Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

28 NOVEMBER 2019

Your Health. Our Priority.

Board of Directors bundle - PUBLIC MEETING - 28 November 2019

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Board of Directors Meeting
Thursday, 28 November 2019

Held at 9.30am in Lecture Theatre A, Pinewood House, Stepping Hill Hospital

AGENDA

Time			Enc	Presenting
0930	**1.**	Apologies for absence		
	2.	Declaration of Interests		
	3.	Opening Remarks by the Chair		**A Belton**
0935	**4.**	Patient Story		**A Lynch**
0950	**5.**	Minutes of Previous Meeting: 1 November 2019	✓	**A Belton**
	6.	Action Log	✓	**A Belton**
0955	**7.**	Chair's Report	✓	**A Belton**
1000	**8.**	Chief Executive's Report	✓	**L Robson**
	9.	**FOR ASSURANCE**		
1010	9.1	Performance Report	✓	**L Robson**
1040	9.2	Reducing Length of Stay for Patients	✓	**S Goff**
1050	9.3	Key Issues Reports from Assurance Committees • Quality Committee • Finance & Performance Committee • People Performance Committee • Audit Committee	✓	**Committee Chairs**
1100	9.4	Nursing, Midwifery and AHP Strategy	✓	**A Lynch**
1110	9.5	Patient Experience Report	✓	**A Lynch**
1120	9.6	Patient-Led Assessment of the Care Environment (PLACE)	✓	**H Mullen**
1130	9.7	People Strategy Half Yearly Report	✓	**G Moores**
1140	9.8	NHS Interim People Plan and Trust People Strategy Update	✓	**G Moores**
1150	9.9	NHSI Culture Programme Update (Presentation)		**G Moores / J Martin**
	10.	**FOR DECISION / APPROVAL**		
	10.1	Nil items.		
	11.	**CONSENT AGENDA**		
1205	11.1	Fit & Proper Persons Declarations	✓	

12. DATE, TIME & VENUE OF NEXT MEETING

12.1	Thursday, 30 January 2020, 9.30am, venue TBC.		
12.2	Review of Meeting Effectiveness	*Verbal*	**All**
12.3	Resolution: *"To move the resolution that the representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".*		

STOCKPORT NHS FOUNDATION TRUST

Minutes of a meeting of the Board of Directors held in public
on Friday, 1 November 2019
9.30am in the Committee Room, Oak House, Stepping Hill Hospital

Present:

Mr A Belton	Chair
Mrs C Barber-Brown	Non-Executive Director
Dr M Cheshire	Non-Executive Director
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Mr H Mullen	Director of Strategy, Planning & Partnerships
Dr M Logan-Ward	Non-Executive Director
Ms A Lynch	Chief Nurse & Director of Quality Governance
Mrs C Parnell	Director of Communications & Corporate Affairs *
Mrs L Robson	Chief Executive
Mr M Sugden	Non-Executive Director
Ms S Toal	Chief Operating Officer

** indicates a non-voting member*

In attendance:

Ms J Conway	Tissue Viability Nurse
Mrs S Curtis	Membership Services Manager
Ms P Enstone	Assistant Chief Nurse, Recruitment & Retention
Mrs K Glass	Quality Support Practitioner
Mr P Gordon	Freedom to Speak Up Guardian
Ms H Farnell	Matron, Medicine
Ms S Teague	Eye Centre Senior Sister
Ms S Woolridge	Head of Workforce Delivery

257/19 Apologies for Absence

Apologies for absence were received from Mrs C Anderson, Mr M Beaton, Mr G Moores and Dr C Wasson.

258/19 Declaration of Interests

There were no interests declared.

259/19 Chair's Opening Remarks

Mr Belton welcomed all Board members and observers to the meeting, and made particular reference to Ms Woolridge who was deputising for Mr Moores.

He noted the significant operational pressures faced by the Trust and recognised the work of colleagues who continued to work extraordinarily hard.

Mrs Glass, Ms Farnell and Ms Teague joined the meeting.

260/19 Patient Story

Mr Belton 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 Toal welcomed Mrs Glass, Ms Farnell and Ms Teague to the meeting and introduced Barbara's Story. She advised that the story was about a lady who had been referred to the Trust by her community optician for a capsulotomy laser procedure, but when she attended for the appointment, a wrong laser procedure had been performed. Ms Toal noted that the story highlighted the mistakes made, as well as the significant lessons learnt. The Board was shown a video of Barbara's story.

Ms Teague delivered a presentation, which included the following subject headings:

- Background
- Post procedure
- Lessons learnt
- Context within Trust Quality Improvement Plan.

Ms Teague briefed the Board on lessons learned, including the introduction of Evolve resource cards and laser checklists, copies of which were circulated to Board members for information. She advised that changes to practice had been implemented within a week of the incident occurring. Ms Teague reported that an audit undertaken in July 2019 had confirmed 100% compliance with regard to the use of the laser checklists. She noted that a further audit would be undertaken in early 2020 to ensure continued compliance.

Dr Cheshire thanked the team for the presentation and congratulated them for resolving the problem so quickly. He asked how the Trust ensured that patients had a full understanding of their treatment and the consequent benefits. Ms Teague advised that the Trust had comprehensive information leaflets which were revised on a regular basis, and that patients had an opportunity to seek further information or discuss any concerns with the doctor before giving their consent to the treatment.

In response to a question from Mr Sugden, Ms Lynch briefed the Board on various WHO checklists used across the Trust and she suggested that a report on the subject should be presented to the Quality Committee to provide the Board with further assurance in this area.

Mr Wrigley, who was observing the meeting, noted a number of positive experiences he and his friends and relatives had experienced in the Stockport Eye Centre.

Dr Logan-Ward asked if there were other examples where IT failure had reverted to the use of manual systems and how regularly this happened. Ms Teague commented that direct referral had been the issue in this case, as otherwise there would have been a paper copy in the file and Ms Farnell advised that the Evolve action card had been implemented Trust-wide and not just in the Eye Centre. Mr Mullen briefed the Board on planned IT downtime, which usually took place in the early hours of the weekend. He commented that the Trust relied on business continuity plans during planned and

unplanned IT downtime, and that staff were regularly reminded to ensure continuity plans were in place.

Mrs Robson noted broader issues regarding direct referrals, the numbers of which were likely to increase. She commented that further consideration should be given to how the learning was shared more widely with the system, in this case optometrists, but also with other primary care colleagues. Mr Mullen agreed to raise it at the Elective Care Board, which he co-chairs.

The Board of Directors:

- Received and noted the Patient Story and agreed that issues regarding direct referrals be raised at the Elective Care Board.

Mrs Glass, Ms Farnell and Ms Teague left the meeting.

261/19 Minutes of the previous meeting

The minutes of the previous meeting held on 26 September 2019 were agreed as a true and accurate record of proceedings.

262/19 Action Log

The action log was reviewed and annotated accordingly.

263/19 Chair's Report

Mr Belton presented a report informing the Board of recent activities in relation to:

- Partnership working
- Governance
- Board development
- Out and about
- National news.

With regard to partnership working, Mr Belton noted that it had been useful to walk the urgent care pathway with Dr Briggs, Chair of Stockport Clinical Commissioning Group.

The Board of Directors:

- Received and noted the Report of the Chair.

264/19 Report of the Chief Executive

Mrs Robson presented a report providing an update on national and local strategic and operational developments. She briefed the Board on the content of the report and made particular reference to the following subject areas:

- Emergency Department pressures
- System working

- CQC Inspection
- Annual Safety Conference
- Flu Vaccinations
- Values & Behaviours work
- Staff Survey
- Visit by Bill McCarthy, North West NHSI Regional Director.

Mrs Robson noted that during the continued operational challenges, it was important not to lose sight of all the positive work that was happening at the Trust, which had also been recognised by Mr McCarthy during his recent visit.

In response to a question from Mr Belton, Mrs Parnell advised that General Election purdah would commence on 6 November 2019 and confirmed that she would be the Executive lead in this area.

The Board of Directors:

- Received and noted the Report of the Chief Executive.

265/19 Performance Report – Month 6

Mrs Robson presented the Trust Performance Report for Month 6. She noted a significant level of deterioration in performance due to the continuing operational pressures, with a shift from green to red indicators in ten areas. She commented that the position was not one that the Trust wished to be in and the Board heard about escalations in place to address the issues and improve performance. Mrs Robson noted that the Trust was focused on delivering the commitments made through contracts and agreements with regulators, while recognising the considerable efforts required to recover the adverse position.

Mr Mullen echoed Mrs Robson's comments, advising the Board of continuing escalation meetings with the business groups and discussions with the Executive Team.

<u>Medical Director</u>

In Dr Wasson's absence, Ms Lynch presented an update regarding the following indicators:

- A&E 12-hour trolley waits – Ms Lynch reported 18 trolley waits on ten separate days as a consequence of overcrowding of the Emergency Department and lack of flow. She advised that, while this was not a good position to be in, patients had not suffered harm as a consequence and patient feedback had been positive regarding their care.

- Diabetes Reviews – Ms Lynch reported a slight decrease in performance in month but advised that the Trust had appointed a locum diabetes consultant, which was expected to improve performance in this area.

- Sepsis – Ms Lynch advised the Board that herself, Mr Graham and Dr Burrows had visited Leeds to join the second cohort of the NHSI programme 'Moving to Good', noting that sepsis was one of the programme's objectives. She briefed

the Board on the programme and advised that a sepsis recovery plan would be presented to the Quality Committee.

- Serious Incidents – Ms Lynch briefed the Board on the 18 serious incidents that had occurred in September, which related to pressure ulcers and maternity diverts.

Chief Nurse & Director of Quality Governance

Ms Lynch presented an update regarding the following indicators:

- Pressure Ulcers: Category 2 – Ms Lynch noted that the Board would receive a presentation from the Tissue Viability Nurse later in the meeting.

- Maternity – Ms Lynch advised that a maternity safety champion update would be provided in next month's report.

- Mixed sex accommodation – Ms Lynch reported one mixed sex breach in September. In addition, she advised that 90 mixed sex breaches had occurred in the Trust since April 2019 which had been reported internally, but due the interpretation of associated guidance, had not been previously been reported externally or included in the Performance Report. She advised that an associated report would be presented to the Quality Committee in November 2019.

  Mr Graham commented that the breaches had been reported to the Clinical Commissioning Group and the Care Quality Commission as soon as they had become apparent and the Board heard that training was being provided to staff around the interpretation of guidance.

  Ms Lynch advised that the breaches had occurred in the Coronary Care Unit (CCU) and she briefed the Board on the rules regarding mixed sex accommodation, which differed in the CCU compared to other areas. In response to a question from Dr Logan-Ward, Ms Lynch provided further clarity regarding the mixed sex accommodation rules in the Acute Medical Unit.

- Complaints – Ms Lynch advised the Board of a Complaints Recovery Plan and noted that the Executive Team had recently heard from each Business Group regarding their mitigating actions in this area.

- Safer Staffing – Ms Lynch briefed the Board on the Safer Staffing Report, noting significant staffing challenges. She commented on the impact of short term sickness and welcomed the international recruitment to help with staffing. Ms Lynch noted that the report did not include Emergency Department (ED) staffing but that work was ongoing to establish how it could be reported in future.

  Mrs Robson commented that the inclusion of ED staffing information would be helpful. She noted that agency shift booking requests were often handed back to the Trust unfilled, which was creating significant operational challenges. Ms Lynch acknowledged that the perception of pressures was likely to be one of

the reasons for this, and she briefed the Board on a scheme to rotate senior nurses on wards.

Director of Workforce & OD

Ms Woolridge presented an update regarding the following Workforce indicators:

- Recruitment & Retention – Ms Woolridge was pleased to report that the Trust had made some key medical consultant appointments. She briefed the Board on recruitment activities, including international recruitment campaigns.

  In response to a question from Mr Graham, Ms Woolridge briefed the Board on the Trust's retention programme, including improving rota patterns to enhance the work/life balance of staff members.

  In response to a question from Mr Sugden, Ms Woolridge briefed the Board on the support programme in place for international recruits, which included pastoral aspects, and confirmed that the Trust was assisting the recruits with finding local accommodation. Ms Lynch commented that the Trust's retention of international recruits had always been good.

- Sickness Absence – Ms Woolridge reported increased sickness absence levels and advised that the Trust had re-launched its Attendance Management Policy, which had an enhanced focus on health and wellbeing, including mental health.

- Agency usage – Ms Woolridge reported that the overall agency position was much better than in the previous year, noting that the Trust had managed to keep within the agency ceiling to date. She referred to the adverse effect of the pension tax issues and advised that the introduction of local measures were being considered at Greater Manchester level. Mr Sugden commented on the adverse impact the pension tax issue had on the activity targets for the year.

Chief Operating Officer

Ms Toal commented that August and September had been exceptionally challenging months. She noted challenges to staffing due to the number of vacancies; waiting list challenges due to the pension tax impact; the impact to Diagnostics, Referral to Treatment (RTT) and Cancer; and the impact on services and staff as a result of the early winter pressures.

Ms Toal reported that compliance against the Cancer 62-day indicator had turned from red to green in month. She noted, however, that performance against the indicator remained fragile and that the Trust was not predicting sustained compliance until the end of the financial year.

Ms Toal referred to the metrics that had changed from green to red in month and advised that a deep dive would be undertaken to understand the slight deterioration of the Outpatient Did Not Attend (DNA) rate. She also briefed the Board regarding issues and mitigating actions relating to elective day case activity, stranded patients and Delayed Transfers of Care.

In response to a question from Mr Belton, Ms Toal provided further clarity regarding Emergency Department readmissions, noting that the rate included any readmissions, whether or not they related to the original condition.

With regard to the Diagnostic 6-week standard, Ms Toal advised that all other diagnostics were compliant with the standard with the exception of endoscopy.

With regard to the Emergency Department (ED) 4-hour standard, Mr Belton noted key themes regarding flow, staffing, and health & wellbeing of colleagues. He suggested that the Board should consider these themes, rather than purely concentrate on the ED performance indicator. Mr Graham echoed Mr Belton's comments and also noted the impact on patient experience.

Mr Mullen commented that he had received positive feedback from friends about the Trust's ED staff, and noted that this was important to recognise as how the Trust looked after its staff was key. Mrs Parnell commented that these points had also been highlighted in the Team Brief.

There followed a discussion about Mr Belton's earlier suggestion about focusing on the big themes. In conclusion of the discussion, Mrs Robson noted that the Risk Register was key in identifying the priority areas for the Board. She proposed that consideration be given to the shaping of the Board agenda, which would be brought back to the Board for discussion. Mrs Barber-Brown noted the need to distinguish between shorter and longer term priorities and Mr Hopewell noted the importance of also embedding the priority areas in Committee discussions.

<u>Director of Finance</u>

Mr Graham presented an update regarding the financial position for September 2019. He reported that the Trust was in line with the planned deficit, while noting the adverse effect of reduced activity.

With regard to the Cost Improvement Programme (CIP), Mr Graham reported that while the Trust was slightly over-performing in this area, a significant proportion of the initiatives were being delivered on a non-recurrent basis. He noted the importance of in-year delivery of the programme and the recurrent position, which would be further discussed in the private Board meeting later that day.

Mr Graham advised the Board of discussions with Business Groups regarding recovery plans, which incorporated financial recovery. He reiterated the importance of the year-end delivery, including the delivery of the Trust's control total.

Mr Graham noted a concern regarding CQUIN performance and the associated financial losses due to non-compliance in Quarter 1. He commented that this was an area of focus and formed part of the recovery plan.

Mrs Parnell advised the Board that a communications plan was being prepared to support financial recovery.

The Board of Directors:

- Received and noted the Performance Report.

266/19 Key Issues Reports

Mr Belton welcomed Committee Chairs to raise any key issues that had not been covered during consideration of the Performance Report.

Quality Committee

Dr Cheshire referred the Board to the 'Alert' section of the report and briefed the Board on a Never Event and an issue relating to temperature probes in refrigerators. Mr Mullen advised that the refrigerator issue would be resolved in two weeks' time.

Dr Cheshire referred the Board to the 'Assurance' section of the report and advised that the Committee had received an informative presentation from the Integrated Care Business Group, which had provided an overview of the Business Group's key risks, challenges, successes and aspirations. Mr Belton suggested that the approach should be shared across the other Business Groups as well.

Dr Cheshire advised that the Committee had also received positive assurance from an Annual Patient Experience Report and a Learning from Deaths progress report.

With regard to the 'Advise' section of the report, Dr Cheshire reported that the Committee had received a Safe High Quality Care Improvement Plan update, which had indicated that seven actions were off track.

Finance & Performance Committee

Mr Sugden referred the Board to the 'Assurance' section of the report and advised that the Committee had received a presentation on the external Cost Improvement Programme review. He noted that while the review had recognised that the Trust had already highlighted all possible areas where it could make efficiencies, the issue was around delivery. Mr Hopewell endorsed these comments and noted the importance of cultural change in order to address the issue.

Mrs Robson commented that this linked to a wider issue of priorities, which needed to be agreed by the Board. She also noted the need to take learning from methodologies that had worked well, in areas such as clinical correspondence, as well as the need to de-prioritise other areas to be able to focus on the priorities. Mr Sugden advised that the Committee had agreed to establish a prioritised 'hit list', which would be used to track delivery.

Mr Graham stressed the importance of having clarity about the things that the Trust could do, noting conversations about prioritisation, resourcing and holding to account. Mr Mullen commented that the Executive Team had discussed the Senior Responsible Officers (SROs) for the various elements in the Financial Recovery Plan, to ensure the SROs were balanced across the whole of the Executive Team.

There followed a discussion about prioritisation, de-prioritisation and accountability, and reference was made to the importance of pace, transparency, due diligence and expectations. In response to a comment from Mrs Barber-Brown, Non-Executive

Directors offered their assistance from an oversight point of view to help improve the pace.

Mr Sugden concluded his report by highlighting the risks identified by the Committee, which related to the delivery of the full year financial plan, operational metrics and system winter plan resilience.

People Performance Committee

Mrs Barber-Brown advised that the Committee agenda had been themed under the topics of the People Strategy, which facilitated greater focus on the key areas. She referred the Board to the 'Alert' section of the report and advised that the Committee had been alerted to a number of hotspot issues, including turnover rate, particularly in the Emergency Department.

Mrs Barber-Brown referred the Board to the 'Assurance' section of the report and thanked Dr Wasson and Dr Burrows for the significant improvement in the job planning process. In response to a comment from Mrs Robson, Ms Woolridge advised that job planning would be linked with the capacity and demand work.

Mrs Barber-Brown referred the Board to the 'Advise' section of the report and noted that the Committee had welcomed the Trust's participation in a Talent Management Pilot.

The Board of Directors:

- Received and noted the Key Issues Reports.

Mrs Conway joined the meeting.

267/19 Pressure Ulcer Presentation

Ms Lynch welcomed Ms Conway to the meeting and advised that the Quality Committee had received the Pressure Ulcer presentation at a previous meeting, and had commended it to the Board.

Ms Conway delivered a presentation providing an overview of ongoing work to reduce pressure ulcers in the hospital and community settings. The presentation covered the following subject areas

- Hospital acquired pressure ulcers by category
- Community acquired pressure ulcers by category
- Hospital acquired pressure ulcers by location
- Community acquired pressure ulcers by location
- Trends identified: January – December 2018
- Our improvement journey – Pressure Ulcer Collaborative events
- Our improvement journey – Developments in 2018/19
- Feedback from training
- 250 electronic profiling beds delivered in March 2019
- Pressure ulcer objectives 2019/20
- Next steps.

The Board heard that, as a result of the Trust's focus on this key patient safety issue, there had been a significant decrease in both hospital and community acquired pressure ulcers. The Board noted the Trust's objectives in this area, which included reducing device related pressure ulcers by 25% and reducing all other category 2-4 pressure ulcers both in community and hospital settings by 10% by March 2020.

Board members thanked Ms Conway for the presentation, and commended the improved position, particularly with regard to pressure ulcers in the community. In response to a question from Mr Belton, Ms Conway provided further clarity regarding the Trust's pressure ulcer target, whilst recognising that approximately 50-60% of pressure ulcers might not be preventable.

In response to a question from Dr Cheshire, who queried what had enabled the improvements in the community, Ms Conway briefed the Board on work in this area and noted the importance of education and training, and partnership working with patients and families. Mrs Robson also noted that the strong leadership had been a key enabler.

The Board of Directors:

- Received and noted the presentation.

Ms Conway left the meeting.

268/19 Safe, High Quality Care Improvement Plan

Ms Lynch presented a report providing a progress update against the Safe High Quality Care Improvement Plan (SHQCIP) as at 30 September 2019. She briefed the Board on the content of the report and provided a status update regarding the seven off-track actions that had breached the September 2019 milestone, one was a 'must do' action associated with medical equipment and the remaining six were 'should do' actions. Mr Mullen reported good progress made regarding the 'must do' action, as detailed in s2.2 of the report.

With regard to the 'should do' actions, Ms Lynch commented that the action relating to the availability of clinical hand-washing facilities at Bluebell had been the focus of a detailed discussion by the Quality Committee. She noted that the overarching action plan had been included in the report for information.

In response to a question from Mr Belton, who queried the level of confidence relating to the delivery of the remaining actions, Ms Lynch and Mr Graham noted improved grip and control regarding the actions. Mrs Barber-Brown commented that Dr Jobling had provided useful assurance at the Quality Committee meeting that the plan was working in operational areas as well.

Dr Cheshire commented that, while it was important to concentrate on the SHQCIP actions, it was also important to recognise the exemplar parts of the Trust where staff was making the difference.

The Board of Directors:

- Received the Safe High Quality Care Improvement Plan report and noted the progress to date.

Ms Enstone joined the meeting.

269/19 Nurse Staffing

Ms Lynch invited Ms Enstone to deliver a presentation to the Board on the Trust's nurse staffing recruitment and retention programme, noting that the presentation had also been delivered to the Executive Team and the People Performance Committee.

Ms Enstone delivered a presentation on Nurse Recruitment & Retention, which included the following subject headings:

- Purpose of the Presentation
- Vacancy Report – September 2019
- Top 10 Band 5 Nursing Turnover %
- Trust Turnover – Comparison
- RN Vacancies 2019/20 – 2020/21
- Recruitment and Retention – Overview
- International Recruitment – Total funded in 2019/20 budget = 80 WTE
- Retention: Sideways Transfer / Itchy Feet Analysis
- Nursing Associates & Trainee Nursing Associates
- Advanced Practitioners
- Key issues to assist recruitment & retention of our ACPs
- Update on Strategic Staffing Review – October 2019.

