Stockport NHS
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

27 OCTOBER 2017

Your Health. Our Priority.

Board of Directors bundle - PUBLIC MEETING - 27 October 2017

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Stockport NHS
NHS Foundation Trust

October 2017

Dear Colleague

You are invited to a meeting of the Board of Directors which will be held on **Friday 27 October 2017 at 1.15pm in Lecture Theatre A, Pinewood House, Stepping Hill Hospital.**

An agenda for the meeting is detailed below.

Yours sincerely

ADRIAN BELTON
CHAIR

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AGENDA ITEM	TIME
1. Apologies for Absence.	1.15pm – 1.20pm
2. Opening Remarks by the Chair.	"
3. Declaration of Amendments to the Register of Interests.	"
4. Patient Story	1.20pm – 1.30pm
5. **OPENING MATTERS:**	
5.1 To approve the minutes of the previous meeting of the Board of Directors held on 28 September 2017 (attached).	1.30pm – 1.35pm
5.2 Report of the Chair (attached).	1.35pm – 1.45pm
5.3 Report of the Chief Executive (attached).	1.45pm – 1.55pm
5.4 Key Issues Reports from Assurance Committees: 5.4.1 Finance & Performance Committee (attached and Mr M Sugden to report) 5.4.2 People Performance Committee (attached and Ms A Smith to report)	1.55pm – 2.10pm
6. **ASSURANCE AND GOVERNANCE:**	
6.1 Urgent Care Recovery Plan – Presentation by Chief Operating Officer & Interim Managing Director SNC	2.10pm – 3.00pm
6.2 Performance Report (Report of Chief Operating Officer attached).	3.00pm – 3.15pm

AGENDA ITEM	TIME
6.3 Maintaining Safe Staffing Levels (Report of Director of Nursing & Quality attached).	3.15pm – 3.20pm
6.4 MRSA Bacteraemia Report (Report of Deputy Medical Director attached).	3.20pm – 3.25pm
6.5 Corporate Objectives 2017/18 (Report of Chief Executive attached)	3.25pm – 3.30pm
6.6 Freedom to Speak Up Report (Report of Freedom to Speak Up Guardian attached)	3.30pm – 3.35pm
6.7 Board Assurance Framework (Report of Chief Executive attached).	3.35pm – 3.45pm
7 **CLOSING MATTERS:**	
7.1 Date of next meeting: • Thursday 30 November 2017, 1.15pm, in Lecture Theatre B, Pinewood House, Stepping Hill Hospital.	3.45pm

STOCKPORT NHS FOUNDATION TRUST

Minutes of a meeting of the Board of Directors held in public on Thursday 28 September 2017 1.15pm in Lecture Theatre A, Pinewood House, Stepping Hill Hospital

Present:

Mr A Belton	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Dr M Cheshire	Non-Executive Director
Mr J Sandford	Non-Executive Director
Ms A Smith	Non-Executive Director
Mr M Sugden	Non-Executive Director
Mrs A Barnes	Chief Executive
Mr P Buckingham	Director of Corporate Affairs
Ms C Griffiths	Improvement Director
Ms R Holt	Interim Director of Nursing
Mr H Mullen	Director of Support Services
Mr F Patel	Director of Finance
Mrs J Shaw	Director of Workforce & OD
Ms S Toal	Chief Operating Officer
Dr C Wasson	Medical Director

In attendance:

Mrs S Curtis	Membership Services Manager
Ms J Etches	Locality Lead, District Nursing
Ms E Rogers	Matron for Patient Experience
Mr K Spencer	Interim Provider Director

214/17 Apologies for Absence

An apology for absence had been received from Mr A Webb.

215/17 Declaration of Amendments to the Register of Interests

Mr J Sandford advised that he had been appointed as a Director of Cheadle Golf Club Catering Ltd.

216/17 Patient Story

The Board of Directors welcomed Ms E Rogers (Matron for Patient Experience) and Ms J Etches (Locality Lead, District Nursing) to the meeting. The Chair reminded the Board that the purpose of patient stories was to bring the patient's voice to the Board providing real and personal examples of the issues within the Trust's quality and safety agendas. Ms J Etches read out a letter which had been sent to one of the Trust's Community Nurses by a recently bereaved mother of a terminal cancer patient. In the letter, the mother praised the Community Nurse for going above and beyond care and

compassion whilst caring for her teenage daughter, consequently making the immensely difficult time somewhat easier for the family. The Chair thanked Ms J Etches for reading out the highly emotional letter, which he noted was a powerful illustration of patient needs. He commented that it was important to ensure that we had a mind-set of how patients wished to access services that met their needs and adapting accordingly. The Chief Executive noted the compassionate care evidenced in the story and the Interim Director of Nursing commented that the letter served as a reminder that as well as caring for patients, the Trust also cared for patients' families. In response to a question from Ms A Smith, Ms J Etches advised that the Community Nurse who the letter had been written to had been nominated for a dignity award and the Director of Workforce & OD and Interim Director of Nursing noted that she would also receive a thank you card and a Proud to Care certificate from the Trust.

The Board of Directors:

- Received and noted the Patient Story.

217/17 Minutes of the previous meeting

The minutes of the previous meeting held on 27 July 2017 were agreed as a true and accurate record of proceedings. The action log was reviewed and annotated accordingly.

218/17 Report of the Chair

The Chair presented a report which included information with regard to notable events, matters concerning the development of the Board, Chair engagements, any significant regulatory developments that the Chair had been involved in and a forward look to significant events. He wished to welcome Ms C Griffiths, Improvement Director, to her first Board meeting and noted that this would the last Board meeting to be attended by Ms R Holt, Interim Director of Nursing. The Chair thanked Ms R Holt for all her work at the Trust and wished her well in the future.

The Chair advised the Board that following an interview process held on 27 September 2017, it was anticipated that the Trust would soon be appointing an Interim Chief Executive to ensure a comprehensive handover and transition period prior to the retirement of the Chief Executive at the end of December 2017. He also briefed the Board of an encouraging meeting he had held with the new CQC Head of North West Hospitals. The Chair concluded his report by referring the Board to s6.1 of the report and noted that work had been completed on preparation of a Role Description for the Board of Directors, which was recognised as good practice. He advised that in addition, a document which detailed the separation of responsibilities between the Chair and Chief Executive had been reviewed and agreed by both post holders. The Chair advised that both documents had been included at Annex A and Annex B of the report for formal adoption by the Board of Directors.

The Board of Directors:

- Received and noted the Report of the Chair.
- Approved adoption of the documents included at Annex A and Annex B of the report.

219/17 Report of the Chief Executive

The Chief Executive advised the Board that on the evening of 27 September 2017, a meeting had been held with over 200 local residents, Councillors, police and Mr W Wragg MP to discuss car parking on local roads. She noted that it had been a difficult meeting with a real sense of anger from our neighbours who felt that they were finding it impossible to park near their homes and who had complained about parking across driveways and unacceptable language by some members of Trust staff. The Chief Executive advised that it had consequently been agreed that the issue would be communicated to all staff and that Council officials and local residents would be invited to join the Trust's Car Parking Group. She also noted that a review of the hospital's car parking charges would be undertaken by the Director of Support Services and the Head of Facilities, outcome of which would be reported to the Board of Directors via the Finance & Performance Committee.

The Board of Directors:

- Received and noted the Report of the Chief Executive.

220/17 Key Issues Reports

<u>Audit Committee</u>

Mr J Sandford briefed the Board on matters considered at a meeting of the Audit Committee held on 12 September 2017. He noted with disappointment that the Committee had received two limited assurance audit opinions following an IT Service Continuity Review and Quality Spot Checks: Ward Review. Mr J Sandford advised that the Director of Support Services would provide a progress report with regard to the IT Service Continuity Review to the next Audit Committee meeting. With regard to the Quality Spot Checks Review, Mr J Sandford noted that the findings of the review relating to MCA / DOLS arrangements had been consistent with outcomes of the recent CQC inspection and the Committee had acknowledged that although these shortcomings were being addressed as key elements of the CQC Action & Assurance Plan, the Committee wished to have sight of progress.

With regard to Follow-Up on Audit Recommendations, Mr J Sandford advised that the Committee had taken positive assurance that a robust system was in place to track progress with completion of audit recommendations. He noted, however, that the Committee had considered that the timescales for completion of a number of outstanding actions had been unacceptable and the Chair of the Audit Committee was subsequently writing to the relevant management leads to set out the Committee's expectations that completion of these actions be expedited. Finally, Mr J Sanford advised that the Committee had considered outcomes of an Internal Audit Patient Property Review and had agreed that at present there was insufficient assurance that all actions had been fully addressed. He noted that the Committee had requested that a joint Estates / Nursing assurance report be provided to the Committee meeting in November 2017. The Interim Director of Nursing provided an update to the Board with regard to the quality spot checks and the patient property review and noted significant progress made in both of these areas.

Quality Assurance Committee

Dr M Cheshire briefed the Board on matters considered at a meeting of the Quality Assurance Committee held on 19 September 2017. He advised that the Committee had received a demonstration of a new Datix Risk Management Module and noted that the Committee had been frustrated to learn of issues resulting in further delays to transition from the training system to a 'live' system. Dr M Cheshire commented, however, that the issue had since been successfully resolved. He advised that the main focus of the meeting had been on the CQC Assurance & Action Plan and that the Committee had noted positive progress with regard to the 195 actions. Dr M Cheshire advised that the Silver Command arrangements, which had initially been implemented to direct and monitor the completion of actions, had now been disestablished and noted that responsibility for continuing progress with actions had transferred to Business Groups. He advised that the Committee had been assured that monitoring of both progress with implementing actions and the embedding of practice would be achieved by means of a weekly Leadership Meeting.

Dr M Cheshire advised that the Committee had been briefed on associated developments which included preparation of a forward looking Quality Plan, production of a Consolidated Improvement Plan, introduction of a Ward Accreditation Scheme and an enhanced focus on quality reviews as part of Performance Review meetings with Business Groups. He advised the Board that the Committee had also considered the effectiveness of the Key Issues Reports form the Quality Governance Committee and the Medical Director had consequently agreed to review the format and style of future reports. In response to a comment from the Chair regarding the Consolidated Improvement Plan, Dr M Cheshire noted that members of the Quality Assurance Committee would need to consider associated assurance reporting to the Committee.

Finance & Performance Committee

Mr M Sugden briefed the Board on matters considered at a meeting of the Finance & Performance Committee held on 20 September 2017. He advised that the meetings were now scheduled for three hours to allow sufficient time for debate. Mr M Sugden noted that the Committee had completed an annual review of its Terms of Reference, together with a self-assessment of Committee effectiveness, outcomes of which were reported separately on the agenda. He reported that the Committee had considered the Trust's cash position and had noted the likelihood that the Trust would require additional cash investment in December 2017. He noted that relevant approval documentation would be prepared for consideration by the Board of Directors in November 2017.

Mr M Sugden advised that the Committee had also considered a report on the 2017/18 Cost Improvement Programme (CIP) and had noted a gap of circa £3m against the £15m target for the year. He reported, however, that when the high-risk element of identified schemes was taken into account, the size of gap would potentially increase to circa £5.6m and also noted the Committee's concern with regard to the low proportion of recurrent savings. Mr M Sugden advised that consequently the Committee was only able to report low assurance on delivery of the 2017/18 CIP. In

response to a question from the Chair, the Director of Finance provided an overview of mitigating actions in this area and noted that a piece of work with regard to assessing the level of the CIP gap would take place in October 2017.

Mr M Sugden advised the Board that the Committee had then considered a report which provided analysis of current locum usage. He noted that the Committee had acknowledged that the potential to reduce locum demand would need to be informed by relevant service reviews as opposed to a case-by-case basis. With regard to agency expenditure, he noted that the Committee had requested a forecast of expenditure for the remainder of the year to better understand the extent of the risk. Mr M Sugden advised that the triumvirate from the Surgical & Critical Care Business Group had attended the meeting to present a comprehensive report on Business Group performance. He reported that the Committee had requested a follow-up assurance report detailing the Business Group's recovery plan to include timescales for delivery and metrics used to track performance. He noted that the report would also need to demonstrate linkage to relevant programmes in the Optimising Capacity work stream.

With regard to Operational Performance, Mr Sugden advised that the Committee had noted that performance against the A&E 4-hour standard in August 2017 had improved in comparison with the July position but the performance level remained significantly short of the trajectory position. It was further noted that the position had deteriorated in the first two weeks of September 2017 and the Committee had noted the impact of an increase in the numbers of medically optimised patients and a consequent effect on patient flow. Mr M Sugden advised that the Committee had been assured of continued compliance with the national standard for RTT and achievement of the Cancer 62-day standard in both July and August 2017. He further noted that the Committee had been advised of a 52-week RTT breach in August 2017 and had received assurance that no patient harm had resulted from the breach. In response to a comment from the Chair, Mr M Sugden advised that the Committee would increase scrutiny with regard to performance issues, including neighbourhoods and winter preparedness.

Mr M Sugden advised that the Committee had considered arrangements for preparation and production of the Operational Plan for 2018/19. He noted that the Committee had endorsed the proposed arrangements and agreed that the timetable set out in the report, which would result in Board approval of the Plan in December 2017, should be adopted as presented despite the potential for a change in planning guidance. The Director of Corporate Affairs reported that the Committee had also requested that the Council of Governors be engaged at an appropriate point of the production of the Operational Plan. Mr M Sugden concluded his report by advising the Board that the Committee had considered outcomes of a Post-Implementation Review of the Surgical & Medical Centre development. He advised that the Committee had noted successful delivery of the project and had recommended that the report be presented to the Board of Directors given the value of this major capital development.

<u>People Performance Committee</u>

Ms A Smith briefed the Board on matters considered at a meeting of the People Performance Committee held on 21 September 2017. She advised that the Committee had received an insightful presentation from Dr M Shashidhara (SAS Tutor & Associate Specialist in Anaesthetics) and Dr R Adappa (International Training Fellow) regarding

International Clinical Fellowship. Ms A Smith noted that the Head of Learning & OD had agreed to liaise with Dr M Shashidhara with regard to a number of issues relating to the availability of appropriate accommodation, internet and telephone access for the international fellows. She advised that the Committee had also considered reports from the Freedom to Speak Up Guardian and the Guardian of Safe Working and noted that the Committee had consequently identified a need for a wider discussion following a number of issues raised by the Guardians relating to the Trust's culture and the lack of accountability for poor performance.

Ms A Smith advised that the Committee had considered an Agency Utilisation report and that disappointingly due to issues with the Datix Risk Management System, the Committee had been unable to review the Corporate Risk Register. She reported that the Committee had identified the following risks; failure to achieve the 2017/18 agency ceiling; availability of risk management information; and culture / lack of accountability. Mrs C Barber-Brown noted that the issue with regard to the Trust's culture appeared to be evident through all of the Board Assurance Committees and queried the oversight in this area. The Director of Workforce & OD advised that the Executive Team would consider how to take this issue forward and that the outcome of the discussion would be reported to the People Performance Committee.

The Director of Corporate Affairs referred to the Committee Key Issues Reports and advised that this month's Audit Committee report included a 'Summary of Assurance' section following a recommendation from NHS Improvement with regard to a greater level of clarity. The Board of Directors commended this approach and proposed the adoption of a 'Summary of Assurance' section to all Committee Key Issues Reports going forward. The Director of Corporate Affairs noted that in order for this to be possible, all Committee reports would need to be assurance based.

The Chair and Dr M Cheshire made reference to the need to streamline reports in order to focus on assurance as reports were often considerably lengthy. The Director of Corporate Affairs advised the Board that he had introduced monthly report writing clinics to improve the quality of reports and noted that these clinics had been very popular and well received. He noted that the current schedule of the Assurance Committee meetings was not helpful from an administrative point of view as majority of the Committees met during the same week. The Director of Corporate Affairs noted that this issue would be considered as part of the Internal Audit review of Committees. The Director of Finance noted that it was prudent to be mindful of the Model Hospital governance requirements which included a need for improved reporting and focus on actions.

The Board of Directors:

- Received and noted the Key Issues Reports.

221/17 Trust Performance Report – Month 5

The Chief Operating Officer presented the Performance Report which summarised the Trust's performance against the NHSI Single Oversight Framework for the month of August 2017, including the key issues and risks to delivery. She advised that 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 Chief Operating Officer advised that

there was one area of non-compliance in month which was the non-achievement of the Accident & Emergency (A&E) 4-hour target. With regard to the Emergency Department (ED) performance, the Board noted the August position of 82.1% which was below the improvement trajectory of 90%. The Chief Operating Officer advised that although ED attendances were lower than in July 2017, there was a sustained increase in the number of Delayed Transfers of Care (DTOC) together with a reduced daily discharge rate from the Medical wards.

With regard to short term mitigating actions, the Chief Operating Officer advised that the Trust had identified the following key areas; review of staffing to improve overnight performance; 7-day working to increase weekend discharges and reduce bed occupancy; increased community capacity; and implementation of SAFER initiative across all medical wards in order to reduce length of stay and improve flow. The Chief Operating Officer noted that these key issues would be considered in conjunction with plans for winter and the delivery of an escalation process for times of surge. In response to a question from Mr J Sandford who queried the financial impact of the plans, the Chief Operating Officer noted the need to do things differently as there was no additional funding available to implement the plans. Mr M Sugden noted that he had recently visited the ambulatory unit and queried the significant reduction in numbers of attendees during weekends. The Chief Operating Officer agreed to check the figures and clarify the position to Mr M Sugden. The Chief Executive commented that the move to 7-day working by General Practitioners would help to improve the position.

Dr M Cheshire noted the large numbers of A&E attendances this month and queried the plans to divert people from the Emergency Department. The Interim Provider Director provided an overview of developments in this area, which included deployment of a significant amount of resource regarding diversion. He also made reference to the increased capability of neighbourhood teams and 7-day working and noted that the Board of Directors would receive a report regarding the Implementation Plan of the Stockport Together Programme at the meeting in October 2017. The Chief Executive noted that the regulators' focus on A&E diversions was changing and that it was now acknowledged that some people would always choose to come to A&E instead of choosing alternative providers. She noted that it was the health economy's challenge to cope with this continuing demand, which in the longer term would be channelled through neighbourhoods. Mrs C Barber-Brown and Mr J Sandford commented on the consequent impact with regard to Stockport Together business case deflections from A&E and noted a concern regarding possible adverse financial consequences.

Mrs C Barber-Brown noted that she had recently taken part in a members' tour of operating theatres and queried the impact the urology robot had on operations. The Medical Director noted that the impact had been revolutionary, both in terms of numbers of procedures and an enhanced recovery period for patients. The Director of Workforce & OD briefed the Board on the Workforce section of the report and provided an update on metrics relating to essentials training, appraisals, turnover and efficiency. The Chair advised that he had discussed the relative importance of the whole workforce topic with the Director of Workforce & OD as in his view there had been insufficient Board time allocated to it. He subsequently noted that more time would be allocated for the discussion of workforce issues at future Board meetings. In response to a question from Mr J Sandford, the Director or Workforce & OD

acknowledged the challenge with regard to sickness absence and advised the Board of mitigating actions in this area, including detailed reviews by Business Groups. The Board noted the improved position with regard to indicators relating to appraisals and Medicine bank & agency costs. The Director of Workforce & OD noted that the incentivised flu vaccination campaign had been launched on 27 September 2017 and that updates in this area would be provided via the Integrated Performance Report.

The Director of Finance noted that the content of the Finance section of the report had been covered earlier as part of the Finance & Performance Committee Key Issues Report. Mr J Sandford commented that it was difficult to have further discussion in this area until the Board had sight of the Recovery Plan. The Director of Finance advised that a financial oversight meeting was scheduled to be held with NHS Improvement on 19 October 2017 and noted that a briefing for Board members on subjects for consideration at this meeting would be provided at the Finance & Performance Committee meeting on 18 October 2017.

The Board of Directors:

- Received and noted the contents of the Trust Performance Report
- Noted the position for Month 5 compliance standards
- Noted the future risks to compliance and corresponding actions to mitigate
- Noted the key risk areas from the Integrated Performance Report.

222/17 Care Quality Commission Report

The Interim Director of Nursing presented a report which provided details of the Trust's response to concerns raised during the Care Quality Commission (CQC) visit on 22 and 23 June 2017. She noted that the final reports had not yet been received from the CQC although it was anticipated that their publication was imminent. The Interim Director of Nursing briefed the Board on the content of the report and advised that from 18 September 2017, the 'silver command' meetings which focused on the delivery of actions in the Action & Assurance Plan had been held separately by each Business Group who would manage their own plan and actions. She noted that each Business Group then offered weekly assurance to the single CQC leadership group which was chaired by the Chief Executive. The Interim Director of Nursing commented that delegating the management of this process to Business Group level was a conscious step towards embedding the processes outlined in the plan.

The Interim Director of Nursing advised that as at 6 September 2017, the status of the actions was as follows:

- Blue (complete) 121 actions
- Green (on track but incomplete) 72 actions
- Amber (off track but recoverable) 2 actions
- Red (off track, not recoverable) 0 actions.

The Interim Director of Nursing noted the importance of developing and embedding a transformative change and commented that driving a culture of high quality care required the setting of very clear standards, being explicit about accountability for the standards and having a robust process of oversight and assurance. With regard to

future developments, the Interim Director of Nursing provided an overview of the following areas:

- *Quality Plan* – The Board noted that the Trust had held a successful workshop on 25 September 2017 to commence the development of a Trust Quality Plan. The Interim Director of Nursing advised that the Quality Plan would explicitly state the Trust's key quality standards as well as outline a process of oversight and assurance.

- *Consolidated Improvement Plan* – The Interim Director of Nursing noted that the Trust previously managed a number of separate action plans in response to concerns raised by the CQC, separate concerns raised by the Health Education North West and the flow of emergency cases through the hospital. The Board was advised that to avoid confusion and duplication, these plans had been consolidated into a single Consolidated Improvement Plan.

- *Ward Accreditation Scheme* – The Interim Director of Nursing reported that one of the key actions in the CQC Action & Assurance Plan was the establishment of ward oversight audits. She noted that development of a ward accreditation scheme formalised this process of ward inspections and would set explicit expectations and a process for assessing against the standards. The Interim Director of Nursing advised that the accreditation scheme would be launched in October 2017 and further work would be undertaken to extend the scheme to other clinical areas of the Trust.

- *Business Group Performance Reviews* – The Board noted that from September 2017, the first hour of every bi-monthly Business Group performance meeting would focus on the quality of patient care.

- *Structure to Deliver Quality* – The Interim Director of Nursing made reference to the ongoing Internal Audit review of Committee and reporting structures which would give an insight into the actions the Trust needed to take to assure itself of the quality of services. She also advised the Board of the appointment of a Deputy Director of Nursing and the establishment of a new post of Deputy Director of Quality Governance. The Interim Director of Nursing noted that leadership development programmes were being developed for senior medical, nursing and allied health professional staff who were key to the delivery of high quality services.

The Chair noted the good progress made but queried the management of staff morale. The Interim Director of Nursing commented on the adverse impact the CQC inspections had on staff morale and advised the Board of face to face discussions with front line staff in advance of the publication of the CQC reports to ensure clarity of the situation. The Medical Director noted that the intention of the ward accreditation scheme was to support and guide staff and that it was important not to be seen as a punitive measure. In response to a question from the Chair, the Interim Director of Nursing advised that it would take a few months for the first ward accreditations to be completed. The Medical Director noted that the delivery of high quality care was a collective responsibility and was not only relevant to nursing. In response to a comment from the Chief Executive, the Medical Director noted the positive improvement made in the Emergency Department following a previous critical report

by the Health Education England North West (HEENW). He advised that HEENW had re-visited the Trust last week and had commended the Emergency Department for taking ownership of the issues raised in the previous report and for turning things around.

In response to a question from Mr J Sandford, the Director of Workforce & OD advised that the leadership programme for ward leaders was still ongoing and the Interim Director of Nursing noted that the individual assessments for Associate Directors of Nursing was complementary to that programme. Mrs C Barber-Brown noted the considerable effort that had gone into the production and delivery of the CQC Action & Assurance Plan and queried whether other areas had suffered as a consequence. The Medical Director made reference to the 'three legged stool' analogy whereby the Trust could not afford to focus on one area at the expense of others. In response to a further question from Mrs C Barber-Brown who queried workforce planning in the new Operational Plan, the Chief Executive advised the Board that the Executive Team had invested in further medical leadership as it recognised the importance of the triumvirate structure to ensure service delivery in all areas of quality, workforce and finance. She noted the challenge of supporting clinicians in taking on these additional roles.

The Interim Provider Director commented on the assurance process and queried how the Board would be assured that the changes had been embedded. The Interim Director of Nursing noted that the CQC Action & Assurance Plan focused on very specific issues and provided evidence against completion of the actions. She noted the importance of gaining assurance as individuals, for example through safety walk-abouts and noted the ward accreditation programme as an example of providing assurance in longer term. The Interim Director of Nursing advised the Board that work was ongoing to establish audits against the CQC standards. In response to a further question from the Interim Provider Director, the Interim Director of Nursing advised that the ward accreditation programme would be based on external assessment and it was subsequently proposed that Ms C Sparks, Assistant Director of Nursing, would be invited to deliver a presentation on this topic to a future meeting of the Board of Directors. The Director of Finance noted the importance of not compartmentalising quality, workforce and finance and the need to include continuous improvement in objective setting so it was not seen as being 'over and above' of staff duties.

The Board of Directors:

- Received and noted the CQC Report.

223/17 Maintaining Safe Staffing Levels

The Interim Director of Nursing presented a report which provided an overview, by exception, of actual versus planned staffing levels for the month of August 2017. She advised that the report also highlighted the percentage of temporary staff utilised and outlined recruitment and retention initiatives to address the shortfall of Registered Nursing staff. The Interim Director of Nursing briefed the Board on the content of the report and advised that average fill rates for Registered Nurses, Midwives and care staff remained above 90% for both day and night duty. She noted, however, that although the average rates were above 90%, 11 medical wards, two surgical wards and three areas in Child & Family reported sub-optimal registered staff in month. The

Interim Director of Nursing advised that the Medicine business group reported 98 whole time equivalent (WTE) vacancies (22.21%) and Surgery & Critical Care reported 55 WTE vacancies (15.4%). She noted that these figures included maternity leave and long term sick absences. The Interim Director of Nursing reported that temporary staff had been utilised to support clinical areas to ensure safe staffing levels.

In response to a question from Mr J Sandford, the Interim Director of Nursing provided an overview of recruitment and retention initiatives which included recruitment fairs, open days and discussions with individuals who were considering leaving the Trust. In response to a question from Mrs C Barber-Brown regarding medical and nursing agency spend, the Interim Director of Nursing noted the Trust's aim to cease the use of off-framework agencies and encouraging more nurses to move from agency to NHS Professionals. The Chief Executive commented on the difference between medical and nursing agency staff and noted that, in general, agency doctors tended to work longer term placements as opposed to agency nurses who often worked per shift. In response to a follow up question from Mrs C Barber-Brown, the Interim Director of Nursing confirmed that gaps in staffing would be covered to ensure safety and agreed to review the format of the Safe Staffing Report to provide further information in this area.

The Board of Directors:

- Received and noted the Safe Staffing Report and the measures in place to ensure patient safety.

224/17 Strategic Risk Register

The Interim Director of Nursing presented the Strategic Risk Register and advised that there were no new strategic risks added this month and that four strategic risks had been closed or mitigated to a lower risk rating. She noted that risk 1881 (Failure to deliver 4-hour Performance Target with ED), which currently scored 25, required review. There followed a discussion during which a number of comments were expressed in support and against the proposal to re-score the risk. Consequently it was agreed that a discussion was required outside of the meeting to review the risk further. The Director of Corporate Affairs commented on the need to ensure that sufficient information was included in each risk entry to provide relevant levels of assurance.

A number of Non-Executive Directors raised concerns regarding the current low assurance on the ability to produce timely and accurate risk management information and criticised the current format of the risk register. It was consequently agreed that the Interim Director of Nursing would arrange to meet with Ms A Smith, Mr J Sandford and Mrs C Barber-Brown to consider this issue further. The Director of Corporate Affairs commented that it was the responsibility of the Executive Directors to supplement the training on the new Datix system to ensure quality of inputting.

The Board of Directors:

- Received the Strategic Risk Register and noted the content.

225/17 Draft Alliance Provider Agreement

The Director of Corporate Affairs presented a report, the purpose of which was to present the final version of a draft Alliance Provider Agreement to the Board of Directors for approval. He briefed the Board on the content of the report and noted that draft versions of the Alliance Provider Agreement had been shared with Board members for comment and the draft document had been the subject of a 'walk through' session for Board members held on 19 July 2017. The Director of Corporate Affairs commented that the draft document had been further updated as a result of feedback from the session and had been agreed in principle on 27 July 2017. He advised that the latest draft version of the Alliance Provider Agreement was attached for reference at Annex A of the report and noted that the version had been updated since 27 July 2017 to incorporate additional feedback from Stockport Metropolitan Council. The Director of Corporate Affairs noted that the amendments had not resulted in material changes to document content but provided additional clarity for the relevant entries. He advised that all parties had agreed this final draft version and would be undertaking a formal approval process with their respective governing bodies.

In response to a question from the Chair, the Director of Corporate Affairs advised that Chief Executives of the provider organisations would act as authorised signatories. Mr M Sugden raised a concern with regard to the lack of a risk and gain share agreement. This concern was also shared by the Chief Executive. The Interim Provider Director agreed the need for a risk and gain share agreement but noted that this document deliberately did not require it as it was a scheme of delegation. In response to a question from the Chief Executive, the Interim Provider Director advised that the draft Alliance Provider Agreement had been shared with the regulators but that no comments had been received to date. In response to a question from the Chair, the Interim Provider Director advised that he would provide an update with regard to the risk and gain share agreement at the next Board meeting.

In response to a question from Mr M Sugden, the Interim Provider Director and the Director of Corporate Affairs advised that the Trust did not have financial accountability and provided further clarification with regard to the nature of an alliance arrangement as opposed to a single entity. In response to questions from Mr J Sandford and Mrs C Barber-Brown, the Interim Provider Director noted that the income followed the cost from the transformational fund. The Director of Finance commented that the scheme of delegation only allowed different organisations to access alliance funds and noted that it aligned to the Trust's scheme of delegation.

The Board of Directors:

- Approved the draft Alliance Provider Agreement included at Annex A to the report.
- Approved the draft Scheme of Delegation included at Annex B to the report.

226/17 Use of Resources Assessment Framework

The Director of Finance presented a report on the Use of Resources Assessment Framework and noted that the new framework had been published jointly by NHS Improvement and CQC in August 2017. He advised that the framework focused on

trusts demonstrating value for money, evidencing both efficiency and effectiveness. The Director of Finance reported that the assessments would be introduced in the autumn of 2017 and advised that the report detailed the Trust's current available performance against the metrics which were predominantly recorded against Carter metrics within the Model Hospital. The Director of Finance briefed the Board on the content of the report and noted that the key line of enquiry (KLOE) themes and initial metrics were detailed in Figure 2 in s3.1 of the report. He then referred the Board to s3.5 of the report and commented that for the purposes of this exercise, the Trust had used a peer group consisting of East Cheshire, Bolton, Wigan, Wrightington & Leigh, Tameside, South Manchester, Warrington and Salford. He noted, however, the need to formally agree a peer group for the national programme.

The Director of Finance reported that s5.2 of the report highlighted a significant risk for the Trust to be rated as 'requires improvement' or 'inadequate' and noted the need to develop actions alongside the review of undertakings report and the well-led review process to ensure improvement of the overall score. He advised that the metrics behind the assessment would continue to be reported to the Executive Team and that an assurance report would be presented to the Finance & Performance Committee on a bi-monthly basis.

The Chair made reference to recommendation 6.2 of the report which referred to monitoring performance against the Use of Resources metrics and queried how the Trust could drive performance against benchmarks in a more active way. The Director of Support Services noted the need for stronger monitoring and the Director of Finance noted a number of knowledge bases available for benchmarking, including CHKS; Albatross; Better Care, Better Value. With regard to benchmarking, Mrs C Anderson noted the importance of comparing like with like and the need for clear mapping of the drivers behind metrics. The Director of Corporate Affairs summarised the purpose of the report and noted that NHS Improvement were commencing these assessments and that the Trust would need to establish awareness of the likely outcome and the way in which Model Hospital metrics were used to drive performance.

The Medical Director noted his attendance at a number of Carter sessions in London and commented on the significant amount of data used in the programme to steer areas of work. In response to a comment from the Chair, the Chief Executive advised that the Executive Team had considered a report on Model Hospital metrics at its meeting on 26 September 2017 and noted that the subject of Model Hospital would be included in the programme for the Board development day in October 2017. In response to questions from Mrs C Barber-Brown and Ms A Smith, the Director of Corporate Affairs commented that the Trust needed to use intelligence to drive improvement and that the initial range of metrics would not facilitate overnight improvement. He added that clarity was paramount in understanding how the intelligence would be used and in establishing improvement measures.

Mr J Sandford commented on the need to ensure that the metrics were integrated with the Cost Improvement Programme and existing governance processes rather than consider them in isolation and also noted that focus should be given to areas which would provide the Trust with optimum financial benefits.

The Board of Directors:

- Received and noted the Use of Resources Assessment Framework Report.

227/17 Annual Fire Safety Report

The Director of Support Services presented an Annual Fire Safety Report. He briefed the Board on the content of the report and noted assurance that the Trust met both its statutory obligations and was compliant with Department of Health guidance. He further noted that the report also provided an update on progress against the Trust's Fire Strategy. Mr J Sandford commented on the report content and the significant consequences trusts would face in the event of harm caused by fire, particularly in the light of the Grenfell fire. The Director of Support Services agreed to ensure that appropriate information was included in future reports to provide confidence and assurance in this area.

