase 2	Yes	These aspects will require consultation as they require changes to the bed-based capacity in the intermediate sector including potentially to wards on the Stepping Hill site.
Ambulatory Care Pathways	No	This is an improvement in the existing pathways and service capability linked to the A&E department, and does not affect the function, standing or capability of the A&E department.
Outpatient Changes	Yes	This will involve significant changes in the way outpatient and diagnostic services are delivered including potentially less direct face-to-face access to hospital doctors and closure of outpatient facilities.
Further ward closures	Yes	As we introduce new capability and capacity out of hospital it is intended that we will need fewer wards on the Stepping Hill site. Whilst in normal operational terms there are often instances of opening and moth-balling wards, if decisions to remove wards permanently and possible demolish part of the site then this will need a further business case and consultation.

6.5.2   Staff Consultation

Workforce transformation is a critical component to delivering the new models of care outlined within this business case. Throughout the development of Stockport Together there have been ongoing staff engagement exercises to inform the development of the new models. This has been particularly focussed at staff who will be part of the integrated neighbourhood teams and as the Programme moves in to a wider implementation phase then workforce engagement activity will be expanded to include all staff in scope of direct change (e.g. Intermediate Tier Services) as well as Stockport Together more widely. To deliver this, an Engagement and OD plan will be developed as part of implementation planning.

With regards to formal staff consultation, given the scale of transformation and the ambition to move towards a single accountable care organisation formal staff consultation is going to be required.

Changes to the contracts of staff can only be made in two ways: with the agreement of the staff affected or by using the agreed organisational change policy that forms part of the contract.   The approach that is required will be dependent on the type of change.

If a change is minor and all staff are fully engaged, supportive of the new way of working and an agreement can be made to make that change from a certain date, this can be implemented as soon as the teams can be aligned to the new service model.

If the change is more significant the formal process described in the appropriate organisational change policy should be used. Each of the partner organisations has an organisational change policy but the principles are very similar. It is recommended that one process for all staff affected should take place with one set of documentation and one approach to consultation. If a fragmented change process is started staff hear inconsistent messages which will undermine the intention of integration. As such, staff consultation will be carried out consistently across all organisations and will be in line with local and national best practice and guidance with regards to timings and approach. In addition, regular union consultation and briefing throughout this process will be carried out.

In order to minimise the risk of multiple staff consultation exercises over the next 2-3 years it is intended that within the initial phase of transformation the models will largely be delivered through an alignment of the existing workforce (e.g. integrated neighbourhood teams) without changes to their employer or terms and conditions. In some areas of the model, staff reconfiguration is planned and as such staff consultation is anticipated, this is particularly anticipated within parts of the Intermediate Tier Service (e.g. Recovery at Home and Crisis Response). A 45 day consultation window has been planned given the number of staff in scope, however this will be kept under consideration in line with further refinement of the model to take into account any changes to the model and in scope staff.

6.6 Equality Impact assessment

The Stockport Locality Plan has in place a draft Equality Impact Assessment (EqIA). See Appendix 7 for details. This is constantly kept under review within the programme and will be updated to reflect consultation and further data analytics. Given the breadth of the new model outlined in this business case, individual workstreams will be producing detailed EqIAs for their areas. The overarching EqIA will consider any cross-cutting implications that emerge from workstream EqIAs and be developed further to address those that need to be considered from a system-wide perspective.

7 Overview and Business Case Approval Process

This overview is working through the individual partner governance arrangements as deemed appropriate by each partner. ***Alongside this will be the specific business cases noted in 3.5 as ready for September***:

- *4th July 16 – 15th July 16:* The Executive Board members engage with senior decision makers in their own organisations regarding the content of the draft business case, understanding any challenges or changes requested.
- *6th July:* The draft overview and process is discussed at Stockport Together Leader's Group.
- *18th July 16:* Stockport Together Executive Board endorse the draft overview and recommend them to individual partner organisations.
- *18th July 16:* - 31st August 16: Draft overview business case goes through individual organisation governance processes for formal approval including discussions with Overview and Scrutiny Committee.
- *1st September –* 30th September: First set of detailed cases approved.
- *1st October– 30th November:* Formal consultation with the public and staff deemed as required is undertaken.

8 Decisions Requested

- The Board are asked to approve the approach to business case approval described in Section 3.
- The Board are asked to approve the summary clinical model described in Section 3.
- The Board are asked to approve the overall summary financial plan as described in Section 5 subject to detailed case agreement.
- The Board are asked to agree the approach to Consultation in Section 6.5.

9 Further Information, Appendices and Queries

In the first instance please contact the Stockport Together programme office via:

Email: STOCCG.stockport-together@nhs.net

Telephone in office hours: 0161 426 5011

They will arrange for the best placed member of the team to address your enquiry either by email or through a telephone conversation. Please ensure you leave contact details.

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