In response to questions from Mrs Barber-Brown and Dr Cheshire, Ms Lynch and Ms Enstone provided background to the recruitment challenges faced by the Medicine & Clinical Support Business Group and mitigating actions in this area.

In response to a question from Mr Graham, who was surprised to note a high turnover in the Stroke Unit, Ms Enstone advised that the Business Group was undertaking a deep dive to understand the turnover figures, as it was usually a popular area to work in.

In response to a comment from Mrs Barber-Brown regarding the significant reduction in the number of graduate nurses, Ms Lynch advised that the Trust was in discussions with the Manchester Metropolitan University to address the issue, and Mrs Robson noted the need for a strategic focus in this area. In response to a question from Mr Belton, Ms Enstone and Ms Lynch advised that while there was greater collaboration with North West colleagues regarding recruitment, the Trust also had to ensure it kept up with other trusts in the competitive market.

Mrs Robson briefed the Board on the Stockport Health & Care system's long term approach to workforce, which was being considered in a more flexible way. Ms Woolridge added that the locality workforce group was focusing on medium term plans in this area.

In response to a question from Dr Cheshire, Ms Lynch briefed the Board on plans for advanced nurse practitioners in elderly care.

The Board of Directors:

- Received and noted the presentation.

Ms Enstone left the meeting.

270/19 Board Assurance Framework

Ms Lynch presented the Board Assurance Framework report, providing a Quarter 2 summary of risks associated with the delivery of the strategic objectives outlined in the Board Assurance Framework (BAF). She noted the link between the BAF and the Trust Risk Register, and advised that Mrs Parnell would be the Executive owner of the BAF going forward. The Board heard that during 2019/20 the BAF would be refreshed to reflect the recommendations from the recent governance review.

The Board of Directors:

- Received and noted the Board Assurance Framework report.

271/19 Trust Risk Register

Ms Lynch presented the Trust Risk Register, noting changes to its content and format. She briefed the Board on work to further improve the Risk Register, noting a forthcoming workshop with the Senior Leadership Group and the work to be undertaken by the proposed Risk Management Committee.

Mrs Robson noted that while the Risk Register was still work in progress, she commended the inclusion of information relating to risk appetite and rationale for risk appetite, noting that it was important for the Board to agree the risk appetite it was willing to support. Mrs Barber-Brown acknowledged the progress made regarding the Risk Register content.

In response to a question from Mr Belton, who asked when the format of the Risk Register would change, Mrs Parnell noted that it was still being worked on, and Ms Lynch advised that it would link to the new Strategy. Mr Hopewell said that it would be important to focus on the flow up and down the organisation.

In response to a question from Mr Belton, Mrs Robson confirmed that the Trust had reviewed other organisations' Risk Registers to establish best practice and noted that the Board Assurance Framework would be aligned to the new Trust Strategy and associated objectives.

The Board of Directors:

- Received and noted the Trust Risk Register.

272/19 Health & Safety Key Issues Report

Ms Lynch presented a Key Issues Report from a meeting of the Health & Safety Joint Consultative Group held on 1 October 2019. She referred the Board to the 'Alert' section of the report, alerting the Board to a significant number of incidents that had been open for over 60 days. She advised that trajectories had been set across the Business Groups to support a more timely investigation and sign off process.

Ms Lynch then referred the Board to the 'Assurance' section of the report and provided assurance that no Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) cases had been reported in August 2019.

She then referred to the 'Advise' section of the report and noted the development of a communication plan to support the publication of a Security Strategy. She also reported that the Group had raised concerns about portering staff's adherence to manual handling training.

Mr Sugden noted that the Group had not identified any health & safety risks, which he was surprised about considering the size or the organisation. Mrs Robson acknowledged the comment and agreed that it was difficult to provide the necessary assurance until the new governance structure was in place. She noted that Mrs Parnell's report on proposals to amend the Trust's Committee structure made further reference and recommendations about a Health & Safety Committee, which would improve compliance in this area.

In response to a question from Mr Belton, Ms Lynch and Mr Mullen confirmed that the Health & Safety Joint Consultative Group did not include wellbeing in its remit, as it was a statutory Health & Safety group relating to equipment compliance etc. Ms Woolridge advised that the Trust had a Health & Wellbeing Group which reported to the People Performance Committee.

The Board of Directors:

- Received and noted the Health & Safety Joint Consultative Group Key Issues Report.

273/19 Winter Preparedness

Ms Toal presented a Winter Plan Summary report, which provided a position statement about a plan that was agreed at a certain point in time. She advised that a number of risks associated with the plan were being worked through, and would be discussed in greater detail during the afternoon's private Board meeting. Mrs Robson echoed Ms Toal's comments, noting that the summary report was a position statement but without the sign off from the Board.

Mr Sugden queried whether the plan was resilient enough to get the system through a 'normal' winter and what additional escalations were available during more challenging winters. He commented that it was difficult to take assurance from the current position. Ms Toal acknowledged these comments and noted that more detailed discussions would be held in the private Board meeting.

In response to comments from Mr Belton and Mrs Barber-Brown, Ms Toal advised that consideration was being given to the inclusion of an associated risk on the Trust Risk Register.

The Board of Directors:

- Received and noted the Winter Plan Summary report.

Mr Gordon joined the meeting.

274/19 Freedom to Speak Up Guardian Report

Mr Gordon presented a report providing an update on the Trust's progress in development of the Freedom to Speak Up (FTSU) agenda, assurance on the approach and activities of the FTSU Guardian and the results and findings of an FTSU survey. He briefed the Board on the content of the report, and made particular reference to s2, s5 and s7 of the report, relating to National Developments, Trust FTSU Survey, and FTSU Guardian Casework.

In response to a question from Dr Logan-Ward, Mr Gordon provided further clarity regarding casework reporting. Mrs Parnell advised that the Raising Concerns Policy would be reviewed and that she had requested Mr Gordon to include recommendations in future Board reports.

Mrs Robson commented that she valued her catch up meetings with Mr Gordon, and that they provided a useful temperature check of the organisation.

Mrs Barber-Brown noted discussions at the People Performance Committee about how the FTSU data could be triangulated with other data, such as staff survey results, to help identify any key themes. Mr Graham agreed that triangulation was key to gaining a better understanding of any issues.

Mr Belton acknowledged Mr Gordon's efforts in improving the Trust's culture around raising concerns. In response to a question from Mr Belton, regarding FTSU reporting to the Board, it was noted that Mrs Parnell, Mr Moores and Mr Gordon would consider the reporting to ensure the FTSU data was triangulated with other information, such as staff survey results.

The Board of Directors:

- Received and noted the report, took positive assurance on the approach and activities of the FTSU Guardian, and noted the results of the findings of the FTSU survey.

Mr Gordon left the meeting.

275/19 Trust Strategy

Mr Mullen presented a report providing an update on the Trust Strategy development. He provided a brief overview on the report content and made particular reference to the Trust Strategy Development diagram, which illustrated the process over the past 18 months. He noted that one of the emerging themes that had come through the

staff engagement events was that Stockport was a really friendly place. He advised that the Trust Strategy would be presented to the Board for sign off at the meeting on 28 November 2019.

Mrs Parnell delivered a presentation on Values, Strapline & Unique Selling Point (USP), which covered the following subject headings:

- Feedback from engagement exercise
- Suggested values
- We care
- We respect
- We listen.

In response to a question from Mr Belton regarding the terminology 'our staff', Mrs Parnell and Mr Mullen confirmed that the responses from staff had been very much about team working, and that there had not been a sense of 'them and us'.

The Board discussed possible straplines and agreed that friendliness was the Trust's USP. Mrs Robson also noted the link to the Trust's view on transformation. Dr Cheshire referred to the last slide and suggested the use of "we learn from *what we hear*" instead of "what they tell us".

Mrs Robson noted that the Board should concentrate on the vision and the 'so what', instead of the wording. She commended the significant staff engagement in the vision and values work, noting that SMBC were trying to adopt a similar approach as they had also recognised the value of doing things differently.

In response to a question from Mrs Barber-Brown, regarding Non-Executive Director input in the strategy work, Mr Mullen requested that any comments on the Strategy content be forwarded to him as soon as possible so that they could be incorporated in the final draft Strategy.

In response to a comment from Dr Logan-Ward, who noted the need to have real focus on the actual strategy rather than just the development and consultation process, Mrs Robson noted that the Trust was required to demonstrate the strategy development process to regulators. She acknowledged Dr Logan-Ward's comment, however, and also stressed the importance of the development of clinical strategies.

The Board of Directors:

- Received and noted the report and the presentation.

276/19 Brexit Update

Mr Mullen presented a report providing a progress update on plans in place had there been a no-deal Brexit on 31 October 2019. He noted that, as the Brexit had now been postponed, the plans would re-commence in early January 2020.

In response to a comment from Mrs Robson, the Board recognised the significant time and effort that had been spent on the preparatory work, including daily returns, by key operational Trust staff.

The Board of Directors:

- Received and noted the Brexit Update report.

277/19 Proposal to Amend the Trust's Committee Structure and Board Cycle

Mrs Parnell presented a report seeking Board approval to proposals to amend the Trust's Committee structure and Board cycle. She briefed the Board on the content of the report and outlined proposed changes to the Trust's approach to:

- Health & Safety
- Risk Management
- Committee and Board cycle
- Board business plan.

In response to a question from Mr Sugden, Board members were asked to forward any comments about the proposed Board business cycle to Mrs Parnell.

The Board of Directors:

- Received and noted the report.
- Supported the establishment of a Health & Safety Committee.
- Supported the establishment of a Risk Management Committee, supported by the development of a Risk Manager role.
- Supported changes to the Committee and Board cycle to more effectively manage the business of those meetings.
- Received a draft Board business cycle that would be subject to ongoing refinement.

278/19 Consent Agenda

The Board of Directors took the following actions with the Consent Agenda items:

- **Safety Annual Report**

  The Board received and noted the Safety Annual Report.

- **People Performance Committee Terms of Reference**

  The Board approved the Terms of Reference for the People Performance Committee included at Annex A to the report.

279/19 Date, time and venue of next meeting

The Chair advised that the next meeting of the Board of Directors to be held in public would be held on Thursday, 28 November 2019, commencing at 9.30am in the Lecture Theatre A, Pinewood House.

280/19 Review of Meeting Effectiveness

The Chair invited Board members to reflect on the meeting and the following comments were made:

- There had been a great overview to start thinking about the main themes that would shape the agenda going forward.
- Perhaps only include one or two presentations in future meetings due to time constraints.
- The meeting was felt to be more balanced in terms of challenge and support between Executive and Non-Executive Directors.
- There were both positive and negative comments regarding the acoustics in the Committee Room. Everyone felt, however, that the room set up facilitated better conversation and it was suggested that a similar layout would be used for all future Board meetings.

The Chair invited Mr Wrigley, who was observing the meeting, to provide his reflections of the meeting. Mr Wrigley commended the strong Board and welcomed, in particular, the robust challenge from the Non-Executive Directors. He noted that he would welcome more interest from Governors in observing meetings, and the Chair consequently agreed to include information about Board meetings in his next Governor briefing.

281/19 Resolution

The Board resolved that:

"The representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to commercial interests, sensitivity and confidentiality of patients and staff, publicity of which would be premature and/or prejudicial to the public interest".

Signed:_____Date:_____

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BOARD OF DIRECTORS: ACTION TRACKING LOG

Ref.	Meeting	Minute Ref	Subject	Action	Responsible
04/19	28 Feb 19	30/19	Quality Committee Key Issues Report	In response to comments from a number of Board members, who endorsed and commended the safety collaborative method, it was agreed to invite the Matron of Tissue Viability to deliver the Pressure Ulcer presentation at a future Board meeting. **Update 28 Mar 19 –** Action carried forward. **Update 25 Apr 19 –** The action was ongoing with the expectation that this would be presented as a patient story in September. **Update 28 Jun 19 –** Following the Pressure Ulcer collaborative event, the Tissue Viability Nurse had been invited to present in September 2019. **Update 26 Sep 19 –** Ms Lynch advised that, due to the unavailability of the Tissue Viability Nurse, the presentation would be deferred to the October meeting. **Update 1 Nov 19 –** On agenda. Action closed.	A Lynch (Chief Nurse)
10/09	26 Sep 19	217/19	Patient Story	The Board endorsed a suggestion to deliver the 'Ken's Story' presentation to the CCG Board. **Update 1 Nov 19 –** Presentation delivered at the Urgent & Emergency Care Board. Action closed.	A Lynch (Chief Nurse)
11/19	26 Sep 19	222/19	Quality Committee Key Issues Report	Mr Belton agreed to discuss the significant size of Committee meeting packs with Mrs Robson and Mrs Parnell. **Update 1 Nov 19 –** Included in the work plan. Action closed.	A Belton / L Robson / C Parnell
12/19	26 Sep 19	225/19	Winter Plan	It was agreed that a letter from the Board, signed by the Chair, articulating the Board's concerns regarding the Winter Plan would be sent to partners. **Update 1 Nov 19 –** On agenda. Action closed.	S Toal / A Belton

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NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28 November
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mrs C Parnell

REPORT FOR INFORMATION

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	17
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

This report advises the Board of Directors of the Chair's activities over the last month in relation to:

- Caring for carers
- Governance
- Board development
- Out and about
- National news

Attachments:

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

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1. PURPOSE OF THE REPORT

The purpose of this report is to advise the Board of Directors of the Chair's recent activities in relation to:

- Caring for carers
- Governance
- Board development
- Out and about
- National news.

2. CARING FOR CARERS

In my role as Board champion for equality, diversity and inclusion (EDI), I recently had the pleasure of the first of what will be regular meetings with our lead for EDI, Annela Hussain. Annela has recently taken over the role from Safina Nadeem, who has taken up a similar but bigger role at the Care Quality Commission.

It was good to hear about the progress the organisation is making on the workforce race equality standard, as well as work on disabilities, accessible information, and the development of a range of networks. Annela also described a new network being formed for carers, and the more I reflected on this, the more I could see how powerful and relevant to us this is. After all, we are an organisation that cares for others, the work we have done around values shows that we care for each other, and in many cases we provide care for our own families, especially elderly relatives.

As a Board, I believe we should be promoting and supporting the family friendly policies that we have in place to enable any of our colleagues who have carer responsibilities to be able to undertake them. The more we can support our colleagues to provide good care for their loved ones, the less likely their relatives are to need a visit to hospital. So everyone gains.

During a recent meeting with Coun. Jude Wells, Portfolio Holder for Adult Care and Health at Stockport Metropolitan Council, I heard about a new initiative the local authority is introducing to better support carers. Given the sheer number of people who work at the Council and the Trust, there must be numerous family members who could potentially be spared an unnecessary trip to hospital if we all did more to promote family friendly carer policies and support networks.

And reflecting on some of the feedback we have had on our values, the sense of family about our Trust came through very strongly. I am therefore looking forward to further developments that as a Board we can review as we strive for a culture that is truly inclusive, celebrates diversity, is fair to everyone, and reflects our values. I am therefore also keen that we encourage as full participation as possible in the NHS Staff Survey and, more importantly, we follow up, listen, respect, care, and act on what our colleagues tell us.

Our colleagues are working extremely hard right across the Trust and if we are to support them to continue to provide the best possible care to patients, we have to do all we can to support them in all aspects of their lives, whether its caring for their relatives or looking after their own health and wellbeing.

2. GOVERNANCE

The appointment of Dr Marisa Logan-Ward and Mr Mark Beaton as non-executive directors has given us the opportunity to review the make-up of our Board committees. Each committee will now have the following non-executive director members:

Audit	Quality	Finance & Performance	People Performance	Charity
D Hopewell (chair)	M Cheshire (chair)	M Sugden (chair)	C Barber-Brown (chair)	D Hopewell
M Sugden	D Hopewell	D Hopewell	M Cheshire	M Logan-Ward
M Beaton	C Barber-Brown	C Anderson	C Anderson	A Belton
M Logan-Ward	M Logan-Ward	M Beaton	M Beaton	

Mrs Anderson will also be the chair of the new Health & Safety Committee, and the non-executive director representative on the Risk Committee once they are established in the new financial year.

3. BOARD DEVELOPMENT

The Board had a really thought provoking development session earlier this month considering the requirements of the forthcoming Well-Led CQC inspection. It highlighted how much progress the organisation has made over the last two years, as well as where we have further work still to do.

This afternoon the Board will be having a workshop to consider our risk appetite in relation to a number of areas, including safety, quality, finance and reputation. This will help to guide the further development of our risk register and board assurance framework.

4. OUT AND ABOUT

This month I've spent time both inside and outside the Trust meeting colleagues and partners. It was good have an introductory meeting with Andrea Green, the new accountable officer at Stockport Clinical Commissioning Group, and also to attend the local Health and Wellbeing Board where we approved the locality plan for Stockport.

I have continued to attend regular meeting with the chairs of local partner organisations as we all work more closely together to formulate a local system plan to deliver the best care we can over the winter with the available resources we have between us. The Trust has already implemented many of our winter schemes as the sustained demand we have seen over the summer months are likely to be exacerbated by winter illnesses.

I would like to pay tribute to all colleagues who are already working so hard to keep patient safe and well cared for, and I know that despite what is likely to be a difficult winter they will continue to do their utmost for the people in their care.

This is the message that I hope I convey face-to-face to colleagues when visiting our services, and this month I enjoyed a really interesting afternoon with our maternity teams, as well as a fascinating clinical services review as part of our preparations for the forthcoming CQC inspection.

Our governors play such an important role in the life of the Trust so it is always good to meet up with Eve Brown, our lead governor, as I did this month to discuss how we can continue to strengthen the relationship between the Council of Governors and Board of Directors, and also plan our next Council meeting in December.

5. NATIONAL NEWS

The "purdah" period on the run up to the General Election means that there have been few national announcements in relation to the NHS this month.

However NHSI/E has published *Transforming imaging services in England: a national strategy for imaging networks*, which sets out a proposal for the implementation of collaborative imagine networks across the country. Under the proposal these networks would be developed in two phases starting with the creation of 24 networks by 2022 and consolidating to 18 networks by 2023.

6. RECOMMENDATIONS

The Board of Directors is recommended to receive this report.

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NHS
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Report to:	Board of Directors	**Date:**	28 November 2019
Subject:	Chief Executive's Report		
Report of:	Chief Executive	**Prepared by:**	Mrs C Parnell

REPORT FOR NOTING

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

Attachments:

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

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1. PURPOSE OF THE REPORT

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

2. PERFORMANCE PRESSURES

The pressure on our emergency department and our performance against the four hour standard continues to dominate our daily lives. Despite the best efforts of our staff in the department our performance against the standard is frequently at the bottom of the table across Greater Manchester.

This is due to a number of factors including a rise in demand for emergency care, the acuity of the patients who come to us, and difficulties in keeping the flow of patients moving through the health and care system quickly enough to free up space in the emergency department.

Despite the early implementation of a range of schemes we had planned for winter, including opening more than 40 extra beds which we had not originally expected to do, we are still seeing almost a ward's worth of patients being cared for in our emergency department every day while they wait for a bed or package of care elsewhere.

Staff in the department are doing their upmost to ensure patients in the department are safe and cared for, and patients still continue to report that the care they receive is good. But this is not the experience we would want for our patients or our staff.

We are not the only organisation regionally or nationally facing unprecedented demand for emergency care and the challenge of maintaining flow. Since our last Board meeting, national figures have been published demonstrating the worst national performance against the four hour target since it was introduced in 2004.

As a result there has been increased scrutiny, both regionally and nationally, of emergency department performance with systems regularly being held to account for delivery against the standard. In Stockport we have introduced weekly Grand Rounds with our partner organisations with a particular focus on improving patient flow, and I meet with my Chief Executive colleagues on a weekly basis to maintain a drum beat around actions to improve the current situation.

Within the Trust, we are beginning a programme of work focusing on "reducing patient's days away from home" in four pilot ward areas, taking a coaching approach with staff to help them understand the need to help people leave hospital after they no longer need acute care and work on unblocking the barriers to prompt discharge. We are also exploring the implementation of the Realistic Medicine approach, which we will be bringing more information to the Board about at our December meeting.

I have also been talking to Chief Executives across the country to learn from the actions they have implemented to address similar challenges, and recently myself and the Chief Operating Officer visited West Sussex NHS Trust. It is now rated as "outstanding" by the Care Quality Commission, but in the recent past faced very similar challenges to those in Stockport and have taken a

consistent and sustained approach to transforming services and helping staff to focus on a small number of key priorities. My executive colleagues and I are looking to establish a very similar approach in 2020-21.

These, and other initiatives, are all aimed at addressing the current and future challenges of providing effective emergency care to a local population with a high proportion of elderly people. At the same time we have also invested in extra staff through international nurse recruitment to help fill key vacancies and support our teams across the hospital, who are under immense pressure every day. We hope to see the first of these new nurses early in January, but in the meantime we are spending more than we originally planned on bank and agency staff to ensure our services can continue to provide safe care to the patients who need our services.

3. CARE QUALITY COMMISSION

As we manage the impact of unprecedented demand on our services, we know that the Care Quality Commission is likely to visit us shortly for their regularly inspection of our services, as well as forthcoming Well-Led and Use of Resources inspections.

These inspections are always a great opportunity for us to take stock and reflect on our journey so far, as well as share the many things we are proud of about this organisation. We have begun to share information with our staff about what to expect from the CQC visits, and a programme of clinical services reviews are also underway with teams of staff from across the Trust visiting different wards and departments to identify examples of the progress that has been made, as well as areas where we still have more to do.

4. STRATEGY AND VALUES

Later today, the Board will be discussing our developing Strategy along with our new values that have come directly from a major piece of engagement work with our staff. Over 1,000 people got involved in telling us what they were proud of about working in the organisation, and we gathered over 3,700 pieces of feedback.

Following our discussion, I am looking forward to sharing those values with our staff at our next Team Brief, and beginning to see how we use them in recruitment and appraisals, as well as the development of a behavioural compact.

5. SENIOR LEADERSHIP ENGAGEMENT

In recent months we have implemented a number of initiatives to more effectively engage with our senior clinicians and management.