228/17 Committee Terms of Reference – Periodic Review

The Director of Corporate Affairs presented a report seeking Board approval for the People Performance Committee and Finance & Performance Committee Terms of Reference. He noted that both Committees had completed a periodic review of their Terms of Reference during meetings held on 18 July 2017 and 20 September 2017 respectively. He advised that the People Performance Committee had agreed that no amendments were required to the current Terms of Reference. The Director of Corporate Affairs advised that the Finance & Performance Committee had agreed a range of amendments to the current Terms of Reference which were identified in the document included for reference at Annex C of the report. The Director of Corporate Affairs reported that both Committees had also completed an annual effectiveness review and noted that the outcomes of the review had been included for information at Annex B and Annex D of the report.

The Board of Directors:

- Received and noted the report and approved the Terms of Reference for the People Performance Committee included at Annex A to the report.
- Approved the Terms of Reference for the Finance & Performance Committee included at Annex C to the report.
- Noted the outcomes of annual reviews of effectiveness included at Annex B and Annex D of the report.

229/17 Date, time and venue of next meeting

There being no further business, the Chair closed the meeting and advised that due to a Royal Visit for the formal opening of the Medical & Surgical Centre taking place on the previously scheduled Board meeting date in October 2017, the next meeting of the Board of Directors would be held on Friday, 27 October 2017, at 1.15pm in Lecture Theatre A, Pinewood House.

Signed:_____Date:_____

BOARD OF DIRECTORS: ACTION TRACKING LOG

Ref.	Meeting	Minute Ref	Subject	Action	Responsible
9/16	24 Nov 16	340/16	Strategic Risk Register	Mrs J Morris advised that all risks would be transferred to the new Datix system by the end of December 2016 and suggested that once implemented, Ms C Marsland would provide a presentation to the Board with regard to the new system. **Update on 27 Jan 2017** – A presentation would be provided to the Board in April 2017. **Update 27 Apr 17** – The Board noted a delay to implementation of the Datix system and agreed that the presentation would be provided on 29 June 2017. **Update 26 Jun 17** – Mrs J Morris advised that due to the revised Board meeting date, Ms C Marsland had been unable to attend the meeting as she was at an inquest. It was noted that the presentation would be deferred to the July Board meeting. **Update 27 Jul 17** – The Chief Executive advised the Board that the Trust was looking to procure an external trainer to provide training on the new Datix system. It was noted that the presentation to the Board would be arranged as soon as practicable. **Update 28 Sep 17** – The Chief Executive advised the Board that the Trust had procured an external trainer for a 6 month period to provide training on the new Datix system and noted that the Board would receive a presentation on the new system at the October meeting.	J Morris (Director of Nursing)
09/17	27 Apr 17	108/17	Trust Performance Report – Month 12	Further to a comment made by Dr C Wasson, it was agreed to invite ED representatives to deliver a presentation on the department's strategy and vision at the June Board meeting. **Update 25 May 17** – It was noted that the presentation would be delivered at the July Board meeting. **Update 27 Jul 17** – The Board noted delivery of a presentation by Mr D Johnson and agreed to reschedule the ED presentation to 28 September 2017.	C Wasson (Director of Medicine)

				Update 28 Sep 17 – It was noted that this action was closed.	
11/17	26 Jun 17	167/17	Patient Story	In response to a comment from the Chair, it was suggested that consideration be given to inviting patient and ward representatives to meetings of the Board to share learning with regard to issues raised in patient stories. **Update 28 Sep 17** – The Board noted that this approach had now been adopted. Action closed.	J Morris (Director of Nursing) / J Shaw (Director of Workforce & OD)
13/17	26 Jun 17	170/17	Stockport Together – Outline Business Cases	Board members agreed to receive presentations on key enablers at the Board of Directors meetings in August / September 2017: • Workforce – August • IM&T and Information Governance – September **Update 28 Sep 17** – The Director of Corporate Affairs agreed to liaise with the Director of Support Services and the Director of Workforce & OD with regard to the scheduling of these presentations.	J Shaw (Director of Workforce & OD) / H Mullen (Director of Support Services) / P Buckingham (Director of Corporate Affairs)
15/17	26 Jun 17	173/17	Strategic Risk Register	The Director of Corporate Affairs and Mr J Sandford agreed to review the Audit Committee terms of reference with a view to incorporating risk in its functions and consider content for a risk workshop. **Update 27 Jul 17** – The Director of Corporate Affairs advised that outcomes of the review would be considered at the next Audit Committee meeting on 12 September 2017. **Update 28 Sep 17** – The Director of Corporate Affairs noted that he had met with Mr J Sandford and advised that a revised version of the Audit Committee terms of reference would be considered at the Audit Committee in November, with a view to being presented to the Board of Directors for approval in November 2017.	P Buckingham (Director of Corporate Affairs) / J Sandford
16/17	27 Jul 17	199/17	CQC Inspection – June 2017	The Chief Executive advised that the Improvement Plan would be considered by the Board of Directors at the meeting on 29 September 2017 but noted that the plan might not be the final version at that stage. **Update 28 Sep 17** – The Chief Executive noted that the Trust was still awaiting the publication of the CQC Reports and it was therefore proposed that the final Consolidated Improvement Plan be considered by the Board	A Barnes (Chief Executive)

				at the meeting in November 2017. **Update for 27 Oct 17 –** CQC reports published in October 2017. Progress report to be presented to the Board of Directors by the Director of Nursing & Quality and Medical Director on 30 November 2017	
17/17	28 Sep 17	220/17	Finance & Performance Key Issues Report	Mr M Sugden reported that the Committee had considered the Trust's cash position and had noted the likelihood that the Trust would require additional cash investment in December 2017. He advised that relevant approval documentation would be prepared for consideration by the Board of Directors in November 2017.	F Patel (Director of Finance)
18/17	28 Sep 17	221/17	Trust Performance Report – Month 5	The Interim Provider Director made reference to the increased capability of neighbourhood teams and 7-day working and noted that the Board of Directors would receive a report regarding the Implementation Plan of the Stockport Together Programme at the meeting in October 2017.	K Spencer (Interim Provider Director)
19/17	28 Sep 17	222/17	CQC Report	In response to a question from the Interim Provider Director, the Interim Director of Nursing advised that the ward accreditation programme would be based on external assessment and it was subsequently proposed that Ms C Sparks, Assistant Director of Nursing, would be invited to deliver a presentation on this topic to a future meeting of the Board of Directors. **Update for 27 Oct 17 –** Presentation scheduled to be presented to the Board on 30 November 2017.	R Holt (Interim Director of Nursing)
20/17	28 Sep 17	225/17	Draft Alliance Provider Agreement	In response to a question from the Chair, the Interim Provider Director advised that he would provide an update with regard to the risk and gain share agreement at the next Board meeting.	K Spencer (Interim Provider Director)

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mr P Buckingham

REPORT FOR NOTING

Corporate objective ref:	**Summary of Report** The purpose of this report is to advise the Board of Directors of the Chair's recent and planned activities
Board Assurance Framework ref:	
CQC Registration Standards ref:	N/A
Equality Impact Assessment:	☐ Completed ☐ Not required

Attachments:	Nil

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

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1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to advise the Board of Directors of the Chair's recent and planned activities. As previously, the report provides brief information since the previous Board meeting in relation to:

- Notable events
- Matters concerning the development of the Board itself
- My own engagements and visits on behalf of the Trust
- Any significant regulatory developments that as Chair I have been involved in
- A forward look to significant events or possible developments.

2. NOTABLE EVENTS

2.1 On 28 September 2017 we held the formal opening of the Transfer Hub with Mr A Burnham, Greater Manchester Mayor as the guest of honour. This was an opportunity to showcase the excellent partnership working in this facility which aims to discharge patients home safely or arrange transfer to an appropriate care setting as swiftly as possible. Mr Burnham noted that it was just the type of development that he would like to see more of across Greater Manchester.

2.2 We held our Annual Members' Meeting on 12 October 2017 and the event was well attended. Attendees received presentations from the Chief Executive and Director of Finance together with a presentation from clinicians on the Stockport Together developments. In a change of approach from previous years, members had the opportunity to participate in round table discussions on the subject matter of the presentations and pose questions to Board members. This format was well received and is definitely an approach which we will look to use more regularly in the future.

2.3 The formal opening of the Medical & Surgical Centre is scheduled to take place on 26 October 2017 and we will be delighted to welcome HRH Duchess of Gloucester to the Trust to perform the opening ceremony.

3. BOARD DEVELOPMENT

3.1 Last month I reported that Mrs Caroline Griffiths, Improvement Director, NHS Improvement had commenced work with the Trust on 21 September 2017. Caroline is working well with the senior team in providing support and advice on quality governance and strategy developments.

3.2 Mrs Helen Thomson joined the Trust as Interim Chief Executive (Designate) on 16 October 2017 and will be working closely with Mrs Ann Barnes over the next two months to complete a comprehensive handover and transition period. Helen will take on the full responsibilities as Accounting Officer with effect from 1 January 2018. We also welcomed a new Director of Nursing & Quality with Mrs Alison Lynch commencing work with the Trust on 23 October 2017. Alison replaces Ms Ruth Holt who has returned to her substantive position with NHS England having done an excellent job in providing interim support over the previous three months.

3.3 The Board of Directors has a Development Day scheduled on 26 October 2017 and development subjects include; Model Hospital, Quality Improvement Plan, Developing the Unitary Board and Organisational Culture. I will provide a summary of how the day went at the Board meeting on 27 October 2017.

4. CHAIR ENGAGEMENTS

4.1 A summary of the Chair's activities is as follows:

26 September 2017	Met with Mr N Smith, Care Quality Commission
26 September 2017	Met with local Councillors – Mr M Hunter and Ms L Smart
27 September 2017	Attended the Annual General Meeting at Pennine Care NHS Foundation Trust
5 October 2017	Visited the Hyper-Acute Stroke Unit (HASU)
9 October 2017	Visited Ward E1
11 October 2017	Attended a Greater Manchester Summit on Urgent & Emergency Care
12 October 2017	Met with Mrs P Smith, Chief Executive, Stockport Metropolitan Borough Council
13 October 2017	Hosted a visit by Mr W Wragg MP.
13 October 2017	Visited Ward E2
17 October 2017	Met with Mrs C Outram, Chair, Christie Hospital NHS Foundation Trust.
18 October 2017	Attended a meeting of the Finance & Performance Committee

5. REGULATORY DEVELOPMENTS

5.1 The Trust is currently attending monthly Enhanced Oversight meetings with NHS Improvement representatives which focus on the Trust's plans to address the financial position. The most recent meeting was held on 19 October 2017 and was attended by the Deputy Chair, Chief Executive and Director of Finance.

6. FORWARD LOOK

6.1 With regard to forward planning, we will be looking to review succession plans for Non-Executive Directors and initiate recruitment action as required. In addition, we will continue the work in progress to prepare for an externally-facilitated Well-Led Review which will take place in Quarter 4 2017/18.

7. RECOMMENDATIONS

7.1 The Board of Directors is recommended to:

- Receive and note the content of the report.

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Chief Executive's Report		
Report of:	Chief Executive	**Prepared by:**	Mr P Buckingham

REPORT FOR NOTING

Corporate objective ref:	**Summary of Report** The purpose of this report is to advise the Board of Directors of national and local strategic and operational developments which include: • Alliance Provider Board
Board Assurance Framework ref:	
CQC Registration Standards ref: N/A	
Equality Impact Assessment: ☐ Completed ☐ Not required	

Attachments: Nil

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Assurance Committee ☐ F&P Committee ☐ PP 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 advise the Board of Directors of national and local strategic and operational developments.

2. ALLIANCE PROVIDER BOARD

2.1 The first formal meeting of the Alliance Provider Board took place on the 10 October 2017 and Mr H Mullen, Director of Support Services was the Trust's representative at the meeting. The meeting was chaired by Andrew Webb, Stockport Metropolitan Borough Council ahead of an Independent Chair being appointed. The Independent Chair will be a General Practitioner.

2.2 The key issues discussed at the meeting were:

a. The development and implementation of the Neighbourhoods is behind plan. There are a number of reasons for this, one being the on-going negotiation with the Trade Unions regarding staff working outside of their normal/routine hours. This is a key issue as we look to provide 24/7 out of hospital services.

b. This has resulted in an underspend in the Neighbourhoods expenditure to date. The other workstream behind plan is the Enablers and plans are being prepared to carry forward significant resources into the next financial year. A detailed plan for the reasons for this has been requested and will be included in next month's report.

c. A paper was discussed regarding the IM&T capability within our Health Centres and Clinics. The IT work stream has been asked to provide a Plan which will show over the next 6 months how this position can be improved. The reasons for this are not straightforward as they are a result of the legacy Greater Manchester CCG network.

d. Agreement was reached that the 3 different Outpatient groups should be brought together under one Senior Responsible Officer (SRO). Mr K Spencer will liaise with Ms S Toal and Dr V Metha to identify an appropriate SRO.

3. RECOMMENDATIONS

3.1 The Board of Directors is recommended to:

- Receive and note the content of the report.

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Stockport NHS
NHS Foundation Trust

Board of Directors' Key Issues Report

Report Date: 27/10/17		**Report of:** Finance & Performance Committee
Date of last meeting: 18/10/17		**Membership Numbers:** Quorate
1.	Key Issues Highlighted:	The Committee considered an agenda which included the following: ▪ Month 6 Finance Report ▪ Month 6 Operational Performance Report ▪ Month 6 Agency Utilisation Report ▪ Service Review Schedule ▪ 2017/18 CIP Report ▪ Financial Recovery Plan ▪ EPR Benefits Report ▪ EPR Progress Report ▪ Capital Programme Development Group (CPDG) - Key Issues Report ▪ Validation of Policies With regard to matters to bring to the attention of the Board, the Committee considered the Month 6 Finance Report and noted a deficit position of £17.2m at 30 September 2017, compared to a planned deficit of £18.1m, which resulted in a favourable variance of £0.9m. The Director of Finance provided an overview of report content and noted in particular the following key issues: ▪ Elective Activity - activity levels behind plan ▪ Non-Elective Activity - increased activity levels in the context of block contract arrangements The Committee considered the Trust's cash position and noted that access to a working capital facility would now not be required until January 2018, as opposed to December 2017 reported last month. The Committee requested that the Director of Finance ensures that a clear plan is in place to secure relevant approvals by the Board of Directors. With regard to Operational Performance, the Committee noted that performance against the A&E 4-hour standard in September 2017 had deteriorated in comparison with the August 2017 position with the Quarter 2 position of 80% remaining significantly short of the trajectory position. The Chief Operating Officer advised the Committee that, while RTT performance had been achieved for Quarter 2 (92.1%), the standard had not been achieved in September 2017 with performance of 91.6% against the standard of 92%. The Chief Operating Officer noted focus on addressing CQC actions, maintain patient flow and workforce issues as factors impairing performance. She assured the Committee that the position would be recovered in October 2017.

		In considering the Finance and Operational Performance reports, the Committee identified a need for greater Board-level understanding of both the urgent care recovery plan and plans for winter preparedness, and any consequential impact on financial, operational and quality performance. A presentation on these subjects will be included on the agenda for the meeting on 27 October 2017. With regard to Agency Utilisation, the Committee noted that the level of expenditure had reduced for a third consecutive month, as a result of both recruitment to substantive positions and further development of bank arrangements. This further reduction has reduced the risk of non-compliance with the overall 2017/18 Agency Ceiling although the risk to achievement of the further 10% reduction in medical agency usage still remains. A further contributory factor to reduced expenditure is anticipated to result from planned service reviews and the Committee considered a report from the Chief Operating Officer which detailed the methodology for the reviews which are scheduled to commence in November 2017. The Committee was assured on the overall approach but recommended that external reviewers be included in the review teams to provide an independent and objective view. The Committee considered a separate report on the 2017/18 Cost Improvement Programme (CIP) and noted a gap of circa £2.1m against the £15m target for the year. However, when the high-risk element of identified schemes is taken into account, the size of gap potentially increases to circa £4.2m. The Committee noted preparation of a Financial Recovery Plan, which formed a separate agenda item, and the importance of planned service reviews in terms of both in-year and future year efficiencies. However, on the basis of the report, the Committee is again only able to report limited assurance on delivery of the 2017/18 Cost Improvement Programme. The main focus of the meeting was on a Financial Recovery Plan (FRP) which was presented by the Director of Finance. The plan document included a comprehensive briefing on the factors driving the Trust's deficit position and detailed a series of measures to achieve the Trust's financial plan for 2017/18. In summary, these measures were: ▪ To release funds from a review of planning assumptions; ▪ Expedite delivery of amber / red rated cost improvement schemes; ▪ Agree re-investment of contractual penalties; ▪ Actions to improve Business Group financial positions; ▪ Improved utilisation of bed capacity; ▪ Improved utilisation of outpatient capacity; and ▪ Risk-assessed reduction in medical agency and locum costs. The Committee endorsed the proposed measures but noted the level of risk associated with full delivery of the additional efficiencies. Due to the consequent risk associated with delivery of the financial position, the Committee requested that the Executive Team identify additional schemes to provide an appropriate level of contingency. The Committee considered reports from the Director of Support Services which detailed the position on Benefits of the EPR Project together with a summary of current progress. The Committee noted the Non-Executive Director oversight arrangements established for this key project and the relevant Non-Executive Directors advised the Committee of the positive assurance gained on the plans to achieve benefits from Roll-Out 1. With regards to progress, Board members will be

		aware of the decision taken to postpone Roll-Out 1 implementation and the Committee noted continuing work across all project work streams to ensure readiness for a revised implementation date. This work includes close working with the system provider to ensure system functionality with the escalation of issues for resolution where appropriate. Finally, the Committee noted a Key Issues Report from the Capital Programme Development Group and validated a number of Information Governance-related policies.		
2.	Summary of Assurance	1. Delivery of 2017/18 Cost Improvement Programme – Limited Assurance 2. Delivery of the A&E 4-hour standard trajectory – Limited Assurance 3. Plans for delivery of EPR Benefits from Roll-Out 1 – Significant Assurance		
3.	Risks Identified	Delivery of 2017/18 Cost Improvement Programme Delivery of 2017/18 Financial Plan Operational Risk associated with delivery of the A&E 4-hour standard trajectory		
4.	Actions to be considered	Executive Team to identify additional schemes for Financial Plan contingency		
5.	Report Compiled by	Malcolm Sugden, Chair	Minutes available from:	Company Secretary

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Stockport NHS
NHS Foundation Trust

Board of Directors' Key Issues Report

Report Date: 26/10/17		**Report of:** People Performance Committee
Date of last meeting: 19/10/17		**Membership Numbers:** Quorate
1.	Key Issues Highlighted:	The Committee considered an agenda which included the following: • Recruitment & Retention Strategy Update • Workforce Plan • Internal Communications & Engagement Plan 2017/18 • Quarter 1 Performance Report • Training Needs Analysis • Medical Appraisal and Revalidation • Agency Expenditure • Deanery Assessment Visit Update • Key Issues Reports - JCNC - Workforce Engagement & Efficiency Forum With regard to matters to bring to the attention of the Board, the Committee approved an updated Recruitment & Retention Strategy following consideration of the draft strategy at the September meeting. The Committee noted that the associated implementation plan appended to the report had also been revised following new guidance issued by NHS Employers. With regard to key objectives of the Strategy, the Committee requested further detail regarding the Trust's current and target positions. The Committee also raised the issue regarding collaborative working vs. competition amongst Greater Manchester partner organisations and noted the ongoing work in this area. The Committee then considered a refreshed Workforce Plan and commended the improved structure of the Plan. The Committee noted the link with the Recruitment & Retention Strategy and Committee members were requested to provide further comments on the structure of the Plan to the Deputy Director of Workforce & OD in advance of approval of the final Plan at the Committee meeting in November 2017. Following a request from Committee members, a staff story on the role of Allied Health Professionals would be considered at a future Committee meeting to provide further information on this important role. The Committee then received assurance on the effective implementation of the Internal Communications & Engagement Plan 2017/18 and noted the key actions going forward. The Committee noted that the actions had resulted from feedback received via a Communications survey and evaluation of a Communications Insight Group. The Committee reviewed a Quarter 1 Workforce & OD Performance Report which had been deferred from a previous meeting due to the size of the agenda. It was noted that the Committee would review the Quarter 2 report at the next meeting but

		that thereafter, the report would be presented annually. The Director of Workforce & OD advised that monthly Workforce Flash Reports would be considered at Committee meetings going forward. The Committee then considered a report on Training Needs Analysis which provided assurance that the Trust had a process in place to ensure a fair and transparent system to maximise available funding. The Committee also considered a report on Medical Appraisal and Revalidation and noted that changes to the appraisal process had resulted in some issues, particularly with regard to the introduction of out-of-specialty appraisals, but that ultimately the system was more robust as a result. The Deputy Medical Director reported a significant improvement in the number of overdue appraisals and noted that future reports would include benchmarking information against other organisations in the region. The Committee was advised that the Appraisal and Revalidation Policy had been updated to reflect the changes to the process and would be validated at a future Committee meeting following approval by the Local Negotiating Committee. With regard to Agency Utilisation, the Committee was pleased to note that the level of expenditure had reduced for a third consecutive month, as a result of both recruitment to substantive positions and further development of bank arrangements. This further reduction had reduced the risk of non-compliance with the overall 2017/18 Agency Ceiling although the risk to achievement of the further 10% reduction in medical agency usage still remained. The Committee was advised that the Trust had been offered support from NHS Improvement with regard to procurement and contracts and the Committee would be updated on progress in this area. The Director of Workforce & OD provided a verbal update to the Committee following a visit by Health Education England North West (HEENW) on 21 September 2017. She advised that the HEENW had visited the Emergency Department as they had concerns from their previous visit in September 2016 which had highlighted issues regarding standards of medical training. The Committee was advised that a significant amount of work had been done by the Trust's Emergency Department, Acute Medicine and Post-Graduate Medical Centre since the previous visit and was pleased to note that both the General Medical Council (GMC) and the HEENW had commended the Trust for an improved position. The Director of Workforce & OD advised that a full report was awaited and would be considered by the Committee in due course. Finally, the Committee received Key Issues Reports from the Joint Consultative Team Committee and the Workforce Engagement & Efficiency Forum.		
2.	Summary of Assurance	• Medical Appraisal and Revalidation – Significant Assurance on process • Agency Expenditure – Significant Assurance on reduction in expenditure		
3.	Risks Identified	• Achievement of the further 10% reduction in medical agency usage.		
4.	Report Compiled by	Angela Smith, Chair	Minutes available from:	Company Secretary

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Trust Performance Report (reporting period : Month 6 2017/18)		
Report of:	Chief Operating Officer	**Prepared by:**	Joanne Pemrick Head of Performance

REPORT FOR APPROVAL

Corporate objective ref: N/A	In relation to month 6 performance, the following are the main areas of concern for the Boards attention: • ED was non-compliant against the Single Oversight Framework metric and against the 90% trajectory plan. Performance in September was 79.9%. • RTT failed to meet standard for the first time in 10 months. • The Trust financial position is favourable to plan to the end of September by £0.9m, but this is still an £17.2m loss equal to £94,000 per day. • CIP is £2.0m ahead of plan the profiled plan to date. It is expected that the current favourable CIP variance will reduce as the expected profile of savings increases significantly from October 2017. Recurrent CIP has increased in month to £5.0m (33%), as theatre productivity increases have been transacted recurrently and account for £2.4m of the total recurrent CIP • Elective income has deteriorated again in month. Scheduled sessions taking place in certain specialties are being run more efficiently, but fewer lists are going ahead than planned so income is low. • In the absence of a formal agreement from the commissioners, the Trust has assumed the sanctioning of financial penalties for failure to deliver national access targets. The summary of all the key issues to note are detailed in section 1.1 of the report.
Board Assurance Framework ref: N/A	
CQC Registration Standards ref: N/A	
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 ☐ F&P Committee	☐ PP Committee ☐ SD Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☒ Other

1. Introduction

This report provides a summary of performance against the NHSI Single Oversight Framework for the month of September 2017, 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.

1.1 Key issues to note:

Operational Performance

- ED was non-compliant against the Single Oversight Framework metric and against the 90% trajectory plan. Performance in September was 79.9%.
- RTT performance was below National standard for the first time in 10 months.
- The Cancer 62 day performance is predicted to achieve for September and Q2.

Workforce

- The essentials training compliance is 82.7% for September 17. The e-learning transition has had a detrimental impact on the overall compliance and a full review of the process had been undertaken.
- Bank and agency costs in month (September 2017) account for 10.2% (£1.85m) of the £18.25m total pay costs. This is a decrease of 1.4% from the position reported in August (£2.12m).
- The in-month unadjusted sickness absence figure for September 2017 is 3.76%; a decrease of 0.56% compared to the previous month

Finance

- The Trust financial position is favourable to plan to the end of September by £0.9m, but this is still an £17.2m loss equal to £94,000 per day.
- CIP is £2.0m ahead of plan the profiled plan to date. It is expected that the current favourable CIP variance will reduce as the expected profile of savings increases significantly from October 2017. Recurrent CIP has increased in month to £5.0m (33%), as theatre productivity increases have been transacted recurrently and account for £2.4m of the total recurrent CIP
- Elective income has deteriorated again in month. Scheduled sessions taking place in certain specialties are being run more efficiently, but fewer lists are going ahead than planned so income is low.
- In the absence of a formal agreement from the commissioners, the Trust has assumed the sanctioning of financial penalties for failure to deliver national access targets.

2. Compliance against Single Oversight Framework

The table below shows performance against the indicators in the Single Oversight Framework that came into effect 1st October 2016. The forecast position for September is also indicated by a red (non-compliant) or green (compliant) box.

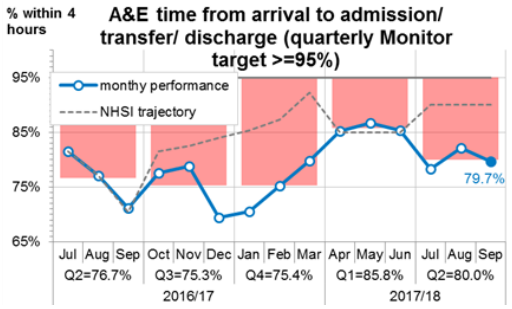
	Standard	Monitoring Period	Oct-16	Nov-16	Dec-16	Q3	Jan-17	Feb-17	Mar-17	Q4	Apr-17	May-17	Jun-17	Q1	Jul-17	Aug-17	Sep-17	Q2	Oct-17 (f/cast)
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate: Patients on an incomplete pathway	92%	Monthly	91.5%	92.4%	92.1%	92.0%	92.1%	92.5%	92.6%	92.4%	92.5%	93.3%	92.7%	92.8%	92.7%	92.1%	91.7%	92.1%	
A&E maximum waiting time of four hours from arrival to admission/ transfer/ discharge:	95%	Monthly	77.6%	78.9%	69.4%	75.3%	70.5%	75.2%	79.8%	75.4%	85.3%	86.7%	85.3%	85.8%	78.3%	82.1%	79.7%	80.0%	
All cancers: Maximum 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	Monthly	81.4%	85.1%	89.1%	86.0%	85.4%	87.3%	91.2%	88.1%	91.3%	74.5%	85.0%	83.7%	85.9%	90.7%	85.6%	87.5%	
All cancers: maximum 62-day wait for first treatment from: NHS Cancer Screening Service referral	90%		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Maximum 6-week wait for diagnostic procedures	99%	Monthly	99.7%	99.8%	99.6%	99.7%	99.8%	99.7%	99.8%	99.8%	99.6%	99.8%	99.8%	99.7%	99.4%	99.3%	99.8%	99.5%	

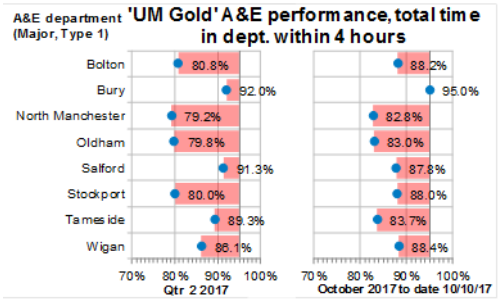
3. Month 6 2017/18: Performance against Single Oversight Framework

There were two areas of non-compliance against the regulatory framework in month 6:

i) A&E 4hr target

A) 4hr standard

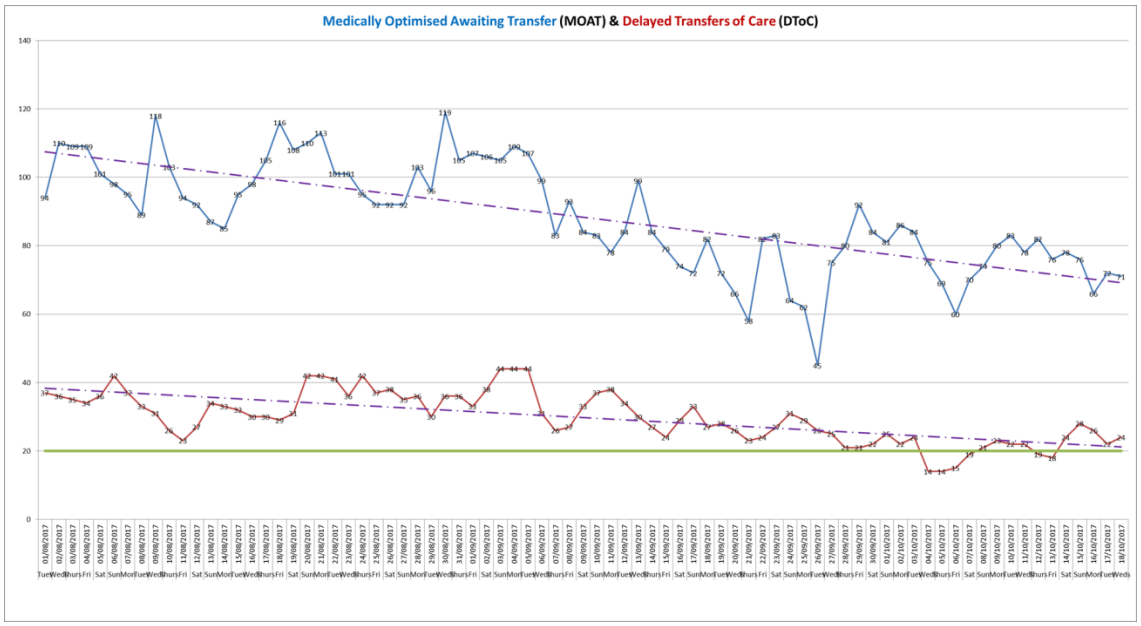




Performance in September was 79.9%, which is below the improvement trajectory of 90%. However, as shown in the chart above, month to date for October is showing a 10% improvement with strong performance on several days above 90%.

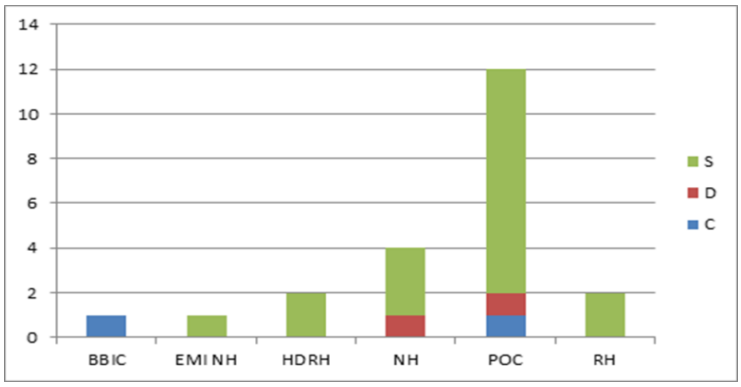
Delayed Transfers of Care (DToC)

The graph below represents the number of patients each day in who are medically optimised (blue line) and of those which are Delayed Transfers of Care (red line).



It is recognised that a DToC level of <20 and a MOAT level of <40 is required to enable adequate system flow and work within the multi-agency Integrated Transfer Team is very much focusing on achieving these levels sustainably.

Complimentary to this work, is the systematic review of 'stranded patients' ie patients with a length of stay > 7days. This is being led by the Chief Operating Officer and Medical Director.



At the time of writing, the most common reason for delay is the wait for a package of care.

The 8 week short term recovery plan finished on the 6th October achieving the objectives as described below. The challenge is now future sustainability.

Emergency Department
Recovery Plan Target: Reach Weekly Average 90% by 6 October

- **Average weekly ED Performance** at week ending 6 October was **90.6%**
- Represents the **best weekly average since mid May 2017**
- **ED Performance** Year to Date = **83.1%**
- Strong Correlation between Trigger points and performance
  - AMU Bed occupancy <85%
  - Speciality Ward <90%
- Sustainability is the challenge

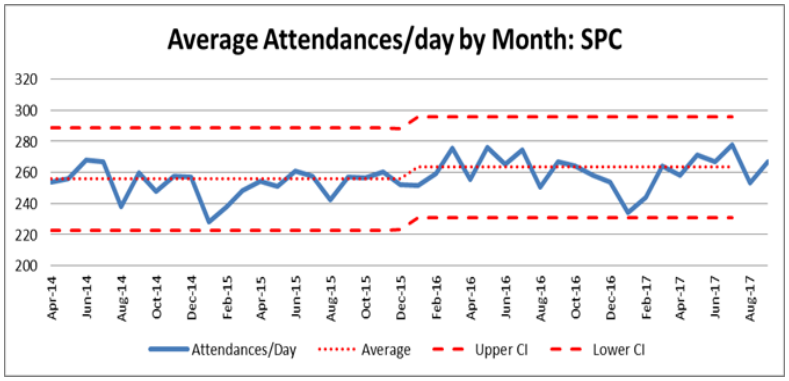
Delayed Transfers
Recovery Plan Target: <=20 by 6 October

- Actual as at 6 October **= 15 (2.5%)** compared to **42 (5.6%) at beginning of plan**
- **2nd lowest in GM** as at 6 October
- **DToC spike** at the weekend has shallowed (22)
- Average daily DToCs have fallen from **38 to 20** during the period of the recovery plan to date.
- The number of **Medically Optimised Patients Awaiting Transfer** (MOATs) is 68 at 6 October. This has halved from its peak

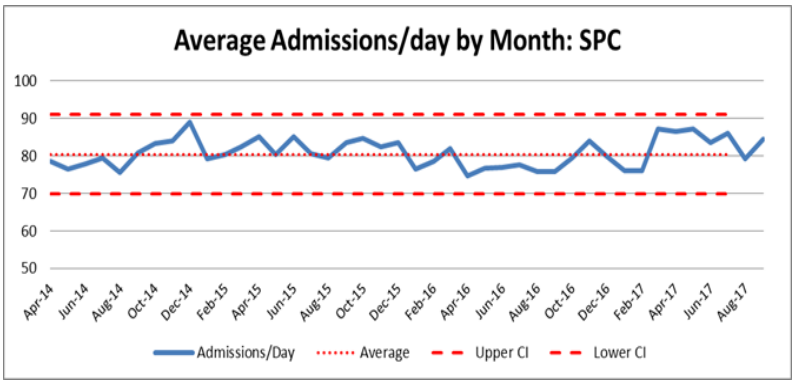
Subsequent actions include:

- Resolving DTOC increases at the weekend. There is a short term solution already in place.
- 7 day working for primary care and social care workers. Consultation is underway.
- Long term Residential and Nursing Home placements.
- Joint Commissioning focus on Long term packages of care to sustainably address MOATS issue.
- Focus on process delays: social care assessments and Ward Assessments including use of Patient Tracking Lists (PTL for all in patients)
- Sustainability of overnight ED staffing
- Reducing average length of stay by focusing on stranded patients: Importance of medical leadership and criteria led discharge
- Need to improve Discharges from specialty and medical wards at weekends and throughout the week to avoid sudden deterioration in performance

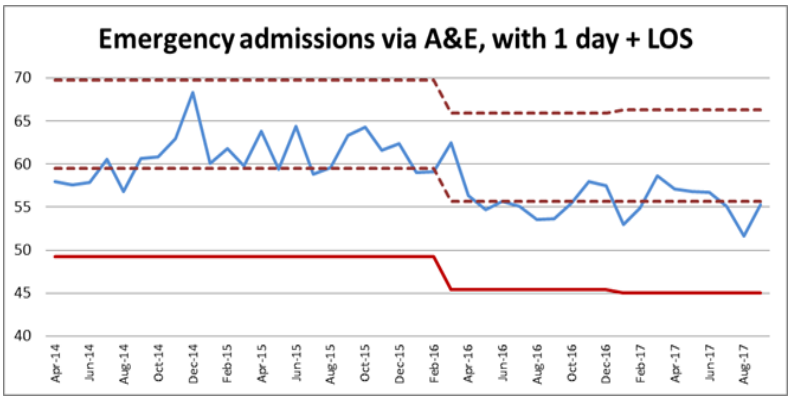
B) Average attendances: 267 per day in September



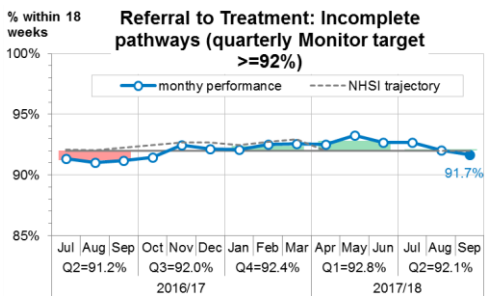
C) Admission rates of patients: 84 per day in September

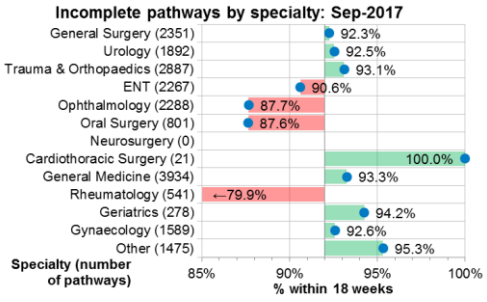


D) Emergency admissions via A&E > 1day LOS: average 55/day in September



- **ii) RTT- 92% Incomplete standard**





The Trust has failed to achieve the 92% Incomplete RTT standard for the first time in 10 months, with performance for September being 91.7%.

There was a net increase of 75 more patients waiting beyond 18 weeks as at the end of September compared to August, with both the admitted and non-admitted backlog seeing overall increases.

As predicted, 4 services have failed the standard at specialty level in September; Rheumatology, Ophthalmology, ENT and Oral Surgery.

The main contributory factors for these specialties are:

<u>Oral Surgery</u>
Sickness within dental nurse establishment has affected capacity for both clinic and outpatient procedure appointments. Anaesthetist availability has also impacted on the number of GA lists for inpatient procedures. Staffing options are being explored.

<u>ENT</u>
There has been a vacant Consultant post since July which was compounded by a 3 week gap in locum cover in August. A replacement Consultant has been appointed and will commence in post in November.

<u>Ophthalmology</u>
Sickness absence within Outpatient and Stockport Eye Centre staffing establishment has impacted on both Outpatient and inpatient activity. Anaesthetist availability has also similarly impacted.

There is an increased wait for Oculoplastic referrals which are reliant on one Consultant with sub-specialty expertise to support.

A recruitment drive is underway to help alleviate current staffing pressures and discussions regarding options for Ocuplastic commissioning are taking place.

<u>Rheumatology</u>
There is an increased wait for a new appointment in Rheumatology which has been compounded by a significant spike in referrals in May. Loss of an experienced Registrar from April has also contributed to a reduction in clinic capacity for new patients.

Recovery plans and trajectories for compliance have been requested from each area.

Future risks to compliance against the new Single Oversight Framework

Future risks to compliance with the new framework are:

- ED
    - Recruitment and retention of medical and nursing staff
    - Speed and pace required to deliver cultural change associated with large scale transformation
    - Sustained increase in demand
    - Weekend and early in the day discharges from Medical Wards

- RTT
    - Redirection of Clinical resource away from elective activity to support the urgent care pathway, will affect the ability to maintain RTT performance over the winter period.

4. Key Risks/hotspots from the Integrated Performance Report

4.1 Quality

- **Discharge Summary**

  The percentage of discharge summaries published within 48 hours was 81.3% in September.

  A process mapping exercise is planned to be undertaken to help identify the root cause across each clinical area.

- **Clinical Correspondence**

  There has been a decrease in performance against standard in month, particularly within some of the Medical specialties. Whilst staffing pressures have contributed, it has to be acknowledged that Outpatient activity has significantly increased in certain specialties which follows on from increased referral activity.

  Estate has been identified to facilitate co-location of support Secretarial staff from 1st November to help provide resilience to the administrative function.

- **Patient Experience**

  Overall in September, the trust scored 92% extremely likely or likely to recommend. The ED score was 86.5%. Feedback from patients attending ED continued to cite long waiting times.

4.2 Performance

- **Cancelled operations – 28 day breach**

  There were 2 breaches of the 28 day standard in September. Both patients have subsequently been treated.

- **Outpatient Waiting Lists:**

  Progress with the OWL is monitored through the contract KPI's now that the contract notice has been removed.

  Cardiology was adverse to trajectory in September. An increased demand in stress echo's in month detracted clinical activity away from mainstream clinics. A new substantive Consultant is now in post.

4.3 Finance

- **CIP**

  To the end of September £4.7m of CIP has been actioned towards the year-to date target of £2.7, so is £2.0m ahead of plan. £8.5m (56%) of the £15.0m annual saving has been achieved. Recurrent CIP has increased in month to £5.0m (33%), as theatre productivity

increases have been transacted recurrently and account for £2.4m of the total recurrent CIP. This remains as a risk as although efficiency has improved in some specialties, the overall volume of lists required to meet the plan is not being delivered.

Overall delivery of full year CIP savings of £15.0m is required to achieve the planned deficit of £27.4m but at present recurrent delivery is low. **This is a significant concern as it does not support the Trust's drive to return to financial balance in the medium term, as a further £15m of recurrent CIP is required in 2018/19, in addition to delivery of the full £15m recurrently in 2017/18.**

- **Financial sustainability**
  The Trust's Use of Resources (UOR) score under the Single Oversight Framework is a 3, classified by NHSI as triggering significant concerns. The Trust's operational plan for 2017/18 predicted a score of 3 for September 2017 and our actual performance is in line with this.

  For the Trust's overall score to improve to a 2 the planned financial deficit would need to improve by £24.7m to a deficit of £2.7m (within 1% of planned operating income).

- **Agency Ceiling**
  Agency costs to date are £6.7m, which represents 6% of total pay costs. This is in excess of the profiled NHSI agency ceiling to date by £0.9m.

  Agency costs for medical staffing are £4.9m to September 2017, which is 72% of all agency costs and highlights that the Medicine business group's reliance on agency medical staff is a key driver for breaching the NHSI ceiling to date. A deep dive session into medical ward nursing spend to analyse the financial performance of the wards and review progress against the recovery plan began in early September 2017.

  Recruitment to key medical specialty vacancies and successful international campaigns means that the Trust forecast agency spend is now within the annual ceiling.

- **Elective Income**
  Elective in-patient activity is 613 spells behind plan. Urology is the main specialty adverse to plan to date and is 273 spells below target, with orthopaedics a further 147 cases below plan. Day case activity is 550 spells below plan; driven by 202 orthopaedic cases below plan, 227 endoscopy and 129 ENT.

  Scheduled sessions taking place in some specialties are being run more efficiently and in list utilisation is higher than planned, but overall fewer lists are going ahead than budgeted so income is low. The Surgery business group continue to focus on theatre efficiency and increasing throughput, following on from the FourEyes supported project. Working with the information department, Surgery have developed an internal dashboard to track all elements of surgical activity through theatres and the endoscopy suite. Theatre nurse and anaesthetic staff shortfalls should also improve as recruitment has been successful and new starters now complete their supernumerary training requirements over a shorter training period.

4.4 Workforce

- **Essentials training**
  The essentials training compliance is 82.7% for September 17. The e-learning transition has had a detrimental impact on the overall compliance and a full review of the process had been undertaken

  A new Statutory and Mandatory training matrix will be launched from 8th November with the new e-learning packages which have been piloted by the Cultural Ambassadors and diverse roles Trust wide.

- **Appraisals**
  The Trust's total appraisal compliance for September 2017 is 92.7%. There has been continuous improvement and the following are in place to support full compliance:
    - The Head of OD and the Training Team completed a deep dive into areas that had Appraisal out of date for over two years. Individuals were contacted and Appraisals were completed or dates secured as an urgent priority.
    - The Appraisal internal and quality audits have been completed in tandem and resulted in significant assurance.

- **Turnover**
  The rolling 12-month permanent headcount unadjusted turnover figure at the end of September 2017 is 14.37%. For comparison the turnover rate in September 2016 was 14.24%. The adjusted rolling 12 month permanent headcount turnover figure at the end of September 2017 is 13.32%. This is an increase of 0.20% compared to the August 2017 figure of 13.12%. The top three leaving reasons are: Relocation 2.56%, Retirement 2.40% and Work Life Balance 1.75%.

- **Efficiency**
  Bank & Agency costs
  Bank and agency costs in month (September 2017) account for 10.2% (£1.85m) of the £18.25m total pay costs. This is a decrease of 1.4% from the position reported in August (£2.12m).

  The Medicine &CS Business Group bank and agency spend has reduced from £0.77m in August 2017 to £0.75m in September 2017, but continues to have the highest spend on bank and agency equating to 40.71% of the Trust overall bank and agency spend and 4.14% of the Trust total paybill.

- **Sickness Absence**
  The in-month unadjusted sickness absence figure for September 2017 is 3.76%; a decrease of 0.56% compared to the previous month. The sickness rate for comparison in September 2016 was 3.86%. The top three reasons for absence in September 2017 are: Stress at 33.7% (a 2.8% decrease from August 2017), Back Problems and Other Musculoskeletal Problems including injury/fracture at 25.09% (a 1.66% increase from August 2017), and Gastrointestinal Problems at 9.54% (a 0.96% decrease compared to August 2017).

5. Recommendations

The Board is asked to:

- Note the current position for month 6 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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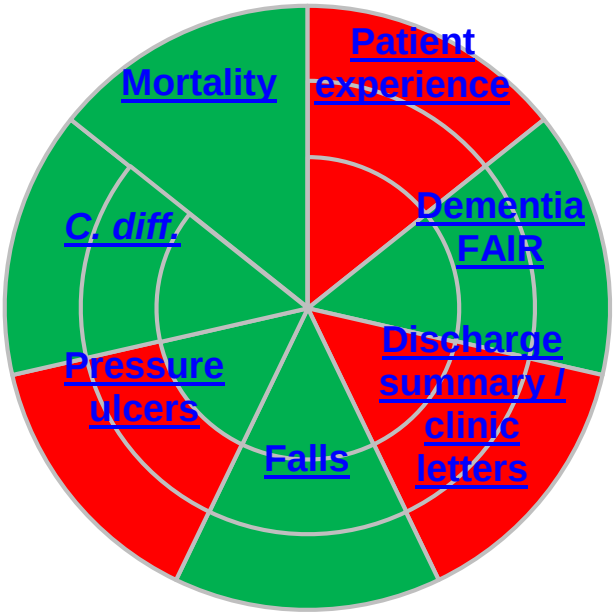
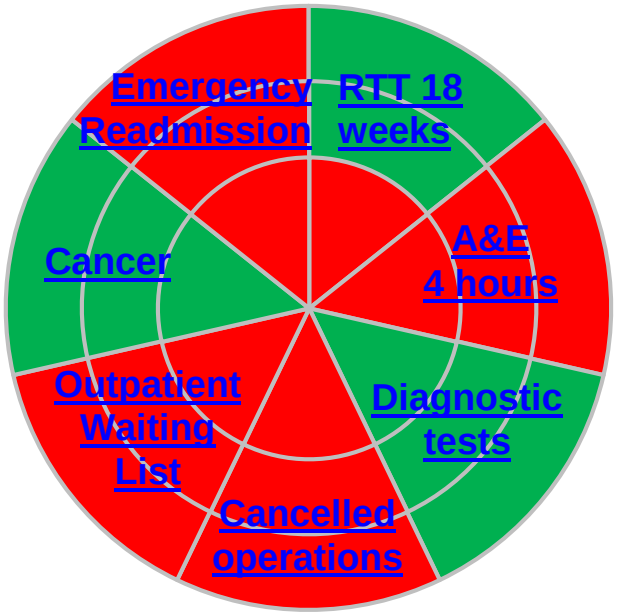
Integrated Performance Report September 2017

Stockport NHS Foundation Trust

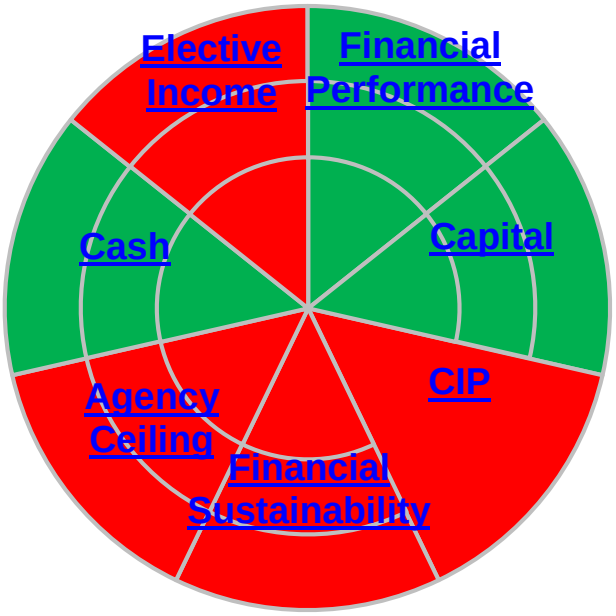
1. Quality



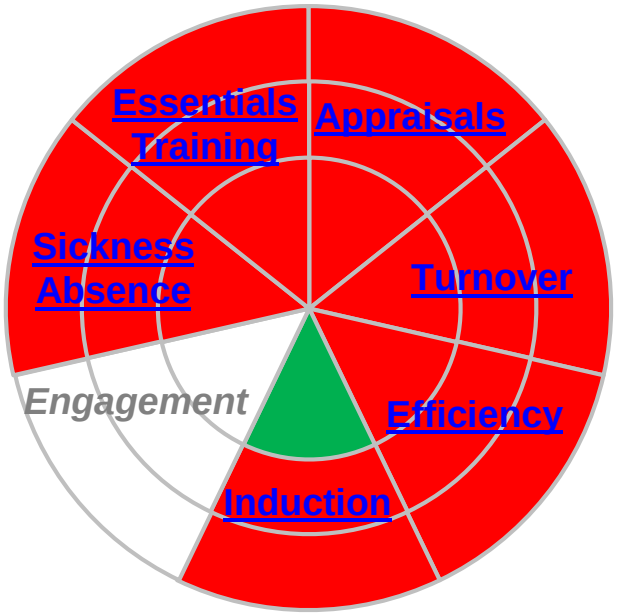
2. Performance



3. Finance



4. Workforce



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.

Your Health. Our Priority.

Integrated Performance Report

Changes to this month's report September 2017:

- No changes to report.

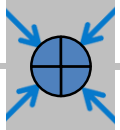
Key to indicators:

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

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

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

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



Patient Experience

Chart 1

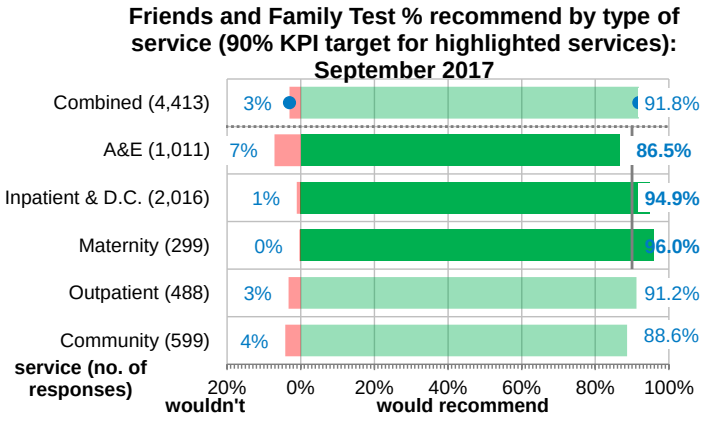


Chart 2

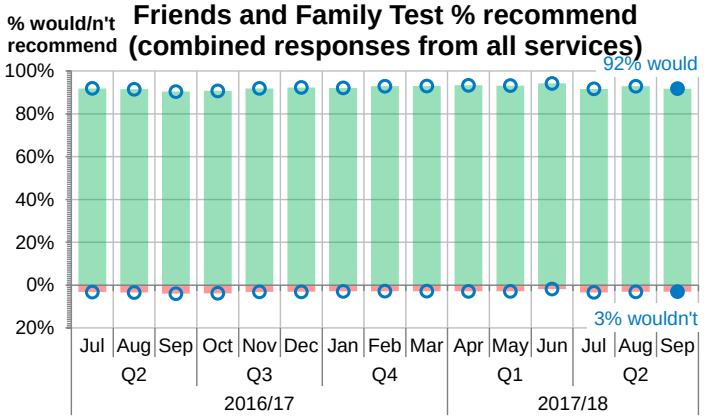
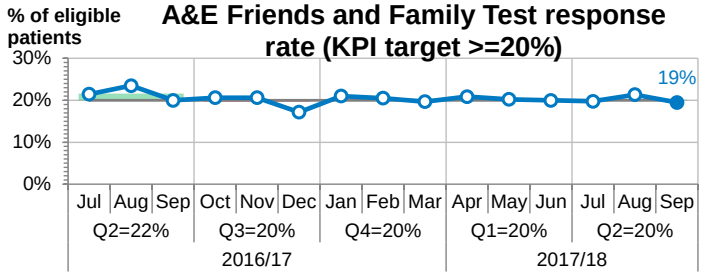


Chart 3



Overall in September the Trust scored 92% extremely likely or likely to recommend, this is a decrease from August of 1%. We have had a total of 4413 responses in the month of September. Broken down:

AREA	Response rate March	Variance on previous month (RR)	% extremely likely / likely to recommend March	Variance on previous month (% Rec)
ED inc children's ED	20%	-1%	87%	-1%
Inpatients	35%	same	95%	-1%
Maternity (Birth)	51%	+14%	97%	-1%
Outpatients	31%	-2%	91%	+1%
Daycase	34%	same	95%	-1%
Community	26%	same	89%	-2%

Feedback Themes (acute):

ED (adult) Positive comments received related to professional, efficient and caring staff. There were also positive comments relating to patients receiving relevant information about tests and treatment. Negative comments continue to be related to long waiting times.

Inpatients (adults) Positive comments continue to be related to the excellent service that patient's receive. Positive comments also related to kind, caring and friendly staff. Negative comments related to poor communication and lack of pain relief.

Maternity All comments received were positive and related to the fantastic care received delivered by caring and knowledgeable staff.

Paediatrics (inpatients) All comments received were extremely positive relating to professional, caring staff that provide family centered care.

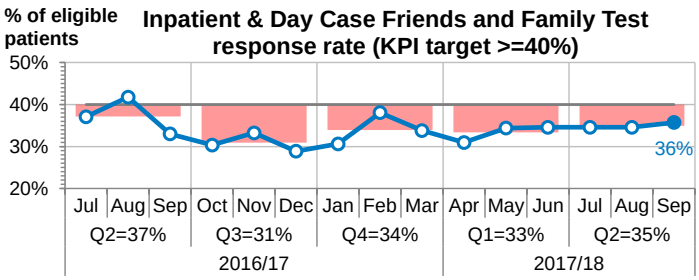
Daycase: Positive comments related to the fantastic care provided by incredibly warm and welcoming staff who demonstrated compassionate care. There were very few negative comments however these related to long waiting times and poor communication.

Outpatients: Positive comments related to extremely friendly and helpful staff who make patients feel at ease and provide an excellent service. Negative comments continue to relate to long waiting times.

IPad Inpatient Surveys

In September 243 inpatient iPad surveys were undertaken, which is an increase of 6 compared to the

Chart 4



number completed in August.

All wards have log in access to review / undertake iPad surveys and this continues to be encouraged.

All results can be seen via the trust Corporate Information System (CIS) 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 87% positive responses in September which is an increase of 1% from August.

We have a new Volunteer Manager in post that has been working closely with the volunteers who undertake the patient surveys and encouraging them to include families and carers where patients are unable to respond themselves.

Results in September have shown significant improvements where patients feel they have received assistance with eating and drinking with an increase of 15%, there have also been improvements with assisting patients to open sachets, packets or cutting food with a 5% increase.

Improvements have also been made where patients feel doctors talk in front of them as if they were not there with an increase of 4%, a 6% increase where patients have been asked to complete a property form, a 6% increase in relation to the temperature of the food and a 2% increase where napkins were available. There have also been improvements in all areas where there was a deterioration last month; being involved in decisions about care, feeling there were not enough nurses on duty and call bells being answered in a timely manner.

Less positively results have deteriorated where patients rate the overall care with a decrease of 3% and a 4% decrease where patients feel staff haven't done as much as they could in relation to pain relief.

The night sisters are continuing to remind the ward staff about the noise at night standards and results continue to be shared with the Business groups to action accordingly, and with relevant departments as results remain poor.

The Catering Manager has reviewed the questions relating to Facilities and the questions have been changed to be more specific to make it easier for improvements to be made.

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Dementia

Chart 5

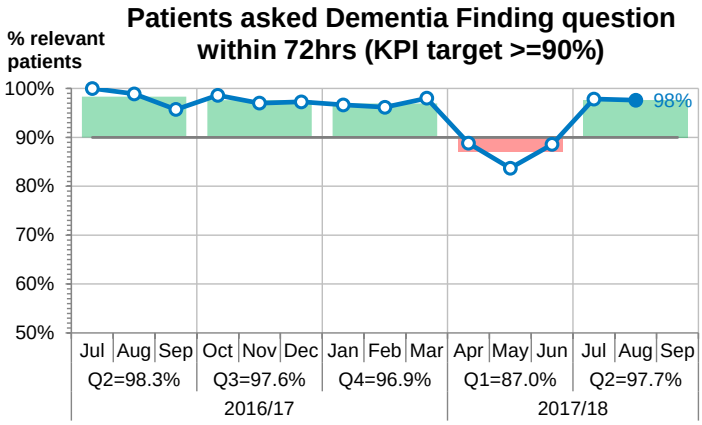


Chart 6

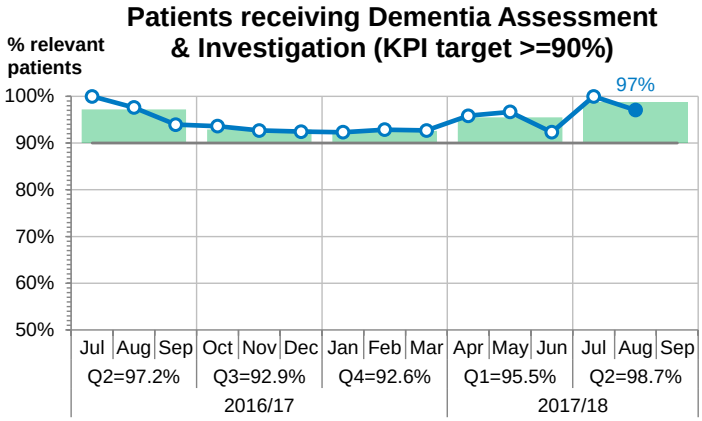
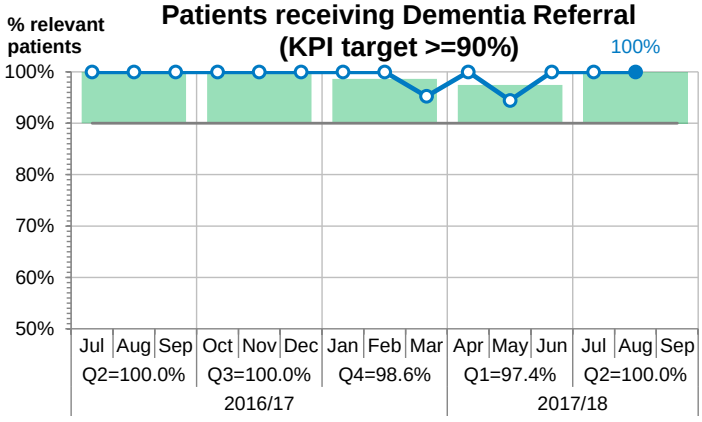


Chart 7



Charts 5 to 7 show performance against the dementia standards.

Compliance against the standard has been achieved for August.

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Discharge Summary

Chart 8

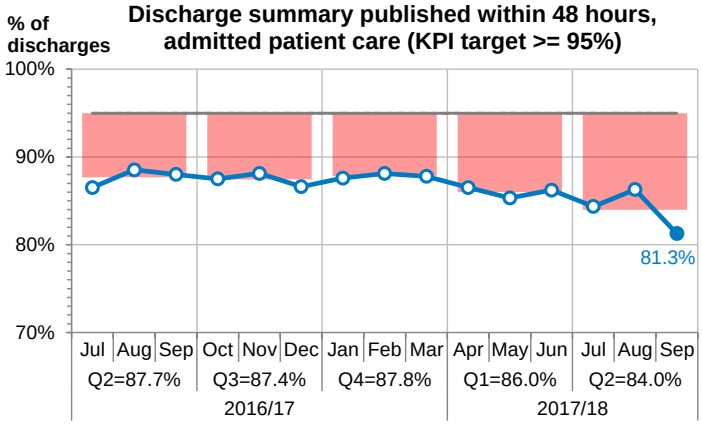

Chart 8 shows compliance with discharge summary completion within 48hrs.

The percentage of discharge summaries published within 48 hours was 81.3% in September.

A process mapping exercise is planned to be undertaken to help identify the root cause across each clinical area.

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Clinical correspondence (typing backlog)

Chart 9

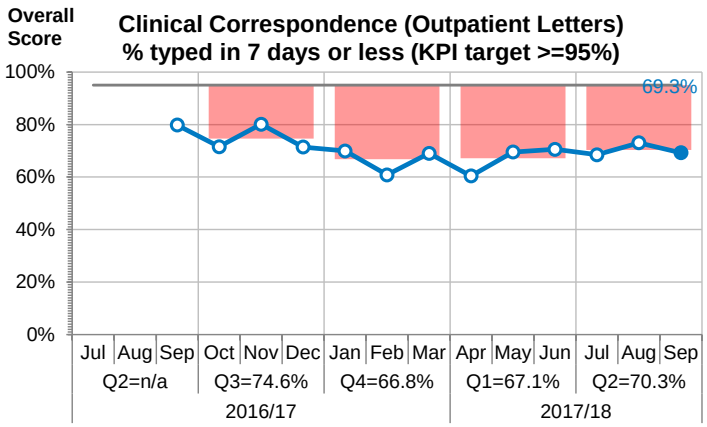

Chart 9 shows the performance against the clinical correspondence standard of 95% of Outpatient letters to be typed within 7 days.

There has been a decrease in performance against standard in month, particularly within some of the Medical specialties. Whilst staffing pressures have contributed, it has to be acknowledged that Outpatient activity has significantly increased in certain specialties which follows on from increased referral activity.

Estate has been identified to facilitate co-location of support Secretarial staff from 1st November to help provide resilience to the administrative function.

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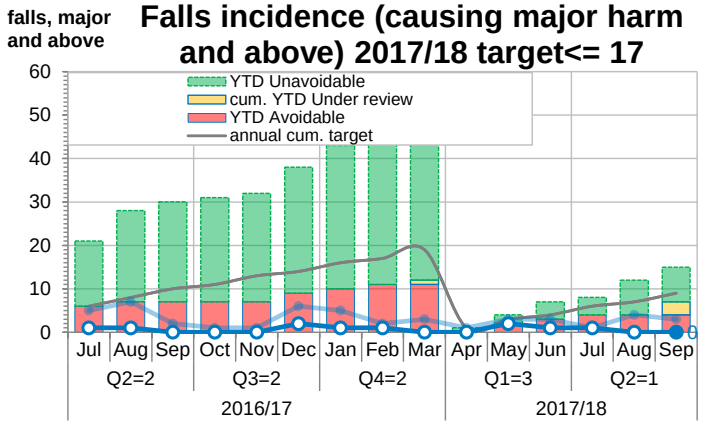
Falls 16

Chart 10



This year's target is 17 or below avoidable falls. In September **3** falls were reported. To date there has been **4** avoidable falls.

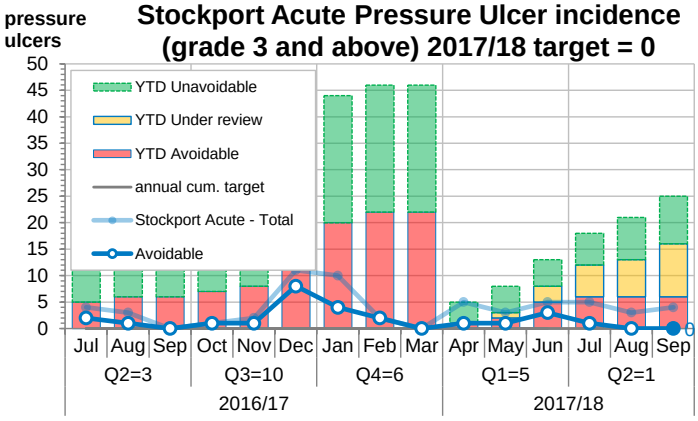
Work continues to identify patients at risk of falls and ensure the falls bundle is implemented.

Falls training has been reviewed and will be available as an e learning package for all staff from November .
If a patient is at risk of falls a bed rail assessment

needs to be completed, however a reduction in the number of bed rails has been identified and an audit was undertaken. The results will form part of the business case for a bed replacement programme.

Pressure Ulcers 16

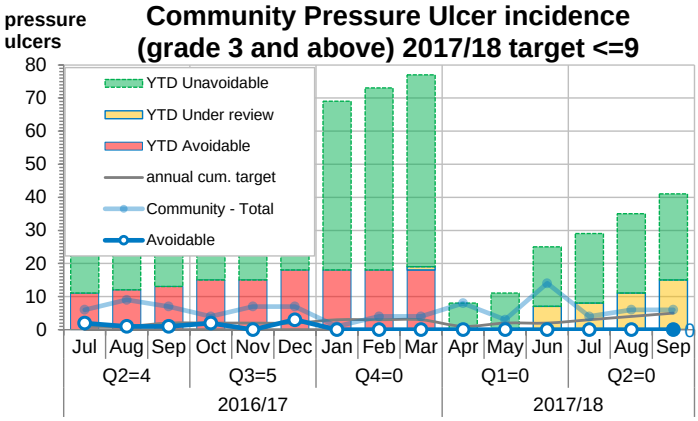
Chart 11



The stretch target for Stockport Acute services is zero tolerance of avoidable pressure ulcers grade 3 and 4 by the end of 2017/18. In September, there have been four, category 3 and above pressure ulcers reported in the hospital, 3 are currently under review. And one has been confirmed to be unavoidable, bringing the total avoidable pressure ulcers this year to 6.

The stretch target for Stockport Community is a 50% reduction in grade 3 and 4 avoidable pressure ulcers by the end of 2017/18. The target is 9 avoidable pressure ulcers for the year. In September there have been 6 new grade 3 or 4 pressure ulcers reported, 4 of which are still under review, and 2 have been deemed unavoidable. There have been no confirmed avoidable pressure ulcers this year in community, however a number of incident investigations remain to be confirmed.

Chart 12



A new task and finish group has been set up to look at specific ongoing trends as to why the severity and number of heel pressure ulcers remains so high across the organization.

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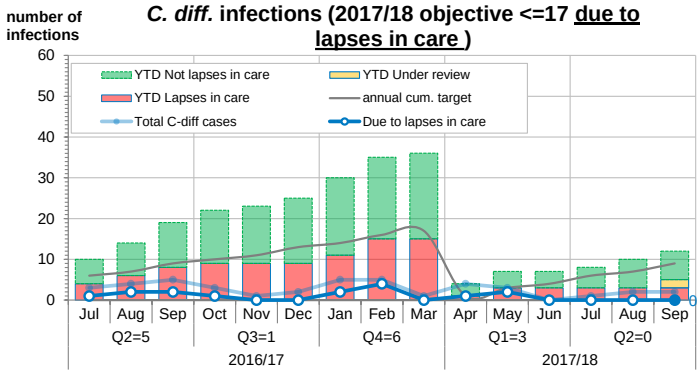
Clostridium difficile (C. diff.) infections M

Chart 13



There has been 2 cases of Clostridium difficile in September, the total number YTD is 12. Of these 12 cases 10 have been reviewed with the other 2 cases still under review.