We have held a series of engagement events with the consultants from each of our business groups. We have already completed one round of those events in recent months and are now well on with the second round. They have been a great way for the executive team to engage with clinical colleagues informally to listen to the challenges facing us all, and share ideas for how we can continue to improve our services and the Trust as a whole.

We also created the Senior Leadership Group as a way of bringing both clinical and managerial leaders together to address key strategic themes. Meeting on a monthly basis the group has already looked at a wide range of issues from outpatient waiting lists to our business group and corporate risk registers, serious incidents to digital optimisation. We have had very positive

feedback about this group that will continue to develop as we go into 2020-21.

6. NEWS AND EVENTS

- **MBE for dedication** – Consultant anaesthetist Dr. Sengottiyan Chandrasekaran – known as Dr Chandra to his colleagues – last week received an MBE for his dedication and efforts following the Manchester Arena bombing. He was at the arena to collect his daughter and a friend from the concert when the bomb exploded and he helped many injured concert goers. Finding his daughter and friend unharmed he took them home and then went to Stepping Hill Hospital, where he worked through the night to treat casualties from the bombing without telling his colleagues that he had been caught up in the atrocity.
- **Hip and knee replacement surgery** – National Joint Registry figures released recently show that Stepping Hill Hospital is one of safest and best places in the country for hip and knee replacement surgery. Our revision rates for knee replacements are just 1.62% compared to the national average of 3.59%, and just 3.84% of our hip replacements need to be revised within ten years compared to the 5.16% national average.
- **Community nursing** - congratulations to our children's community nursing team for being finalists in Manchester University's Recognising Excellence and Achievement Awards.
- **Health days** – Adult Safeguarding Day, World Prematurity Day, European Anti-biotic Awareness Day were just three of the health days celebrated in the Trust recently with staff right across the organising raising awareness of these important issues.
- **Anti-bullying Week** – a host of events were held in the Trust to mark this important week in the calendar, including staff donning odd socks for the day and making pledges to take a stand against bullying.
- Frailty Intervention Team – there was a really well attended launch event on 21st November, underlining the importance of delivering our frailty services and approach to patients presenting to our Emergency Department.

7. RECOMMENDATION

The Board of Directors is recommended to receive this report.

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Report To:	Trust Board	**Date:**	28 Nov 2019
Subject:	Integrated Performance Report		
Report of:	Director of Strategy & Planning	**Prepared by:**	B.I & Performance Teams

REPORT FOR ASSURANCE

Corporate Objective Ref:	SO2, 2a, 2b, 3a, 3b, 5a, 5c, 6a
Board Assurance Framework Ref:	SO2, SO3, SO5, SO6
CQC Registration Standards Ref:	10, 12, 17 & 18
Equality Impact Assessment:	☐ Completed ☑ Not Required

Summary of Report

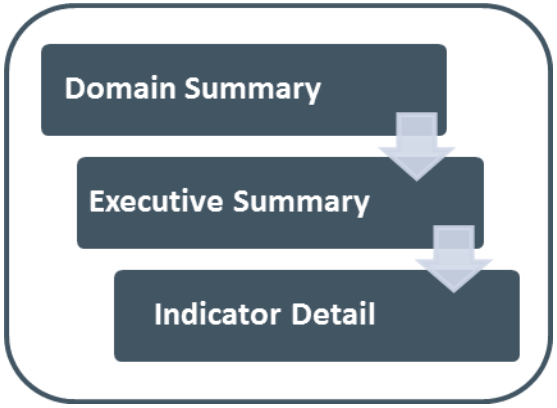
The Group is asked to note the performance against the reported metrics, particularly noting the key areas of change from the previous month.

Attachments:

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

Introduction

The Board report layout consists of three sections:



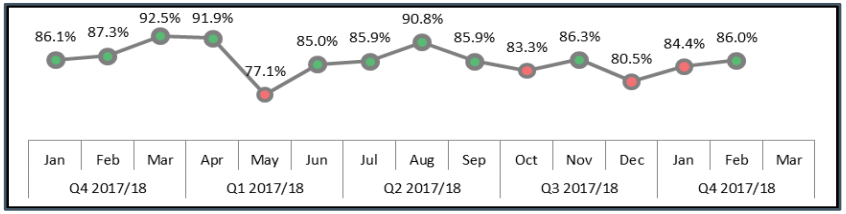
Domain Summary: Provides a high level summary of performance against the Trusts' Key Performance Indicators. The indicators are grouped by the Care Quality themes of Safe, Caring, Responsive, Effective and Efficient. The summary page reflects the Trusts' performance against the Single Oversight Framework indicators as monitored by NHS Improvement.

Executive Summary: Provides a summary of indicator level performance, arranged by Care Quality theme. For each indicator, performance against target is shown at both Trust and Business Group level, where applicable. Page numbers on this level of the report will advise on which page of the report the detailed information for each indicator can be located.

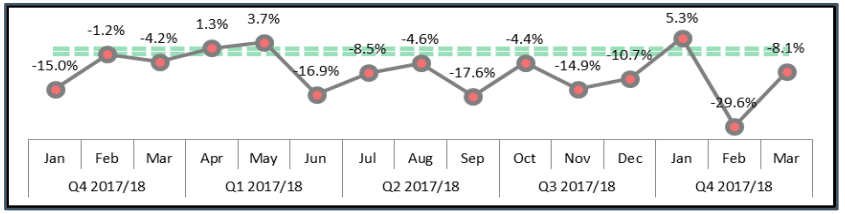
Indicator Detail: Provides detailed information for each indicator. This includes clear descriptions of the indicator, a chart representing the performance trend, and narrative describing the actions that are being undertaken to either maintain or improve performance.

Chart Summary

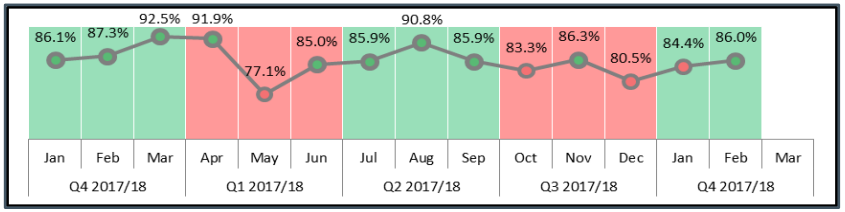
The following chart types are in use throughout the report:



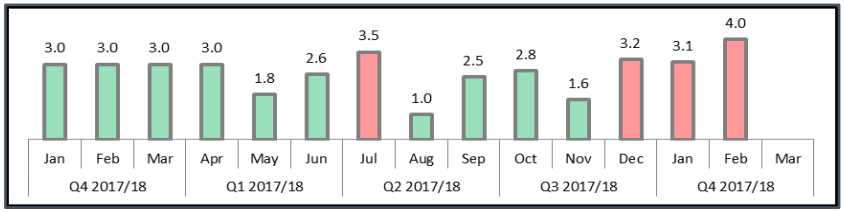
Trends are represented as a line where possible, with each monthly marker coloured to indicate achievement or non-achievement against target.



For indicators measured against a target variance, the green dotted lines indicate the target "safe-zone".



Where applicable, quarterly performance is indicated as coloured columns behind the main trend line.



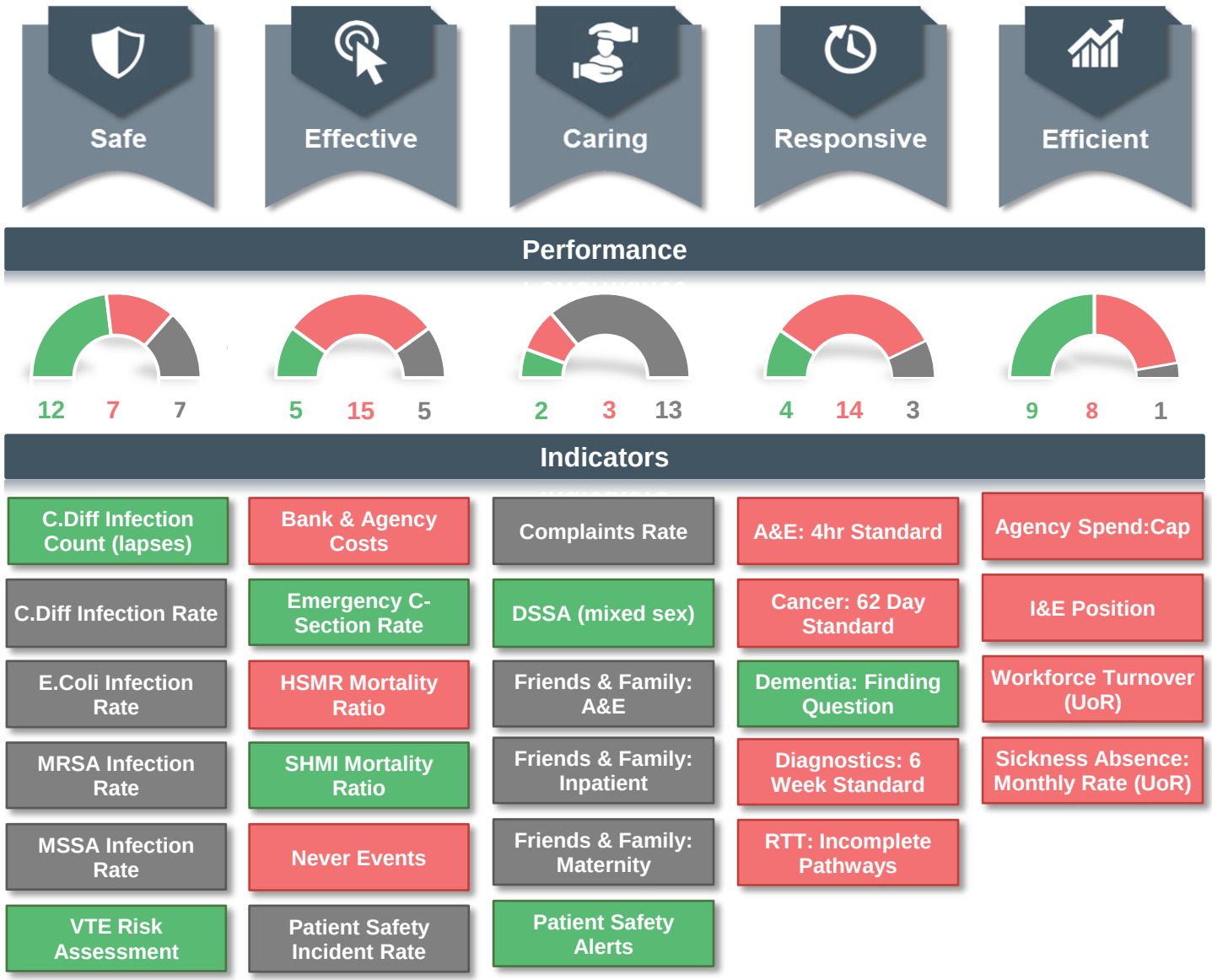
Where a trend line is not as appropriate, column charts are used to display information on indicator counts and totals.

Performance PAT Rating

Please note, for indicators that have an asterix attached to their target, the PAT rating applies to the current YTD value, not the in-month value

Domain Summary

Stockport NHS Foundation Trust



Key Changes to the indicators in this period are:

Metrics changing from red to green in month:
- Safety Thermometer: Hospital
- Patient Safety Alerts: Completion
- Emergency C Sections
- Term Babies Admitted to the Neonatal Unit

Metrics changing from green to red in month:
- Never Events
- Cancer 62 day
- Clinical Correspondence
- I&E position
- Ombudsman Case Referral

Metrics of Notable change in month:
- 12 hour trolley waits in ED
- Bank & Agency costs

Executive Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Operating Officer													
Diagnostics: 6 Week Standard	Responsive	Oct-19	<= 1%	6.2%							3.3%		14
Cancer: 62 Day Standard	Responsive	Oct-19	>= 80.6%	70.5%							75.6%		14
Cancer: 104 Day Breaches	Responsive	Sep-19	<= 0	4.0							22.0		15
Referral to Treatment: Incomplete Pathways	Responsive	Oct-19	>= 89.3%	81.1%							82.8%		15
Referral to Treatment: Incomplete Waiting List Size	Responsive	Oct-19	<= 23509	24575									16
Clinical Correspondence	Safe	Oct-19	>= 95%	90.3%							82.0%		16
Outpatient Hospital Cancellation Rate (UoR)	Responsive	Oct-19	<= 9%	10.8%							10.4%		17
Outpatient DNA rate (UoR)	Effective	Oct-19	<= 7.4%	7.1%							6.9%		17
Outpatient Clinic Utilisation (UoR)	Effective	Oct-19	>= 90%	83.8%							84.1%		18
Outpatient New to Follow-up Ratio (UoR)	Effective	Oct-19	<= 1.77	2.11							2.18		18
Theatres: Delivered Sessions vs. Plan	Effective	Oct-19	>= 100%	88.1%							93.0%		19
Theatres: Overall Touch-time Utilisation (UoR)	Effective	Oct-19	>= 85%	78.6%							81.0%		19
Theatres: In-Session Touch-time Utilisation (UoR)	Effective	Oct-19	>= 85%	70.6%									20

* Target/performance applies to the cumulative YTD value, not the in-month value

Executive Summary

Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Operating Officer													
Elective Day Case Activity vs. Plan	Responsive	Oct-19	>= *0%*	-0.8%							-0.8%		20
Elective Day Case Income vs. Plan	Responsive	Oct-19	>= *0%*	0.8%							0.8%		21
Elective Inpatient Activity vs. Plan	Responsive	Oct-19	>= *0%*	-5.4%							-5.4%		21
Elective Inpatient Income vs. Plan	Responsive	Oct-19	>= *0%*	-5.4%							-5.4%		22
Outpatient Activity vs. Plan	Responsive	Oct-19	>= *0%*	-1.5%							-1.5%		22
Outpatient Income vs. Plan	Responsive	Oct-19	>= *0%*	-5.1%							-5.1%		23
Length of Stay: Non-Elective (UoR)	Effective	Oct-19	<= *9*	12.40							11.25		23
Length of Stay: Elective (UoR)	Effective	Oct-19	<= *2.6*	2.50							2.58		24
Stranded Patient Count (UoR)	Effective	Oct-19	<= *288*	317									24
Super-Stranded Patient Count (UoR)	Effective	Oct-19	<= *113*	132									25
Delayed Transfers of Care (DTOC) (UoR)	Effective	Oct-19	<= *3.3%*	4.1%							3.9%		25
Medical Optimised Awaiting Transfer (MOAT)	Effective	Oct-19	<= *40*	67							532		26
Discharges by Midday	Effective	Oct-19	>= *33%*	14.9%							15.4%		26

* Target/performance applies to the cumulative YTD value, not the in-month value

Executive Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Operating Officer													
A&E: Overnight Breaches	Effective	Oct-19		1446		↑							27
A&E: 4hr Standard	Responsive	Oct-19	*>= 80%*	66.8%		↓					71.6%		27

* Target/performance applies to the cumulative YTD value, not the in-month value

Executive Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Medical Director													
A&E: 12hr Trolley Wait	Responsive	Oct-19	<= 0	63							192		28
Emergency Readmission Rate (UoR)	Effective	Aug-19	<= 7.9%	8.3%							8.4%		28
Diabetes Reviews	Caring	Aug-19	>= 90%	65.0%							86.0%		29
VTE Risk Assessment	Safe	Sep-19	>= 95%	97.9%							97.2%		29
Sepsis: Timely Identification	Safe	Oct-19		67.8%							76.4%		30
Sepsis: Timely Treatment	Safe	Oct-19	>= 90%	21.1%							38.5%		30
Medication Errors: Rate	Safe	Oct-19		4.66									31
Discharge Summaries	Safe	Oct-19	>= 95%	92.1%							91.1%		31
Mortality: Deaths in ED or as Inpatient	Effective	Oct-19		130							821		32
Mortality: Case Note Review Rate	Effective	Oct-19		27.7%							32.5%		32
Mortality: Specialist Palliative Care Length of Stay	Caring	Oct-19		18.95							27.05		33
Mortality: HSMR	Effective	Aug-19	<= 1	1.06									33
Mortality: SHMI	Effective	May-19	<= 1	0.97									34

* Target/performance applies to the cumulative YTD value, not the in-month value

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Medical Director													
Never Event: Incidence	Effective	Oct-19	<= 0	1							1		34
Duty of Candour Breaches	Effective	Oct-19		0							1		35
Serious Incidents: STEIS Reportable	Responsive	Oct-19		26							122		35

* Target/performance applies to the cumulative YTD value, not the in-month value

Executive Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Nurse & Director of Quality Governance													
C.Diff Infection Rate	Safe	Sep-19		22.91							20.27		36
C.Diff Infection Count	Safe	Sep-19	<= 51 *	5							28		36
MRSA Infection Rate	Safe	Sep-19		0.00							0.00		37
MSSA Infection Rate	Safe	Sep-19		6.08							5.67		37
E.Coli Infection Rate	Safe	Sep-19		23.85							20.43		38
E.Coli Infection Count	Safe	Sep-19		6							27		38
Falls: Total Incidence of Inpatient Falls	Safe	Oct-19	<= 641 *	88							571		39
Falls: Causing Moderate Harm and Above	Safe	Oct-19	<= 15 *	4							15		39
Pressure Ulcers: Hospital, Category 2	Safe	Sep-19	<= 46 *	12							58		40
Pressure Ulcers: Hospital, Category 3	Safe	Sep-19	<= 11 *	1							6		40
Pressure Ulcers: Hospital, Category 4	Safe	Sep-19	<= 1 *	0							1		41
Pressure Ulcers: Community, Category 2	Safe	Sep-19	<= 96 *	14							74		41
Pressure Ulcers: Community, Category 3	Safe	Sep-19	<= 23 *	0							12		42

* Target/performance applies to the cumulative YTD value, not the in-month value

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Nurse & Director of Quality Governance													
Pressure Ulcers: Community, Category 4	Safe	Sep-19	<= 4 *	1							6		42
Pressure Ulcers: Device Related, Category 2	Safe	Sep-19	<= 16 *	4							20		43
Pressure Ulcers: Device Related, Category 3	Safe	Sep-19	<= 4 *	0							1		43
Pressure Ulcers: Device Related, Category 4	Safe	Sep-19	<= 0 *	0							0		44
Safety Thermometer: Hospital	Safe	Oct-19	>= 95%	95.9%							96.2%		44
Safety Thermometer: Community	Safe	Oct-19	>= 95%	96.0%							97.0%		45
Patient Safety Incident Rate	Effective	Oct-19		60.47									45
Patient Safety Alerts: Completion	Caring	Oct-19	>= 100%	100.0%							94.1%		46
Emergency C-Section Rate	Effective	Oct-19	<= 15.4%	14.4%							17.1%		46
Term Babies Admitted to the Neonatal Unit	Effective	Oct-19	<= 5	5									47
Dementia: Finding Question	Responsive	Sep-19	>= 90%	97.9%							93.6%		47
Dementia: Assessment	Responsive	Sep-19	>= 90%	100.0%							100.0%		48
Dementia: Referral	Responsive	Sep-19	>= 90%	100.0%							100.0%		48

* Target/performance applies to the cumulative YTD value, not the in-month value

Executive Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Nurse & Director of Quality Governance													
Friends & Family Test: Response Rate	Caring	Sep-19		21.2%		↓					21.5%	△	49
Friends & Family Test: Inpatient	Caring	Sep-19		95.0%		↓					95.1%	△	49
Friends & Family Test: A&E	Caring	Sep-19		86.2%		↓					87.6%	△	50
Friends & Family Test: Maternity	Caring	Sep-19		98.4%		↑					96.1%	△	50
DSSA (mixed sex)	Caring	Oct-19	<= 0	0		↓					19	△	51
Learning Disability: Adjusted Care Plans	Caring	Sep-19	>= 100%	83.9%		↑						△	51
Compliments	Caring	Oct-19		193		→					1210	△	52
Complaints Rate	Caring	Oct-19		0.7%		↓					0.8%	△	52
Complaints: Response Rate 45	Caring	Oct-19	>= 95%	43.8%		↓					68.4%	△	53
Complaints: Parliamentary & Health Service Ombudsman Cases	Caring	Oct-19		1		↑					2	△	53
Complaints Closed: Overall	Caring	Oct-19		48		↑					275	△	54
Complaints Closed: Upheld	Caring	Oct-19		6		↑					52	△	54
Complaints Closed: Partially Upheld	Caring	Oct-19		22		↑					124	△	55

* Target/performance applies to the cumulative YTD value, not the in-month value

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Chief Nurse & Director of Quality Governance													
Complaints Closed: Not Upheld	Caring	Oct-19		20		↑					100	△	55
Litigation: Claims Opened	Responsive	Oct-19		5		↓					51		56
Litigation: Claims Closed	Responsive	Oct-19		5		↑					29	△	56
Referral to Treatment: 52 Week Breaches	Responsive	Oct-19	<= 0	3		→					29	△	57

* Target/performance applies to the cumulative YTD value, not the in-month value

Executive Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Director of Finance													
Financial Controls: I&E Position	Well-Led / Efficient	Oct-19	>= 0%	-12.6%									57
Cash	Well-Led / Efficient	Oct-19	<= 0%	-32.5%									58
CIP Cumulative Achievement	Well-Led / Efficient	Oct-19	>= 0%	36.9%									58
Capital Expenditure	Well-Led / Efficient	Oct-19	+/- 10%	-15.4%									59
Financial Use of Resources	Well-Led / Efficient	Oct-19	<= 3	3									59

* Target/performance applies to the cumulative YTD value, not the in-month value

Domain Summary

NHS Stockport NHS Foundation Trust

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Director of Workforce & Organisational Development													
Substantive Staff-in-Post	Well-Led / Efficient	Oct-19	>= 90%	91.0%							91.1%		60
Sickness Absence: Monthly Rate (UoR)	Well-Led / Efficient	Oct-19	<= 3.5%	4.2%							4.4%		60
Sickness Absence: Rolling 12-Month Rate (UoR)	Well-Led / Efficient	Oct-19	<= 3.5%	4.5%									61
Sickness Absence: Long-term	Well-Led / Efficient	Oct-19	<= 0	0									61
Workforce Turnover (UoR)	Well-Led / Efficient	Oct-19	<= 13.94%	14.6%									62
Staff Friends & Family Test: Recommend for Work	Well-Led / Efficient	Sep-19		51.9%							51.7%		62
Staff Friends & Family Test: Recommend for Care	Caring	Sep-19		70.4%							70.6%		63
Appraisal Rate: Medical	Well-Led / Efficient	Oct-19	>= 95%	96.2%							96.4%		63
Appraisal Rate: Non-medical	Well-Led / Efficient	Oct-19	>= 95%	90.6%							91.6%		64
Statutory & Mandatory Training	Well-Led / Efficient	Oct-19	>= 90%	91.0%							90.8%		64
Bank & Agency Costs	Effective	Oct-19	<= 5%	13.8%							11.7%		65
Agency Shifts Above Capped Rates	Well-Led / Efficient	Oct-19	<= 0	876							5211		65
Agency Spend: Distance From Ceiling (UoR)	Well-Led / Efficient	Oct-19	<= 3%	-9.1%							-9.1%		66