We have been advised by the CCG that 7 cases reviewed by them do not have significant lapses in care and do not reach the threshold for reporting; however 3 cases do have significant lapses in care and do reach the threshold for reporting. Therefore 7 cases would not count towards the trajectory of 17 significant lapses in care but 3 cases will.

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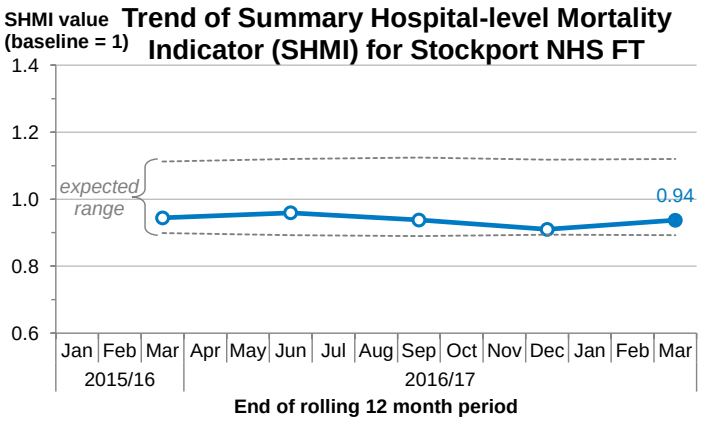
Mortality

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



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

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

Chart 15

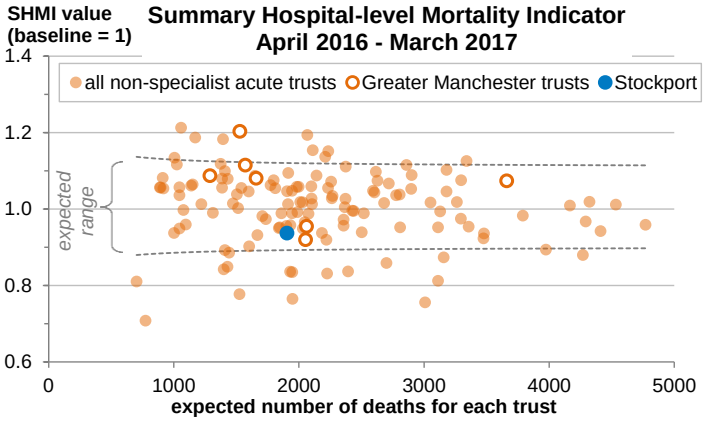
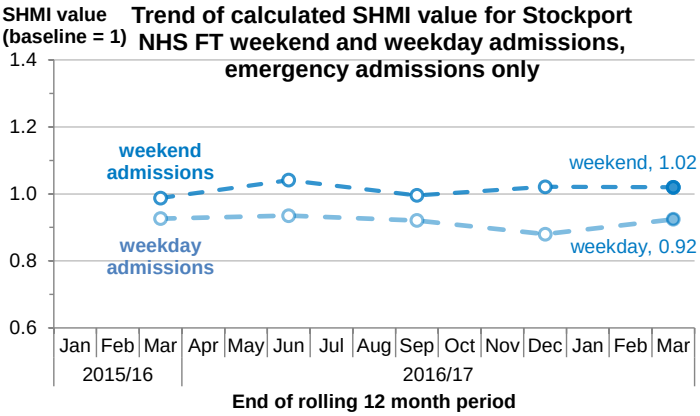


Chart 16



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Risk Adjusted Mortality Index (RAMI)

The main differences in calculation from SHMI are: RAMI only includes in-hospital deaths; it excludes patients admitted as emergencies with a zero length of stay discharged alive, and patients coded with receiving palliative care; the estimates of risk used to work out the number of expected deaths are calculated once per year ("rebasing"), data is shown here using latest 2016 benchmarks; RAMI includes data from the whole patient spell rather than just the first two admitting consultant episodes.

Data source: CHKS

Chart 17

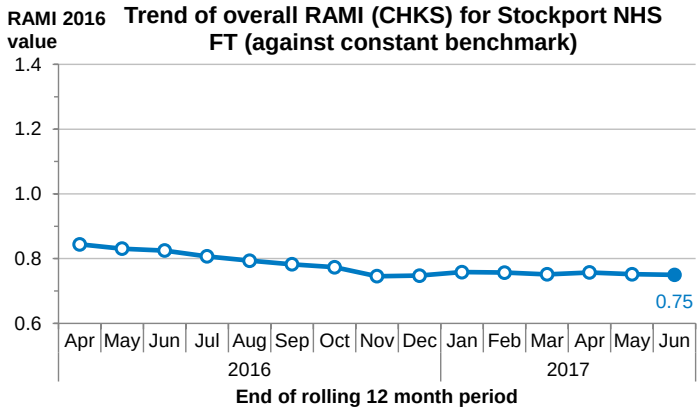


Chart 18

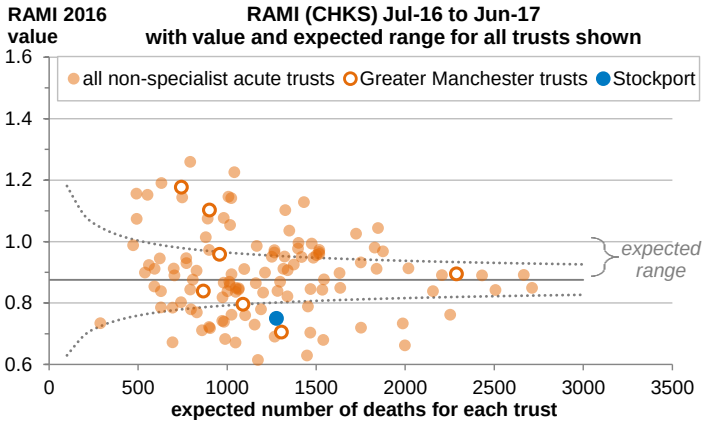
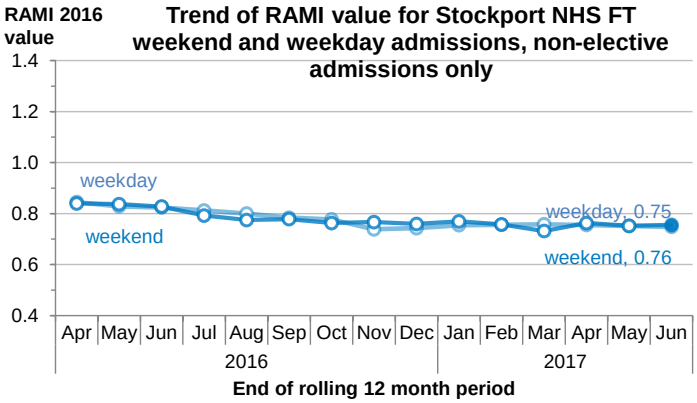


Chart 19



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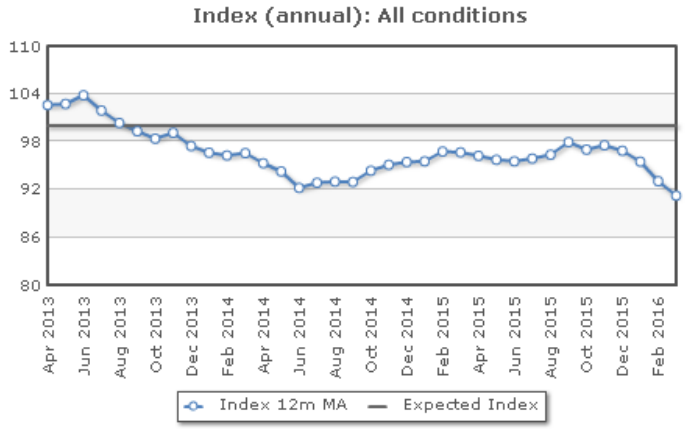
Hospital Standardised Mortality Data (HMSR)

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



Referral to Treatment (RTT) waiting times

Chart 21

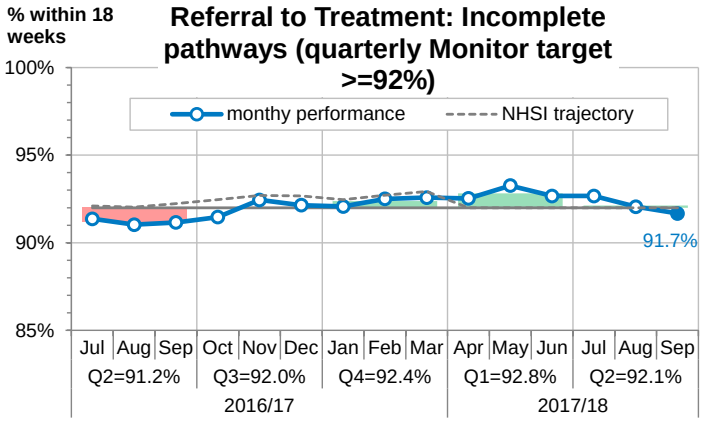
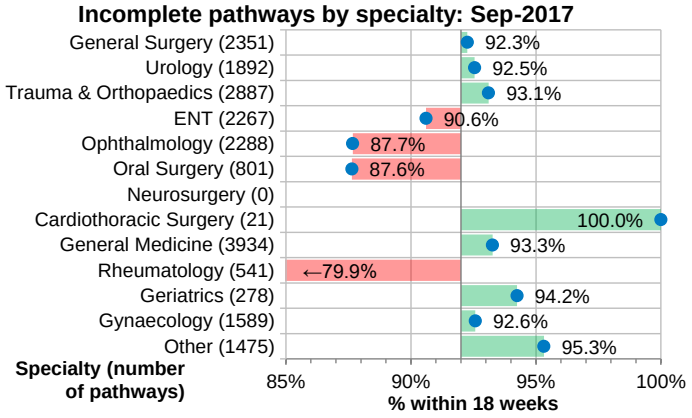


Chart 21 shows performance against the RTT Incomplete standard.

The Trust has failed to achieve the 92% Incomplete RTT standard for the first time in 10 months, with performance for September being 91.7%.

There was a net increase of 75 more patients waiting beyond 18 weeks as at the end of September compared to August, with both the admitted and non-admitted backlog seeing overall increases.

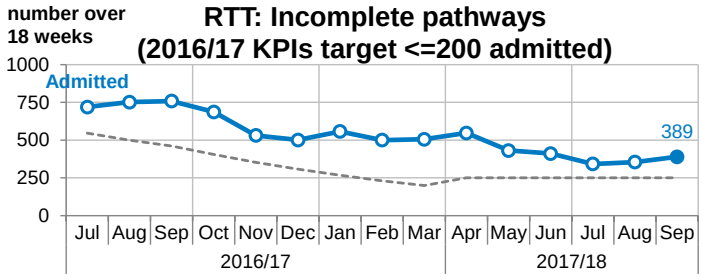
Chart 22



As predicted, 4 services have failed the standard at specialty level in September; Rheumatology, Ophthalmology, ENT and Oral Surgery. The main contributing factors are workforce issues related to Outpatient nurse staffing and the ability to secure anaesthetic cover for theatre lists.

Recovery plans and trajectories for compliance have been requested from each area.

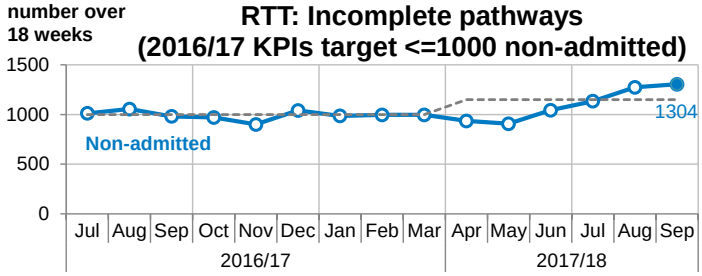
Chart 23



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

The admitted backlog rose slightly from 355 to 389 at month end.

Chart 24



The non-admitted backlog has risen to 1304, mainly due to pressures within the Ophthalmology and Rheumatology services.

Accident & Emergency, Urgent Care & Flow

Chart 25

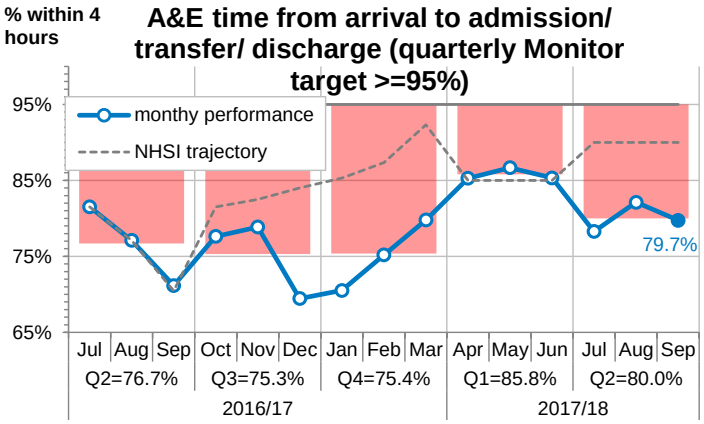
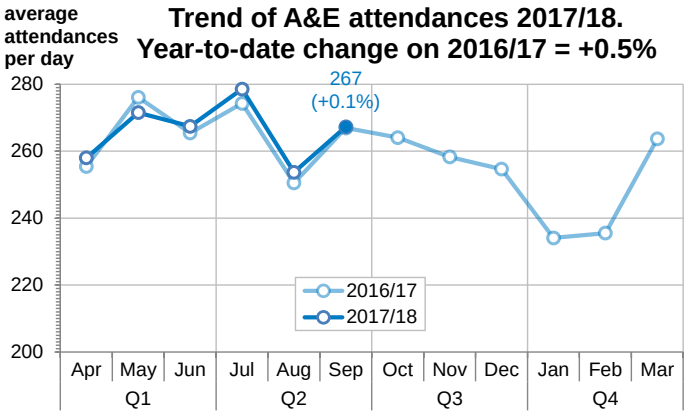


Chart *25* shows compliance against the 4hr A&E standard.

Performance in September was 79.9%, which is below the improvement trajectory of 90%. However, as shown in the chart below, month to date for October is showing a 10% improvement with strong performance on several days above 90%.

The 8 week short term recovery plan finished on the 6th October achieving the objectives as described below. The challenge is now future sustainability.

Chart 26



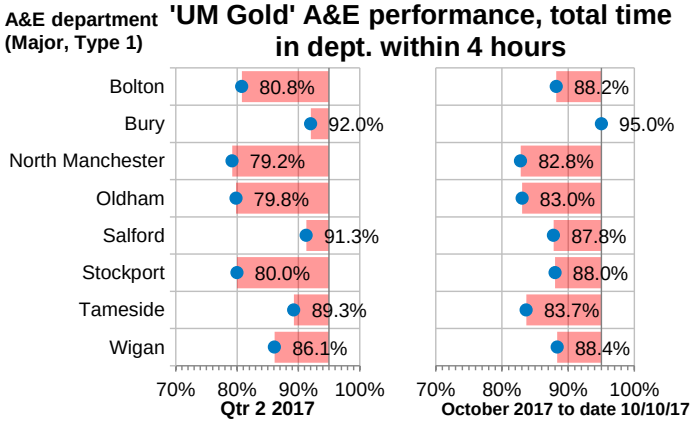
Emergency Department
Recovery Plan Target: Reach Weekly Average 90% by 6 October

- **Average weekly ED Performance** at week ending 6 October was **90.6%**
- Represents the **best weekly average since mid May 2017**
- **ED Performance** Year to Date = **83.1%**
- Strong Correlation between Trigger points and performance
  - AMU Bed occupancy <85%
  - Speciality Ward <90%
- Sustainability is the challenge

Delayed Transfers
Recovery Plan Target: <=20 by 6 October

- Actual as at 6 October = **15 (2.5%)** compared to **42 (5.6%) at beginning of plan**
- **2nd lowest in GM** as at 6 October
- **DToC spike** at the weekend has shallowed (22)
- Average daily DToCs have fallen from **38 to 20** during the period of the recovery plan to date.
- The number of **Medically Optimised Patients Awaiting Transfer** (MOATs) is 68 at 6 October. This has halved from its peak

Chart 27



Source: Greater Manchester Academic Health Science Network.

It is recognised that a DToC level of <20 and a MOAT level of <40 is required to enable adequate system flow and work within the multi-agency Integrated Transfer Team is very much focusing on achieving these levels sustainably.

Complimentary to this work, is the systematic review of 'stranded patients' ie patients with a length of stay > 7days. This is being led by the Chief Operating Officer and Medical Director.

Subsequent actions include:

- Resolving DTOC increases at the weekend. There is a short term solution already in place.

- 7 day working for primary care and social care workers. Consultation is underway.
- Long term Residential and Nursing Home placements.
- Joint Commissioning focus on Long term packages of care to sustainably address MOATS issue.
- Focus on process delays: social care assessments and Ward Assessments including use of Patient Tracking Lists (PTL for all in patients)
- Sustainability of overnight ED staffing
- Reducing average length of stay by focusing on stranded patients: Importance of medical leadership and criteria led discharge
- Need to improve Discharges from specialty and medical wards at weekends and throughout the week to avoid sudden deterioration in performance

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Chart 28

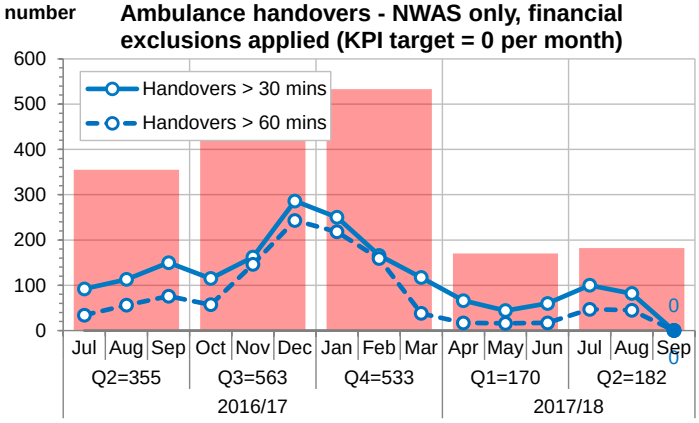


Chart 29

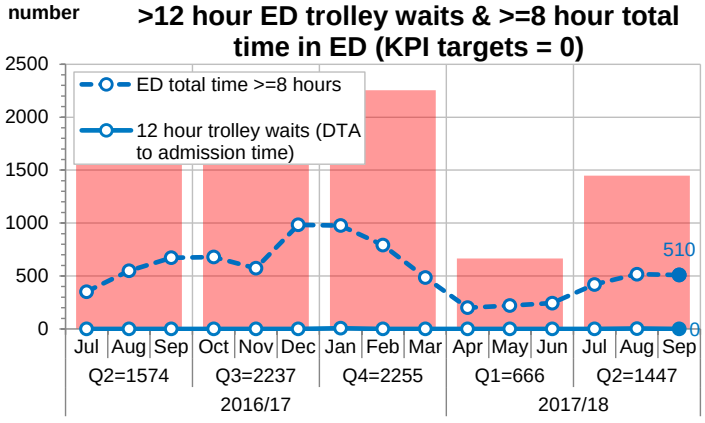


Chart 30

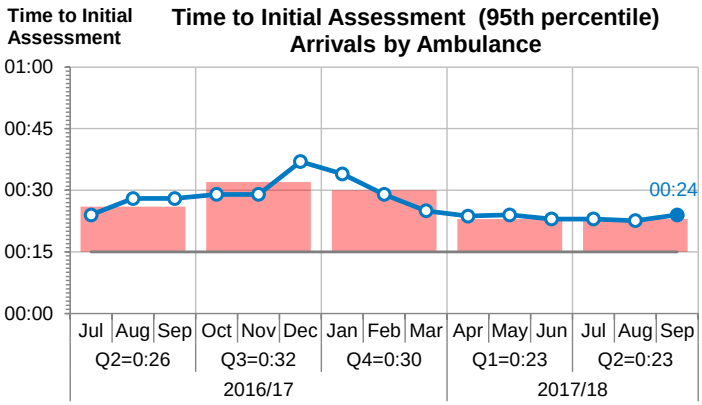


Chart 31

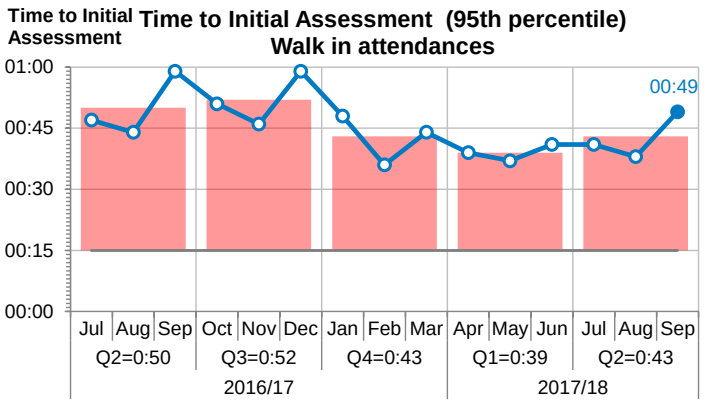


Chart 32

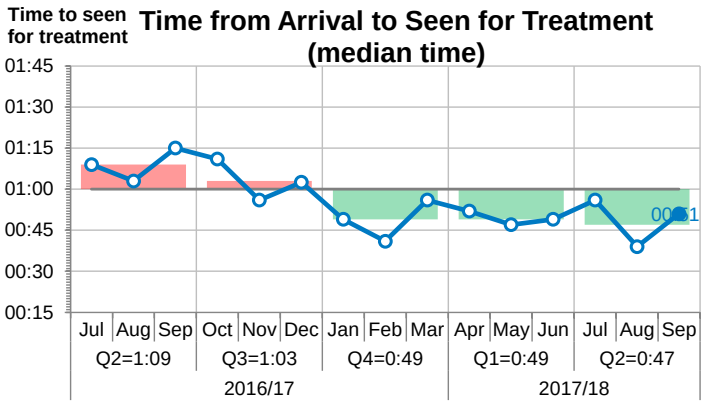


Chart 33

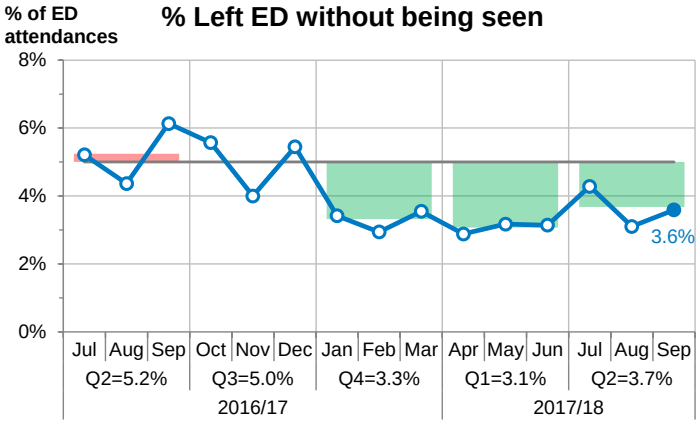


Chart 34

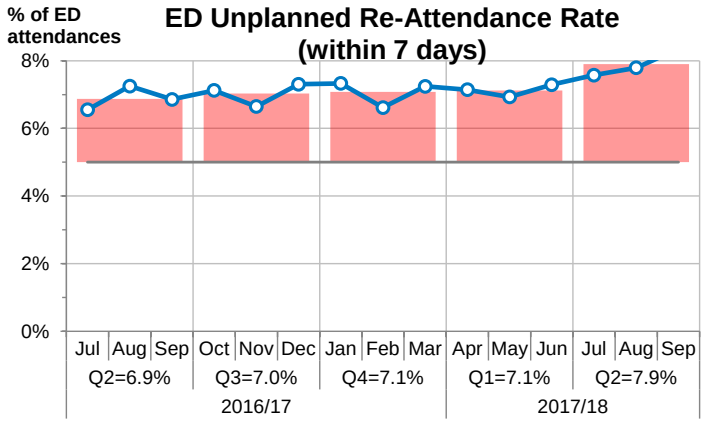
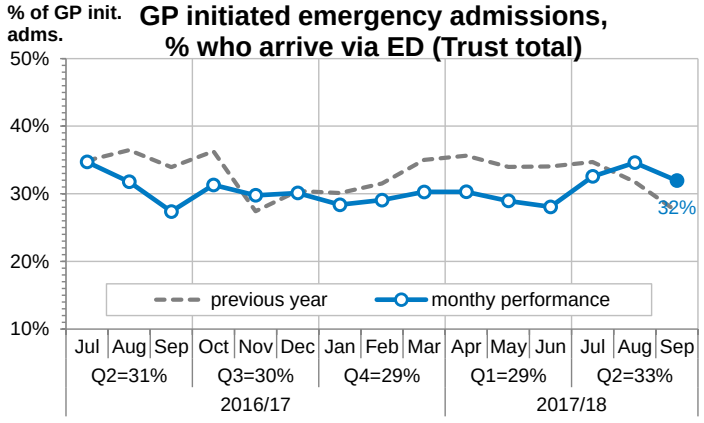


Chart 35



The following charts (35 to 43) are the high level KPIs to measure progress realized through the implementation of the Urgent care 90 day plan.

Chart 36

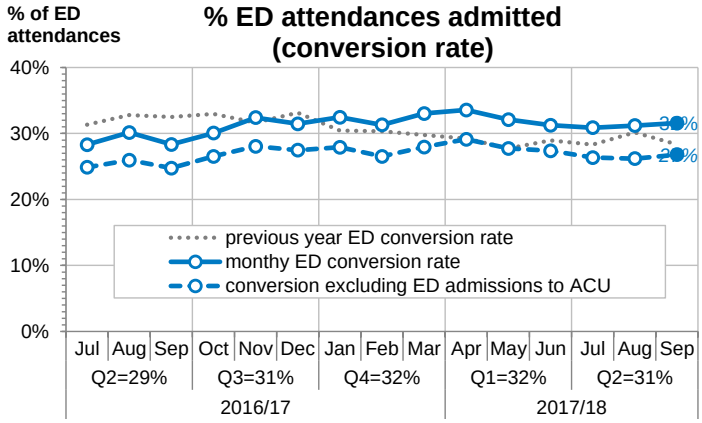


Chart 37

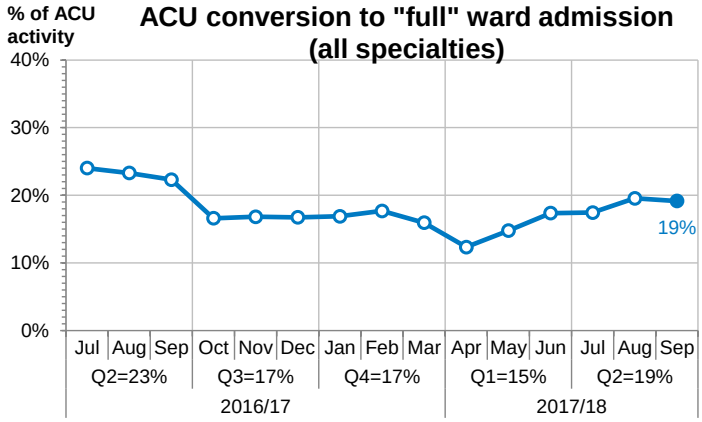


Chart 38

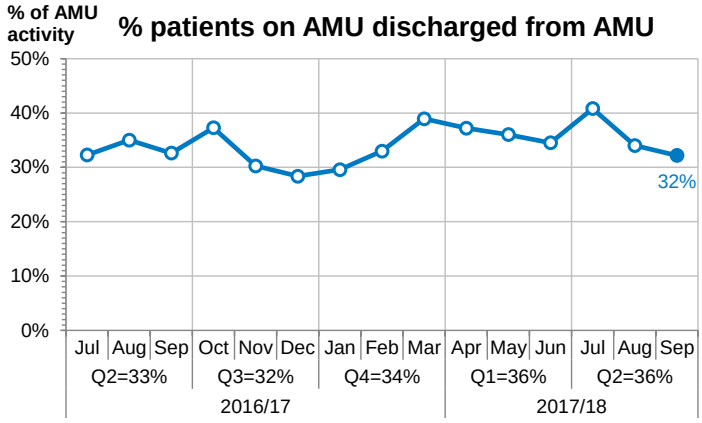


Chart 39

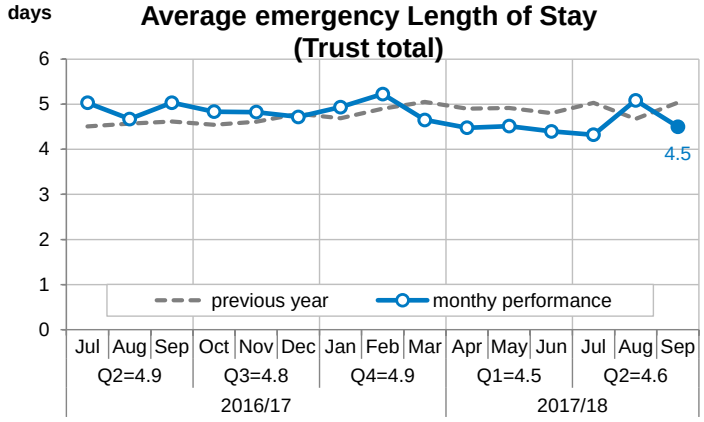
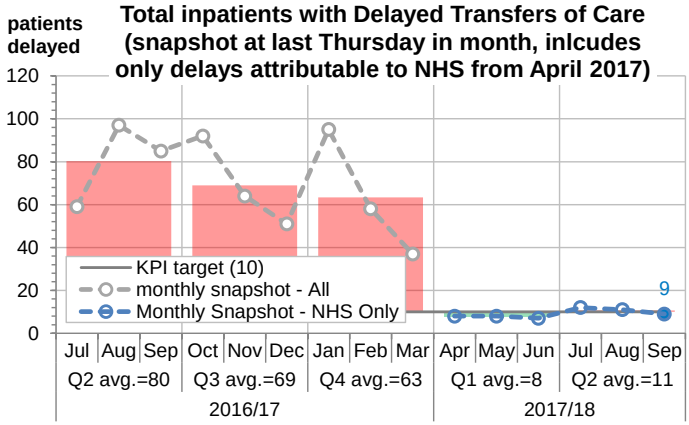


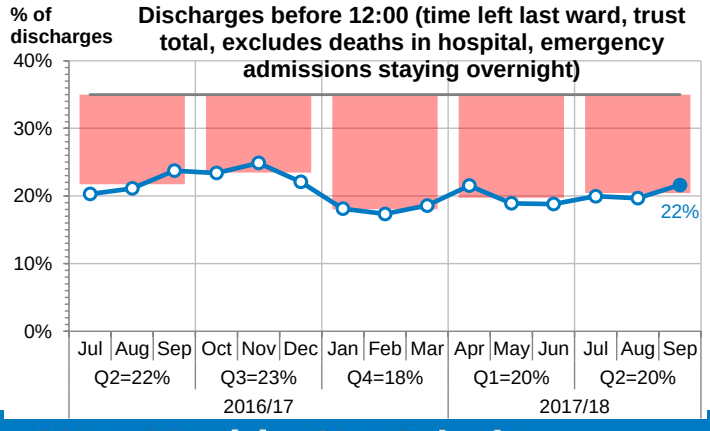
Chart 40



SAFER - is intended to improve the patient journey by ensuring an efficient pathway from admission to discharge by delivering timely appropriate care at the right time in the right place.

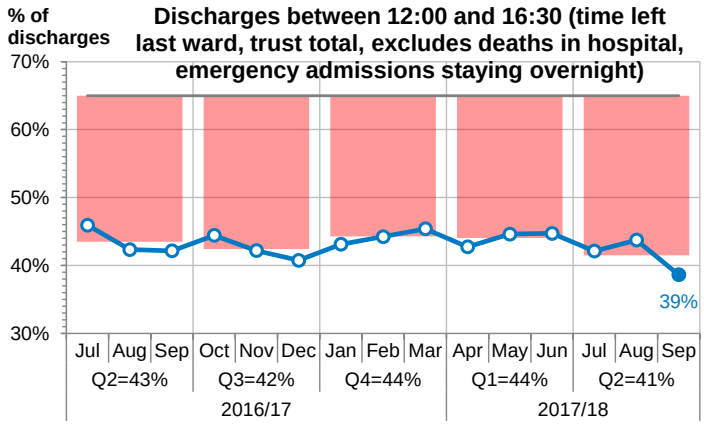
Key metrics have been agreed to measure SAFER performance which includes discharges before 12md and 16:30hrs as shown in chart 33 and 34. All wards are invited to attend monthly performance meetings to report compliance against these key metrics and actions plans developed as appropriate.

Chart 41



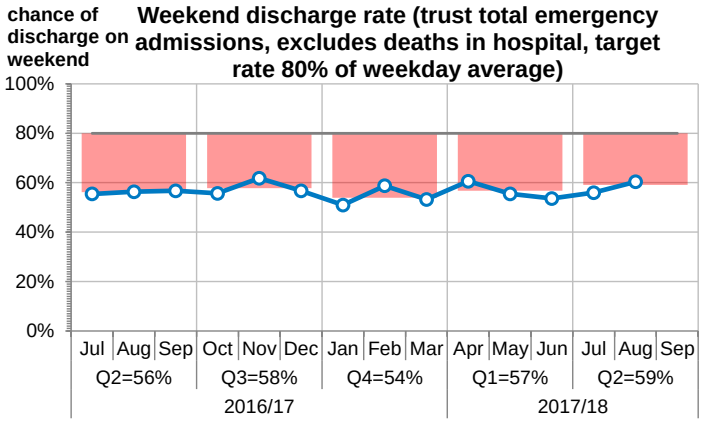
A team from the Emergency Care Improvement Programme (ECIP) is supporting further implementation of SAFER. Work has commenced on three wards, namely: A1, A11 and E2 for an 8 week period until the end of Jan 2017.

Chart 42



Identifying patients for discharge at the weekend is just as important as weekday discharges to continue flow and create capacity. An action plan has been developed to strengthen roles and responsibilities' of the on call team at weekend in order to ensure robust plans are in place and adhered to.

Chart 43



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Diagnostic tests (6 week wait) 16

Chart 44

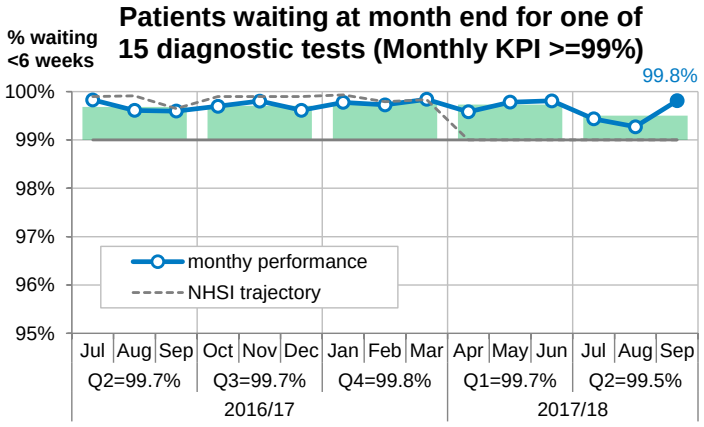

Chart 44 shows performance against the diagnostic standard.

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Cancelled Operations 20

Chart 45

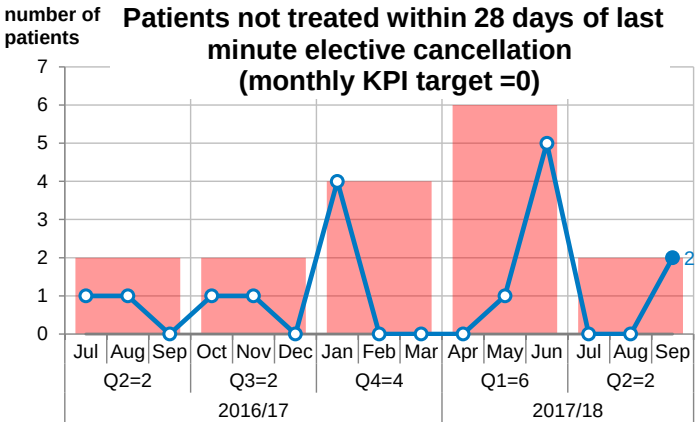

Chart 45 shows 2 breaches of standard in month. Both patients have subsequently been treated.

Chart 46

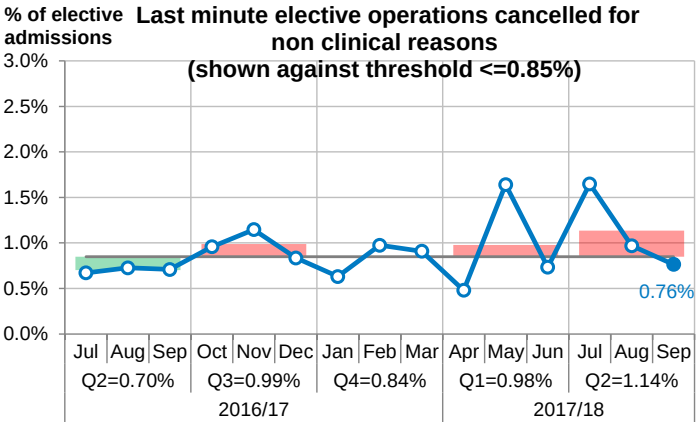

Chart 46 shows performance for last minute elective operations for non-clinical reasons.

In September, 24 cancellations were reported on the day for non-clinical reasons.

The top reasons for cancellation were:

- 11 due to lack of theatre time
- 6 due to urgent cases taking priority

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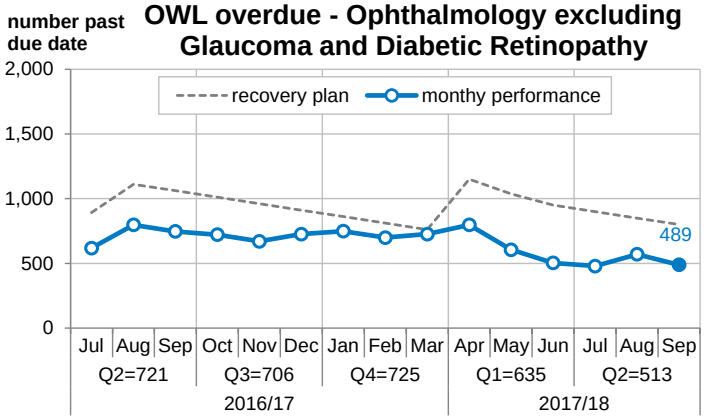
Outpatient Waiting List (OWL) 20

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.

Chart 47 Ophthalmology OWLs past due date

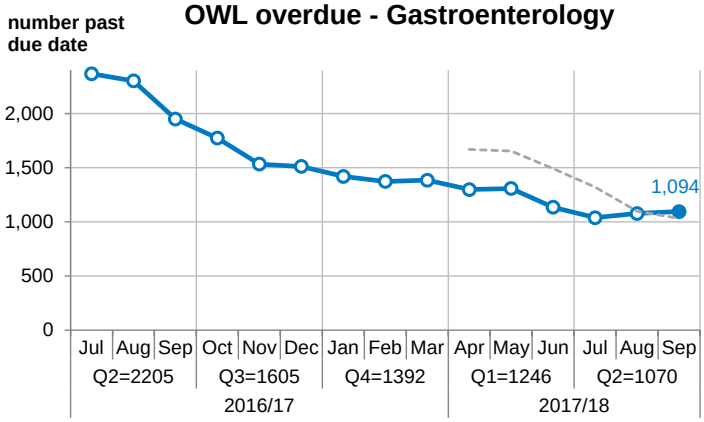


Ophthalmology

Chart 47 shows the number of Ophthalmology patients on the Outpatient waiting list beyond their due date.

Ophthalmology remains ahead of its recovery trajectory. A new Glaucoma practitioner commenced in October providing further clinic capacity.

Chart 48 Gastroenterology OWLs past due date

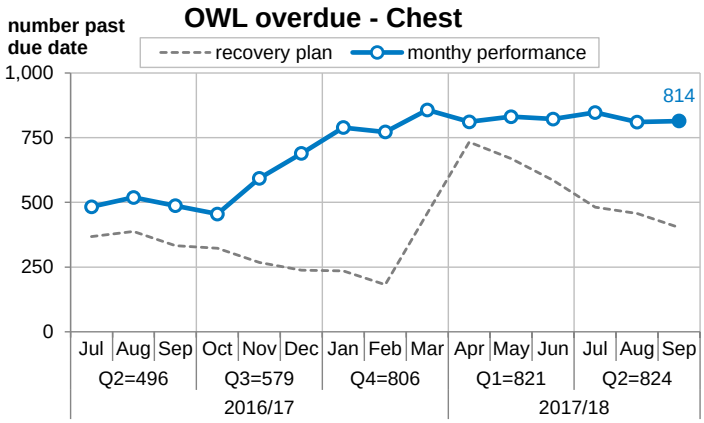


Gastroenterology

Chart 48 shows the number of Gastroenterology patients on the Outpatient waiting list beyond their due date.

Gastroenterology remains on recovery trajectory. A Senior Clinical Fellow commences in October providing additional clinic capacity.

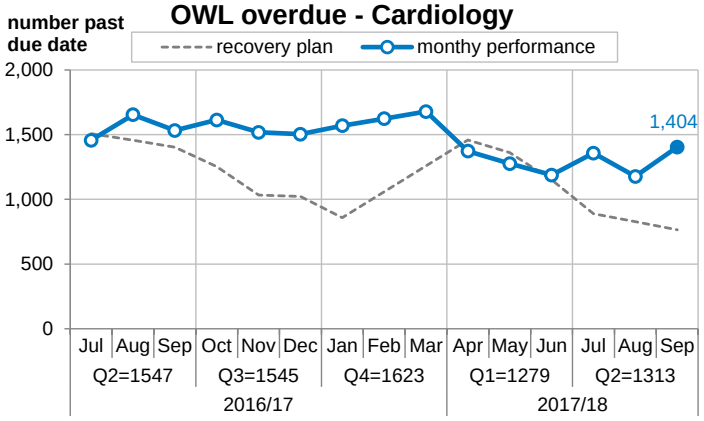
Chart 49 Respiratory Medicine OWLs past due date



Respiratory Medicine

The 2 substantive Consultant posts were unable to be recruited to in August due to candidates withdrawing their applications. The Trust intends to engage with partner Organisations to create a more attractive joint post arrangement in order to secure a robust workforce model.

Chart 50 Cardiology OWLs past due date



Cardiology

Cardiology was adverse to trajectory in September. An increased demand in stress echo's in month detracted clinical activity away from mainstream clinics. A new substantive Consultant is now in post.

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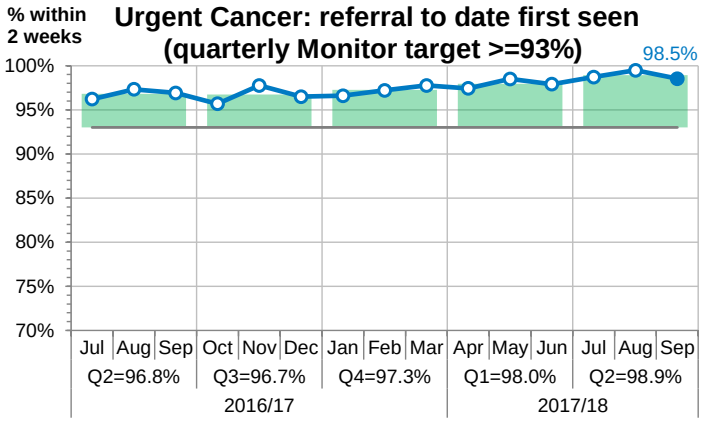
Cancer waiting times M 16

Chart 51



Compliance with the urgent referral standard continues.

Chart 52

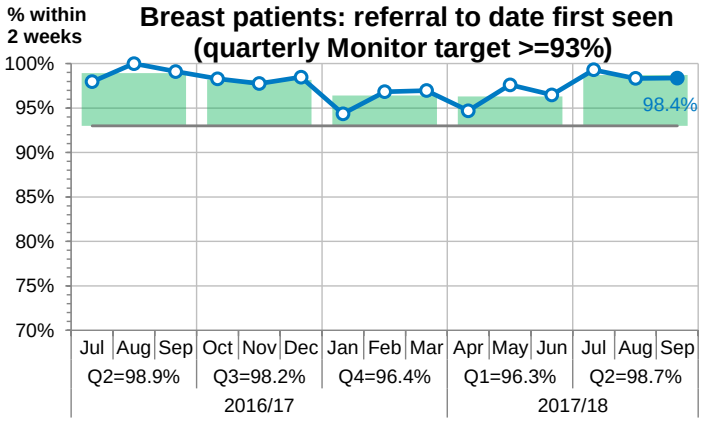


Chart 53

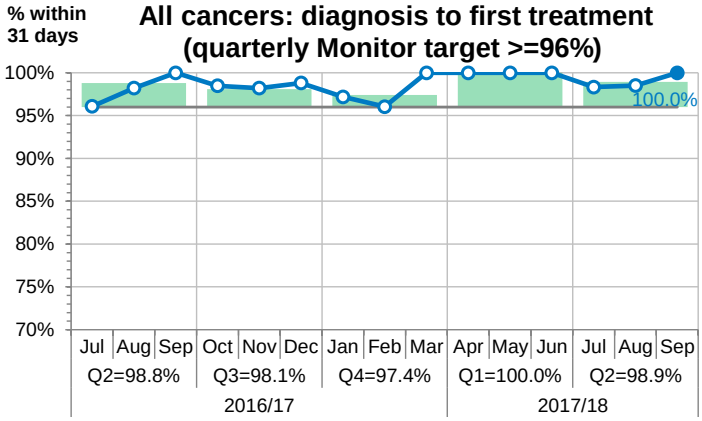


Chart 54

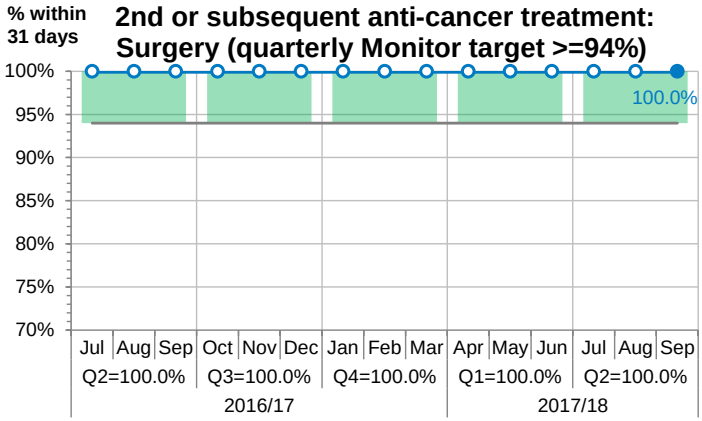


Chart 55

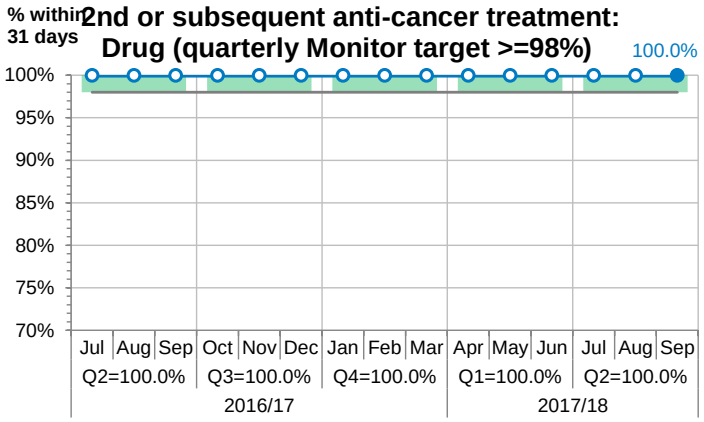


Chart 56

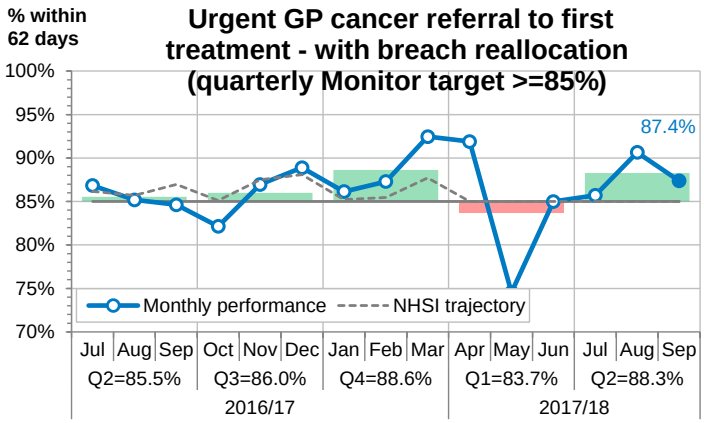


Chart 56 shows performance against the 62 day cancer standard.

The latest postion forecasts compliance with standard in September and Q2.

Work to streamline the Upper GI pathway has commenced which includes a review of the SLA with Central Manchester, particularly around cover for absence and clarification of point of transfer of patient care.

Chart 57 GP referral to first treatment with breach reallocation, by tumour group.

Tumour Group (Sep-17 data)	Number of breaches / cases	Performance (85% target)	Monthly trend
Upper GI	2 / 8.5	76%	
Urology	1 / 14.5	93%	
Colorectal	1 / 5	80%	
Gynaecology	1 / 4	75%	
Lung	1 / 1.5	33%	
Breast	0 / 9	100%	
Haematology	0 / 4.5	100%	
Head & Neck	0 / 0.5	100%	

Chart 57 shows performance against the 62 day standard by tumour group.

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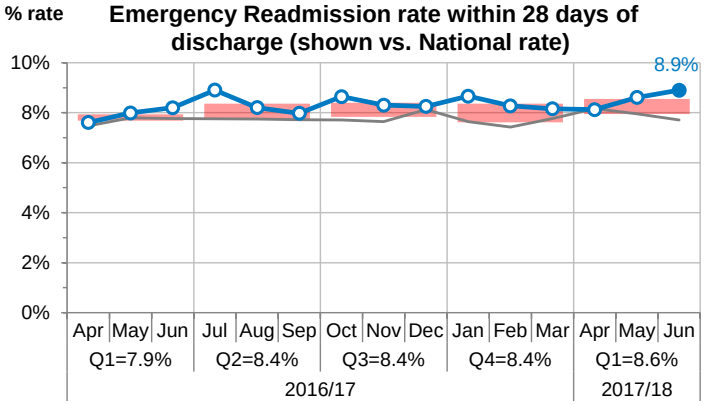
Emergency Readmissions

Chart 58



Data source: CHKS / Health and Social Care Information Centre

Chart 58 shows the Emergency Readmission rate within 28 days of discharge.

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Financial Performance

Chart 59

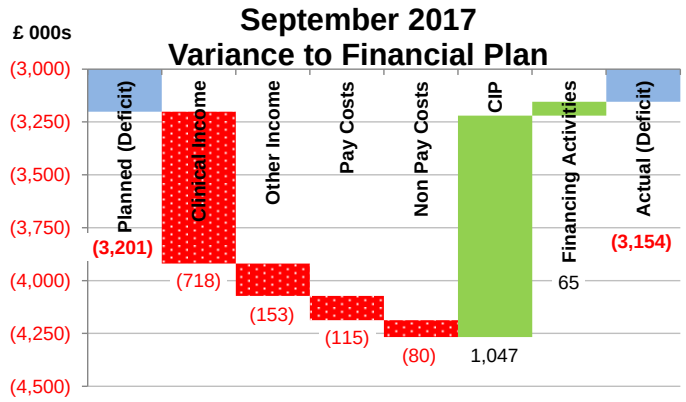


Chart 60

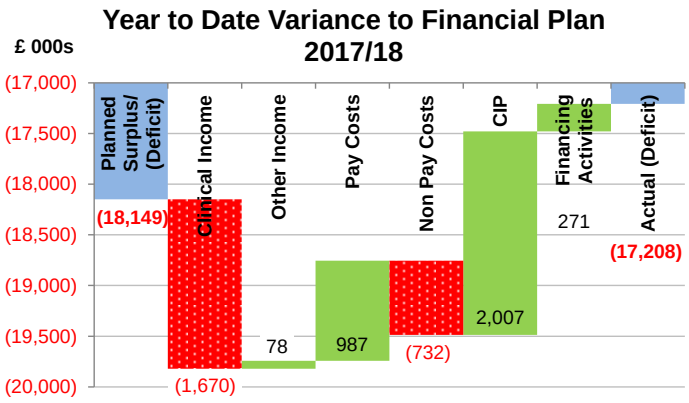
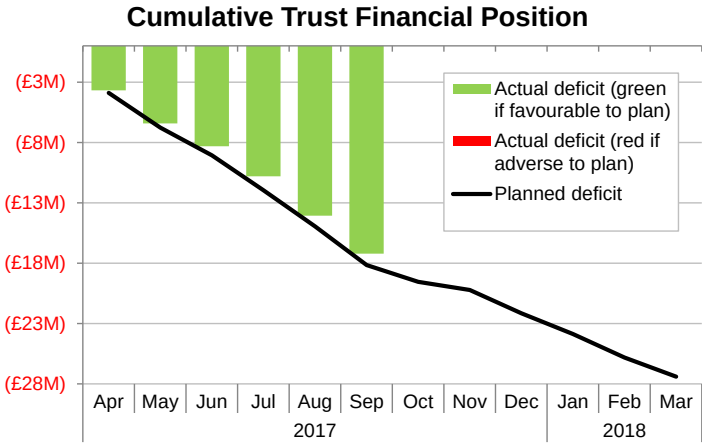


Chart 61



In the first half of the year the Trust has lost £17.2m. The planned deficit was £18.1m so this is £0.9m favourable to plan. The average loss per day is £94,000 to the end of September.

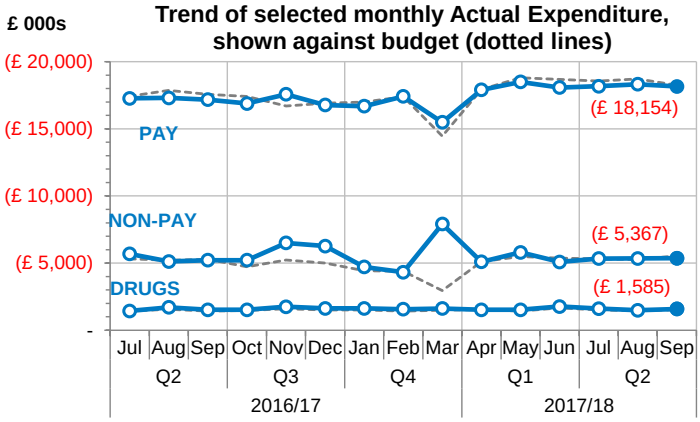
The overall variance from plan to date continues to be driven by:

- In-year CIP ahead of the profiled plan to date (£2.0m favourable)
- Extra Sustainability and Transformation Fund (STF) received in relation to 2016/17 (£0.4m favourable)
- In the absence of a formal agreement from the commissioners, the Trust has assumed the sanctioning of financial penalties for failure to deliver national access targets (£0.7m adverse)
- Whilst elective theatre lists are delivering activity more efficiently, the overall clinical income performance is behind plan (£0.8m adverse)

CIP is £2.0m ahead of plan; £2.7m (18%) was expected by this stage in the year when £4.7m (31%) has been transacted. £6.0m (40%) of the £15.0m annual saving has been achieved. It is expected that the current favourable CIP variance will reduce as the expected profile of savings increases significantly from October 2017. **Recurrent CIP has increased in month to £5.0m, but this is still only 33% of the required savings and this impacts on the medium term financial plans of the Trust.**

Elective income has deteriorated again in month, and is £1.7m behind plan after the target has been increased for CIP. Scheduled sessions taking place in some specialties are being run more efficiently and in list utilisation is higher than planned, but overall fewer lists are going ahead than budgeted so income is low.

Chart 62



Pay budgets are underspent to date excluding CIP by £1.0m, as the Trust level of vacancies remains high. Agency costs to date are £6.7m, but have shown a noticeable reduction in September as planned recruitment and conversion of agency staff into bank posts has continued. The agency cost is offset by vacancies not covered mainly in the non-clinical areas of the Trust. Bank and agency expenditure including NHS Professionals and waiting list initiative payments total £12.5m and represent 11% of overall pay expenditure.

Non-pay is overspent by £0.3m excluding CIP, which includes £0.8m of out-sourcing costs for surgical specialties and outsourced radiology reporting. The areas where outsourcing is used is part of efficiency CIP plans and therefore has a double impact as CIP is not being delivered. In radiology this is linked to shortfalls in recruitment.

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Capital Programme

Chart 63

Description	Plan 2017/18 Year £'000	Month 6 - YTD September 2017/18 Plan £'000	Actual £'000	Variance £'000	Full Year Forecast Forecast £'000	Variance £'000
Healthier Together Schemes						
ED Resus Expansion	2,400	1,425	104	1,321	304	2,096
Ward Refurbishments	1,200	170	51	119	121	1,079
Endoscopy Building	250	250	-	250	-	250
Equipment - Critical Care & IT	280	280	-	280	-	280
	4,130	2,125	155	1,970	425	3,705
Internally Funded Schemes						
Equipment						
Endoscopy	250	250	-	250	250	-
Diagnostics	1,139	301	431	(130)	1,676	(537)
Surgery and Critical Care	848	552	281	271	885	(37)
Other Medical Equipment	812	363	105	258	519	293
Estates and Facilities Equipment	610	355	14	341	290	320
	3,659	1,821	830	991	3,620	39
Information Management & Technology						
Wireless Network	650	325	81	244	99	551
Hardware for Electronic Patient Records (EPR)	380	245	159	86	245	135
Software for EPR - Interfaces & Voice Recognition	590	142	8	134	328	262
Other Hardware	910	704	348	356	1,002	(92)
Other Software	120	-	30	(30)	140	(20)
Aspen House Server Room			2	(2)	60	(60)
	2,650	1,416	628	788	1,873	777
Estates						
Backlog Maintenance	335	150	80	70	413	(78)
Non Backlog Maintenance	500	215	453	(238)	1,188	(688)
Other Projects	863	330	95	235	95	768
	1,698	695	629	66	1,696	2
Revenue to Capital	-	-	40	(40)	175	(175)
Capital Expenditure Plan (excluding finance leases)	**12,137**	**6,057**	**2,282**	**3,775**	**7,790**	**4,347**
Specific Finance Leases						
Acute EPR - Intersystems - Capital repayments	1,422	862	862	(0)	1,422	-
Community EPR - EMIS- Capital repayments	68	34	35	(1)	68	-
Pathology - Point of Care Testing				-	15	(15)
	1,490	896	897	(1)	1,505	(15)
Capital Expenditure Plan (incl. finance leases)	**13,627**	**6,953**	**3,179**	**3,774**	**9,295**	**4,332**

Capital costs of £3.2m have been incurred to date against a plan of £7.0m so is £3.8m behind plan. This is due to a delay in the commencement of schemes linked to Healthier Together of £1.9m and planned spend for 2017/18 being brought forward at the end of 2016/17 mainly in IT which is £0.8m behind plan. Internal equipment purchases are also behind plan by £1.0m.

The full funding of Healthier Together schemes is crucial to the delivery of the capital programme but is reliant on external parties and their approval processes and are currently being validated at a detailed level by the Greater Manchester Devolution Team (GM Devo). The process has taken much longer than envisaged as Central Government approvals were only recently granted. The Trust is presently waiting for GM clearances to commence work once funding is confirmed.

The capital forecast has now been updated to include the expected delay in Healthier Together spend, and shows a forecast underspend of £3.8m at the year end. When confirmation of funding is received the lead time for project commencement and the project time plan for these major capital investments means that they will be unlikely to start in this financial year.

Cost Improvement Programme 20 M

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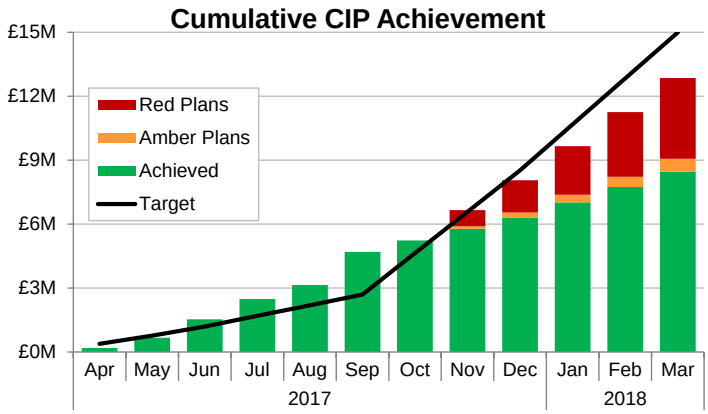
Chart 64



To the end of September £4.7m of CIP has been actioned towards the year-to date target of £2.7, so is £2.0m ahead of plan. £8.5m (56%) of the £15.0m annual saving has been achieved. Recurrent CIP has increased in month to £5.0m (33%), as theatre productivity increases have been transacted recurrently and account for £2.4m of the total recurrent CIP. This remains as a risk as although efficiency has improved in some specialties, the overall volume of lists required to meet the plan is not being delivered.

Overall delivery of full year CIP savings of £15.0m is required to achieve the planned deficit of £27.4m but at present recurrent delivery is low. **This is a significant concern as it does not support the Trust's drive to return to financial balance in the medium term, as a further £15m of recurrent CIP is required in 2018/19, in addition to delivery of the full £15m recurrently in 2017/18.**

Financial Use of Resources Rating

Chart 65

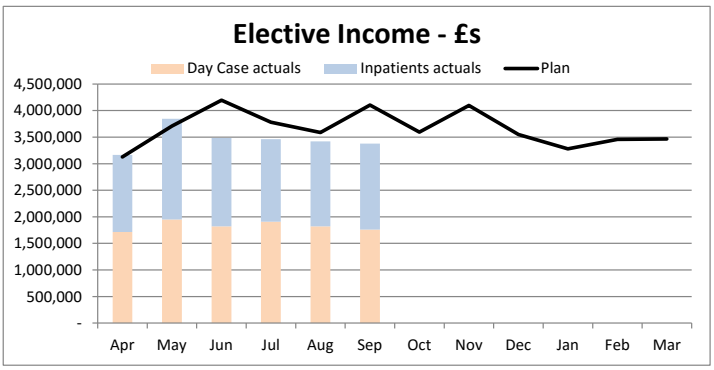
Finance & Use of Resources Metrics		Rating	Trigger Override	Excellent 1	2	3	Poor 4	Weight	Weighted score
Financial sustainability	Capital service cover	4	Yes	2.50	1.75	1.25	< 1.25	20%	0.8
Financial sustainability	Liquidity (days)	3	No	0	-7	-14	< -14	20%	0.4
Financial efficiency	I&E margin (%)	4	Yes	1.0%	0.0%	-1.0%	<-1.0%	20%	0.8
Financial controls	Distance from financial plan (%)	1	No	0.0%	-1.0%	-2.0%	<-2.0%	20%	0.2
Financial controls	Agency spend	2	No	< 0%	0%	25%	50%	20%	0.4
Finance Use of Resource Metric (UOR) - Calculated									**3**
OVERRIDE TRIGGERED?			Yes						Yes
Finance Use of Resource Metric (UOR) - Final Reportable									**3**

The Trust's Use of Resources (UOR) score under the Single Oversight Framework is a 3, classified by NHSI as triggering significant concerns. The Trust's operational plan for 2017/18 predicted a score of 3 for September 2017 and our actual performance is in line with this.

For the Trust's overall score to improve to a 2 the planned financial deficit would need to improve by £24.7m to a deficit of £2.7m (within 1% of planned operating income).

Elective Income vs. Plan

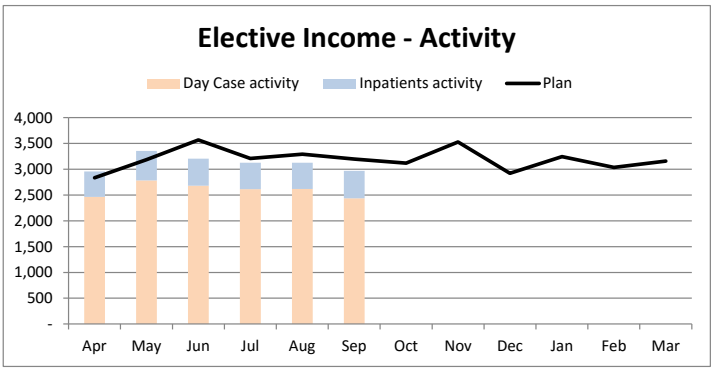
Chart 66



Elective income has deteriorated again in month, and is £1.7m behind plan after the target has been increased for CIP. Scheduled sessions taking place in some specialties are being run more efficiently and in list utilisation is higher than planned, but overall fewer lists are going ahead than budgeted so income is low.

Inpatient income is currently behind plan by £1.3m, and day case activity is £0.4m adverse. The Trust has spent £1.5m on waiting list initiatives and £0.8m on out-sourcing in six months, but this is not solely on elective work and includes out-sourced radiology reporting.

Chart 67

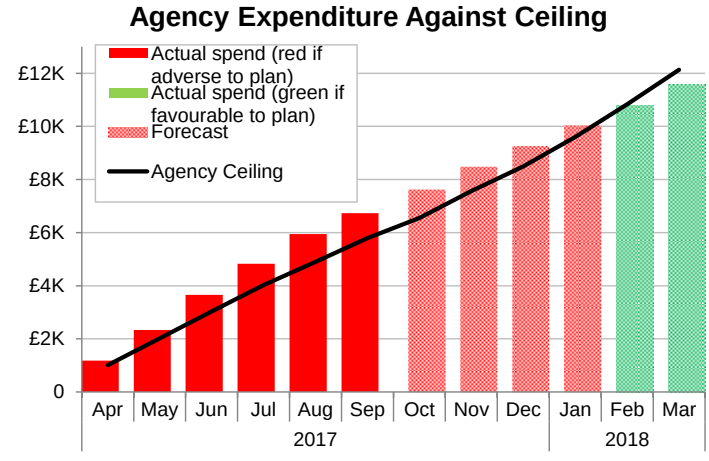


Elective in-patient activity is 613 spells behind plan. Urology is the main specialty adverse to plan to date and is 273 spells below target, with orthopaedics a further 147 cases below plan. Day case activity is 550 spells below plan; driven by 202 orthopaedic cases below plan, 227 endoscopy and 129 ENT.

Scheduled sessions taking place in some specialties are being run more efficiently and in list utilisation is higher than planned, but overall fewer lists are going ahead than budgeted so income is low. The Surgery business group continue to focus on theatre efficiency and increasing throughput, following on from the FourEyes supported project. Working with the information department, Surgery have developed an internal dashboard to track all elements of surgical activity through theatres and the endoscopy suite. Theatre nurse and anaesthetic staff shortfalls should also improve as recruitment has been successful and new starters now complete their supernumerary training requirements over a shorter training period.

Agency Ceiling

Chart 68



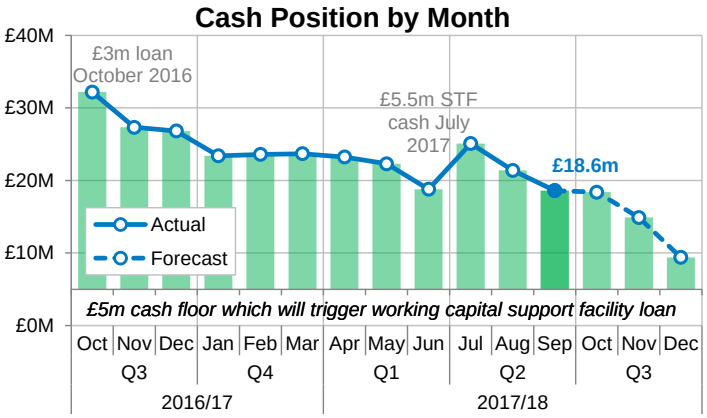
Agency costs to date are £6.7m, which represents 6% of total pay costs. This is in excess of the profiled NHSI agency ceiling to date by £0.9m.