* Target/performance applies to the cumulative YTD value, not the in-month value

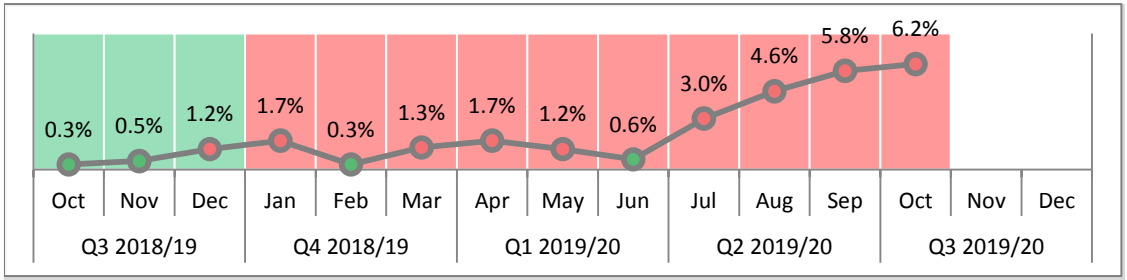
Domain Summary

Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Director of Workforce & Organisational Development													
Staff Suspensions	Well-Led / Efficient	Oct-19	<= 0	0									66
Recruitment Lead Time	Well-Led / Efficient	Oct-19	<= 20	21.77									67
Flu Vacination Uptake	Safe	Oct-19	>= 80%	60.4%									67

* Target/performance applies to the cumulative YTD value, not the in-month value

Indicator Detail

Oct-19	Diagnostics: 6 Week Standard
6.2%	The percentage of patients refered for diagnostic tests who have been waiting for less than 6 weeks.
Target	As anticipated, the diagnostic standard was not achieved in October as a result of the ongoing work to address the backlog of planned Endoscopy patients becoming overdue identified earlier in the year.
<= 1%	



Actions

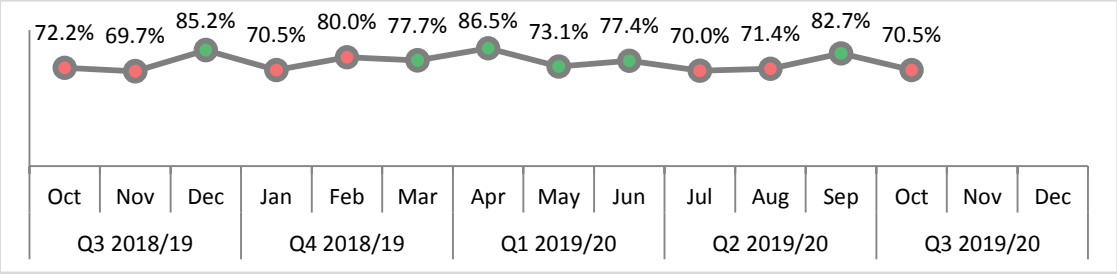
Endoscopy Nurse capacity has increased due to a return from sickness absence which will increase the throughput of clinical triage of patients prior to having their procedure.

Additional weekend Endoscopy lists are being explored with Alliance Medical.

The commencement of a new Consultant in General Surgery will also give opportunity for additional Endoscopy capacity.

Recovery of the diagnostic target is predicted to be March 2020.

Oct-19	Cancer: 62 Day Standard
70.5%	The percentage of patients on a cancer pathway that have received their first treatment within 62 days of their GP referral. Please note: This indicator is measured against an agreed improvement trajectory, not the national standard.
Target	As anticipated, the Trust failed to achieve its improvement trajectory for 62 day Cancer standard in October.
>= 80.6%	



Actions

A new Trust-wide Cancer PTL meeting will commence 12th November led by the Delivery Director which will forensically examine every patient on the cancer PTL with a focus on reducing the number of breaches that the Trust is currently experiencing by escalating and understanding the causes of pathway delays.

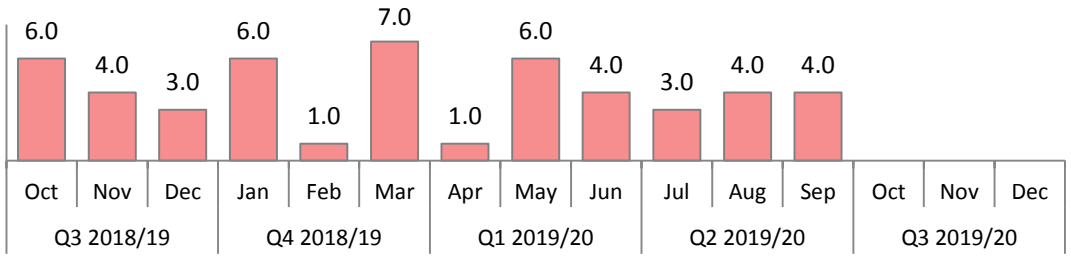
This weekly meeting will include representatives from multiple support services alongside Business Managers and the Cancer Services Team.

The Trust is also working closely with the new Programme Director for GM Cancer who will be on-site helping to identify ways to improve all aspects of cancer performance.

We have moderate assurance that with the above actions that compliance with standard will be regained in March.

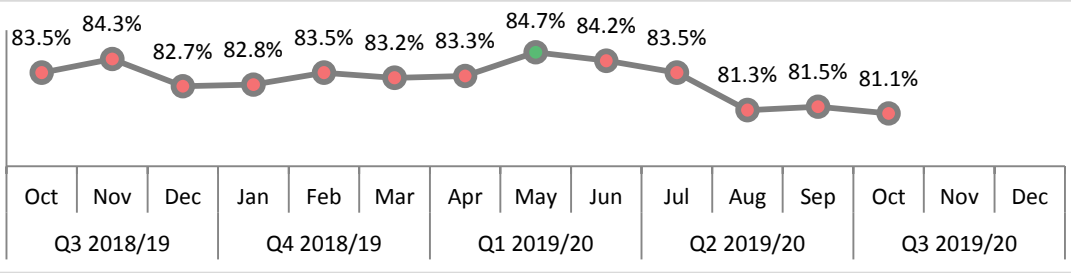
Indicator Detail

Sep-19	Cancer: 104 Day Breaches
4.0	The number of patients that have pathway length of 104 days or more at the point of treatment.
Target	The Trust reported 4 patients treated beyond day 62 of the cancer pathway in September. This related to 1 UGI patient whose treatment was delayed due to them contracting meningitis and 3 Urology patients, 2 of which were due to robotic operating capacity for prostatectomies. The third patient had cardiac problems which required resolving prior to treatment.
<= 0	



Actions
All patients treated beyond day 104 are subject to clinical harm review by the Consultant in charge of their care. Due to the slow nature of disease progression in Prostate cancer, a slightly extended wait for surgery is deemed not clinically detrimental to the patient and no clinical patient harm has been determined in any review. Continue to maximize and undertake additional robotic lists to ensure patients transferred in from other hospitals can be treated within the 24 day time-frame. Focus on long waiting patients at the new weekly Trust Cancer PTL meeting.

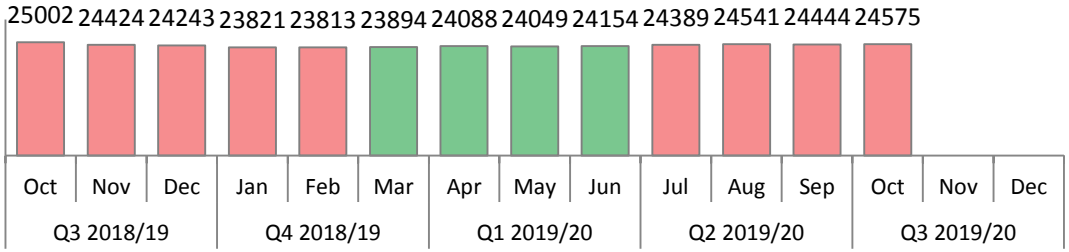
Oct-19	Referral to Treatment: Incomplete Pathways
81.1%	The percentage of patients on an open pathway, whose clock period is less than 18 weeks. Please note: This indicator is measured against an agreed improvement trajectory, not the national standard.
Target	Performance in October was below the improvement trajectory at 81.1%. Despite 7 specialties forecasting achievement of 92% by year end, the overall predicted Trust position for year end is to improve to circa 85% .
>= 89.3%	



Actions
Weekly tacking of progress to support delivery of trajectories Locum appointment in ENT to increase activity levels Focused 'Perfect Week' validation to remove any data quality errors and ensure long wating patients are fast-tracked through their pathway.

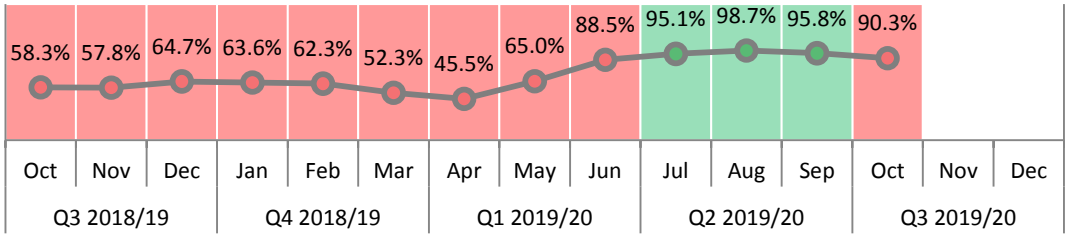
Indicator Detail

Oct-19	Referral to Treatment: Incomplete Waiting List Size
24575	The total number of patients on an open pathway. Please note: This indicator is measured against an agreed improvement trajectory.
Target	The waiting list at the end of October is higher than trajectory. It should be noted that 5 specialties have already achieved the March '18 baseline waiting list size.
<= 23509	



Actions
Weekly monitoring of specialty position to ensure individual recovery trajectories are being met Plan a 'Perfect Validation' week to ensure no data quality errors and identify opportunities for fast tracking patients through their pathway. Challenge achieving specialties to establish if they can further over-perform. The expectation is that with the above actions the waiting list size will be achieved by the end of March.

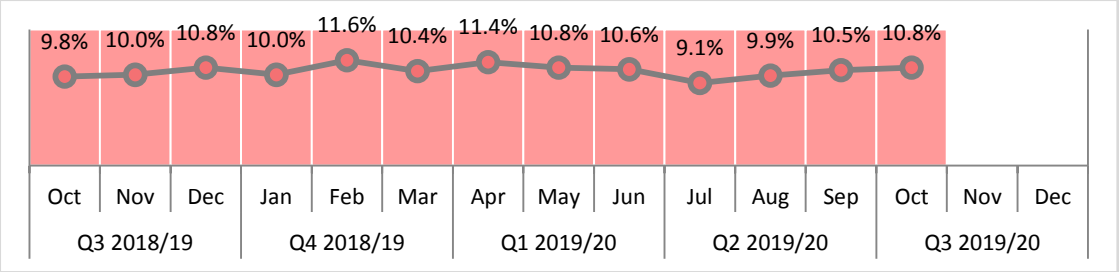
Oct-19	Clinical Correspondence
90.3%	The percentage of clinical correspondence typed within 7 days.
Target	The Clinical Correspondence standard was not achieved in October. Under-performance against the 7 day standard was across multiple specialty areas. and was due to a combination of significantly increased demand, and high levels of secretarial leave in month.
>= 95%	



Actions
Outsourcing in pressured areas to reduce the backlog. Recovery is expected in November.

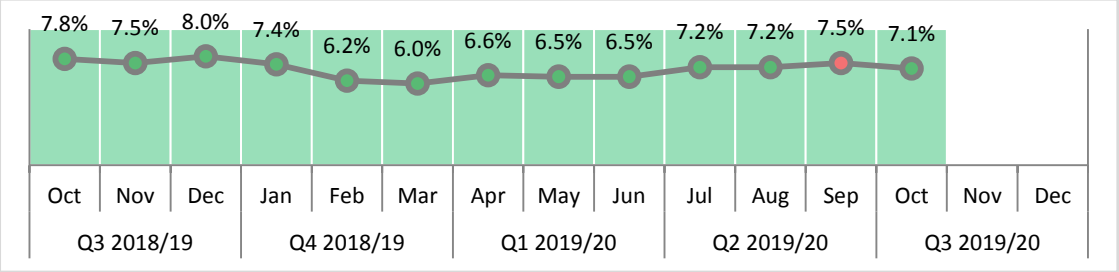
Indicator Detail

Oct-19	Outpatient Hospital Cancellation Rate (UoR)
10.8%	The percentage of outpatient appointments where the hospital has cancelled the appointment. This indicator combines new and follow-up appointment types.
Target	The Hospital cancellation rate remains above target levels in October. This is mainly driven by the Medicine Business Group at 17%. The Surgical Business Group reported 9.63% against the 9% target.
<= 9%	



Actions
The Trust is assured that there are robust processes within the Business Groups to monitor and manage leave, however in month acute sickness was the main reason for the elevated cancellation rate in month in Medicine, along with a Doctor leaving the Trust sooner than anticipated. Teams are reviewing specialties with high cancellation rates and reducing the forward booking window.

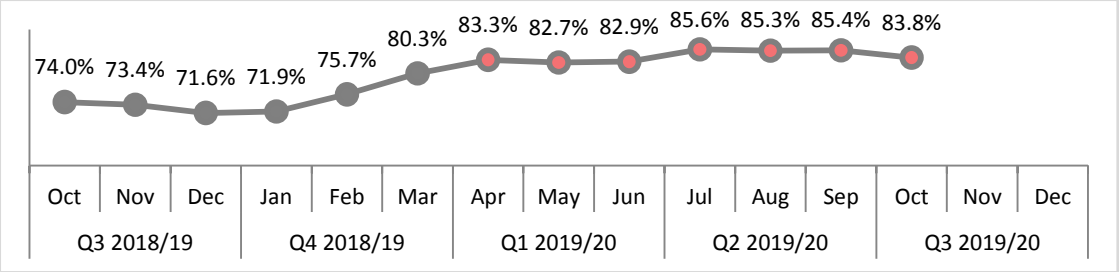
Oct-19	Outpatient DNA rate (UoR)
7.1%	The percentage of outpatient appointments where the patient did not attend (DNA). This indicator combines new and follow-up appointment types.
Target	The hospital DNA rate remains on track.
<= 7.4%	



Actions

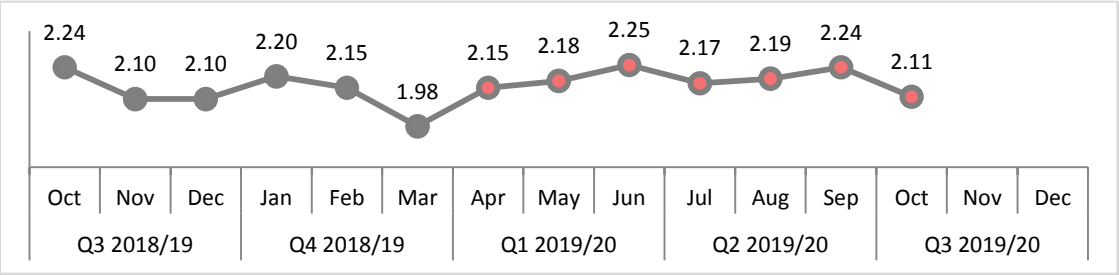
Indicator Detail

Oct-19	Outpatient Clinic Utilisation (UoR)
83.8%	The percentage of planned clinic appointment slots that were booked. Planned slots include all appointment slots on clinic templates that went ahead - cancelled clinic templates are excluded.
Target	Clinic utilization was 83.8% in October.
>= 90%	



Actions
Maximise clinic activity by overbooking templates in areas of higher DNA rate.

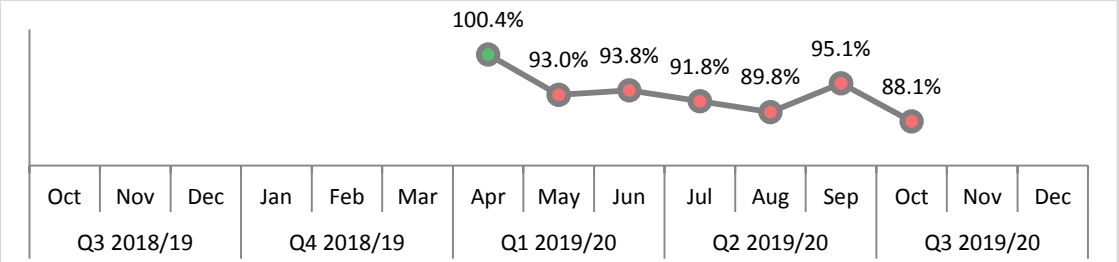
Oct-19	Outpatient New to Follow-up Ratio (UoR)
2.11	The number of outpatient follow-up attendances that took place for every one outpatient new attendance.
Target	Performance is not reflective of clinical pathways as the Trust is addressing the significant OWL overdue.
<= 1.77	



Actions
Patient Initiated Follow-Up (PIFU) is being encouraged with good take up in some areas. This will have a positive impact on follow-up demand going forward.

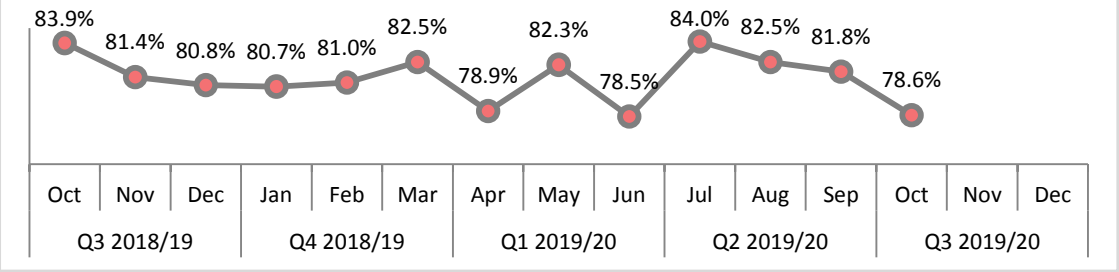
Indicator Detail

Oct-19	Theatres: Delivered Sessions vs. Plan
88.1%	The number of delivered sessions, as a percentage of the required sessions to deliver the activity plan. Excludes emergency/trauma sessions, obstetric and endoscopy activity. Planned session time based on delivered sessions only.
Target	Delivered sessions were significantly under plan in month. The main driver was the cancellation of elective operating for 2 days in response to the demand in Urgent Care. Additionally, there are 5 fallow lists being held for Breast Surgery subject to sign-off of the SLA with MFT
>= 100%	



Actions
Efficiency and productivity continues to be monitored via the monthly Theatre meetings. Finance Director to expedite the SLA with MFT for Breast theatre capacity.

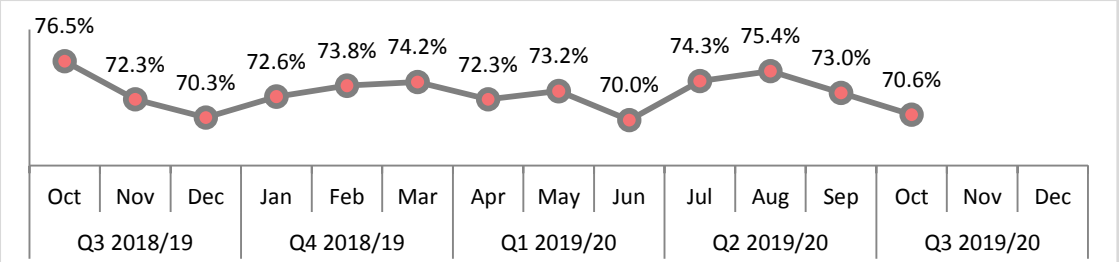
Oct-19	Theatres: Overall Touch-time Utilisation (UoR)
78.6%	The overall time spent operating, calculated as a percentage of the overall planned session time. Touch-time will include any case overlap time and session over-run time. Excludes emergency/trauma sessions, obstetric and endoscopy activity. Planned session time based on delivered sessions only.
Target	Current methodology for calculating theatre utilization is under review.
>= 85%	



Actions
The measurement of this metric is being recalculated to provide more meaningful context.

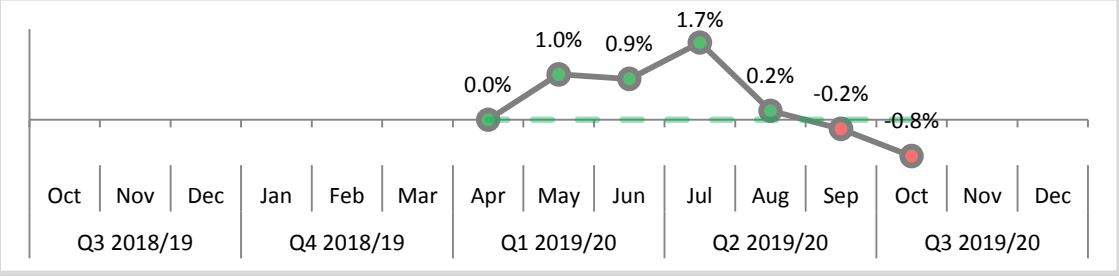
Indicator Detail

Oct-19	Theatres: In-Session Touch-time Utilisation (UoR)
70.6%	The overall time spent operating within the planned hours of the session, calculated as a percentage of the overall planned session time. Excludes emergency/trauma sessions, obstetric and endoscopy activity. Planned session time based on delivered sessions only.
Target	Current methodology for calculating theatre utilization is under review.
>= 85%	



Actions
The measurement of this metric is being recalculated to provide more meaningful context.

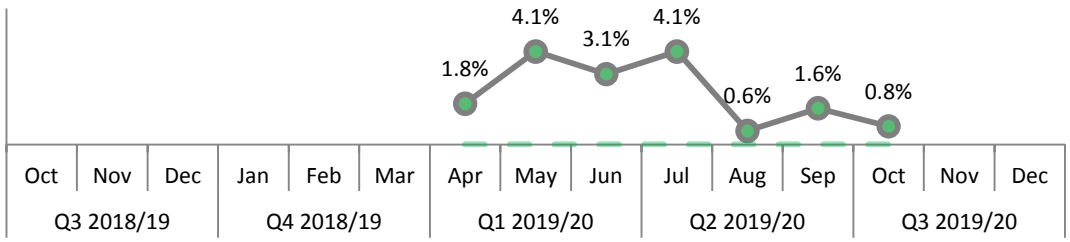
Oct-19	Elective Day Case Activity vs. Plan
-0.8%	The percentage variance between planned elective day case activity and actual elective day case activity.
Target	Daycase activity was 94 cases behind in month, which brings the YTD position to 130 cases behind plan. As previously described, the main driver was the cessation of elective surgery for 2 days in repsonse to urgent care pressures.
>= 0%	



Actions
Activity recovery plans are in place across the Business Groups. Weekly monitoring at the Start of the Week Performance Wall.

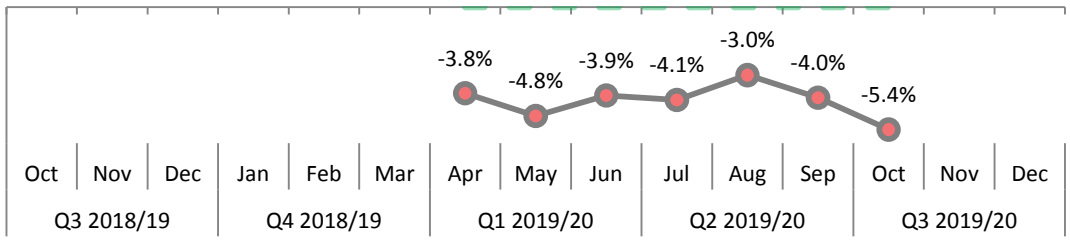
Indicator Detail

Oct-19	Elective Day Case Income vs. Plan
0.8%	The percentage variance between planned elective day case income and actual elective day case income.
Target	Daycase income remains above plan YTD.
>= 0%	



Actions

Oct-19	Elective Inpatient Activity vs. Plan
-5.4%	The percentage variance between planned elective inpatient activity and actual elective inpatient activity.
Target	Elective activity was 61 cases adverse to plan in month which brings the YTD position to 179 cases adverse. As described, the cessation of elective operating for 2 days in month has contributed to this deficit.
>= 0%	

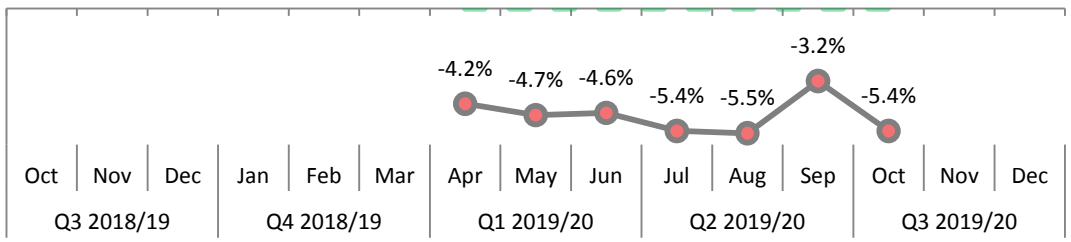


Actions

Activity recovery plans are in place across the Business Groups.

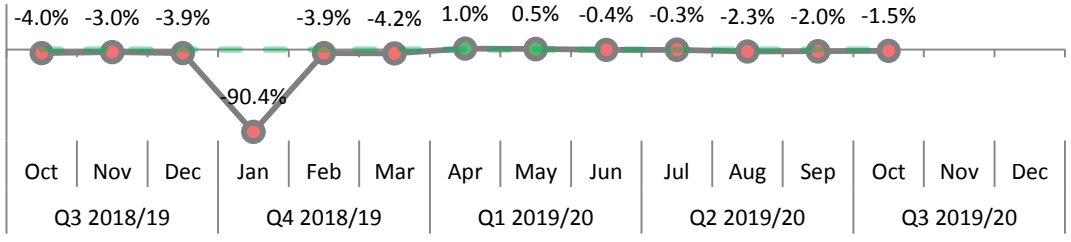
Indicator Detail

Oct-19	Elective Inpatient Income vs. Plan
-5.4%	The percentage variance between planned elective inpatient income and actual elective inpatient income.
Target	Elective income was adverse in month in line with the activity deficit.
>= 0%	



Actions

Oct-19	Outpatient Activity vs. Plan
-1.5%	The percentage variance between planned outpatient activity and actual outpatient activity.
Target	Outpatient activity was ahead of plan in month by 468 attends, which reduces the YTD deficit to 2819 attends adverse.
>= 0%	



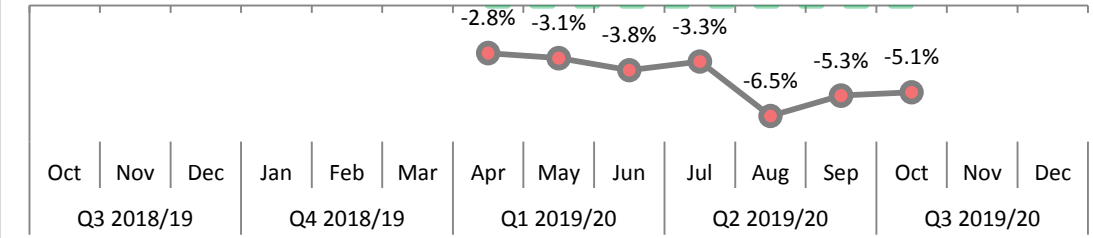
Actions

Maximise clinic activity by overbooking templates in areas of higher DNA rate.

Finance Director to discuss SLA provision for Oral Surgery with MFT.

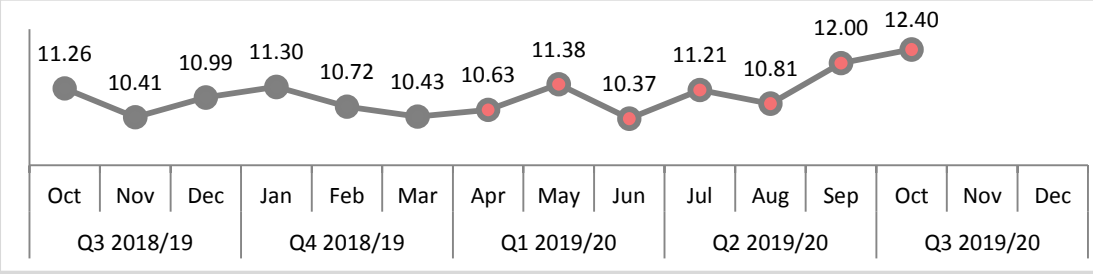
Indicator Detail

Oct-19	Outpatient Income vs. Plan
-5.1%	The percentage variance between planned outpatient income and actual outpatient income.
Target	Outpatient income was under plan in month despite high activity levels. This was due to the tariff associated with those areas that over-performed.
>= 0%	



Actions

Oct-19	Length of Stay: Non-Elective (UoR)
12.40	The average length of a patient spell, from admission to discharge. Calculated using non-elective admissions only. Excludes Obstetrics/Maternity. Excludes admissions of 0 and 1 days length of stay. Reported by month of discharge.
Target	Increased LOS correlates directly to the increased demand felt within the urgent care system, in particular age profile > 70 years and high acuity.
<= 9	

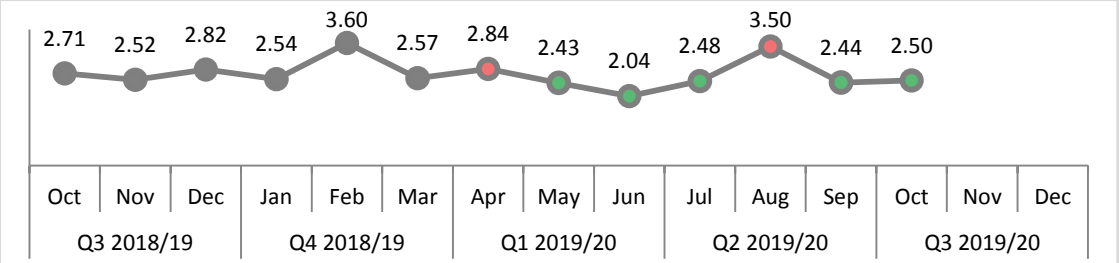


Actions

Improvement actions are linked to the overall Urgent Care recovery actions.

Indicator Detail

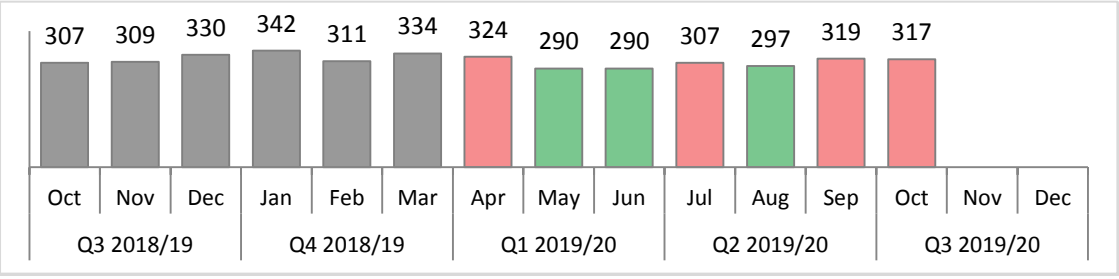
Oct-19	Length of Stay: Elective (UoR)
2.50	The average length of a patient spell, from admission to discharge. Calculated using elective admissions only. Excludes day case admissions with length of stay of 0 days. Excludes Obstetrics/Maternity. Reported by month of discharge.
Target	Performance for elective length of stay remains compliant against the set target.
<= 2.6	



Actions

Continue to promote use of the discharge lounge and increasing compliance with SAFER metrics.

Oct-19	Stranded Patient Count (UoR)
317	The total number of patients with a length of stay of 7 days or more. Performance based on a snapshot taken on the last Monday of the reporting month. Please note: This indicator is measured against an agreed improvement trajectory.
Target	Longer Length of Stay numbers remain elevated.
<= 288	

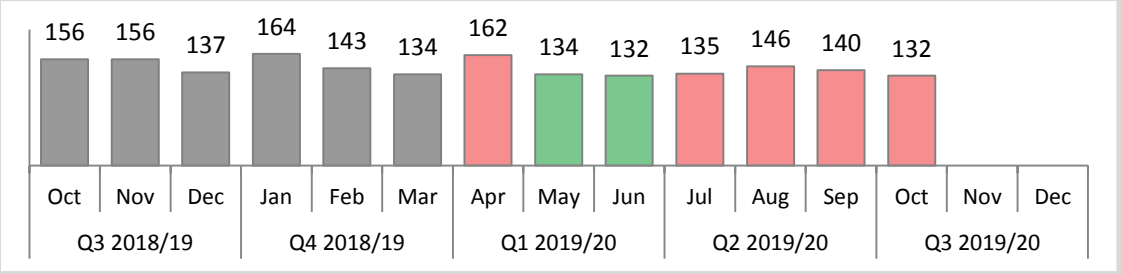


Actions

Although Longer Length of Stay continues to be a challenge for the Trust, it is anticpated that with the support of ECIST and benchmarked evidence from other Organisations that the principles of the Reducing Days Away from Home programme will have a positive impact.

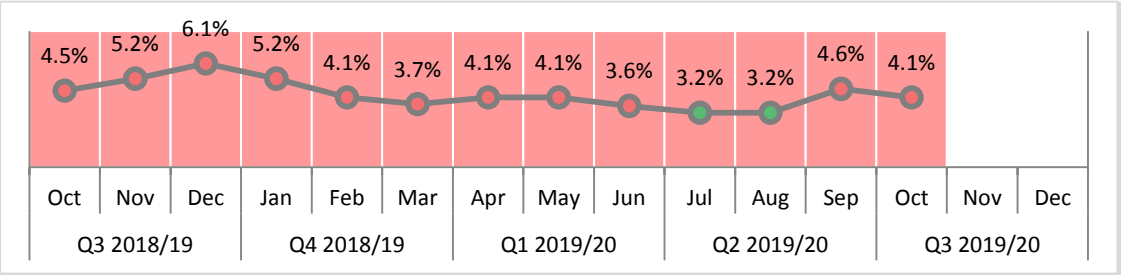
This programme of work will be clinically led by the Medical Director.

Oct-19	Super-Stranded Patient Count (UoR)
132	The total number of patients with a length of stay of 21 days or more. Performance based on a snapshot taken on the last Monday of the reporting month. Please note: This indicator is measured against an agreed improvement trajectory.
Target	Super-stranded numbers have reduced slightly in month.
<= 113	



Actions
As per Stranded Patient action plans.

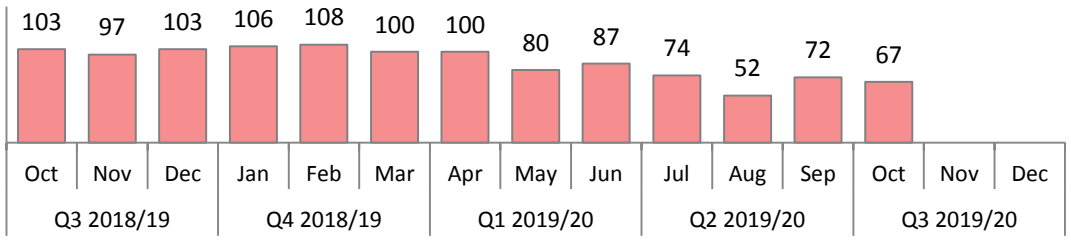
Oct-19	Delayed Transfers of Care (DTOC) (UoR)
4.1%	The percentage of patients that have remained in their hospital bed beyond their transfer of care date. This is an average number calculated using daily snapshot data.
Target	Slight improvement in DTOC numbers at the end of October, however these remain above target levels.
<= 3.3%	



Actions
Improvement actions are linked to the overall Urgent Care recovery actions.

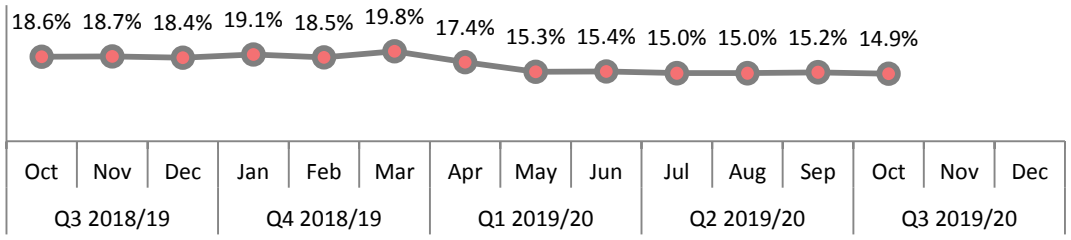
Indicator Detail

Oct-19	Medical Optimised Awaiting Transfer (MOAT)
67	Total number of patients each day who have been medically optimised. This is an average number calculated using daily snapshot data. 'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting.
Target	Slight decrease in MOAT patients at the end of October compared to the previous month, however numbers remain above target levels.
<= 40	



Actions
Improvement actions are linked to the overall Urgent Care recovery actions.

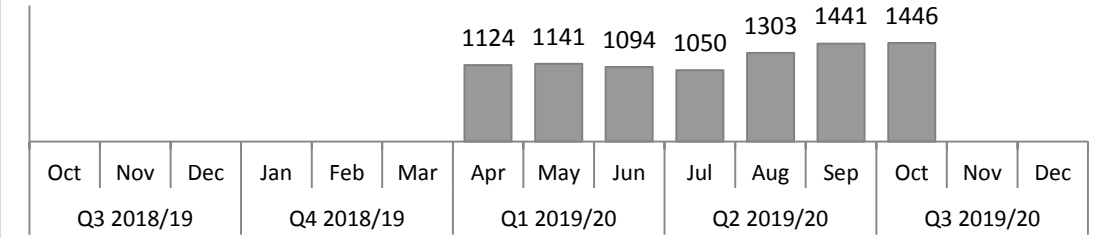
Oct-19	Discharges by Midday
14.9%	The total number of patients discharged by midday, calculated as a percentage of the total number of discharges for the period. Includes SAFER wards only.
Target	Performance against this metric remains static and significantly under the set target level.
>= 33%	



Actions
Performance is monitored and challenged at the 'Start of the Week' Performance Wall.

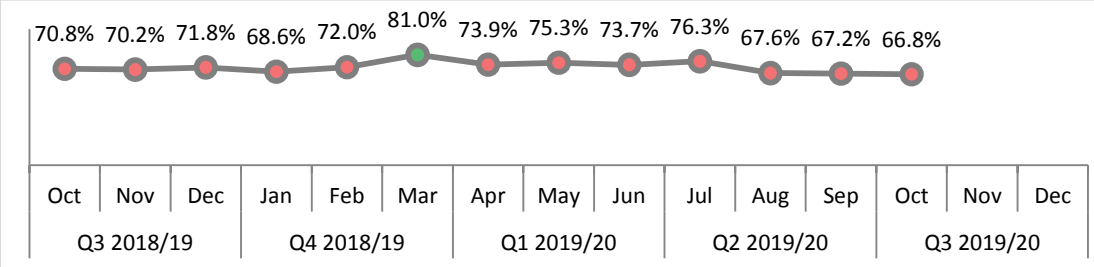
Indicator Detail

Oct-19	A&E: Overnight Breaches
1446	The total of patients who were admitted, discharged, or leave A&E over 4 hours after their arrival between 20:00 and 07:59.
Target	Overnight Breaches continue to be an issue compounded by congestion in the department and pressures with nurse staffing numbers, affecting overall productivity at the busiest times.



Actions
- Primary Care streaming to be commissioned by SCCG - Enhanced Senior Leadership and decision making for eacrly hours and overnight . - In addition to combat some of the time inefficiencies around telephones as the main form of communication between CT, Haematology and ED, we are introducing a Trust endorsed version of instant messaging with the multitone bleep system using 10 free licences they have offered as part of an upgrade. The intention is the system will expedite inter departmental communication for patients requiring CT, urgent blood samples (including those that need repeating). This should reduce delay and enable earlier decisions on patients who can then go home in under 4hours.

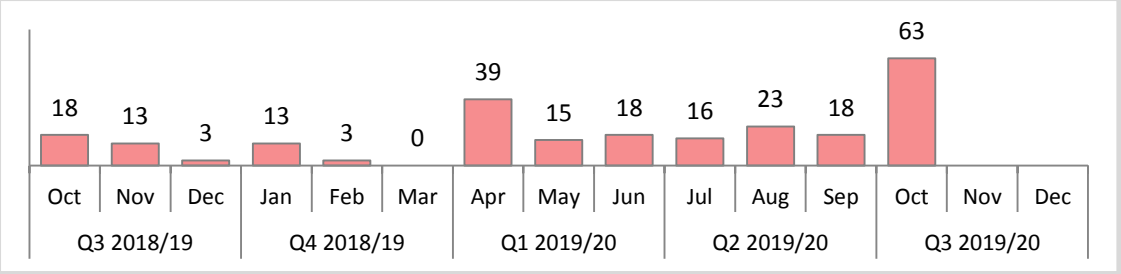
Oct-19	A&E: 4hr Standard
66.8%	The percentage of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival. Please note: This indicator is measured against an agreed improvement trajectory, not the national standard.
Target	Despite the continued support and actions to improve the ED performance, it is unlikely the improvement trajectory will be achieved unless additional bed capacity can be provided. The Trust has no further reserve capacity to draw upon.
>= 80%	



Actions
A workshop has been held in collaboration with GM/ECIST to focus on LLOS and a planned schedule of improvement work using QI methodology and learning from another Trust that has seen a marked improvement in LLOS is being drafted. The first paper is being taken the Stockport FT Executive Team meeting for sign off on 12th November 2019 with a view to immediate implementation of the actions. The main steering group team are to attend a LLOS national programme in early December. Further primary care enhancement to streaming and deflection is being led by SCCG with a view to implementing a Urgent Treatment Centre (UTC) model for winter. Development of plans to redesign the Urgent Care footprint following the award of Wave 4 capital continues

Indicator Detail

Oct-19	A&E: 12hr Trolley Wait
63	Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.
Target	This month has seen a significant increase in 12 hour trolley waits. This number is a fair reflection of the pressure within the organization. During this month, we cancelled all surgery for two days to ensure capacity and staff were available to keep patients safe. We have opened all the escalation capacity that we can currently manage with the available staff.
<= 0	

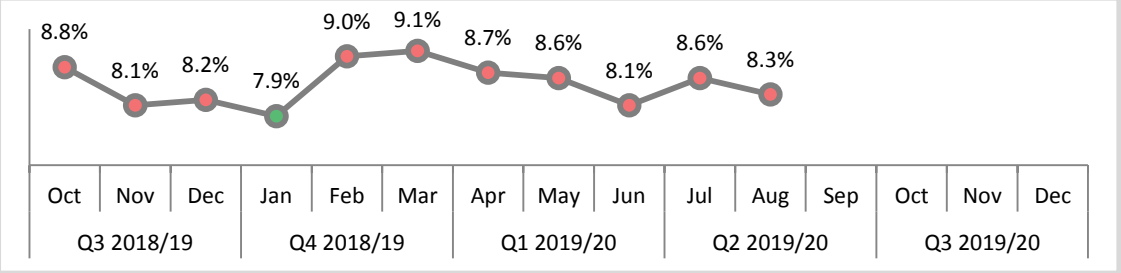


Actions

Close scrutiny of the capacity and flow at an executive level on a daily basis.

Development of a decision making template, to assist and document balancing the completing priorities when making decisions about capacity, funding, escalation beds, and elective workload.