Agency costs for medical staffing are £4.9m to September 2017, which is 72% of all agency costs and highlights that the Medicine business group's reliance on agency medical staff is a key driver for breaching the NHSI ceiling to date. A deep dive session into medical ward nursing spend to analyse the financial performance of the wards and review progress against the recovery plan began in early September 2017.

Recruitment to key medical specialty vacancies and successful international campaigns means that the Trust forecast agency spend is now within the annual ceiling.

Cash

Chart 69

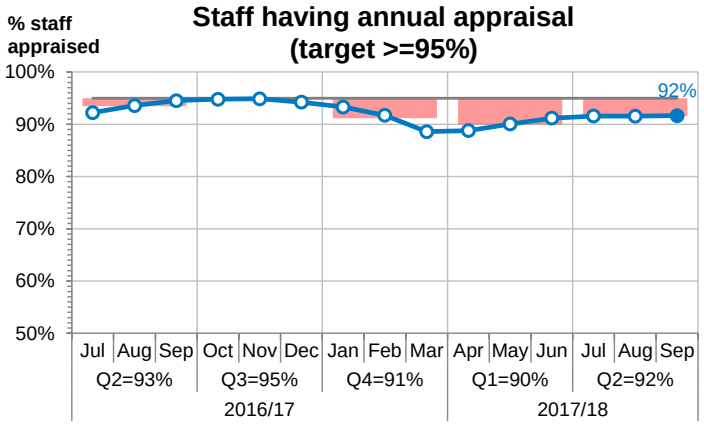


Cash in the bank on 30th September 2017 was £18.6m, which is £2.8m less than last month and £12m better than planned. Receipt of additional bonus, incentive and post-accounts STF relating to 2016/17 is £6.2m higher than included in the submitted plan for this year, so is a key driver for the higher than expected cash balance. In addition the capital programme is £3.8m behind plan.

The cash position is carefully managed and the requirement for a working capital support facility loan will now fall into Q4. This is contingent on CIP plans being delivered and the business groups spending in line with or less than agreed budgets, as well as the Trust's ability to contain the potential winter pressures ahead. The forecast capital underspend in relation to Stockport Together delayed project starts also has a beneficial impact on cash.

Workforce Appraisals

Chart 70



The Trust's total appraisal compliance for September 2017 is 92.7% there has been continuous improvement and the following are in place to support full compliance:

- The Head of OD and the Training Team completed a deep dive into areas that had Appraisal out of date for over two years. Individuals were contacted and Appraisals were completed or dates secured as an urgent priority.
- The Appraisal internal and quality audits have been completed in tandem and resulted in significant assurance.

Chart 71

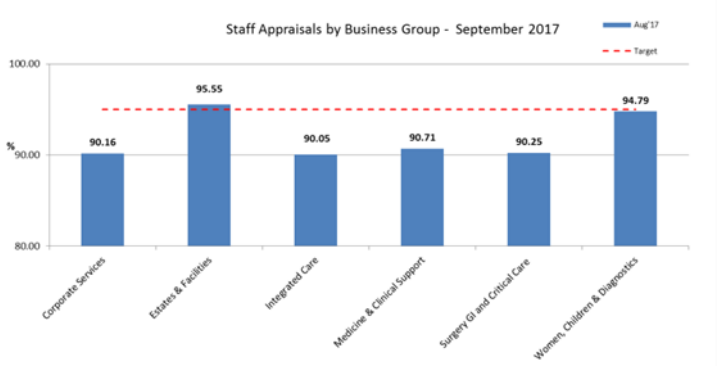


Chart 72

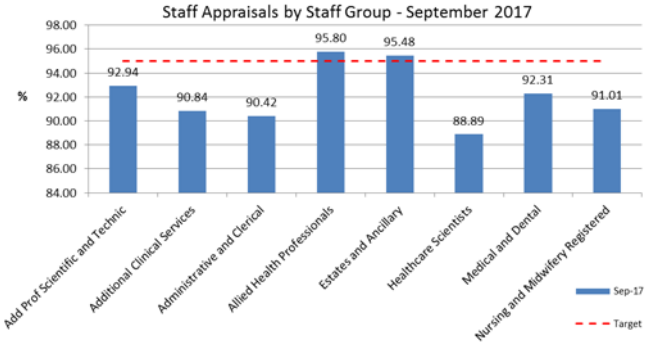
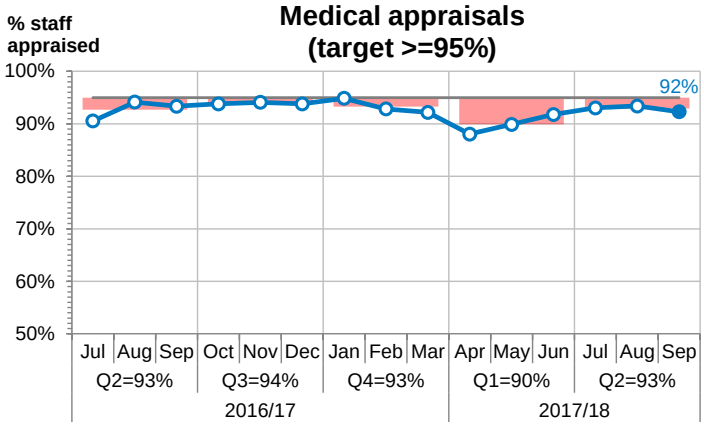


Chart 73



The medical appraisal rate for September 2017 is 92.31%, a decrease of 1.09% from August 2017 (93.40%).

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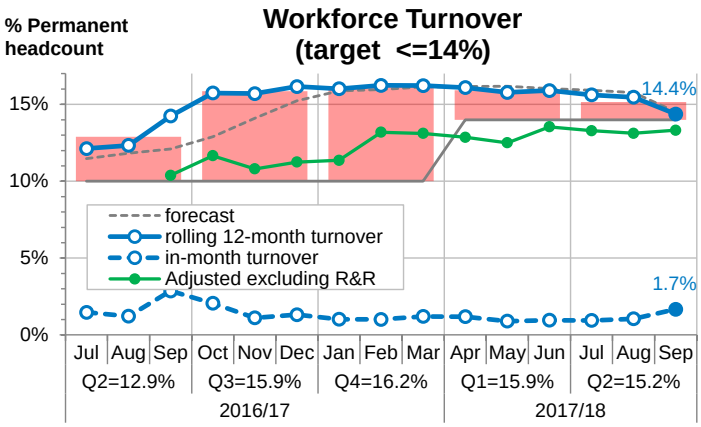
Workforce Turnover

Chart 74



The Trust's turnover figure is reported and compared nationally as an unadjusted figure, meaning that the data includes retire and return employees and TUPE transfers out of the organisation. The Trust target of 13.94% is based on the national average turnover rate for medium size Foundation Trusts in 2016/17.

The rolling 12-month permanent headcount unadjusted turnover figure at the end of September 2017 is 14.37%. For comparison the turnover rate in September 2016 was 14.24%.

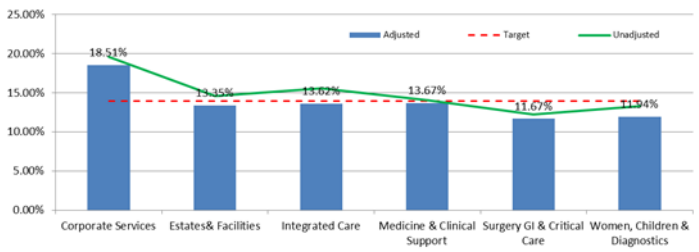
The adjusted rolling 12 month permanent headcount turnover figure at the end of September 2017 is 13.32%. This is an increase of 0.20% compared to the August 2017 figure of 13.12%. The top three leaving reasons are: Relocation 2.56%, Retirement 2.40% and Work Life Balance 1.75%.

Corporate Services has the highest turnover rate at 19.61%, but the adjusted turnover brings them down slightly to 18.51%; however this is still above the Trust target. The three highest leaving reasons in Corporate Services are: Redundancy at 4.33%, Retirement at 3.61% and Promotion at 3.37%.

Of the adjusted permanent headcount leavers in July 2017; 30% have moved to other NHS organisations of which 25% are within Greater Manchester. 18% of the adjusted leavers have retired.

The Registered Nursing & Midwifery adjusted turnover has seen a slight increase from the previous month, which takes them above the Trust target

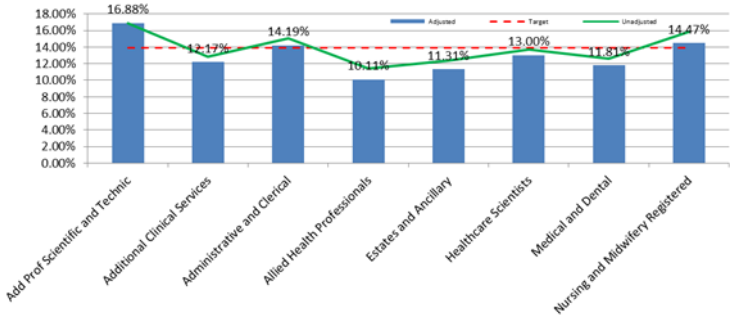
Chart 75



Of the adjusted permanent headcount leavers in July 2017 29% have moved to other NHS organisations of which 25% are within Greater Manchester. 17% of the adjusted leavers have retired.

The Registered Nursing & Midwifery turnover has seen a slight increase from the previous month, which takes them marginally above the Trust target.

Chart 76



Workforce Efficiency

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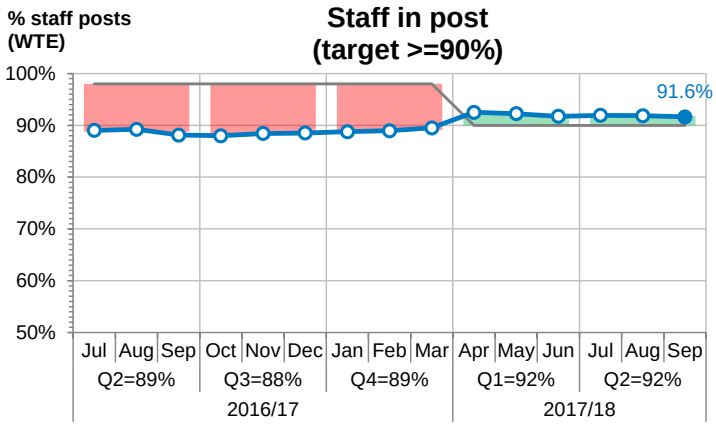
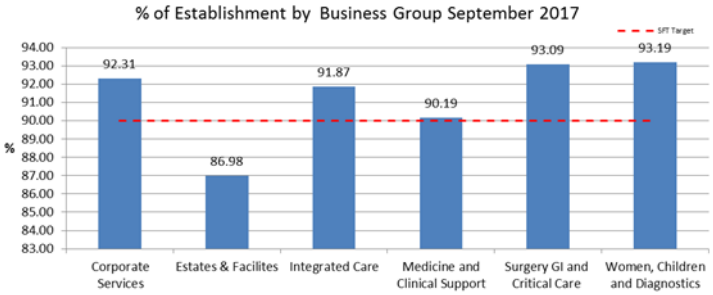
Chart 78



The Trust staff in post figure for September 2017 is 91.62% of the establishment, which is a decrease of 0.24% from 91.86% in August 2017.

Only one area falls below the '90% Staff In Post target' - Estates & Facilities - with the highest percentage vacancy rate at 13.02% (50.71 FTE vacancies); There is active recruitment to 17 posts within E&F. The Medicine &CS Business Group has the second highest percentage vacancy rate at 9.81% (115.51 FTE vacancies)

Chart 79



Registered Nursing and Midwifery have the highest number of vacancies at 207.65 FTE, equating to 13% of the establishment for that staff group. Additional Clinical Services and Add Prof Scientific and Technical staff are slightly over established at 102.20% and 102.35% respectively; attributed to the Medicine & Clinical Support Business Group which has actively over-established roles in order to counter act the shortages of registered nursing staff.

Chart 80

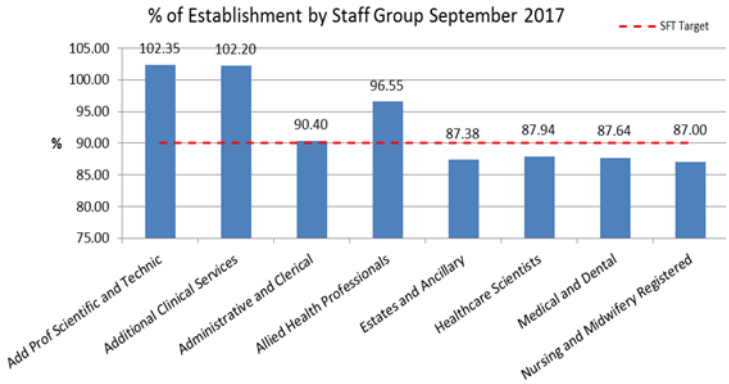
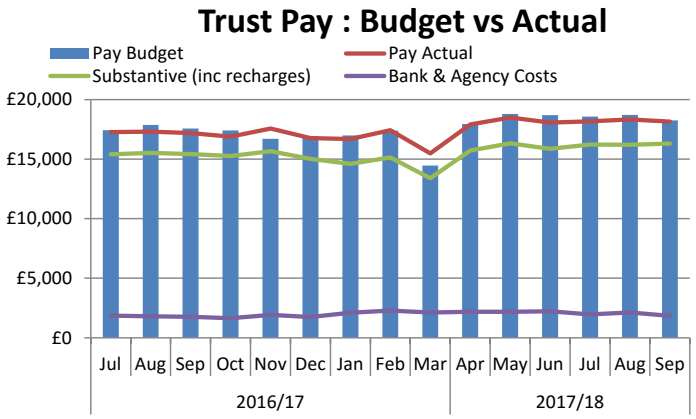


Chart 81

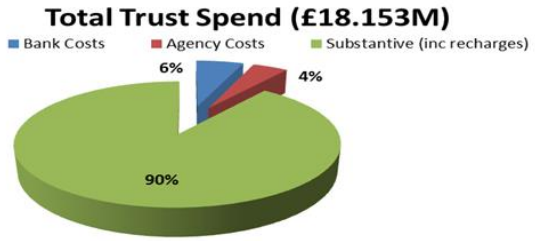


The total pay spend in September 2017 was £16.32M, excluding bank and agency spend (details overleaf). This is an increase of £108K compared to August 2017.

Total spend, including bank and agency, equates to £18.15M, which is £97K under the total pay budget for the month.

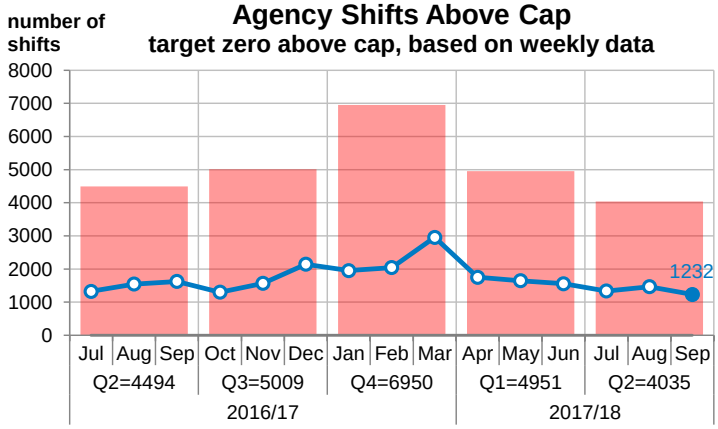
The total spend on bank staff in September 2017 was £1.06M, which is 5.82% of the total pay spend. Agency spend was 4.36% of total pay expenditure, a figure of £0.79M.

Chart 82



There were a total of 1,232 shifts above the NHSI agency cap rates during the period 4th September to 1st October 2017. This is an average of 308 shifts per week, an increase of 15 per week compared to the previous period. There has been a decrease of 24 shifts per week within Medicine, however D&CS and Surgery both increased by 20 shifts and 17 shifts respectively per week.

Chart 83



A number of bank medical staff have been recruited, resulting in greater use of bank staff over agency workers. A change to the NHSI reporting tool will take place during October, meaning that Trusts will also need to report on the number of bank shifts worked as well as highlighting any bank shifts paid above £120 per hour (which we currently report on for agency shifts).

The new business group structure was not reflected by NHSP and TempRE reporting systems but is under development.

Chart 84

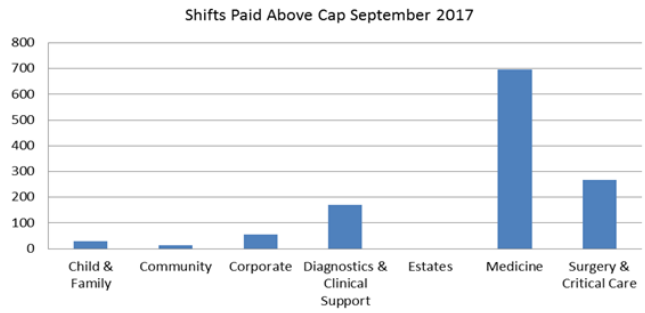
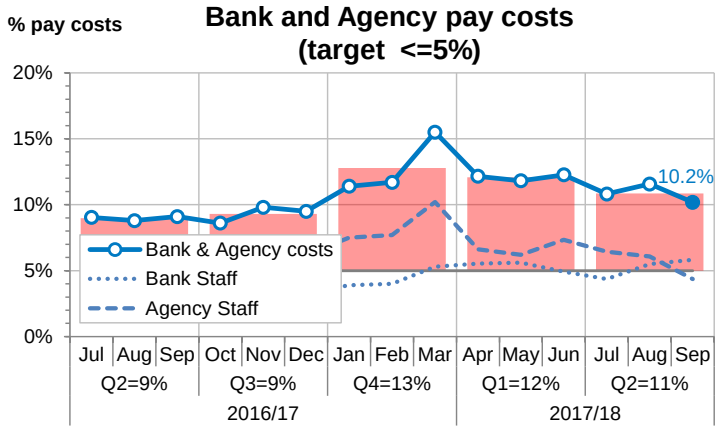


Chart 85



Bank and agency costs in month (September 2017) account for 10.2% (£1.85m) of the £18.25m total pay costs. This is a decrease of 1.4% from the position reported in August (£2.12m).

The Medicine &CS Business Group bank and agency spend has reduced from £0.77m in August 2017 to £0.75m in September 2017, but continues to have the highest spend on bank and agency equating to 40.71% of the Trust overall bank and agency spend and 4.14% of the Trust total paybill

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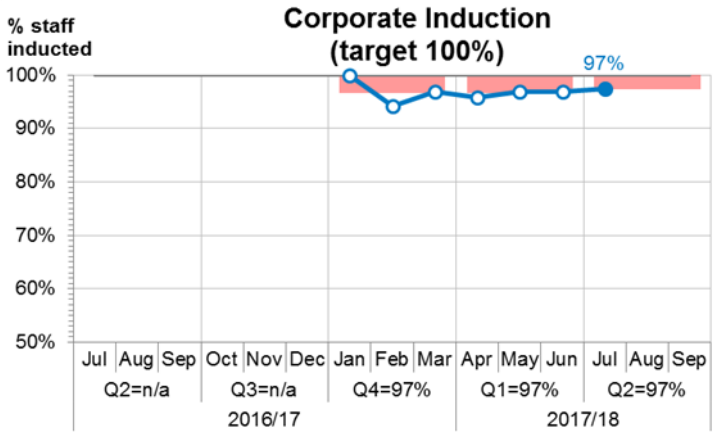
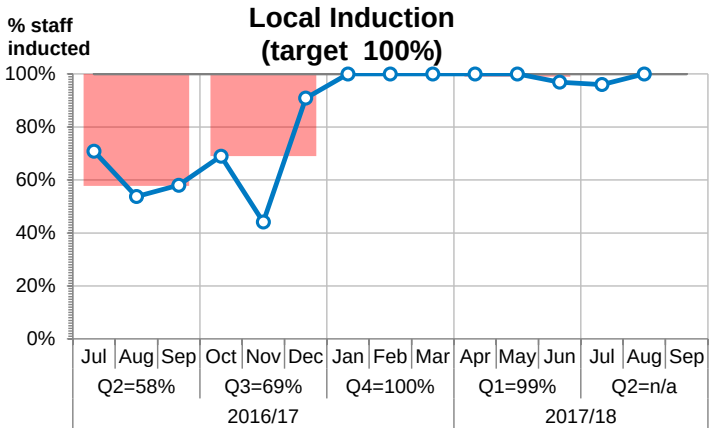
Workforce Induction

Chart 86



Due to technical issues, data for Coporate welcome and local indiction is not available or September at the time of writing.

Chart 87



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Staff Engagement

To be developed

Sickness Absence

Chart 87

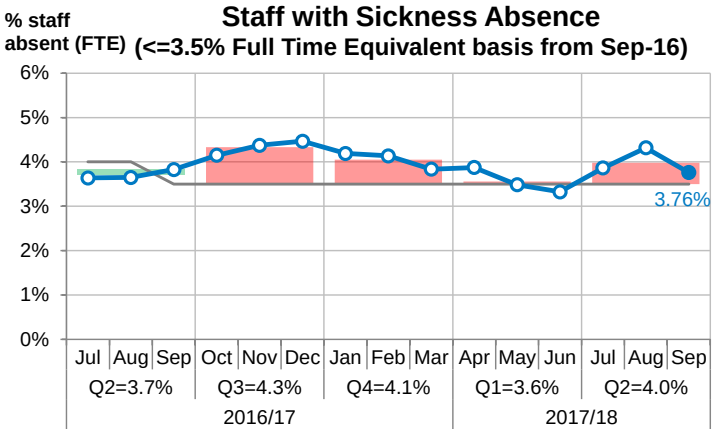


Chart 88

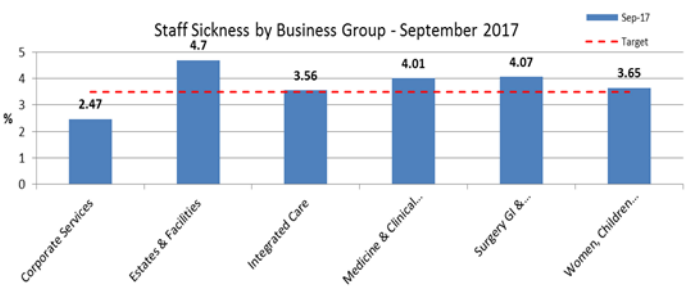
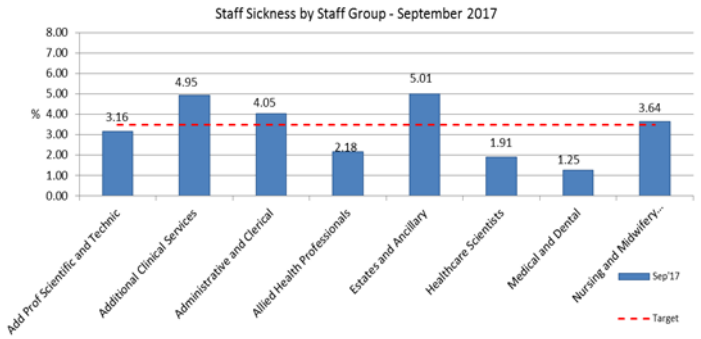


Chart 90



The in-month unadjusted sickness absence figure for September 2017 is 3.76%; a decrease of 0.56% compared to the previous month. The sickness rate for comparison in September 2016 was 3.86%. The unadjusted cost of sickness absence in September 2017 is £382,122, a decrease of £90,843 from the adjusted figure of £472,965 in August 2017. This does not include the cost to cover the sickness absence.

The top three reasons for absence in September 2017 are: Stress at 33.7% (a 2.8% decrease from August 2017), Back Problems and Other Musculoskeletal Problems including injury/fracture at 25.09% (a 1.66% increase from August 2017), and Gastrointestinal Problems at 9.54% (a 0.96% decrease compared to August 2017).

All Business Groups are above the 3.5% target in September 2017 with the exception of Corporate Services. Estates & Facilities BG have seen the highest decrease of 1.17% from the previous month followed by Corporate Services BG with a decrease of 1.4% from the previous month. The 12-month rolling sickness percentage for the period October 2016 to September 2017 is 3.92%.

The unadjusted short term sickness for October 2016 to September 2017 is 1.14%, which is comparable with the adjusted short term sickness figure reported last month. The long term sickness for October 2016 to September 2017 is 2.82% which is also comparable with the adjusted long term sickness figure reported last month.

The 'Estates and Ancillary' Staff Group has the highest sickness rate at 5.01% (1.51% above the 3.5% target) in September 2017. The two highest reasons given are musculoskeletal/back/injury problems at 1.86% and stress at 0.84%. There are monthly meetings with E&F managers to discuss the KPIs, which ensures that the process is being managed. A number of actions have recently concluded and it is anticipated that there will be an improved position reported next month.

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Essentials Training

Chart 89

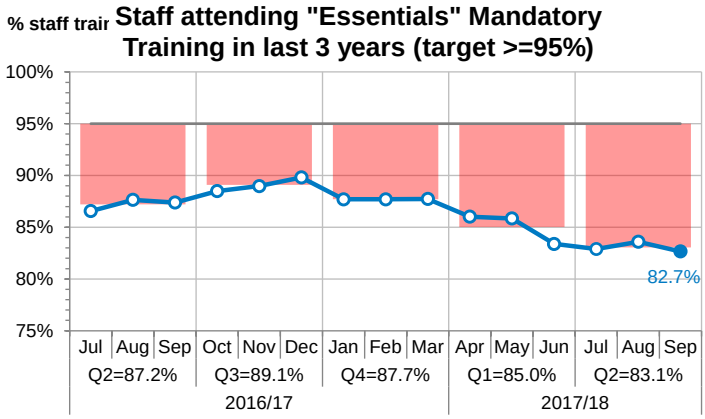


Chart 90

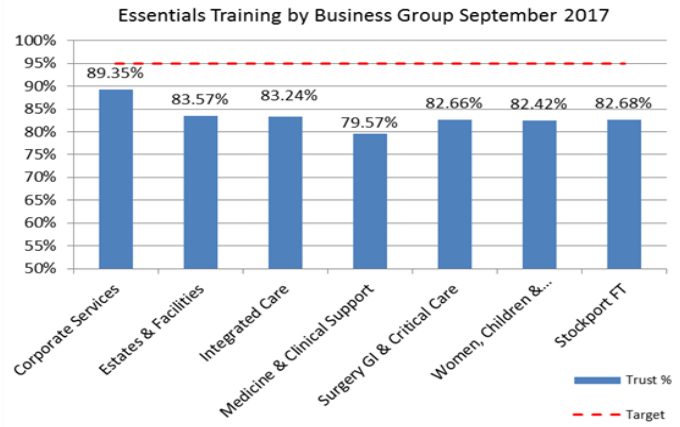
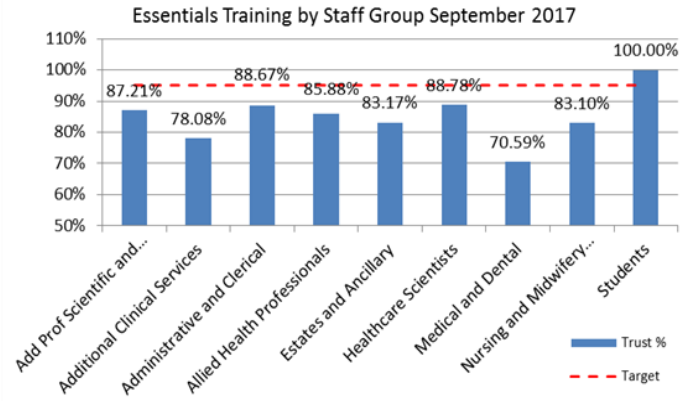


Chart 91



The essentials training compliance is 82.7% for September 17. The e-learning transition has had a detrimental impact on the overall compliance and a full review of the process had been undertaken

A new Statutory and Mandatory training matrix will be launched from 8th November with the new e-learning packages which have been piloted by the Cultural Ambassadors and diverse roles Trust wide.

The essential to role matrix is out for consultation and will be launched by the end of November.

E-learning clinics continue and are offered on a weekly basis with telephone support 9-12 Monday to Friday.

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Integrated Performance Report
Financial Table

Stockport NHS Foundation Trust

Income and Expenditure Statement	Trust Annual Plan	Year to Date		
		Plan	Actual	Variance
	£k	£k	£k	£k
INCOME				
Elective	43,531	22,294	20,610	(1,684)
Non Elective	80,046	38,934	39,133	199
Outpatient	31,591	15,739	15,749	9
A&E	13,048	6,552	5,824	(728)
Community Services	28,386	16,253	16,261	8
Non-tariff income	54,396	26,642	27,216	574
Clinical Income from Patient Care Activities	**250,999**	**126,415**	**124,793**	**(1,622)**
Private Patients	55	28	102	74
Other Non-NHS Clinical Income	917	458	336	(122)
Other Clinical Income	**972**	**486**	**438**	**(48)**
Research & Development	569	286	246	(40)
Education and Training	6,951	3,542	3,617	76
Stockport Pharmaceuticals/RQC	5,462	2,753	2,635	(118)
Other income	13,284	7,407	8,346	939
Other Income	**26,266**	**13,988**	**14,845**	**858**
TOTAL INCOME	**278,236**	**140,889**	**140,076**	**(813)**
EXPENDITURE				
Pay Costs	(213,881)	(110,940)	(109,114)	1,826
Drugs	(16,624)	(9,128)	(9,507)	(379)
Clinical Supplies & services	(21,797)	(11,573)	(11,342)	231
Other Non Pay Costs	(38,277)	(20,500)	(20,696)	(196)
TOTAL COSTS	**(290,579)**	**(152,141)**	**(150,659)**	**1,482**
EBITDA	**(12,342)**	**(11,252)**	**(10,583)**	**670**
Depreciation	(9,982)	(4,569)	(4,291)	278
Interest Receivable	63	31	24	(7)
Interest Payable	(1,003)	(441)	(437)	4
Other Non-Operating Expenses	-	-	(1)	(1)
Fixed Asset Impairment Reversal	-	-	-	-
Unwinding of Discount	(30)	-	-	-
Profit/(Loss) on disposal of fixed assets	-	-	(3)	(3)
Donations of cash for PPE	-	-	-	-
PDC Dividend	(4,105)	(1,918)	(1,918)	0
RETAINED SURPLUS / (DEFICIT) FOR PERIOD	**(27,400)**	**(18,149)**	**(17,208)**	**941**

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Safe Staffing Report		
Report of:	Director of Nursing & Quality	**Prepared by:**	Corporate Lead Nurse Workforce

REPORT FOR INFORMATION

Corporate objective ref:	-----
Board Assurance Framework ref:	S06
CQC Registration Standards ref:	Safe Staffing
Equality Impact Assessment:	☐ Completed ☐ Not required

Summary of Report

The report provides an overview, by exception of actual versus planned staffing levels for the month of September 2017. The report highlights the percentage of temporary staff utilised. The report outlines recruitment and retention initiatives to address the shortfall of Registered Nurse (RN) and Registered Midwife (RM) staff. The report includes the recent Acuity Audit results.
Key points of notes are as follow :
The Acuity Audit results suggests that 9 areas show an under establishment (red rating) of nursing staff, 1 area reports amber ratings and 16 are green.
Average fill rates for RNs and Registered Midwife staff (RM) remains above 90% average for both day and night duty. 9 areas individually report suboptimal registered staff levels below 90%. They are
In Child and Family 2 areas, in Surgery and Critical Care 3 areas, Integrated Care and Medical wards 4 areas.
Key volumes to report are in medicine and integrated care where RN vacancies are 73 whole time equivalents (WTE) . Surgery and critical care reports 23 WTE .

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

Attachments: Annex A Unify data

This subject has previously been reported to:

- ☐ Board of Directors
- ☐ Council of Governors
- ☐ Audit Committee
- ☐ Executive Team
- ☐ Quality Assurance Committee
- ☐ Finance & Performance Committee
- ☐ People Performance Committee
- ☐ Charitable Funds Committee
- ☐ Nominations Committee
- ☐ Remuneration Committee
- ☐ Joint Negotiating Council
- ☐ Other

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1. 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 staff that was planned, for the month of September 2017.

2. BACKGROUND

2.1 NHS England is 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.

September 2017	DAY	NIGHT
RN/RM Average Fill Rate	**91.9%**	**94.4%**
Care Staff Average Fill Rate	**102.3%**	**111.1%**

3. CURRENT SITUATION

Registered Nurse Vacancies

3.1 Integrated Care emergency village areas and Medicine specialty wards reports 73.08 WTE established RN vacancies. There are 45 offers in place. These have not been calculated in as we cannot guarantee these nurses will commence in post. They are factored in 4 weeks before the start date. The business group statistics are currently still combined with integrated care and medical specialty wards, but A1 gastroenterology has moved into the surgery and critical care business group. When long term sick and absence due to maternity leave is factored in to these areas the adverse impact on the off duty equates to 84.27 WTE .

3.2 Surgery and Critical Care reports 23.2 WTE vacancies including A1. 51 offers have been made and these are not included in numbers until 4 weeks before the date they are due to commence. It is noted that a significant number of the 51 offers are due to commence late 2018 . When long term sick and maternity leave are factored in the adverse impact on the off duty equates to 36.45 WTE .

3.3 Child and family report 9.85 RM vacancies which has contributed to below 90% staffing levels in the birth canter. 7.6 WTE have been recruited and we are awaiting start dates .

3.4 Community reports continued difficulties recruiting Band 6 roles as there is a specific course that Band 5s need to complete to enable them to achieve a Band 6. The business group continues to support training and development to address this. Community Care Support staff are required (circa 13 WTE vacancies). The business group is liaising with the Trust Workforce Lead Nurse as regards coordinating Care Support staff recruitment events.