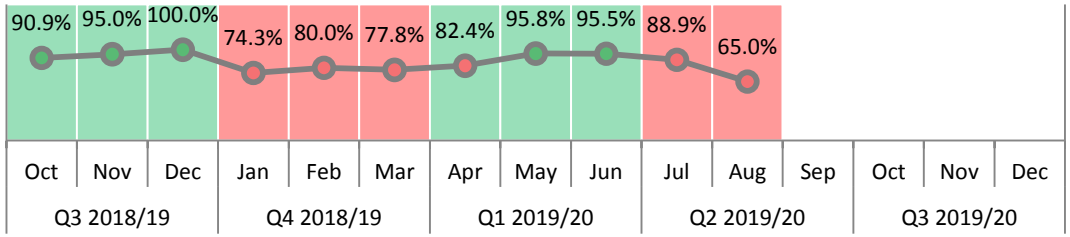
Aug-19	Emergency Readmission Rate (UoR)
8.3%	The percentage of emergency re-admissions within 28 days following an inpatient discharge. This indicator includes admissions for all conditions, and is not restricted to re-admissions for the same condition as the original admission.
Target	The emergency admission rate improved slightly in August.
<= 7.9%	



Actions

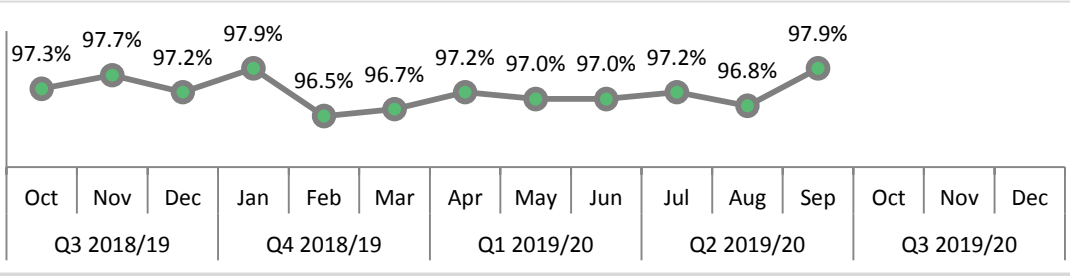
Indicator Detail

Aug-19	Diabetes Reviews
65.0%	The percentage of inpatients with known diabetes, on treatment and with a blood glucose of less than 3mmol/L, that have been reviewed by the diabetes team prior to discharge.
Target	Data is being consistently collected. Target not met this month.
>= 90%	



Actions
Pending interviews for a new consultant post to assist with capacity in the diabetes team.

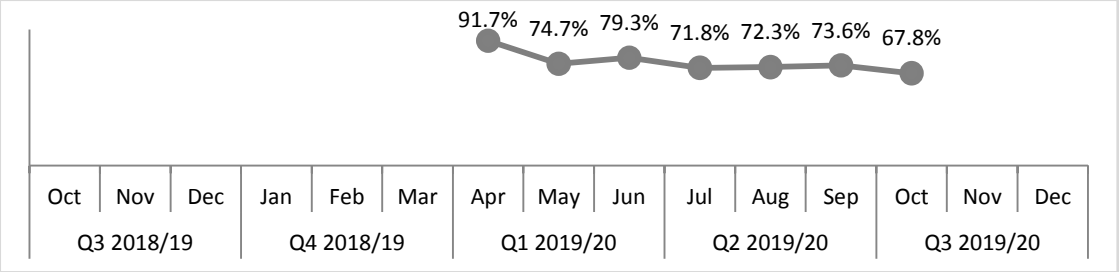
Sep-19	VTE Risk Assessment
97.9%	The percentage of eligible admitted patients who have been given a VTE risk assessment.
Target	The target is that >95% of agreed cohorts of patients admitted to the Trust receive an assessment relating to their individual risk of developing a venous thrombo-embolism (VTE).
>= 95%	



Actions
The target has been achieved in month.

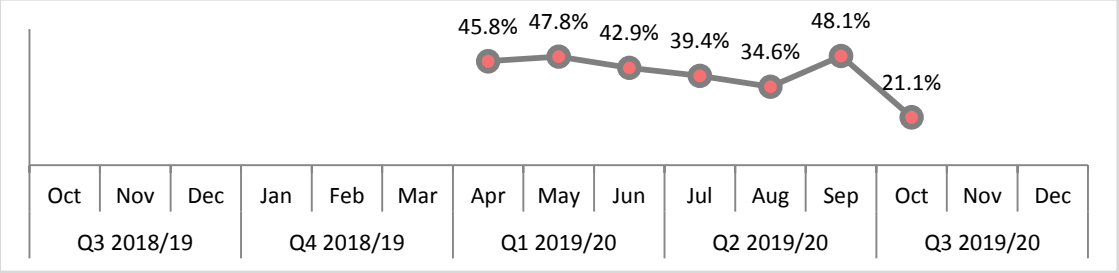
Indicator Detail

Oct-19	Sepsis: Timely Identification
67.8%	The number of patients who are screened for sepsis, as a percentage of all eligible patients who meet the criteria .
Target	October is the first month which reflects a change in data collection. The hour starts from the NEWS2 trigger time (i.e. NEWS2 score was 5 or above) as opposed to the previous trigger time of the medical review.



Actions
During October a total of:- 786 patients triggered on the NEWS2 as a possible sepsis 410 patients (out of the 786) were reviewed by the IP&C service team after the exclusion criteria was applied 271 patients (out of the 410) were escalated by nursing staff to the medical teams for review 278 patients (out of the 410) were reviewed and screened for sepsis by the medical team 38 patients (out of the 410) following review were recorded as clinically septic

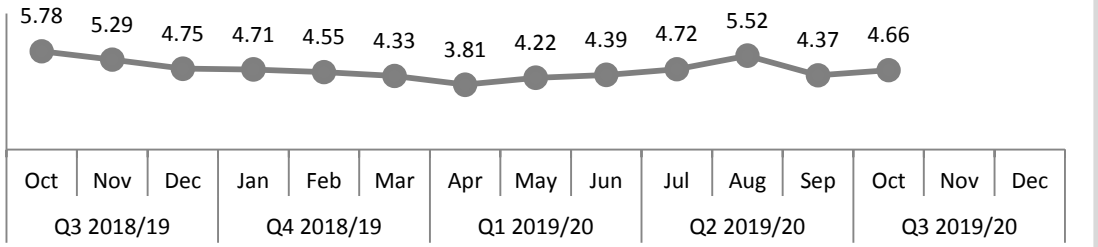
Oct-19	Sepsis: Timely Treatment
21.1%	The number of patients who received IV antibiotics within 1 hour, as a percentage of all eligible patients found to have sepsis.
Target	Percentage of inpatients clinically found to be septic and who received their review and antibiotics within an hour of the trigger time (i.e. NEWS2 score was 5 or above)
>= 90%	



Actions
During October:- 28 of the 38 patients were medically reviewed within the hour of trigger time 8 of the 38 patients were given antibiotics within the hour of trigger time Only 6 of the 38 patients were reviewed and given antibiotics within an hour of trigger time

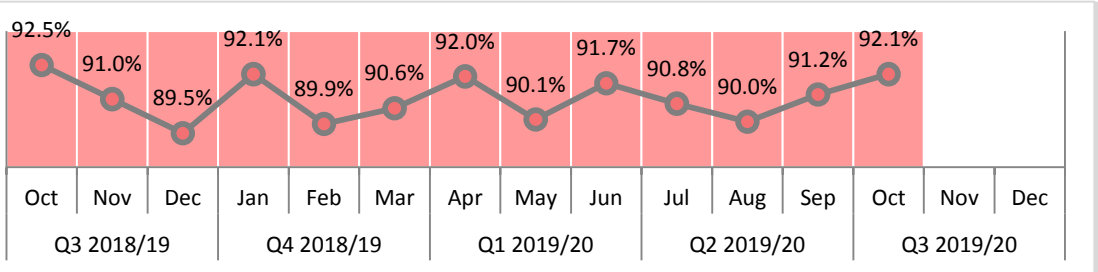
Indicator Detail

Oct-19	Medication Errors: Rate
4.66	Rate of medication errors, calculated as incidence per 1000 bed days.
Target	In October the medication incident rate increased from 4.39 to 4.66 incidents per 1000 bed days. There were no medication incidents causing moderate harm or above, reported for the month of October. There was one never event, whereby the dose of insulin given was much higher due to incorrect syringe being used.



Actions
Medication errors are reviewed weekly at the patient safety summit meeting. The patient safety Summit update last month sent out these messages. 1.Administration of insulin must be in an insulin syringe 2.Locking medications away including creams 3.Always check for allergies and ensure that they are documented correctly 4.Stat dose medications – ensure that prescribing and administration is documented and doesn't conflict with regular prescribed medications A report on medication incidents was presented to last months quality committee.

Oct-19	Discharge Summaries
92.1%	The percentage of discharge summaries published within 48hrs of patient discharge.
Target	Continued increase in performance throughout October. This is our second highest rate ever, but still have further work to do
>= 95%	Of particular note is the improvement in the areas of Paediatrics, Gynaecology and A&E.

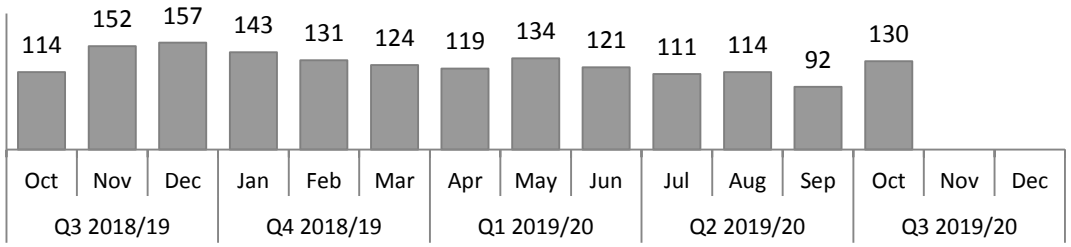


Actions
This metric remains a consistent item of discussion at performance reviews. Challenging areas are the acute assessment (and discharge areas), which are subject to considerable focus in the business groups.

Indicator Detail

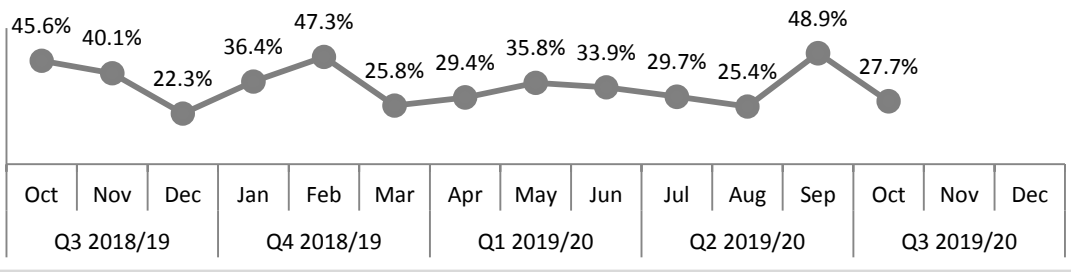
Oct-19	Mortality: Deaths in ED or as Inpatient
130	Total number of patient deaths while patient was in the emergency department or as an inpatient.
Target	In October there were 130 deaths recorded in the Emergency Department or as an inpatient. This is a increase on last month.

Actions
This metric is provided as a crude mortality statistic, and to serve as a denominator for the number of 'learning from deaths' reviews.



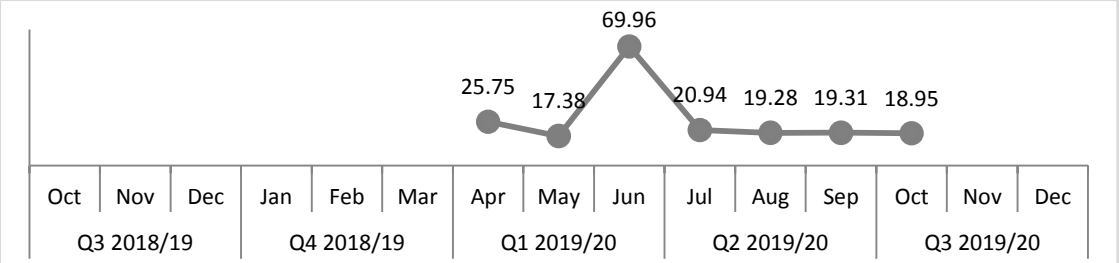
Oct-19	Mortality: Case Note Review Rate
27.7%	The number of case note reviews that taking place in month, as a percentage of all patient deaths while patient was in the emergency department or as an inpatient.
Target	Consistent delivery of a 30% rolling average review of deaths.

Actions



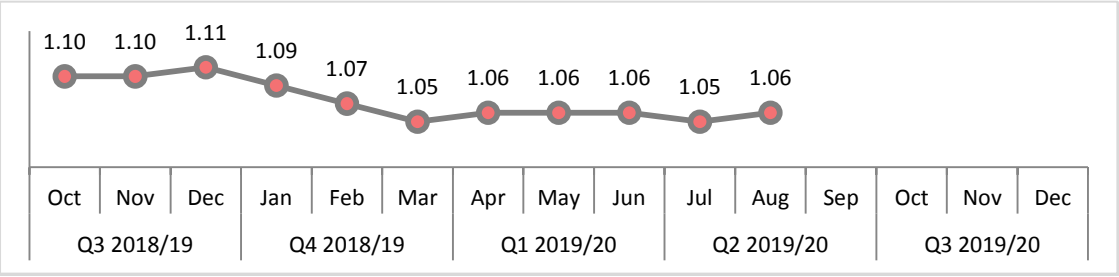
Indicator Detail

Oct-19	Mortality: Specialist Palliative Care Length of Stay
18.95	The average length of a patient spell, from admission to death. Includes specialist palliative patients who die in hospital only. Reported by month of discharge/death.
Target	Patients are referred to the Specialist Palliative Care Service (SPCS) for various reasons, some patients are referred for generalist care when they are actively dying in hospital. Other patients have had a lengthy stay in hospital before they are referred to SPCS.



Actions
The SPCS have requested a comparison metric for all patients who die in hospital, not just those known to SPCS. The SPCS support rapid discharges home taking patient choice into account. SPCS nationally only see an average of 30% of people who die in any one year.

Aug-19	Mortality: HSMR
1.06	This is the ratio between the actual number of patients who either die while in hospital compared to the number of patients that would be expected to die based on whether patients are receiving palliative care, and socio-economic deprivation.
Target	Sustained improvement over the past year.
<= 1	

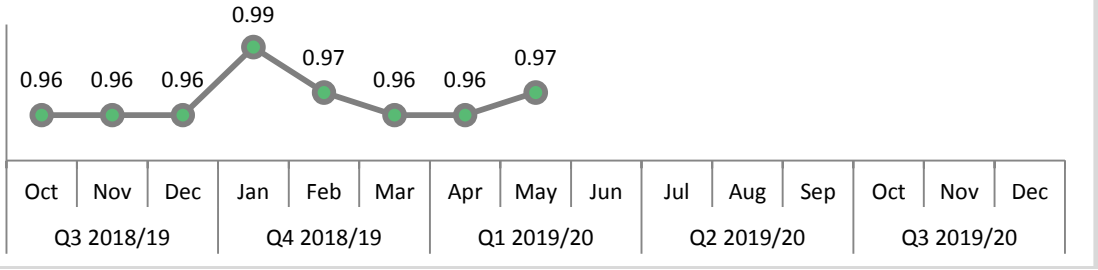


Actions
Further work being done on a mortality dashboard, which will assist with future discussions of this metric.

Indicator Detail

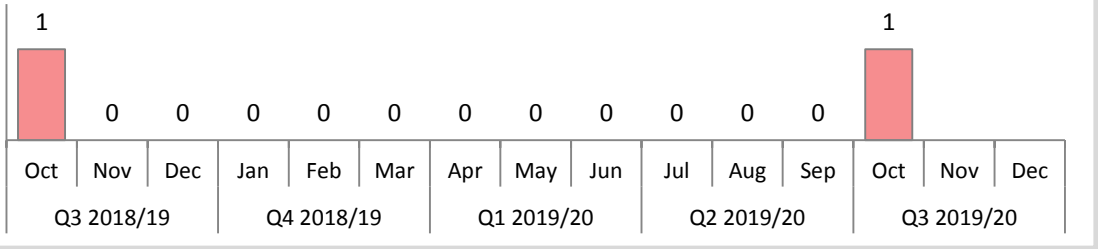
May-19	Mortality: SHMI
0.97	This is the ratio between the actual number of patients who either die while in hospital or within 30 days of discharge compared to the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.
Target	Sustained above average outcomes
<= 1	

Actions



Oct-19	Never Event: Incidence
1	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
Target	The never event related to an insulin overdose. The insulin was drawn up using the incorrect syringe.
<= 0	

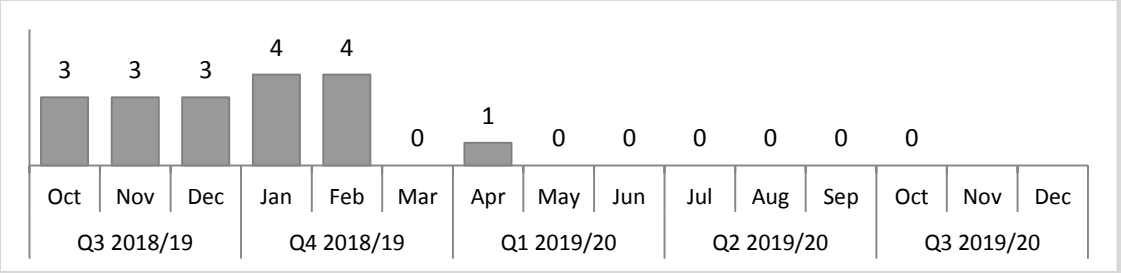
Actions
Level 2 Investigation instigated and reported onto StEIS. No harm has been identified for this patient.



Indicator Detail

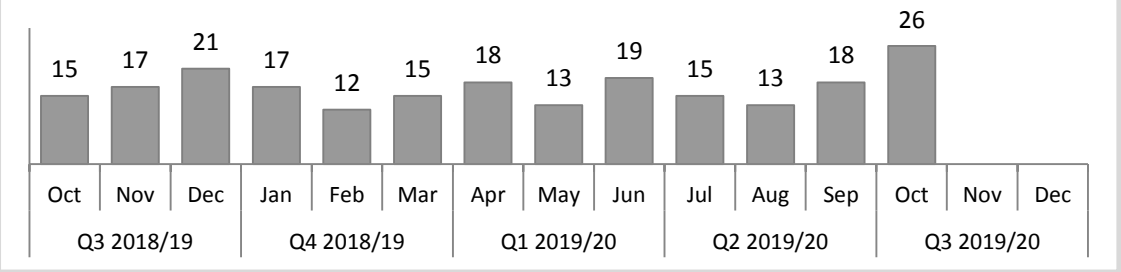
Oct-19	Duty of Candour Breaches
0	Total number of duty of candour breaches of regulation in month.
Target	There were no Duty of Candour breaches in October.

Actions
Opening of Duty of Candour is monitored on a weekly basis. Timeliness of the opening conversation and the written apology has improved.



Oct-19	Serious Incidents: STEIS Reportable
26	The total number of STEIS reportable incidents.
Target	There were 26 serious incidents reported via StEIS during October 2019.

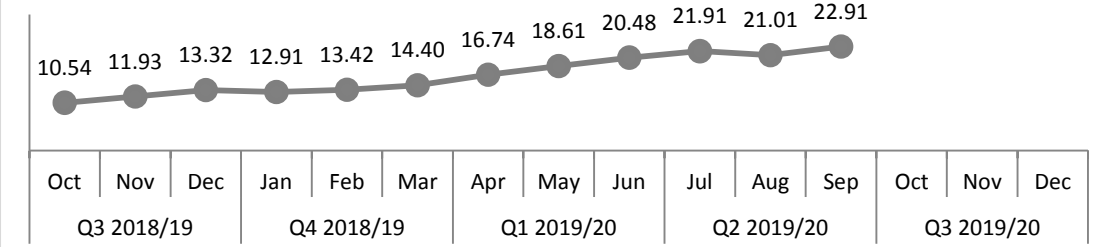
Actions
The 26 SIs were: 1 Never Event relating to an insulin overdose 11 instances where patients waited more than 12 hours in the emergency department and met the criteria for a 12 hour trolley wait. 3 incidents where there was delayed treatment for cancer 3 incidents where patients fell and fractured their femurs 2 incidents where there was a delayed action on test results 2 instances where the Delivery Suite in Maternity was placed on divert. 1 incident where a baby fell from bed height while in the care of its mother 1 incident where the removal of a stent was delayed 1 category 3 pressure ulcer. 1 incident where a patient was readmitted with urinary sepsis due to a failure to arrange a follow up appointment.



Indicator Detail

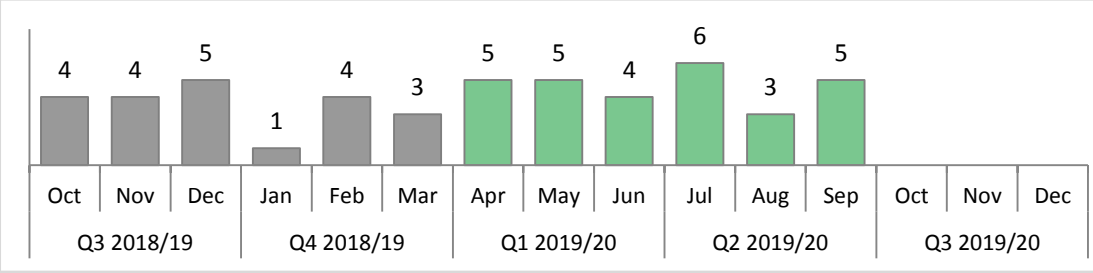
Sep-19	C.Diff Infection Rate
22.91	Average number of C.Diff infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable C.Diff infections compared to the rolling 12 month average number of bed days per 100,000.
Target	In September there was a rise in the average number of C.Diff infections per 100,000 bed days.

Actions
The target rate is monitored through the infection prevention & Control group David Charlesworth from NHS improvement visited the Trust on 17th October 2019. The initial feedback on the day was positive with some recommendations that David will follow up in his report.