4.0 **Temporary Staffing**

Temporary staffing percentages have been broken down into business groups to enable the Board to have clarity as regards agency and NHSP utilization. This month's figures reflect

the revised business groups :

Business Group	RN	CSW
Integrated Care	12%	16%
Urgent Care	17%	16%
Surgical, GI and Critical Care	9%	12%
Medicine & Clinical Support	19%	17%
Child & Family, & Diagnostics	3%	3%

.

RECRUITMENT AND RETENTION

5.1

A revised student recruitment package is now in place with the Trust approving Band 4 salary while awaiting registration, with DBS and 1st registration NMC reimbursed by the Trust. This makes us competitive with over local providers. The nursing recruitment team now present at student inductions in Pinewood House and in September 2017 attended the Student Jobs fair, at Manchester University, with over 100 students visiting the Trust's stand. New Rotational Packages proved popular. The focus for 2018 onwards is to set-up student "Keeping In Touch" events.

5.2 A paper has been prepared for the SMT requesting funding for a comprehensive domestic and international recruitment campaign. Finance have reviewed the draft and critiqued the data, and a revised paper will go to the SMT November 2017. This includes domestic, EU and non-EU recruitment proposals.

5.3 The Adaptation Programme has been financially evaluated and will cease after Cohort 3 as it is not financially viable. It will have cost circa £50 for 24 students. It is likely only 4 maximum will pass the English language test which is not a sufficient rate of return on the Trust's investment.

5.4 The retention "Itchy Feet" programme, as recommended by NHS employers improving staff retention document, will be presented to the Band 7 managers on the 16th October 2017 and fully launched on the 1st November 2017. Terms of reference have been drafted and will be piloted. It is anticipated that in the first 2-3 months activity will be high from staff requesting internal transfers; this has been the experience in local trusts that launched this project but settles within a few months. The likely adverse impact will be Medical speciality wards with Critical Care and Emergency Department areas benefitting.

5.5 NHSP bank share plans, working more closely with our regional colleagues has been developed over the last year. This is coming to its final stages and is hoped will be launched in this financial year. The aim is to encourage staff to work on NHSP rather than agency. Staff will have easier access to work across the North West client group hospitals (7 in region). The aim is to reduce framework agency spend and to cease non-framework agency bookings.

5.6 Acuity Audits have been completed and a detailed report sent to the Associate Nursing Directors and Interim Director of Nursing. 26 areas were audited. Outcomes will now be triangulated alongside harm-free care data and professional judgement, and the business

groups will present recommendations for establishment reviews. The RAG ratings indicate the following :

GREEN	**0 to -5%**
AMBER	**-5.1%-10% under established**
RED	**-10.1% and above under established**

The results indicate as follows :

February 2017	**July 2017**	
9	**16**	
0	**1**	**D1**
14	**9**	**SSOP, A1, A10, A3, B6, Bluebell, E2, E3, D6**
Total audited 23	**26**	

This shows an improving trend which supports the ward consolidations that have taken place and the revision of establishments, particularly in the Surgical and Critical Care business group following the February 2017 results.

6. CARE HOURS PER PATIENT DAY

6.1 September 2017 report also includes information relating to care hours per patient day (CHPPD). This is the staffing metric advised by the Carter Review which aims to allow comparison between organisations to a greater extent than previously, whilst noting that local specific services (speciality centres for example) will influence the final measure. The CHPPD calculates the total amount of RN and CSW staff available during a month, and divides this by the number of patients present on the in-patient areas to 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 September 2017, our report shows an average CHPPD of 7.8.

7. RISK AND ASSURANCE

7.1 Safe staffing levels have been challenged by the levels of RN vacancies at Band 5. A reliance on temporary staffing has been required in the Medical, Integrated Care and Surgery, and Critical Care business groups to support wards and department safe staffing.

8. CONCLUSION

8.1 Average staffing levels have been maintained above an overall average of 90% at RN and RM, supported by temporary workers and Care Support staff. The Acuity Audit data indicates 9 areas need an establishment review. The monthly staffing figures also indicate 9 areas that report below 90% registered staffing levels in month.

Action to be considered by the Executive Team	Asked to note the contents of this report
Report compiled by	Corporate Workforce Lead Nurse

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

Org: RWJ Stockport NHS Foundation Trust

Period: September_2017-18

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

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

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

Comments

Validation alerts (see control panel)	Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff									
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Neonatal Unit	420 - PAEDIATRICS		2250	1875	0	0	1575	1218	0	0	83.3%	-	77.3%	-	215	14.4	0.0	14.4
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Tree House	420 - PAEDIATRICS		2550	2445	390	390	1560	1450	0	0	95.9%	100.0%	92.9%	-	454	8.6	0.9	9.4
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Jasmine Ward	502 - GYNAECOLOGY		900	882	450	445	600	600	0	0	98.0%	98.9%	100.0%	-	235	6.3	1.9	8.2
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Birth Centre	560- MIDWIFE LED CARE	501 - OBSTETRICS	1800	1582.5	450	450	1200	1150	300	260	87.9%	100.0%	95.8%	86.7%	48	56.9	14.8	71.7
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Delivery Suite	501 - OBSTETRICS		2700	2535	450	395	1800	1660	300	250	93.9%	87.8%	92.2%	83.3%	201	20.9	3.2	24.1
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Maternity 2	501 - OBSTETRICS	560- MIDWIFE LED CARE	1575	1432.5	900	900	600	600	300	300	91.0%	100.0%	100.0%	100.0%	418	4.9	2.9	7.7
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	ICU & HDU	192 - CRITICAL CARE MEDICINE		4500	4476	750	726	3960	3948	0	0	99.5%	96.8%	99.7%	-	281	30.0	2.6	32.6
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Short Stay Surgical Unit	100 - GENERAL SURGERY	101 - UROLOGY	2016.5	1820.5	757.5	682.5	836	826	660	672	90.3%	90.1%	98.8%	101.8%	617	4.3	2.2	6.5
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	C6	101 - UROLOGY	100 - GENERAL SURGERY	1350	1098	1350	1356	660	670	660	760	81.3%	100.4%	101.5%	115.2%	645	2.7	3.3	6.0
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	D1	110 - TRAUMA & ORTHOPAEDICS		1575	1402.5	1350	1357.5	660	660	660	1067	89.0%	100.6%	100.0%	161.7%	643	3.2	3.8	7.0
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	D2	110 - TRAUMA & ORTHOPAEDICS		1350	1260	1125	1107	660	660	660	660	93.3%	98.4%	100.0%	100.0%	460	4.2	3.8	8.0
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	D4	110 - TRAUMA & ORTHOPAEDICS		907.5	851.75	967.5	952.5	660	660	462	495	93.9%	98.4%	100.0%	107.1%	419	3.6	3.5	7.1
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	D6	100 - GENERAL SURGERY		1350	1341	1125	1161	660	682	660	781	99.3%	103.2%	103.3%	118.3%	670	3.0	2.9	5.9
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	M4	110 - TRAUMA & ORTHOPAEDICS		1507.5	1192.5	1620	1755	660	561	990	1210	79.1%	108.3%	85.0%	122.2%	639	2.7	4.6	7.4
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	SAU	100 - GENERAL SURGERY	101 - UROLOGY	1575	1559.5	1080	1013	840	796	660	638	99.0%	93.8%	94.8%	96.7%	368	6.4	4.5	10.9
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	A1	300 - GENERAL MEDICINE		1350	1267.5	1170	1140	990	880	660	660	93.9%	97.4%	88.9%	100.0%	751	2.9	2.4	5.3
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	A3	320 - CARDIOLOGY		1377	1261.5	945	877.5	990	847	660	638	91.6%	92.9%	85.6%	96.7%	710	3.0	2.1	5.1
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	A10	430 - GERIATRIC MEDICINE		1530	1290	1575	1530	660	660	660	660	84.3%	97.1%	100.0%	100.0%	110	17.7	19.9	37.6
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	A11	430 - GERIATRIC MEDICINE		1845	1830	1395	1387.5	660	660	660	660	99.2%	99.5%	100.0%	100.0%	724	3.4	2.8	6.3
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	A12	300 - GENERAL MEDICINE		720	690	360	405	660	660	360	528	95.8%	112.5%	100.0%	146.7%	767	1.8	1.2	3.0
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	AMU	300 - GENERAL MEDICINE		3960	3636	3240	3378	3600	3138	2970	3311	91.8%	104.3%	87.2%	111.5%	1494	4.5	4.5	9.0
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	B2	430 - GERIATRIC MEDICINE		1620	1308	810	810	1320	1012	660	825	80.7%	100.0%	76.7%	125.0%	457	5.1	3.6	8.7
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	B4	300 - GENERAL MEDICINE		1170	730.5	585	838.5	660	660	660	660	62.4%	143.3%	100.0%	100.0%	473	2.9	3.2	6.1
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	B5	300 - GENERAL MEDICINE		810	788.5	810	808	660	638	660	649	97.3%	99.8%	96.7%	98.3%	440	3.2	3.3	6.6
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	B6	300 - GENERAL MEDICINE		1170	1150	1035	1229	660	682	660	869	98.3%	118.7%	103.3%	131.7%	592	3.1	3.5	6.6
	RWJ88	THE MEADOWS - RWJ88	Bluebell Ward	318- INTERMEDIATE CARE		1170	1168	2010	1840	660	660	660	652.5	99.8%	91.5%	100.0%	98.9%	700	2.6	3.6	6.2
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	C2	430 - GERIATRIC MEDICINE		1230	1013	720	618	660	671	660	616	82.4%	85.8%	101.7%	93.3%	478	3.5	2.6	6.1
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	C4	300 - GENERAL MEDICINE		1170	892.5	585	829	660	660	660	660	76.3%	141.7%	100.0%	100.0%	448	3.5	3.3	6.8
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Coronary Care Unit	320 - CARDIOLOGY		810	922	450	411	660	737	330	396	113.8%	91.3%	111.7%	120.0%	158	10.5	5.1	15.6
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Clinical Decisions Unit	300 - GENERAL MEDICINE		360	360	360	360	330	330	330	330	100.0%	100.0%	100.0%	100.0%	114	6.1	6.1	12.1
	RWJ03	CHERRY TREE HOSPITAL - RWJ03	Devonshire Centre for Neuro-Rehabilitation	314 - REHABILITATION		1035	1021.5	1935	1869	660	660	660	649	98.7%	96.6%	100.0%	98.3%	530	3.2	4.8	7.9
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	E1	430 - GERIATRIC MEDICINE		1881	1596	2235	2092.5	990	781	1320	1331	84.8%	93.6%	78.9%	100.8%	926	2.6	3.7	6.3
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	E2	430 - GERIATRIC MEDICINE		2205	2162	1530	1921	990	957	990	1331	98.0%	125.6%	96.7%	134.4%	976	3.2	3.3	6.5
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	E3	430 - GERIATRIC MEDICINE		2205	2189.5	1530	1909.5	990	990	990	1474	99.3%	124.8%	100.0%	148.9%	1024	3.1	3.3	6.4
	RWJ09	STEPPING HILL HOSPITAL - RWJ09	Short Stay Olders People's Unit	430 - GERIATRIC MEDICINE		1125	1012.5	765	697.5	660	649	660	660	90.0%	91.2%	98.3%	100.0%	603	2.8	2.3	5.0

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	MRSA Bacteraemia		
Report of:	Deputy Medical Director	**Prepared by:**	Medical Director

REPORT FOR INFORMATION

Corporate objective ref:	C8, C10	**Summary of Report** In August 2017 a patient on our stroke rehabilitation ward tested positive in a blood culture (a bacteraemia) for Methicillin Resistant Staphylococcus Aureas (MRSA). NHSI advocate a zero tolerance approach to MRSA bacteraemias. Prior to this, Stockport NHS Foundation trust has not had an MRSA bacteraemia in 970 days. A serious incident investigation was carried out within the 14 day statutory period for MRSA bacteraemias. A critical appraisal of the care of the patient identified some shortcomings in care. Actions have been enacted.
Board Assurance Framework ref:	n/a	
CQC Registration Standards ref:	n/a	
Equality Impact Assessment:	☐ Completed ☒ Not required	

Attachments: Nil

This subject has previously been reported to:

- ☐ Board of Directors
- ☐ Council of Governors
- ☐ Audit Committee
- ☐ Executive Team
- ☐ Quality Assurance Committee
- ☐ Finance & Performance Committee
- ☐ People Performance Committee
- ☐ Charitable Funds Committee
- ☐ Nominations Committee
- ☐ Remuneration Committee
- ☐ Joint Negotiating Council
- ☐ Other

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1. INTRODUCTION

1.1 In August 2017 a patient in the Trust suffered a Methicillin Resistant Staphylocccus Aureas (MRSA) blood stream infection (bacteraemia). This is our first MRSA bacteraemia in 970 days.

2. BACKGROUND

2.1 The government considers it unacceptable for a patient to acquire an MRSA bloodstream infection while receiving care in a healthcare setting. It has set healthcare providers the challenge of demonstrating zero tolerance of MRSA bacteraemias, through a combination of good hygienic practice, appropriate use of antibiotics, improved techniques in the care and use of medical devices as well as adherence to best practice guidance.

2.2 NHS England published their guidance on MRSA bloodstream infections in April 2014. The purpose of the guidance was to support care to deliver zero tolerance. Investigations must identify clinical learning and attribute responsibility for all MRSA blood stream infections. The goal is to understand how a case occurred, and to identify the actions that will prevent a similar case occurring in the future. Unlike other serious incidents, an MRSA bacteremia investigation should conclude within 14 days (normally 60).

3. CURRENT SITUATION

3.1 Day 1, Admitted our hyper-acute stroke ward (B2) following a stroke.
Day 10, Initial recovery was good, the patient was moved to the stroke rehab ward (C2).
Day 16, The patient suffered an extension to the stroke and was agitated.
Day 17, Patient caught their arm on the bed rail. This was recorded as an incident, and the wound was cleaned and dressed.
Day 25, A swab from the elbow area grew MRSA.
Day 28, Patient developed aspiration pneumonia. Blood cultures grew MRSA.

3.2 Treatment was promptly initiated with appropriate antibiotic cover. The patient was already isolated in a single room at the time of the bacteremia. There were no other MRSA positive patients on the ward at that time.

3.3 The patient continued to deteriorate, and died one month after the MRSA bacteraemia. The cause of death was attributed to pre-existing co-morbidity and to the hemorrhagic stroke. The MRSA bacteremia was not considered to be a significant causative factor in his death.

4. RISK & ASSURANCE

4.1 The investigation raised the following concerns:

- Inadequate documentation of cannula care relating to four intravenous cannulas.
- Inadequate documentation relating to wound type and locations.
- Delays to the use of isolation signage after the MRSA positive result.
- Stickers were not used to record the blood cultures taken.

- Inadequate return of hand hygiene audit results from the ward.
- Inadequate ward cleaning documentation on the ward.
- Inconsistent management standards across the two stroke wards.

Of note is that the clinical picture was of a patient unwell due to a severe stroke and the development of secondary aspiration pneumonia. It seems likely that the MRSA in the blood culture was a skin contaminant from sampling, rather than reflective of true MRSA bacteraemia from the pneumonia. This cannot be certain, and the case has been recorded as MRSA bacteraemia assigned to the trust.

The following actions were agreed at the Serious Incident validation meeting:

1. Cleaning records will now be recorded weekly on the ward.
2. Ward cleaning record documentation has been improved.
3. Infection prevention ward audit carried out with action plan agreed.
4. All stroke doctors were reminded of the need for full documentation of blood cultures.
5. Oversight of ward standards by senior sister from adjacent stroke ward agreed.
6. Agreed consolidation of both stroke wards onto a single large ward to ensure consistent standards in a better environment.
7. New signage developed for improved establishment of patient isolation.

The learning from this incident will be cascaded through the medicine sisters' governance meeting, infection prevention meeting, quality governance committee, and board of directors. Duty of candour was completed with the patient's next of kin.

5. CONCLUSION

5.1 A critical analysis of the patient's care identified a number of factors that may have contributed to his MRSA bacteraemia. Appropriate actions have been taken.

6. RECOMMENDATIONS

6.1 The Board of Directors is recommended to:

- Note the incidence of MRSA and the actions taken to mitigate the risk of reoccurrence.

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Corporate Objectives: 2017/18 – Q1&2 Update		
Report of:	Chief Executive	**Prepared by:**	Assistant Business Manager, Strategy and Planning

REPORT FOR NOTING

Corporate objective ref:	Master
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	N/A
Equality Impact Assessment:	☐ Completed

Summary of Report

To provide the Board of Directors with an update on progress of the corporate objectives for 2017/18 as at the end of Quarter 2.

Appendix One provides the full list of the strategic objectives and corporate objectives for 2017/18 along with progress and RAG rating.

Recommendations:

- Discuss and agree the position to date.

Attachments: Appendix One– Objectives Update Q1&2 2017/18

This subject has previously been reported to:

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

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1. INTRODUCTION

1.1 The purpose of this report is to show progress towards the corporate objectives for 2017/18.

2. BACKGROUND

2.1 The attached appendix shows the agreed trust objectives. Each objective has an accountable executive director showing progress towards these objectives in quarters 1 and 2 2017/18.

2.2 The achievement of these objectives is an in-year measure of delivery towards the Trust strategy.

3 CURRENT SITUATION

3.1 Progress for Quarter 1 and 2 has been shown in the appendix for each objective. Where an objective is not due to be reported until later in the financial year, supporting narrative has still been provided to provide assurance of this objective being achieved.

Objectives are shown as follows:

- Green – achieved
- Red – not achieved

4. RECOMMENDATIONS

4.1 The Board of Directors is recommended to:

- Note progress for Q1&2 and to discuss any variations from plan.

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2017/18 FINAL - Executive Team Strategy, Vision, Strategic and Corporate Objectives 2017/18 1 April 2017 to 31 March 2018

In 2017 our strategy is to deliver the continue to improve our efficiency whilst moving, with partners, into the implementation of the transformational phase of our 5 year strategy.
The strategic objectives S01- S06 are supported by key corporate objectives which demonstrate key deliverables in 2017/18 towards the strat

Key for progress: **Achieved** **Not achieved**

Ref	In order to achieve our strategy our strategic objectives and corporate objectives for 2017/18 are;	BAF Source	Strategic / Tactical / Operational	Executive Director accountable	Measure of success monitored via:	Assurance obtained from subcommittee:	Milestone Deadline occurs in:	Progress Q1	Q2	Q3	Q4	Narrative of progress
S1	**To achieve best outcomes for patients through full and effective participation in local strategic change programmes including; Stockport Together, Healthier Together & Greater Manchester**	**S02**	**S**	**Chief Executive**								
C1	During 2017/18 the Trust will be an active member of the Greater Manchester Devolution programme, ensuring continued alignment with the Trust strategy and operational plans taking into account Trust sustainability, staff welfare and patient experience.	S02	T	Chief Executive		F&P Committee	**Q4**					**Not due until Q4** We continue to be actively engaged with the GM programme. As part of out operational planning process we are ensuring that all interdependencies are considered at a specialty level. GM programme is also being considered as part of the work to recreate the trust strategy
C2	During 2017/18 we will work with partners in the Stockport Together programme to collectively go through the business case and due diligence process for establishment of the MCP; identifying and delivering the objectives of the Provider Board.	S02	T	Chief Executive/Director of Support Services	MCP provider / ACT	F&P Committee	**Q4**					**Not due until Q4** The Board of Directors have seen and agreed outline business case for Stockport Together. There is an alliance agreement for Stockport Together providers which has been ratified in September 2017. There are revised governance structures in place for Stockport Together projects.
C3	During 2017/18 the Trust will continue to progress with the Implement - Phase 1 (Transfer of elective surgery) of the Healthier Together Programme in line with the Greater Manchester defined timescales.	S02	T	Chief Executive / Chief Operating Officer	Healthier Together Board	F&P Committee	**Monthly**					We have continued to be actively engaged with the HT programme. Timescales for delivery of the South East Sector solution are still subject to final agreement of revenue and stranded costs and dependent on the release of capital funding for major enabling schemes
S2	**To secure full compliance with requirements of the NHS Provider Licence through fit for purpose governance arrangements. (non-financial)**	**S03**	**S**	**Chief Operating Officer**								
C4	During 2017/18 the Trust will finalise an economy-wide plan to deliver consistent provision of healthcare needs across 7 days a week. This work will be guided by the 4 key principles outlined in the national guidance on 7 day working	S03	O	Chief Operating Officer / Medical Director		QAC	**Q4**					**Not due until Q4** There is a seven day implementation group in place at SFT. The trust is engaged with national development in relation to seven day service. NHSI attend seven day implementation group meetings and are satisfied with progress to date. Current neighbourhood care is being set up with seven day service in mind.
C5	By Q2 the Trust will comply with the 18 week RTT standards in order to improve access to care.	S03	O	Chief Operating Officer	Performance Report	F&P Committee	**Q2**					This target was achieved in Q1 and two months of Q2. One month of Q2 failed to meet target. Assurance plans to recover are in place that will be reported to board as part of routine governance.
C6	The Trust will comply with its trajectory for improvement against the 4hr A&E, with actions identified in the Urgent Care Plan	S03	O	Chief Operating Officer	Performance Report	F&P Committee	**Monthly**					This target was achieved in Q1. Q2 did not meet the A & E target. Q3 shows that we are currently off target at 89% against 90% trajectory. Improvement is supported by urgent care plans in place.
C7	During 2017/18 the Trust will complete an independently assessed 'Well-Led Review'	S03	T	Director of Corporate Affairs		Trust Board	**Q4**					**Not due until Q4** A Well-Led Self-Assessment is currently being undertaken with a view to board approval of outcomes in November 2017. A tender process will then be completed to identify a service provider to commence the external review January 2018.
S3	**To achieve, and maintain, a minimum 'Good' rating under the Care Quality Commission inspection regime.**	**S04**	**S**	**Director of Nursing & Midwifery**								
C8	We will achieve the 2017/18 objectives of the Trust Quality Strategy delivery plan, which cover areas of patient safety, clinical effectiveness and patient experience.	S04	O	Director of Nursing & Midwifery / Medical Director		QAC	**Monthly**					This has been achieved, however after recent CQC visit there will be reformatting to the quality plan which will outline how to deliver and maintain oversight of these standards. This will be a six month project which will be completed within this financial year.
C9	By the end of quarter 1 2017/18 we will deliver all the actions within the CQC action plan	S04	O	Director of Nursing & Midwifery		QAC	**Q1**					This was not achieved by the end of Q1. The CQC action plan has recently been rewritten following the two follow up CQC visits. This is currently being worked through and making good progress.
C10	During 2017/18 we will continue to maintain and improve quality of care so that we are prepared for further CQC inspection, with the aim of achieving at least a rating of 'Good'.	S04	T	Director of Nursing & Midwifery		QAC	**Quarterly**					Recent CQC report from two follow up visits has been published and the trust has a rating of 'requires improvement'.

2017/18 FINAL - Executive Team Strategy, Vision, Strategic and Corporate Objectives 2017/18 1 April 2017 to 31 March 2018

In 2017 our strategy is to deliver the continue to improve our efficiency whilst moving, with partners, into the implementation of the transformational phase of our 5 year strategy.
The strategic objectives S01- S06 are supported by key corporate objectives which demonstrate key deliverables in 2017/18 towards the strat

Key for progress: **Achieved** **Not achieved**

Ref	In order to achieve our strategy our strategic objectives and corporate objectives for 2017/18 are;	BAF Source	Strategic / Tactical / Operational	Executive Director accountable	Measure of success monitored via:	Assurance obtained from subcommittee:	Milestone Deadline occurs in:	Progress Q1	Q2	Q3	Q4	Narrative of progress
S4	**Whilst maintaining our standards of patient experience and clinical quality we will achieve financial sustainability in order to achieve the Trust strategy**	**S05**	**S**	**Director of Finance**								
C11	We will implement and monitor a revised performance management framework.	S05	O	Director of Finance / Director or HR&OD	Performance Report	F&P Committee	**Monthly**					Executive directors have agreed performance meetings bi-monthly with clear objectives set out for that meeting. This meeting also incorporates recent changes in business groups. Performance meeting lead has been changed to Director of Support Services.
C12	In 2017/18 we will identify and deliver CIP savings for the Trust to reduce the deficit without adversely impacting on patient experience and clinical quality as a result.	S05	O	Director of Finance	Action Plan	F&P Committee	**Q2**					Trust identified £12.1 million of CIP savings against a target of £15million. Risk to the CIP programme is £5.7 million of the £12.1 million identified. Recurrent savings are £2.6 million of the £12.1 million identified. NHSI have requested a financial recovery plan which will be presented in October. Senior members of finance team are currently working on improvement plan for 2017/2018.
C13	During 2017/18 we will deliver our Transformation Programme objectives to ensure that the Trust optimises the benefits from projects delivering sustainable change.	S05	T	Chief Executive	Action Plan	FIG	**Monthly**					Transformational change has still not been enacted across the Trust which is reflected in our recurrent CIP position (C13). Finance & Performance Committee considered a paper on service reviews to be undertaken to which will identify opportunity for significant efficiencies and transformational change in order to make the organisation more suatinable going forward.
C14	During 2017/18 we will work with partners in Stockport Together to achieve the Trust contribution to savings in the Local Health & Social Care economy	S01	O	Director of Finance	Action Plan	F&P Committee	**Q1**					In principle the Board have signed off the Outline Business Cases for Stockport Together. To achieve the associated reductions in acute capacity that will release the financial savings, the Trust needs to enact the operational delivery plan Finance and Performance Committee have tasked Chief Operating Officer to put together.
S5	**To develop and maintain an engaged workforce with the right skills, motivation and leadership to deliver our strategy**	**S06**	**S**	**Director of Workforce & Organisational Development**								
C15	In 2017/18 we will continue to develop and implement programmes of work to increase workforce productivity and efficiency, including options for shared services, thereby reducing our workforce costs from 68% to 67% of operational spend	S06	O	Director of Workforce & Organisational Development	Report to PPC	PPC	**Quarterly**					This work is being completed under WEEF plans and work around this is on-going
C16	During 2017/18 we will develop a culture where all staff feel valued and recognised for their contribution at work and involvement in the Trusts Transformation programme.	S06	O	Director of Workforce & Organisational Development	Report to PPC	PPC	**Quarterly**					There are culture ambassadors in place. There have been staff events that have taken place this year and staff survey will take place in Q3.
C17	In 2017/18 we will improve levels of staff engagement through enhanced communication, involvement and leadership.	S06	O	Director of Workforce & Organisational Development	Report to PPC	PPC	**Quarterly**					Staff survey will take place in Q3 and work around staff engagement is on-going.
C18	In 2017/18 we will continue to streamline recruitment processes so that by Q3 we will have reduced average time to hire metrics from 12 to 10 weeks	S06	O	Director of Workforce & Organisational Development	Report to PPC	PPC	**Q3**					**Not due until Q3** Work is continuing to be completed to achieve this and achieving this target by Q3 is currently on track
S6	**We will create an environment that maximises the use of resources to improve efficiency, patient experience and clinical quality.**	**S07**	**S**	**Director of Support Services**								
C19	During 2017/18 we will implement both Community & Acute EPR in line with the programme timescales to improve efficiency of systems and technology resulting in a positive impact on patient experience.	S07	O	CEO / Director of Support Services		F&P Committee	**Quarterly**					Community EPR implemented as planned the last module, district nursing, was launched in July 2017. The team are now working with business groups to achieve the benefits of the new system. The acute EPR go live date has been put back due to software not being ready, this was reported through finance and performance committee on the 20th September 2017.
C20	During 2017/18 we will review and relocate services to maximise the use of the estate and improve access to clinical services resulting in improved patient care.	S07	O	Director of Support Services		F&P Committee	**Quarterly**					Site rationalisation group in place which is managing requirements from estates perspective of Stockport Together and Healthier Together plan. This is also reported through the capital programme.

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Freedom to Speak Up		
Report of:	Freedom to Speak Up Guardian	**Prepared by:**	P Gordon

REPORT FOR ASSURANCE

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

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

The purpose of this report is to provide the Board of Directors with assurance on the effective working of the Trust's Freedom to Speak Up arrangements.

Attachments: Appendix 1: Progress against FTSUG Referrals

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

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1. INTRODUCTION

1.1 The purpose of this report is to provide the Board of Directors with assurance on the effective implementation of the Trust's Freedom to Speak Up arrangements.

2. BACKGROUND

2.1 Following the Francis Report in February 2015, every acute Trust was required to nominate a Freedom to Speak Up Guardian (FTSUG) by 1st October 2016. This Trust has had a FTSUG in post since January 2016. The current post holder commenced employment in January 2017 and is separately employed as FTSUG by Tameside and Glossop Integrated Care NHS Foundation Trust. The post holder provides a service on two days per week for each Trust, with cross-site cover.

3. ACTIVITY TO DATE

3.1 Communications / Awareness Raising

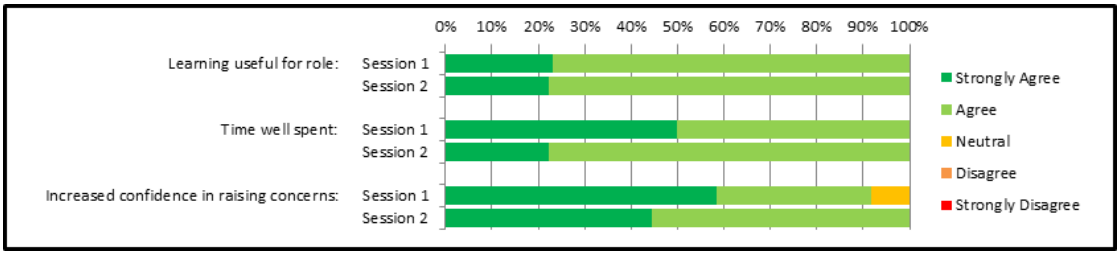
- Local introduction in meetings at every level of seniority
- Regular mentions in Team Brief / Chief Executive Weekly Update
- Creation of "Raising Concerns at Work" Microsite
- Posters, leaflets and factsheets distributed in staff areas and corporate induction
- Trust-wide screensaver
- Drop-in session

3.2 Policy

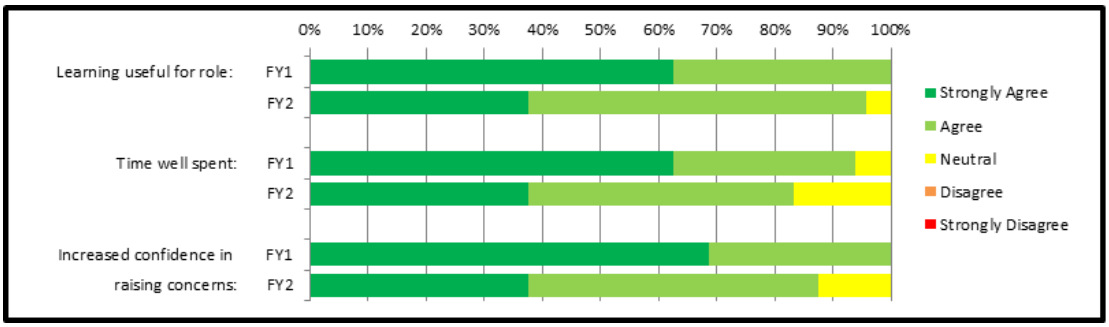
- Complete rewrite combining national best practice, guidance and recommendations, including increases in worker protection in advance of anticipated legislative changes.

3.3 Training

- 22 support workers (July 2017)



- 16 FY1 doctors and 24 FY2 doctors (August 2017)



3.4 Casework and Approach

- Appendix 1 shows a timeline of concerns with FTSUG oversight, with levels of escalation / awareness.
- The nature of the service attracts concerns that are widely varied and do not fit neatly into existing processes.
- Concerns may be raised about non clinical issues with a clinical impact, and vice versa.
- To date, grouping concerns by main theme (e.g. patient safety / bullying culture) can generate a false pattern that is not supported when looking at the details of the concern.
- A narrative approach has therefore been taken.

3.5 Emerging Themes and Actions

Theme	Action
Concerns not dealt with to the worker's satisfaction despite engagement with several Trust processes, and being resolved within days of having contacted the FTSUG	The FTSUG is keeping oversight of this and other concerns to gauge the organisation's appetite to explore and communicate lessons learnt from concerns
FTSUG not assured that those dealing with concerns are fully aware of legal requirements and best practice principles (e.g. proactive protection from detrimental treatment, demonstration of lessons learned)	Address with Executive Team and discuss with Head of OD with a view to offering training sessions
Reasons for delays have mostly been given following the FTSUG's request (one recent case requiring escalation)	For all new concerns passed to management, the FTSUG now proactively agrees individual timescales for updates / checking in / chasing up
Contacts that are not taken forward as concerns but indicate workplace cultures that may not be conducive to a culture of speaking up freely	Liaison with Head of OD

4. NATIONAL DEVELOPMENTS

4.1 In June 2017, the National Guardian Office (NGO) began a 12 month trial of a case review process.

4.2 FTSUGs are now approached during CQC inspections as part of their assessment of the well-led domain (including demonstration of the principle of direct reporting arrangements to very senior leaders).

4.3 The NGO is drafting guidance for FTSUGs on completing Board reports.

5 NATIONAL FTSUG SURVEY

5.1 The National Guardian's Office published a survey of FTSUGs with key findings and recommendations.

5.2 This Trust meets nine out of ten recommendations. The following plan is in place for the remaining recommendation:

Recommendation	Plan
3. Develop local network of ambassadors / champions	• Introductions and training session with Cultural Ambassadors on 3rd November

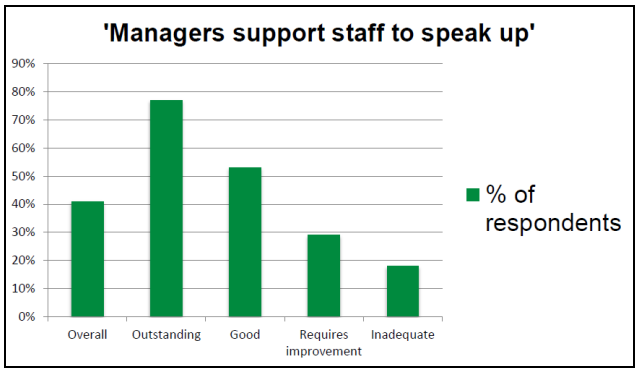
5.3 The following table shows selected features of the FTSUG role where activity in other Trusts is mixed:

Feature	This Trust	Other Trusts
Personal experience of speaking up	Yes	42%
Providing training to staff	Yes	52%
Direct access to Chief Executive / NED	Yes	86% / 76%
Gathering feedback	Yes	46%
Presenting in person to Board	Yes	55%

5.4 The post holder works two days a week. Considering the national context:

- The Trust is in the top 30% for time devoted to the role.
- 47% of FTSUGs working two days a week felt they had enough time to fulfil their role, and 43% were confident they were meeting the needs of their staff (the current postholder answered positively to these questions).
- We can only be sure if we are meeting the needs of staff if we are confident that there is a high awareness rate.
- Increased time would most likely lead to more walkabouts: this may occur with the amount of time currently dedicated.
- Working across two Trusts gives incidental benefits to productivity and availability.

5.5 The survey plots several measures of FTSU culture against CQC rating, with compelling results:



6. FORWARD VIEW

Area	Plan
Awareness	• Walkabouts • Further drop-in session • Liaison with Head of OD / Local Counter-Fraud Specialist
Training	• Work with Head of OD to include "Dealing with Concerns" module on management leadership programme
Themes	• Trust-wide survey (cultural barriers faced and how concerns were dealt with): demonstrates positive appetite at senior management level for potential new and challenging information
Governance	• Refine arrangements according to local developments, direct feedback / suggestions, shared learning and guidance from NGO
Promote culture of speaking up	• Identify success story that can be publicised to celebrate the fact that our staff speak up

7. ASSURANCE

7.1 The content of the report provides the Board of Directors with positive assurance that the Trust is working in positive collaboration with the FTSUG to meet all NGO recommendations and improve its culture and processes around raising and dealing with concerns.

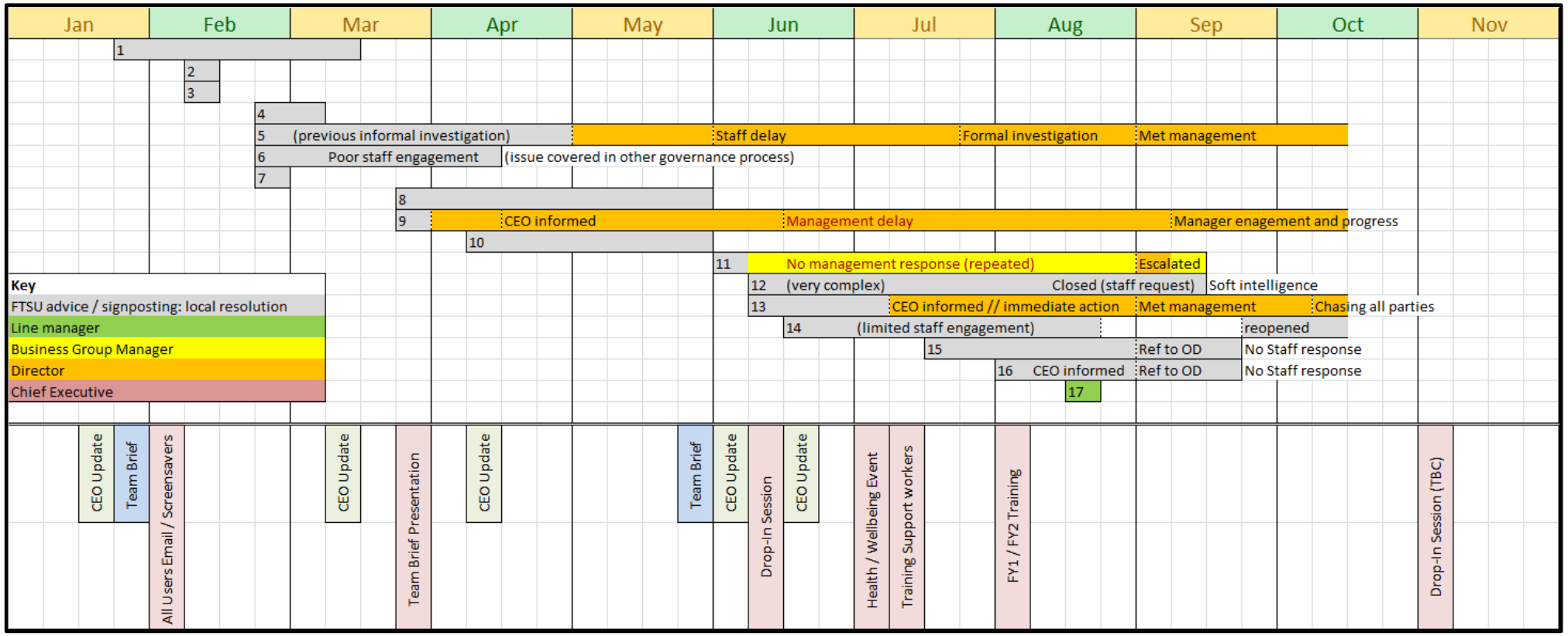
7.2 The FTSUG will report to the Board of Directors on a six-monthly basis to supplement quarterly assurance reports to the People Performance Committee.

8. RECOMMENDATIONS

8.1 The Board of Directors is recommended to:

- Note the positive assurance on Freedom to Speak Up arrangements detailed in the report.

Appendix 1: Progress against FTSUG referrals



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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 October 2017
Subject:	Board Assurance Framework		
Report of:	Chief Executive	**Prepared by:**	P Buckingham

REPORT FOR APPROVAL

Corporate objective ref:	N/A
Board Assurance Framework ref:	BAF Risk 2
CQC Registration Standards ref:	N/A
Equality Impact Assessment:	☐ Completed X Not required

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

The purpose of this report is to present the current Board Assurance Framework for consideration and approval by the Board of Directors.

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
- ☐ PP 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 for consideration and approval by the Board of Directors.

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. In March 2016, the Board adopted a revised approach based on formal closure of the Board Assurance Framework at year-end and the opening of a new Board Assurance Framework from 1 April for the new financial year. This process was completed by the Board on 30 March 2017 and the document included at Annex A represents the 're-opened Board Assurance Framework for 2017/18.

3. CURRENT SITUATION

3.1 The current Board Assurance Framework, which is included for reference at Annex A of the report, has been reviewed by the relevant risk owners and updated accordingly. Movements in residual risk are summarised as follows:

- Risk 1: Delivery of Trust's Five Year Strategy – 16 to 20
- Risk 4: Inability to maintain and improve compliance with CQC standards - 16 to 20
- Risk 7: Failure to ensure efficient management of the EPR project will mean the inability to realise the benefits expected - 8 to 16

3.2 With regard to Risk 1, Delivery of the Trust's Five Year Strategy, the increased risk rating is based on the decision taken by the Board to 'recreate' the Trust's Strategy to ensure that the strategic direction of the Trust is both consistent with local and regional strategic developments and provides clarity of intent for both internal and external stakeholders. The risk rating reflects a potential impairment of strategic focus during preparation of the recreated Strategy.

3.3 With regard to Risk 4, Improved compliance with CQC Standards, the increased risk rating reflects the outcome of inspections conducted in March and June 2017 and the continued rating of Requires Improvement.

3.4 With regard to Risk 7, Management of EPR Project, the increased risk rating is based on the decision taken to defer implementation of Roll-Out 1 as a result of system readiness. The deferral is likely to have a consequent impact on the timing of benefits realisation.

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 current 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

Initial	***3***	***4***	***12***
Current	**5**	**4**	**20**
	L	**x C =**	**Level**

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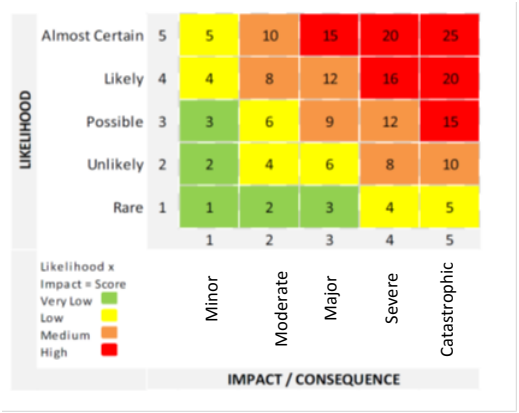

RISK CONTENT

The Board and Executive Team need to spend protected time on ensuring delivery of the Strategy, ensuring congruence with other significant strategic partnerships programmes of Healthier Together, Stockport Together and GM Devolution. The Strategy needs refresh to ensure it is fit for purpose. Business Groups need to be engaged in the identification and implementation of the Strategy.

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. Board Strategy refresh being incomplete by start of Q3 would need escalating.

CONTROLS

- **Dedicated Board Strategy sessions.**
- **Programme of staff and stakeholder engagement in summer 2017 has identified issues with the current Strategy and the need for substantive updating/modification resulting in the Board requesting a "recreate" of the Strategy for discussion at the Board Strategy session on 27 October 2017.**
- **Realignment of operational delivery of the Strategy and internal strategic development under the Chief Operating Officer**
- **Realignment of external strategic development and involvement at Greater Manchester and locality level under the Director of Support Services**
- **Assurance reports to the Finance & Performance Committee on financial delivery of the strategic projects.**

BOARD ASSURANCE

- **Regular CEO reports on progress with strategic programmes.**
- **Quarterly review of progress against key organisational objectives.**
- **Start the Year: 11th and 16th May 2017and rollout for all staff planned.**
- **Active Board engagement and understanding on strategic issues but overarching Strategy to be recreated.**

• Assurance reports to the Finance and Performance Committee on operational delivery of the strategic projects. • Assurance update reports to Board and Council on external strategic developments on a regular basis	
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Strategy no longer fully "fit for purpose" and requires refresh/recreate due to strategic changes at Locality and Greater Manchester levels.	• Risk that concurrent strategic programmes will impair senior management capacity. • Regular strategy updates are partial as the external environment remains very fluid

ACTION PLAN	*Assigned to*	*Action Detail*	*Progress to Date*	*Due Date*
	Chief Executive	Board to be given dedicated time for strategic discussion	Board to hold monthly strategy sessions	Ongoing
	Chief Operating Officer	Interim Associate Director Planning and Strategy to arrange programme of engagement with staff and stakeholders to test the strategy refresh and bring a revised draft to the Board of Directors	Sessions with staff have identified that the implementation of the Strategy has not been clear and changes in strategy at Locality and Greater Manchester levels have challenged the strategic direction going forward. Stakeholder engagement has not been commenced.	Initial engagement completed 31 Aug 17
	Chief Executive	GM Devolution Theme 3 work programme on acute and specialist clinical services is being undertaken across GM and will result in changes to service provision over the next 1-4 years. This will need to be incorporated into the future Trust strategy as details develop. (Healthier Together is the most advanced of the service changes in Theme 3).	Cases for change are being developed for a number of acute services which will then have work streams on option development and co-design by commissioners and providers. Trust is the Lead Transformation Provider for Benign Urology and has the post holder for Clinical Director for Trauma and Orthopaedics	Jun-Sep 17
			New Theme 3 GM Chair has reset the timetable for acute and specialist strategic services changes to be agreed within 12 months	Jun 18
			Provider Federation Board is setting a workshop with all GM Trust CEOs and	1 Dec 17

			invitations to Medical Directors and Strategy Directors to discuss how Acute Services could be reconfigured, in line with emerging Theme 3 and 4 GM programmes.	
	Chief Executive	**Report to be produced recommending increase in substantive executive capacity**	**Director of Support Services contract approved**	**Complete**
	Chief Executive/Director of Suport Services	**Task and Finish Group to be established with support from within the Trust and input from Non-Executive Directors to develop a draft refresh/recreate Strategy taking into account the external strategic changes. To provide update to the board in October 2017.**	**Weekly Task and Finish meetings held in late September/October to update Board at the October meeting.**	**27 Oct 17**

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	**3**	**4**	**12**
	L x C = Level		

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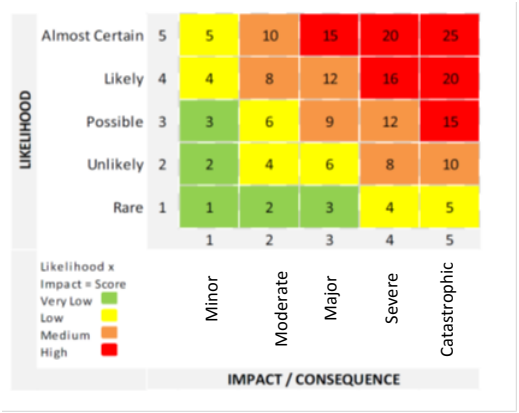

RISK CONTENT

The Board and Executives need to spend time on aligning the external change programmes of Healthier Together, Stockport Together and GM Devolution with the Trust Strategy.

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. Congruence with all partnerships strategic intentions is essential and the Board needs to be well connected and responsive.

CONTROLS

- **Dedicated Board Strategy sessions and specific sessions on Stockport Together.**
- **Chief Executive and other Executives (especially Support Services, Finance and HR) participation in Greater Manchester Devolution developments.**
- **Chair committed to engaging with partner organisations Chairs**
- **Chair attends the Greater Manchester Chairs meeting**
- **Chair and Chief Executive members of the Greater Manchester Health and Social Care Partnership Board**
- **Chief Executive and Executive Director participation in the Stockport Together programme.**
- **Chief Executive, Medical Director and Clinical Lead attendance at South East Sector Healthier Together Planning Committee.**
- **Board has approved the Alliance Provider Agreement to provide single management operational delivery of the Stockport Together new Models of Care as defined in the approved Business cases.**

BOARD ASSURANCE

- **Regular Board reports on progress with strategic programmes.**
- **Increased capacity and focus at senior level on Stockport Together programme implemented from April 2016 from Chief Executive and Director of Finance.**
- **Director of Support Services member of the Shared Services Programme Board**
- **Board approval of GM Devolution governance arrangements.**
- **Appointment of interim Managing Director Stockport Neighbourhood Care (SNC) and substantive appointment being undertaken with Trust taking the lead as the "employing" partner.**
- **Interim Managing Director SNC and Director of Adult Social Care attend Board meetings from February 2017**
- **Board involvement and agreements required on all strategic decisions relating to SNC including in scope functions and options for organisational form**
- **Council of Governors to be kept informed of all strategic matters relating to SNC and to be a key partner in decisions on organisational form**

• Director of Support Services is the Trust's representative on the Alliance Provider Board • Programme Director for SE Sector Healthier Together implementation with consultancy resource support. Chief Executive, COO are members of the SE Sector Healthier Together Implementation Board • Trust Strategic Plan consistent with Locality Plan and planning assumptions but needs checking on refresh/recreate. • Risk and Gain share Stockport Together partnership agreement in principle • Chief Executive and Deputy Chief Executive members of Chief Executives' Group • Director of Finance working closely with partner Directors of Finance • Chief Executive is a member of Greater Manchester Theme 3 Board and Health and Social Care Partnership Executive (as Chair of Provider Federation Board).	
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Resource pressure associated with strategic change programmes increased. • Chief Executive and Director of Nursing and Midwifery leaving in December 2017 will create a knowledge loss re the partnership strategic proposals and an experience capacity gap. • Risk and Gain share Stockport Together partnership agreement needs to be formally confirmed.	• Risk that concurrent strategic programmes will impair senior management capacity. • Interim Chief Executive (Designate) started on 16/10/17 to ensure appropriate handover together with greater involvement of Director of Support Services in external strategic issues to improve continuity of strategic knowledge • Until the Theme 3 work programme is completed in the summer of 2018 it is not possible to completely identify potential risks to service changes in the acute sector. Close involvement of the Trust in GM Theme 3, Theme 4, Provider Federation Board and other GM Executive Directors Fora is essential. • The risk/gain share agreement between GM commissioners and providers is finalised as a principle.

ACTION PLAN	*Assigned to*	*Action Detail*	*Progress to Date*	*Due Date*
	Chief Executive	**Board to be given dedicated time for strategic discussion**	**Board to hold monthly strategy sessions and additional sessions as required**	**Ongoing**

	Chief Executive/Director of Corporate Affairs/Head of Communications/Medical Director/Director of Nursing and Midwifery	**To support the Commissioners "listening" on the new models of care to ensure understanding of the Trust and partners strategic positions and to support, as required, the public consultation by Commissioners.**	**Listening undertaken in July/August and public consultation commenced mid- October 2017**	**Oct-Dec 17**
	Chief Operating Officer	**Interim structure needs updating and agreeing to ensure appropriate management capacity with change programmes and single line management for operational delivery**	**Consultation with staff undertaken** **New structure for Stockport Neighbourhood Care commenced 1 September 17**	**Jun-Jul 17** **Sep 17**
	Chief Executive	**Member of Theme 3 Board and Lead Provider Benign Urology and Healthier Together Delivery Board.**	**Monthly meetings**	**Ongoing**
	Director of Finance	**Member of Theme 4 Board and Lead Provider on Procurement**	**Monthly meetings**	**Ongoing**
	Director of Support Services	**Trust representative on Alliance Provider Board**	**Monthly meetings**	**Commenced Oct 17**
	CEO/Director of Support Services	**Members of the Stockport Together (providers) Shared Services Group and to provide information on options for shared services opportunities in the Locality and understand the GM Shared services proposals to ensure alignment**	**Fortnightly meetings to explore Locality Opportunities**	**Sep-Dec 17**

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

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

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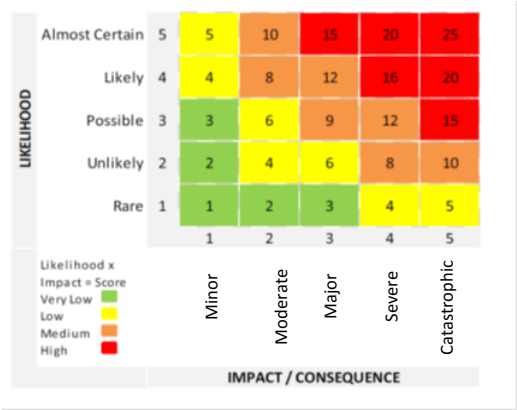

RISK CONTENT

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

- **Executive accountability and capacity enhanced with substantive appointment of 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**
- **Weekly and Monthly performance dashboards in place.**
- **Dedicated daily Operational management focus on patient flow and ED Performance.**
- **Implementation of OPEL Framework**

BOARD ASSURANCE

- **Key Issues Reports from Finance & Performance Committee**
- **Escalation process to Board via Integrated Performance Report (IPR)**
- **Business Group performance reviews**
- **External reports on areas of underperformance, e.g. Cancer or ED through ECIST or other bodies**
- **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 2017/18.**
- **Urgent Care Action Plan in place to support the delivery of the 4-hour trajectory.**

GAPS IN CONTROLS

- **Ability to maintain sustainable levels of DToC. Any increase impacts 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.**

GAPS IN ASSURANCE

- **Matching capacity and demand within clinical services to best mitigate failure**
- **Effectiveness of Stockport Together New Models of Care in supporting long term sustainability against the 4 hour target; to avoid admissions and discharge to assess.**

ACTION PLAN	*Assigned to*	*Action Detail*	*Progress to Date*	*Due Date*
	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**	**Urgent Care Delivery Board in place with representation from across the Health Economy.**	**Ongoing**
	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 Business Group performance reviews which are now fully established.**	
	Chief Operating Officer	**Production of plans for winter preparedness and urgent care recovery.**	**Plans prepared for consideration by the Board of Directors on 27 October 2017.**	

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

	L	C	Level
Initial	*4*	*4*	*16*
Current	*5*	*4*	*20*

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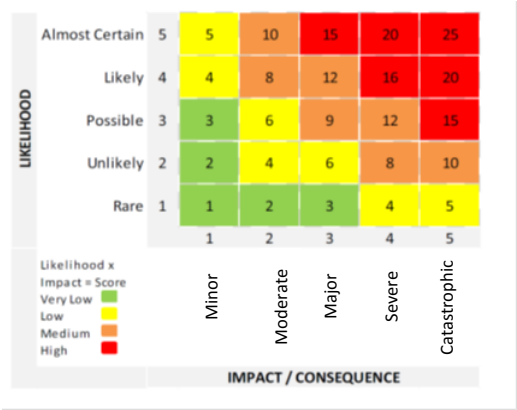

RISK CONTENT

If CQC outcomes are not met, then patient and family experience will be jeopardised. The 'Requires Improvement' rating received in August 2016 had the potential to impact adversely on public confidence and staff morale. Publication of follow-up inspection reports in October 2017 re-emphasised this risk with a continued rating of Requires Improvement.

BOARD RISK APPETITE

Risk averse with regard to any developments which have the potential to impair compliance with CQC standards.

CONTROLS

- **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**
- **Preparation of Consolidated Improvement Plan**
- **Weekly CQC Leadership meetings**
- **Monthly Quality Improvement Board**
- **Improvement Director appointed Sep 17 to support and advise on Quality Governance arrangements.**

BOARD ASSURANCE

- **Key Issues Reports from Quality Assurance Committee**
- **Patient stories / complaints / incidents / patient experience quarterly report – shared widely throughout organisation**
- **Quality elements of Integrated Performance Report**
- **Annual Quality Report**
- **Monthly Safe Staffing Reports**
- **Outcomes of patient surveys**
- **Patient Safety Walkabouts**

GAPS IN CONTROLS

- **Ongoing recruitment issues for some areas of nursing and medical workforce may jeopardise compliance with CQC standards**
- **Preparation and approval of forward-looking Quality Improvement Plan**

GAPS IN ASSURANCE

- **Overall rating for the Trust is 'Requires Improvement'**
- **Implementation of a Ward Accreditation Scheme**

	Assigned to	Action Detail	Progress to Date	Due Date
ACTION PLAN	**Director of Nursing & Quality**	**Develop an overall Trust Quality Improvement plan to include all actions from the CQC report, Northwest Deanery action plan and urgent care delivery plan.**	**Consolidated Improvement Plan prepared and reviewed at the Quality Improvement Board meeting in September 2017. Progress against plan subject to weekly monitoring at the CQC Leadership meeting.**	**On-going**
	Director of Nursing & Quality	**Lead on the use of NHSI improvement support monies to develop medical / clinical leadership, quality improvement capacity and capability and Board oversight and scrutiny.**	**Bid for funding approved by NHS Improvement in October 2017. Work has commenced on implementation of development activities.**	**31 Mar 18**
	Director of Nursing & Quality	**With changes to the local CQC managers ensure that engagement meetings are in place to enable monitoring of progress and proactive sharing of local issues.**	**Regular engagement with CQC representatives has been established by the Interim Director of Nursing**	**On-going**
	Director of Nursing & Quality	**To design and implement a system for Ward Accreditation to provide on-going assurance on compliance with CQC standards**	**Ward Accreditation Scheme designed and scheduled for implementation in November 2017.**	**Complete implementation by 31 Mar 18**
	Director of Nursing & Quality	**Design and implement a process for the completion of 'mock' CQC inspections as part of the measures to provide on-going assurance.**	**Initial 'mock' CQC inspection scheduled to be undertaken on 24 October 2017.**	**Annual programme in place by 31 Mar 18**

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 achieve the required level of cost improvement to deliver the Trust's financial plan with a consequent impact on patient services, increasing the likelihood of regulatory intervention.**	**Risk Owner: Director of Finance**

Board Risk Rating

	L	C	Level
Initial	*4*	*5*	*20*
Current	*5*	*5*	*25*

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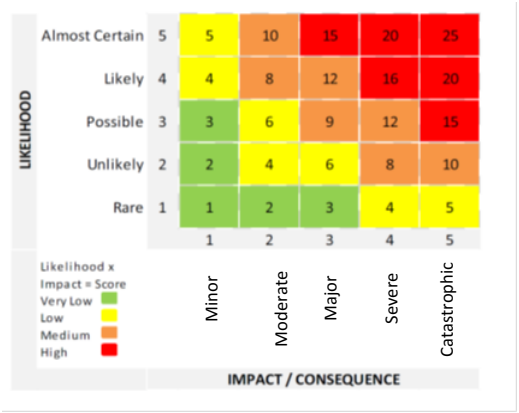

RISK CONTENT

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

Not being able to invest in new technologies and service developments

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 significantly challenging cost improvement programmes to achieve financial resilience with a willingness to review core services and assess impact on operational performance.

CONTROLS

- **Detailed financial planning process including activity, workforce and capital planning**
- **Revised and updated CIP Governance and Arrangements following independent assurance**
- **Agreed Accountable Executive Officers for each CIP Theme**
- **Implementation of the Performance Management Framework**
- **Business Group Performance Review Meetings**
- **Establishment Control Panel**

BOARD ASSURANCE

- **Finance and CIP Performance reports**
- **Budget and Plan approval**
- **CQUIN update**
- **Finance & Performance Committee review of progress reported to Board**
- **Financial Improvement Group – monthly monitoring**

• Detailed financial report to F&P Committee	
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Wider clinical and operational ownership and accountability for programme delivery • Consequence of the non-delivery of objectives and targets • 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. • Performance Management Framework	• Potentially prioritising other operational and CQC actions above the finance improvement requirements • Well defined and realistic efficiency programme for 2017-18 • 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

ACTION PLAN	*Assigned to*	*Action Detail*	*Progress to Date*	*Due Date*
	Director of Support Services	Hold Business Group Directors to account for delivery of their Balanced Scorecard Plans	Performance Meetings Terms of References agreed Performance Management Framework implemented Agreed format of the meeting including reporting of exceptional items	On-going
	Director of Finance	Progress application for a working capital facility to aid the external audit process.	Formal communication initiated between the Trust and ITFF for the application of a short-term working capital facility and a medium term loan. Cash Action Group in place and implemented Developed 13 week rolling cash flow to provide early warning to request revolving working capital	Ongoing
	Director of Finance	To develop a financial recovery plan to reduce the overall deficit burden on the Trust and report to the Finance and Performance Committee	Report scheduled to be presented to the Finance & Performance Committee on 21 June 2017.	Completed and surpassed by the financial Recovery Plan presented to F&P Committee in October

	Director of Finance	**Agree mitigating actions with Stockport CCG, NHSI and GMH&SCP and ensure all available resources are accounted for in the achievement of the Control Total**	**Utilise the NHSI Financial Improvement Checklist to ensure all possible actions are undertaken to mitigate any loss of CIP.**	**Completed**
	Chief Operating Officer	**Develop a demand and capacity model incorporating growth, impact of CIP/strategic programmes and impact of delivering agreed trajectories.** **Implement a detailed project of service reviews that highlights financial (and other) opportunities in each specialty and develop actions to address the opportunities leading to operational, workforce and financial sustainability**	**The Trust has engaged with 4 Eyes (recommended by NHSI and other Trusts) to review the utilisation of Theatres. As part of the project the company have agreed to review the utilisation of outpatients and radiology.** **Representatives from Finance, BIT and HR are due to undertake site visits where Trust have demand and capacity models with a view to replicating at Stockport**	**December 2017**
	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.**	**A workforce transformation tracker has been developed and was presented to the PPC and a Board Development session in April 2017.** **The tracker details a baseline against which vacancies and workforce implications enabling an overview of movement and the highlighting of workforce capacity risks.**	

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

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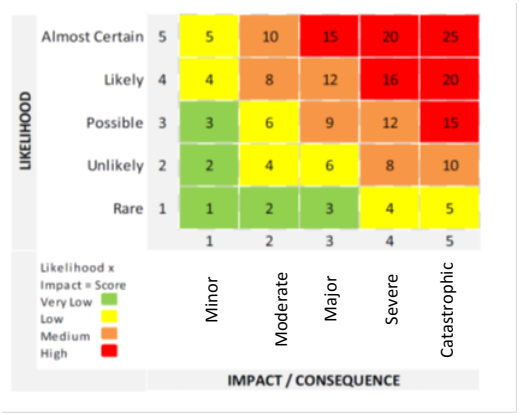


RISK CONTENT

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 2017/18**
- **Leadership plan**
- **Staff focus groups**
- **Business group performance meetings.**
- **Pay Progression Policy**
- **Recruitment and Retention Implementation Plan**
- **Centralised temporary staffing processes**
- **Revised terms of reference for Establishment Control Panel**

BOARD ASSURANCE

- **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 to commence in post 1 January 2017**
- **Health & Wellbeing Strategy & Workforce Group**
- **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**
- **NHS England Annual Organisational Audit – Comparator Report 2015/16**

• Learning & Development Plan • Clinical Skills Development Plan • Executive Emergency Resilience Plan	
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Staff Engagement Plan • Workforce Plan aligned to capacity and demand modelling.	•

	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 monitored via WEG.** **National annual survey results shared in line with communications plan** **Business Groups developed action plans and presented at WEEF in April 2017. Head of OD & Learning presented new model for delivering the corporate action plan.** **Listening event focus groups held with over 300 staff attending from all disciplines. Focus groups captured the experiences of staff and 'what good would look like'. All feedback has been captured for the corporate plan.** **A staff engagement group has been formed to take actions forward in a collaborative way.** **Presentation prepared for June 2017 Team Brief to share feedback from staff and how the plan has been developed.**	**Ongoing** **March 2017** **April 2017** **May 2017** **June 2017** **June 2017**
	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 and via monthly HR KPI Performance meetings with the Deputy Director of Workforce.**	**Ongoing**

	Deputy Director of Workforce	**Workforce planning cycle to be aligned to business planning and workforce numbers monitored monthly.**	**Workforce planning update shared with People Performance Committee. HEE workforce planning return submitted and reviewed by PP Committee Sep 16.** **Business group planning template approved.** **Refreshed approach to workforce planning continues with the implementation of training and development with Business Groups.** **Workforce Transformation tracker developed and presented to PPC and Board in April 2017.**	**Ongoing**
	Head of Organisational Development and Leadership	**Engagement plan to be developed aligned to the internal communications plan.** **Listening events held to improve engagement for all areas of culture and establishment of a Staff Engagement Group to see through delivery of all staff survey and culture plans.**	**Internal communications plan developed** **Engagement plan to be integrated into the Communications Plan.** **Listening events held during May and June 2017 and Staff Engagement Group established.**	**Complete** **Complete** **Complete**
	Deputy Director of Workforce	**Preparation and delivery of presentation to the Board of Directors on future workforce planning.**	**Presentation scheduled for Board of Directors meeting on 30 November 2017.**	**30 Nov 17**

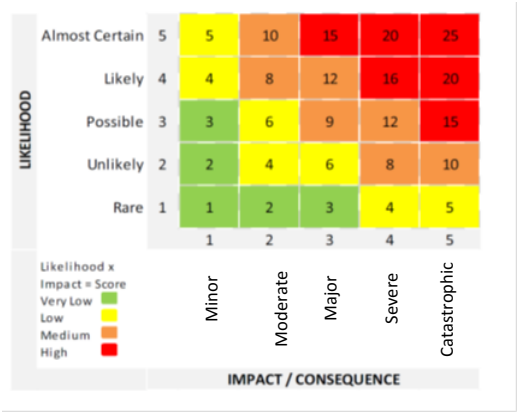
SO7	**To implement and embed an Electronic Patient Record (EPR) system.**	
Risk 7	**Failure to ensure efficient management of the EPR project will mean the inability to realise the benefits expected to accrue from implementation of a comprehensive electronic system.**	**Risk Owner: Director of Support Services**

Board Risk Rating

Initial	***3***	***4***	***12***
Current	***4***	***4***	***16***

L x C = Level

Opened Date	01/04/2017
Review Date	20/06/2017
Review Date	17/10/2017
Review Date	
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 & Performance 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**
- **EPR Trust Board presentation – 23 Feb 17**
- **Monthly Programme Progress Reports to Finance & Performance Committee**
- **Quarterly Benefits Update Reports to Finance & Performance Committee**
- **Non-Executive Director oversight arrangements.**

GAPS IN CONTROLS	GAPS IN ASSURANCE
• Gaps in IT systems • Difficulty in recruitment of Benefits Analysts	• Benefits realisation on large scale IT projects – further work required • Comprehensive resolution of system fixes to provide assurance on readiness for revised Roll-Out date

ACTION PLAN	*Assigned to*	*Action Detail*	*Progress to Date*	*Due Date*
	Director of Support Services	**Ensure Electronic Patient Record programme has suitable governance process in place**	**Programme Board in place with terms of reference and executive leadership and meetings held on a monthly basis with good attendance. Risk register reviewed monthly and updates received on EPR Benefits Work Stream.**	**On-going**
			Internal Audit have looked at EPR programme governance and report states 'significant assurance' on this.	**Nov 2016**
		Ensure a process for developing benefits realisation is in place linked with the Trust's transformation agenda.	**InterSystems (strategic partner) have brought in Channel 3 to work with the EPR programme on benefits realisation process. Presentation on approach endorsed by EPR Programme Board in July 2016.**	
			EPR & Transformation Teams continue to work with Channel 3 to develop comprehensive benefits register to support the baseline process to be completed by 30 Sep 17 (planned date for Roll-out 1). The work is supported by the Finance Team. Continual work on identification of benefits and baselining being undertaken by CCIO with support from the EPR team.	**30 Sep 2017**
			Assurance on plans for Roll-Out 1 benefits realisation considered by Finance & Performance Committee on 18 October 2017.	**31 Aug 2017**

		Benefits analyst recruitment to the EPR Programme has been unsuccessful. Need to look at alternative methods of recruitment through either different scope or terms and conditions. **Preparation of revised implementation plan following decision to defer Roll-Out 1.**	**EPR Programme Lead is reviewing this and talking to other sites. Also looking at recruitment agency support. Work currently being undertaken with the EPR team to enable this work to continue. Benefits realisation programme is underway and has been successful in identifying high level benefits as a starting point. There is no delay in the programme associated with this.** **EPR Progress Report presented to Finance & Performance Committee on 18 October 2017. Work by the EPR Programme Board is being undertaken to determine a revised Roll-Out date in conjunction with the system supplier.**	

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