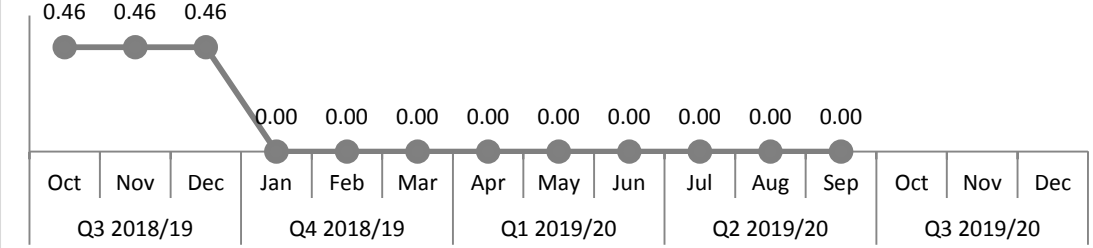
Sep-19	C.Diff Infection Count
5	Total number of C.Diff infections.
Target <= 51 *	The 2019-20 target set by the Department of Health for hospital acquired Clostridium difficile toxin positive cases is 51

Actions
During September there were 5 cases of Clostridium difficile Each CDI case is listed for the Healthcare Acquired Infections (HCAI's) panel chaired by the Director of Infection Prevention & Control (DIPC) immediately the case is confirmed. Each CDI case is investigated and presented to the HCAI panel; themes highlighted by the panel are related to over-subscription of antibiotics which is in line with a national trend.



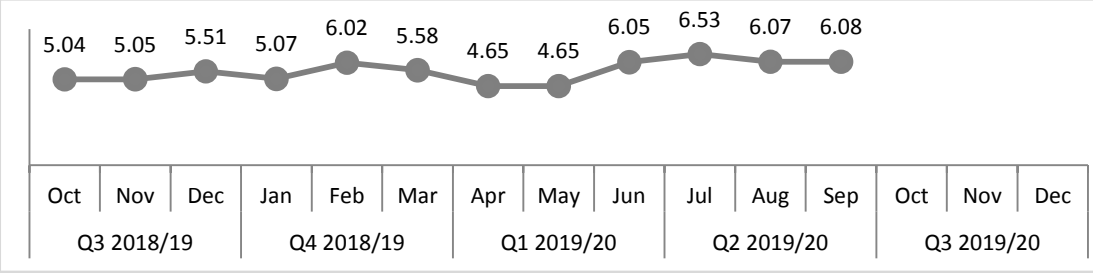
Indicator Detail

Sep-19	MRSA Infection Rate
0.00	Average number of MRSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MRSA infections compared to the rolling 12 month average number of bed days per 100,000.
Target	Rolling 12-month count of all MRSA infections as a proportion of the average 12 month rolling occupied bed days per 100,000 population



Actions
The MRSA target set by the Department of Health is zero for 2019-20. In September there were no cases of MRSA. The target is monitored through the Infection Prevention & Control group

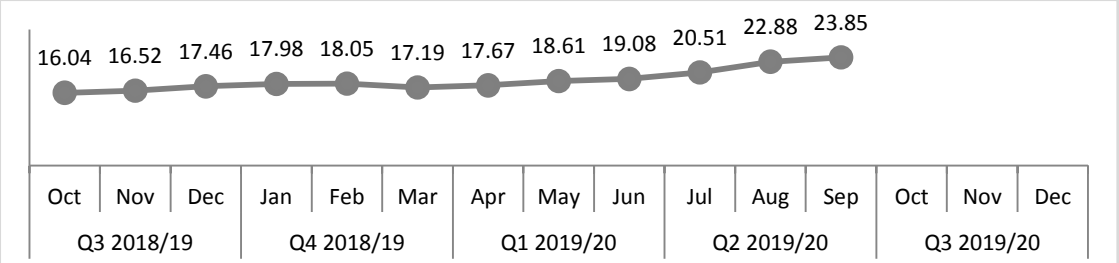
Sep-19	MSSA Infection Rate
6.08	Average number of MSSA infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable MSSA infections compared to the rolling 12 month average number of bed days per 100,000.
Target	Rolling 12-month count of all MSSA infections as a proportion of the average 12 month rolling occupied bed days per 100, 000 population The MSSA infection rate is monitored as a whole health economy. The figures represented within this report are Trust acquired cases



Actions
The MSSA infection rate is is monitored through the Infection Prevention & Control group. Following consultation, the CCG have agreed a target tolerance of 12 for the Trust in relation to MSSA infections. To meet this target the Trust has a target of 3 per quarter; so far during quarter two there has been 1 MSSA infection. Concurrent to this agreement is the development of a pro-forma to undertake concise investigations which will be heard during the bi-weekly HCAI Panels from Q3.

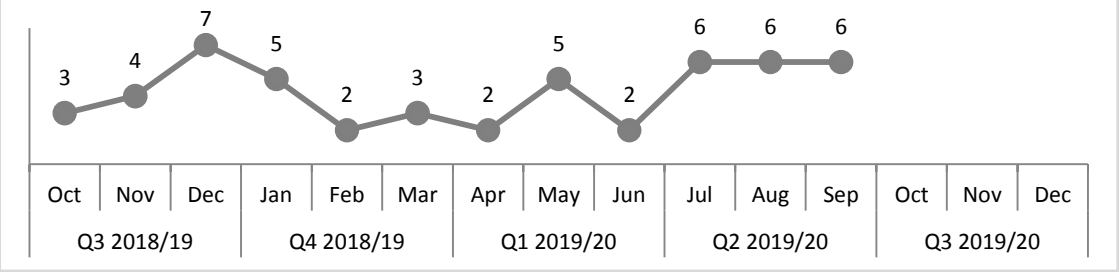
Indicator Detail

Sep-19	E.Coli Infection Rate
23.85	Average number of E.Coli infections for every 100,000 bed days, calculated using a rolling 12 month number of Trust-attributable E.Coli infections compared to the rolling 12 month average number of bed days per 100,000.
Target	Rolling 12-month count of all E.Coli infections as a proportion of the average 12 month rolling occupied bed days per 100, 000 population



Actions
Nationally there is an aim to reduce healthcare associated gram-negative blood stream infections by 50% by March 2021, firstly focusing on E coli infection as one of the largest groups. The figures represented within this report are Trust acquired cases. A reduction plan owned by the CCG has been developed collaboratively between the Trust, Health Protection nurses and the CCG. This plan is monitored through the Infection Prevention & Control group.

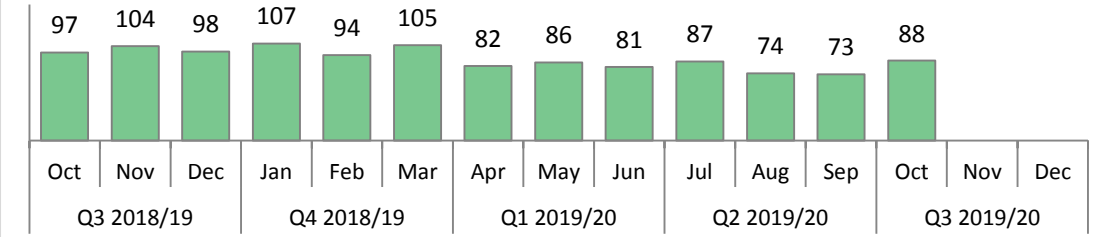
Sep-19	E.Coli Infection Count
6	Total number of E.Coli infections.
Target	The E.Coli infection count is monitored as a whole health economy with no target. The figures represented within this report are trust acquired cases



Actions
This is monitored through the Infection Prevention & Control group Following consultation, the CCG have agreed a target tolerance of 36 for the Trust in relation to E.Coli infections. To meet this target the Trust has a target of 9 per quarter; during quarter two there have been 12 E.Coli infections The development of a pro-forma to undertake concise investigations will be heard during the bi-weekly HCAI Panels from Q3.

Indicator Detail

Oct-19	Falls: Total Incidence of Inpatient Falls
88	Total number of Inpatient falls
Target	The Trust has set a target of 10% reduction in in-patient falls for 2019/20 in comparison to 2018/19. This equates to < 1100
<= 641 *	



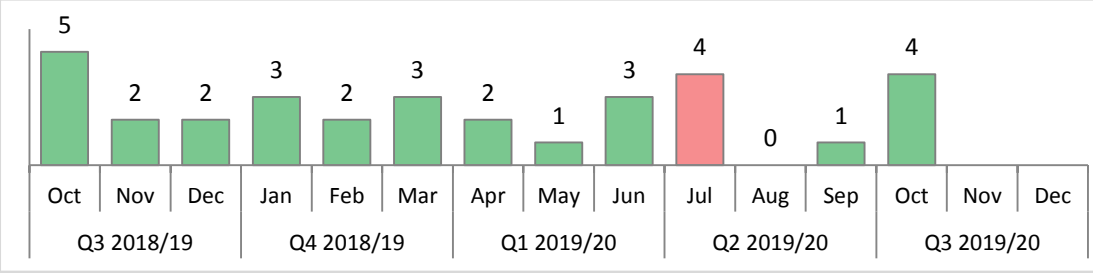
Actions

There have been a total of 88 in-patient falls during the month. Oct 19 again continues to show a month on month reduction in comparative data from the previous year (Oct 18- 97 falls; Oct 19 - 88 falls equating to an 8% reduction).

The running total for the year to date is 571

The new falls risk assessment is now in use in the ward areas.

Oct-19	Falls: Causing Moderate Harm and Above
4	Total number of falls causing moderate harm and above.
Target	The Trust has set a target of 10% reduction of in-patient falls resulting in moderate or above harm level for 2019/20 in comparison to 2018/19. This equates to <26 falls with harm.
<= 15 *	



Actions

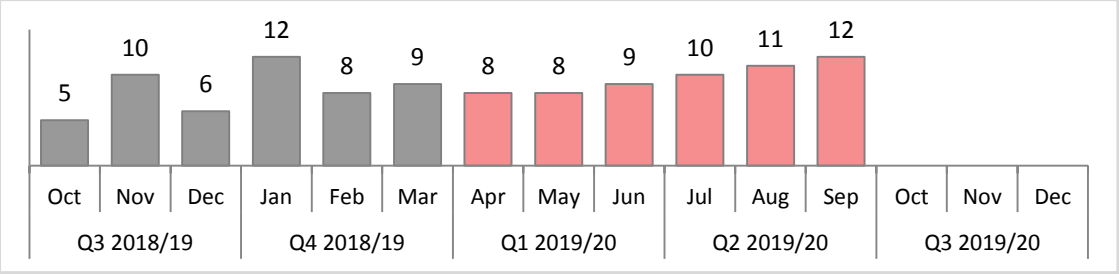
There have been 4 falls in month resulting in moderate or above harm. All of these falls are currently being investigated.

The breakdown and harm caused is as follows:
2 falls in Medicine and Clinical Support BG resulting in 1 fractured femur and separately multiple pelvic fractures
1 fall within Surgery, GI and Critical Care BG resulting in eye lacerations
1 fall within Women's and Children's BG resulting in intraparechymal haemorrhage

The running total for the year to date is 15. This target is currently slightly over trajectory.

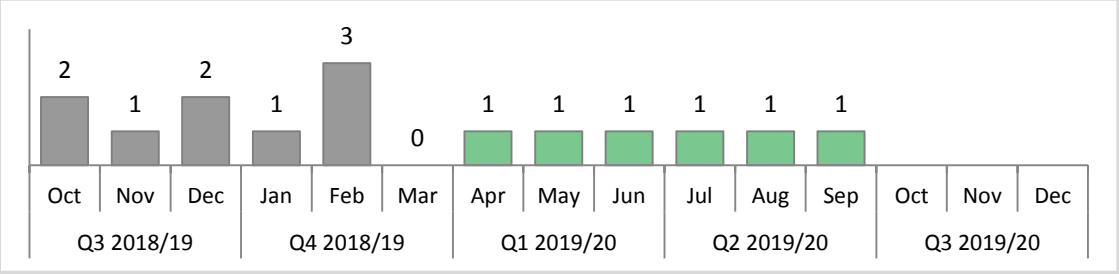
Indicator Detail

Sep-19	Pressure Ulcers: Hospital, Category 2
12	Total number of category 2 pressure ulcers in a hospital setting.
Target	The Trust has set a target to reduce the overall number of Hospital acquired pressure ulcers by 10% over the next 12 months. This month (September data) we have had 12 Category 2 pressure ulcers reported.
<= 46 *	



Actions
Approximately 50% of all of the hospital PU reported this year to date, have occurred in 5 clinical areas across Medicine, Surgery (orthopaedics) and Integrated Care Business Groups. Meetings with the relevant ward manager, Matron and Tissue Viability are scheduled to undertake a 'Deep Dive' of these specific incidents and identify the key trends that we need to learn from. It is world-wide 'Stop the Pressure' day on November 21st. The Tissue Viability Service will be taking part in the event to promote pressure ulcer prevention strategies. Further skin inspection mirrors have been issued to enable accurate skin inspection.

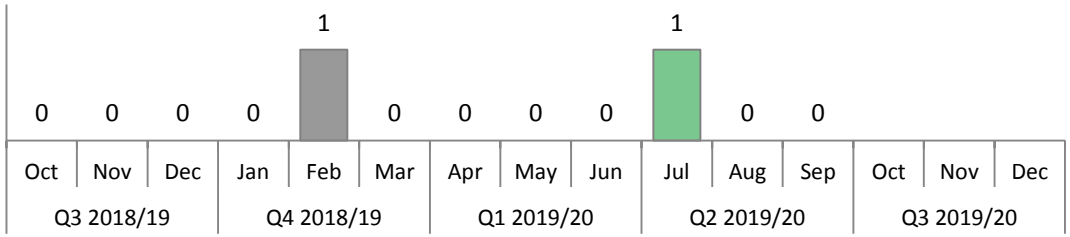
Sep-19	Pressure Ulcers: Hospital, Category 3
1	Total number of category 3 pressure ulcers in a hospital setting.
Target	The Trust has set a target to reduce the overall number of Hospital acquired pressure ulcers by 10% over the next 12 months. This month (September data) we have had one Category 3 pressure ulcer reported.
<= 11 *	



Actions
Implementation of actions identified by the pressure ulcer collaborative task and finish groups are on-going It is world-wide 'Stop the Pressure' day on November 21st. The Tissue Viability Service will be taking part in the event to promote pressure ulcer prevention strategies. Further skin inspection mirrors have been issued to enable accurate skin inspection

Indicator Detail

Sep-19	Pressure Ulcers: Hospital, Category 4
0	Total number of category 4 pressure ulcers in a hospital setting.
Target	The Trust has set a target to reduce the overall number of Hospital acquired pressure ulcers by 10% over the next 12 months. This month (September data) we have had no Category 4 pressure ulcers reported.
<= 1 *	



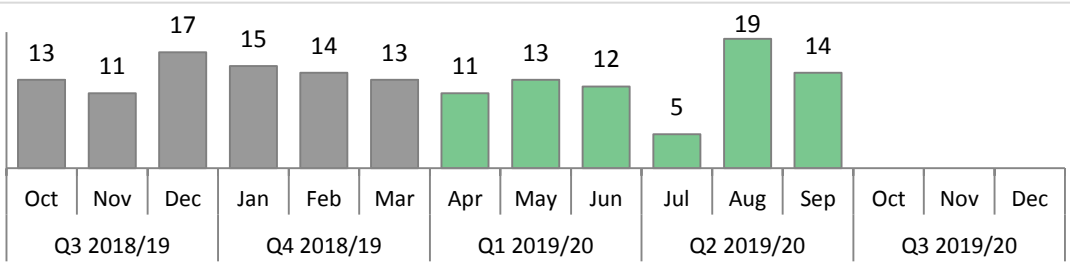
Actions

Implementation of actions identified by the pressure ulcer collaborative task and finish groups are on-going

It is world-wide 'Stop the Pressure' day on November 21st. The Tissue Viability Service will be taking part in the event to promote pressure ulcer prevention strategies.

Further skin inspection mirrors have been issued to enable accurate skin inspection

Sep-19	Pressure Ulcers: Community, Category 2
14	Total number of category 2 pressure ulcers in a community setting.
Target	The Trust has set a target to reduce the overall number of community acquired pressure ulcers by 10% over the next 12 months. This month (September data) we have had 14 Category 2 pressure ulcers reported
<= 96 *	



Actions

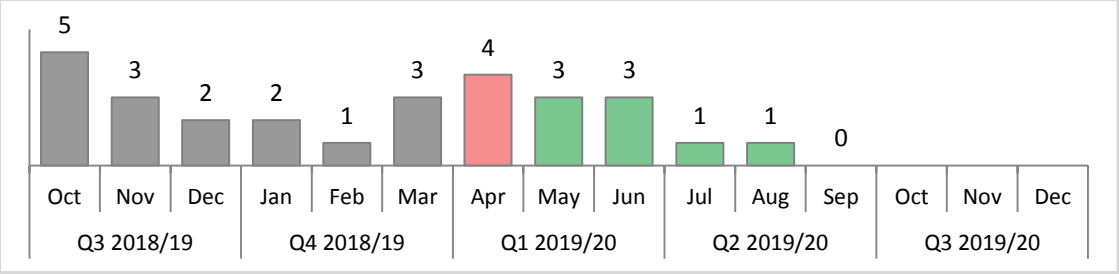
Implementation of actions identified by the pressure ulcer collaborative task and finish groups are on-going

It is world-wide 'Stop the Pressure' day on November 21st. The Tissue Viability Service will be taking part in the event to promote pressure ulcer prevention strategies.

Further skin inspection mirrors have been issued to enable accurate skin inspection

Indicator Detail

Sep-19	Pressure Ulcers: Community, Category 3
0	Total number of category 3 pressure ulcers in a community setting.
Target	The Trust has set a target to reduce the overall number of community acquired pressure ulcers by 10% over the next 12 months. This month (September data) we have had no Category 3 pressure ulcers reported.
<= 23 *	



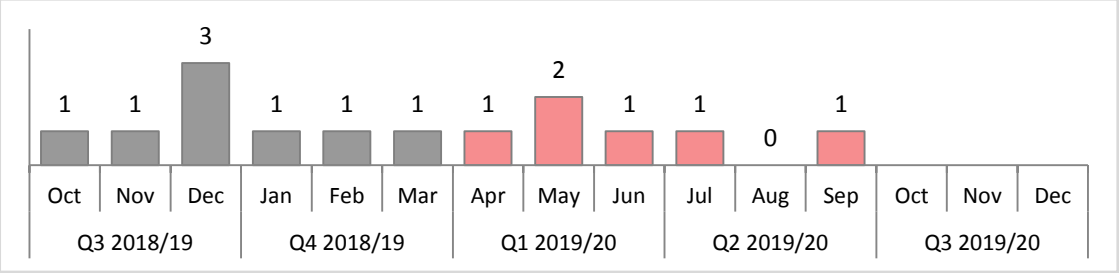
Actions

Implementation of actions identified by the pressure ulcer collaborative task and finish groups are on-going

It is world-wide 'Stop the Pressure' day on November 21st. The Tissue Viability Service will be taking part in the event to promote pressure ulcer prevention strategies.

Further skin inspection mirrors have been issued to enable accurate skin inspection

Sep-19	Pressure Ulcers: Community, Category 4
1	Total number of category 4 pressure ulcers in a community setting.
Target	The Trust has set a target to reduce the overall number of community acquired pressure ulcers by 10% over the next 12 months. This month (September data) we have had one Category 4 pressure ulcer reported.
<= 4 *	



Actions

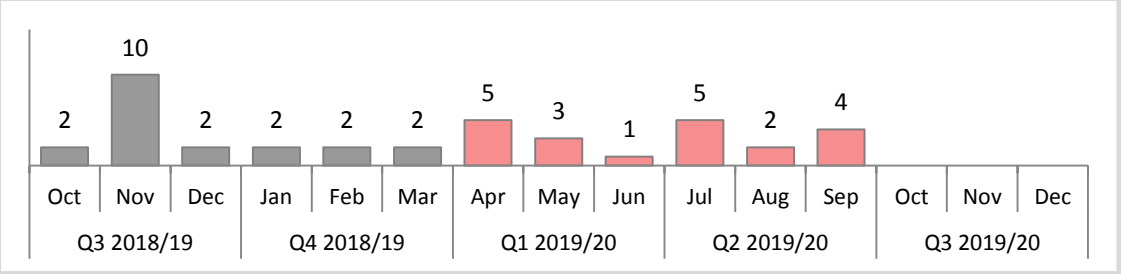
Implementation of actions identified by the pressure ulcer collaborative task and finish groups are on-going

It is world-wide 'Stop the Pressure' day on November 21st. The Tissue Viability Service will be taking part in the event to promote pressure ulcer prevention strategies.

Further skin inspection mirrors have been issued to enable accurate skin inspection

Indicator Detail

Sep-19	Pressure Ulcers: Device Related, Category 2
4	Total number of device-related category 2 pressure ulcers. Includes those from both a hospital and community setting.
Target	The Trust has set a target to reduce medical device related pressure ulcers (MDRPU) by 25% by the end of March 2020. This month (September data) there have been 4 Category 2 MDRPU reported.
<= 16 *	



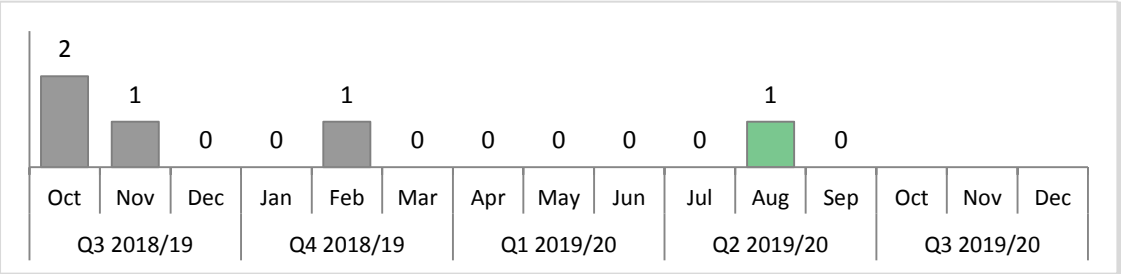
Actions

Implementation of actions identified by the medical devices task and finish group are on-going

Further Guidance has been issued on catheter retaining straps to reduce the incidence of PU associated with catheters.

Medical device tool box training continues across the organisation with 145 members of staff have now received training.

Sep-19	Pressure Ulcers: Device Related, Category 3
0	Total number of device-related category 3 pressure ulcers. Includes those from both a hospital and community setting.
Target	The Trust has set a target to reduce medical device related pressure ulcers (MDRPU) by 25% by the end of March 2020. This month (September data) there have been no Category 3 MDRPU reported.
<= 4 *	



Actions

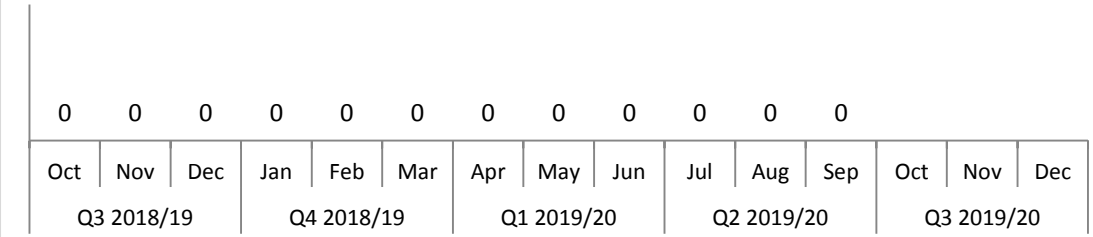
Implementation of actions identified by the medical devices task and finish group are on-going

Indicator Detail

Sep-19	Pressure Ulcers: Device Related, Category 4
0	Total number of device-related category 4 pressure ulcers. Includes those from both a hospital and community setting.
Target	The Trust has set a target to reduce medical device related pressure ulcers (MDRPU) by 25% by the end of March 2020. This month (September data) there have been no Category 4 MDRPU reported
<= 0 *	

Actions

Implementation of actions identified by the medical devices task and finish group are on-going.



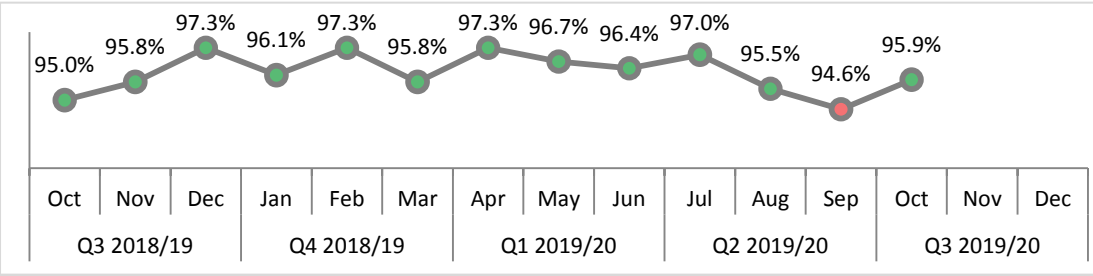
Oct-19	Safety Thermometer: Hospital
95.9%	The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.
Target	The Trust aim is that >95% of patients receive harm free care as monitored by safety thermometer. Results for October show that we achieved 95.9%.
>= 95%	

Actions

Weekly validation meetings continue to be undertaken to improve the quality of the data.

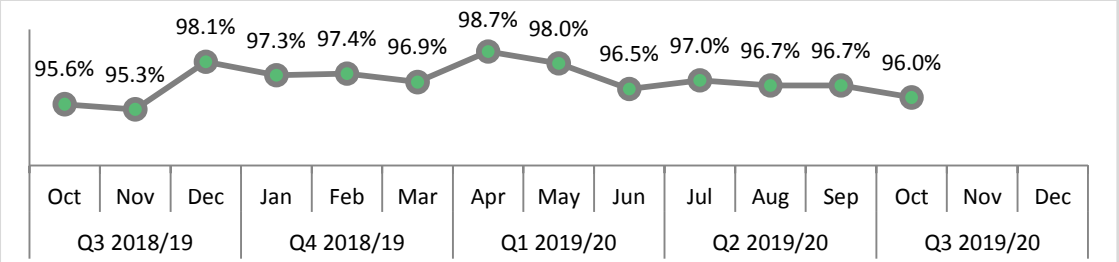
A new in-house audit tool has been developed to improve data capture and there is a plan to pilot this in December.

During the month of October bespoke audit tools have been developed for Paediatrics and Maternity.



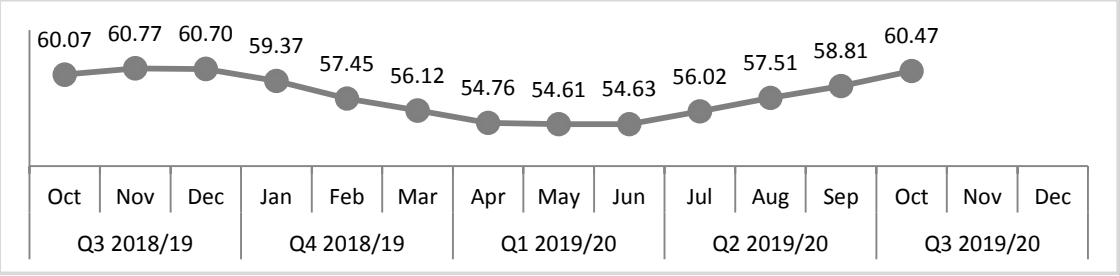
Indicator Detail

Oct-19	Safety Thermometer: Community
96.0%	The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.
Target	The Trust aim is that >95% of patients receive harm free care as monitored by safety thermometer.
>= 95%	



Actions
Achieved in month.

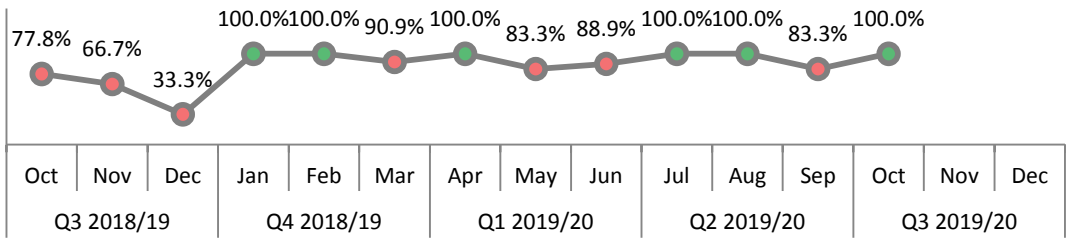
Oct-19	Patient Safety Incident Rate
60.47	Average number of patient safety incidents for every 1000 bed days, calculated using a rolling 6 month number of reported patient safety incidents compared to the rolling 6 month average number of bed days per 1000.
Target	The number of patient safety incidents for every 1000 bed days has increased slightly from 58.94 to 60.47. This is the fifth consecutive month where the rate has increased. This is indicative of an improving safety culture.



Actions
Each week, following the patient safety summit, an update is circulated to all staff. Key themes this month have been; 1.Completing a patient watch form 2.Checking and stocking resuscitation trolleys 3.Night time transfer monitoring 4.Reducing delays for patients having CT scans 5.Discharging patients with indwelling catheters 6.Requesting bloods ensuring that the appropriate trained person is completing the request form 7.Confidentiality when photocopying or scanning 8.Filming on mobile phones by visitors/patients 9.Thefts from cars 10.Traceability Tags

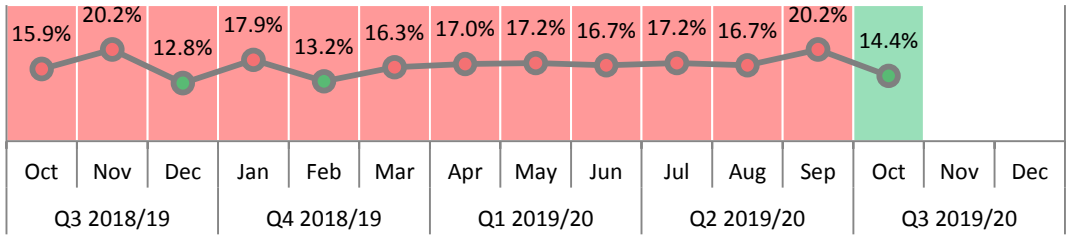
Indicator Detail

Oct-19	Patient Safety Alerts: Completion
100.0%	The percentage of Patient Safety Alerts that are completed within their due date.
Target	12 alerts were due to be completed in October. 14 were actually completed. There are two alerts still outstanding on CAS system. 'Anti-ligature' type curtain rail systems: Risks from incorrect installation or modification and Management of Life Threatening Bleeds from Arteriovenous Fistulae and Grafts.
>= 100%	



Actions
Work continues to ensure that the outstanding alerts can be signed off. The alerts completed in the month of October consist of: 6 Drug Alerts (EL) 5 Medical Device Alert (MDA) 1 Supply Disruption Alert (SDA) 1 Estates & Facilities Alert (EFA) 1 Estates & Facilities Notification (EFN)

Oct-19	Emergency C-Section Rate
14.4%	The number of patients having an emergency c-section, as a percentage of all patients having registerable births.
Target	A decrease in the percentage of women undergoing an emergency Caesarean section has been noted in October to 14.4%. This is below the target of 15.4%
<= 15.4%	

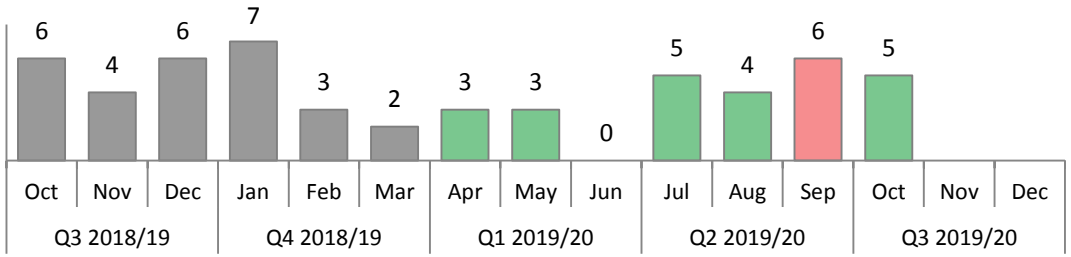


Actions
The emergency caesarean section rate is monitored closely within the business group.

Indicator Detail

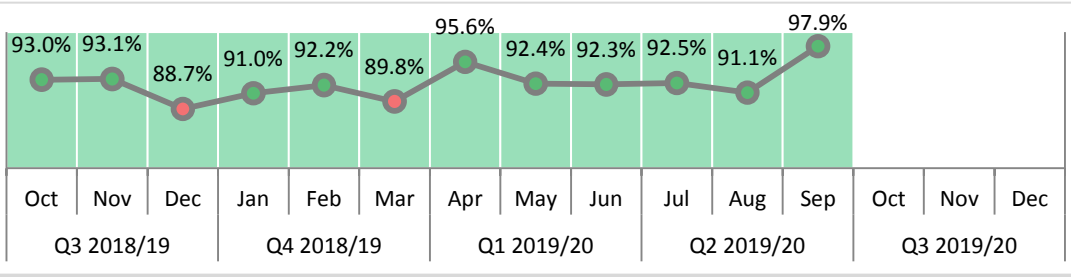
Oct-19	Term Babies Admitted to the Neonatal Unit
5	Number of term babies (greater than or equal to 37 weeks) admitted to SCBU/NICU, at birth, unexpectedly.
Target	In October, there were 5 babies admitted to the neonatal unit, in line with the target
<= 5	

Actions
No action required.



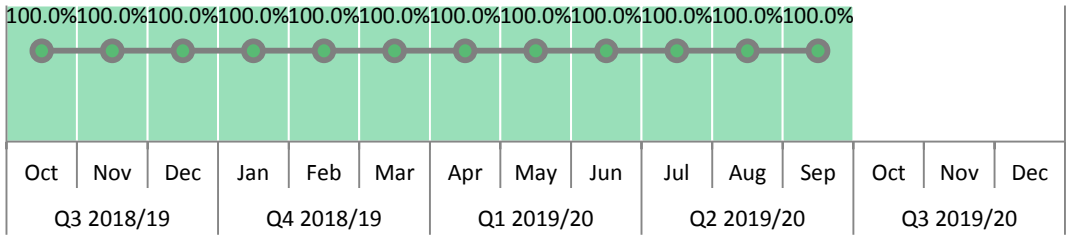
Sep-19	Dementia: Finding Question
97.9%	The percentage of eligible patients who have a diagnosis of dementia or delirium or to whom case finding is applied.
Target	Compliance with the Dementia standards continues.
>= 90%	

Actions



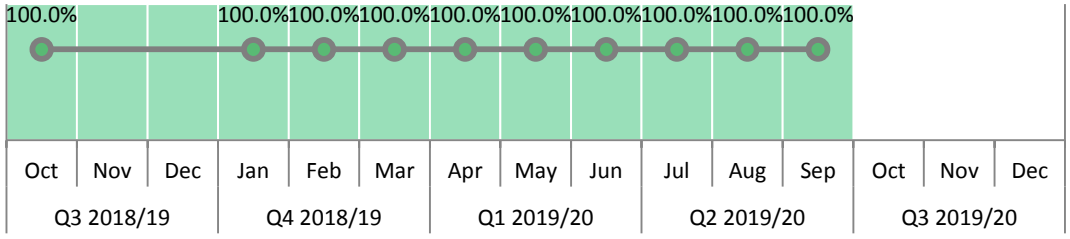
Indicator Detail

Sep-19	Dementia: Assessment
100.0%	The percentage of eligible patients who, if identified as potentially having dementia or delirium, are appropriately assessed.
Target	All eligible patients were appropriately assessed in month.
>= 90%	



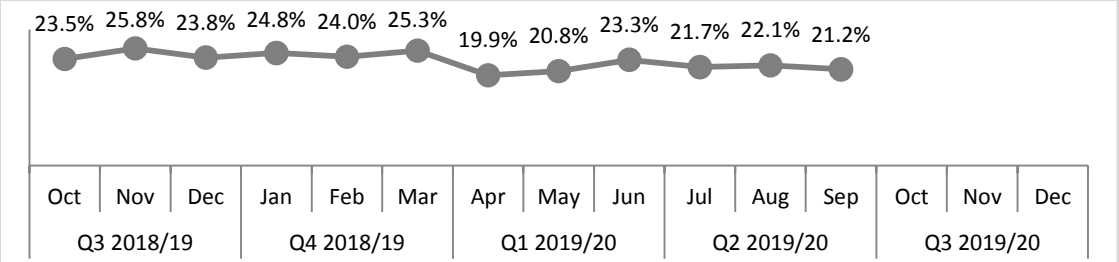
Actions

Sep-19	Dementia: Referral
100.0%	The percentage of eligible patients where the outcome was positive or inconclusive, are referred on to specialist services.
Target	All appropriate eligible patients were referred to specialist services
>= 90%	



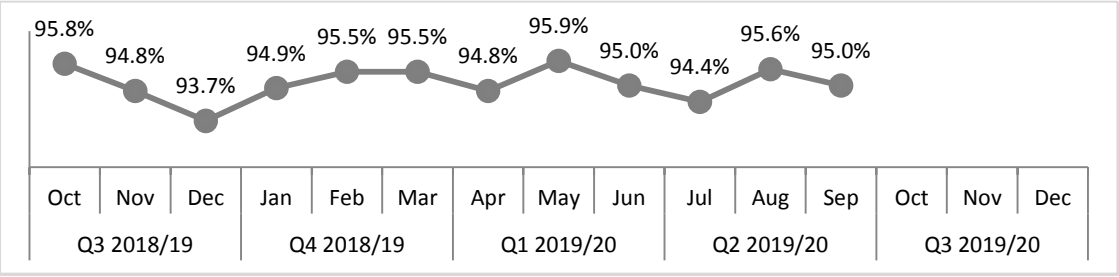
Actions

Sep-19	Friends & Family Test: Response Rate
21.2%	The percentage of eligible patients completing an FFT survey.
Target	The percentage of surveyed patients who are extremely likely or likely to recommend the Trust for care.



Actions
Although there is no national indicator for response rate, Business Groups, wards and departments are encouraged to continue to ensure that as many patients as possible provide feedback.

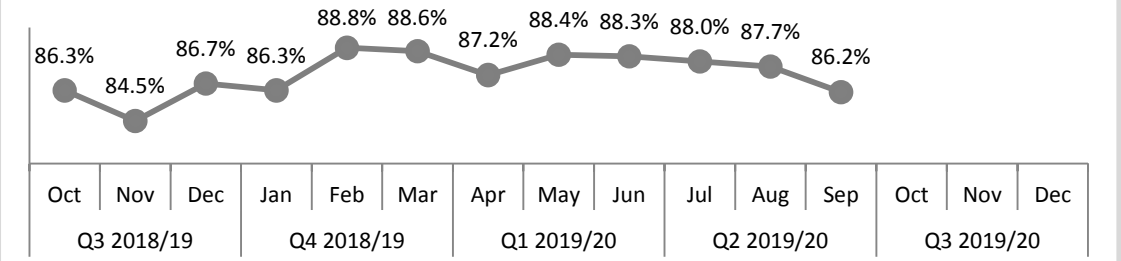
Sep-19	Friends & Family Test: Inpatient
95.0%	The percentage of surveyed inpatients who are extremely likey or likely to recommend the Trust for care.
Target	The percentage of surveyed inpatients who are extremely likely or likely to recommend the Trust for care.



Actions
Although there is no national indicator for response rate, Business Groups, wards and departments are encouraged to continue to ensure that as many patients as possible provide feedback.

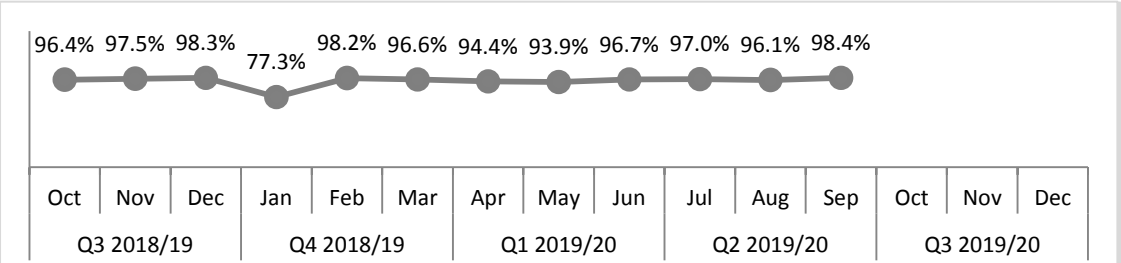
Indicator Detail

Sep-19	Friends & Family Test: A&E
86.2%	The percentage of surveyed A&E patients who are extremely likey or likely to recommend the Trust for care.
Target	The percentage of surveyed patients attending the Emergency Department who are extremely likely or likely to recommend the Trust for care.



Actions
Although there is no national indicator for response rate, the Emergency Department is encouraged to ensure as many patients as possible provide feedback.

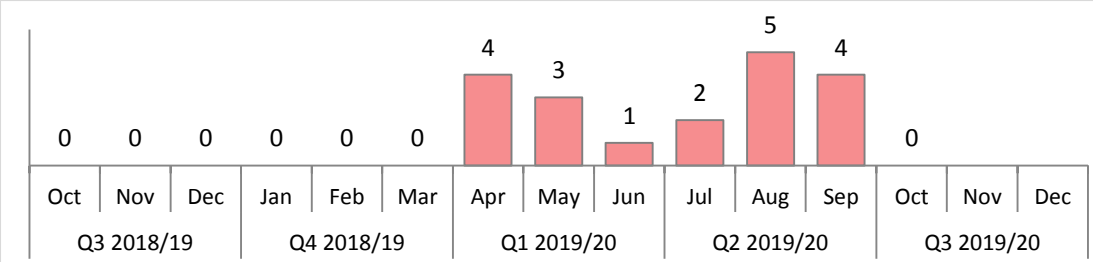
Sep-19	Friends & Family Test: Maternity
98.4%	The percentage of surveyed maternity patients who are extremely likey or likely to recommend the Trust for care.
Target	The percentage of surveyed inpatients who are extremely likely or likely to recommend the Trust for care.



Actions
Although there is no national indicator for response rate, Business Groups, wards and departments are encouraged to continue to ensure that as many patients as possible provide feedback.

Indicator Detail

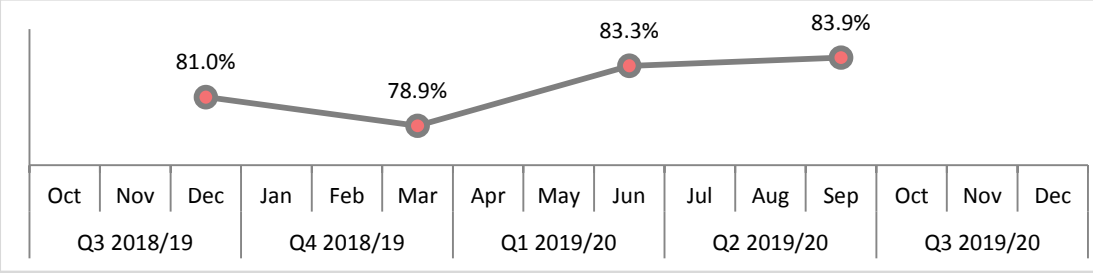
Oct-19	DSSA (mixed sex)
0	Total number of occasions sexes were mixed on same sex wards
Target	Total number of occasions that sexes were mixed on same sex wards.
<= 0	



Actions

There were no patients affected by a mixed sex breach in the month of October.

Sep-19	Learning Disability: Adjusted Care Plans
83.9%	The number of inpatients with a learning disability who have a reasonable adjustment care plan in place, as a percentage of all patients with a learning disability.
Target	Performance against target improved for Q2 to 83.9%
>= 100%	



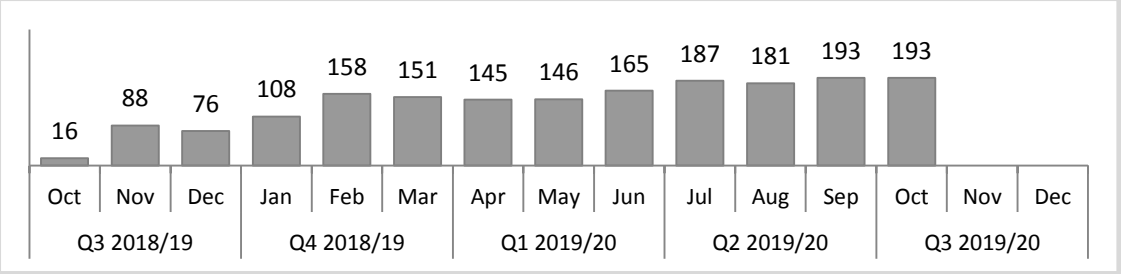
Actions

The team are pleased to report that 100% of patients had an adjusted care plan in place in the month of October.

There will be continuing vigilance from the clinical matrons and the safeguarding team to maintain this improvement.

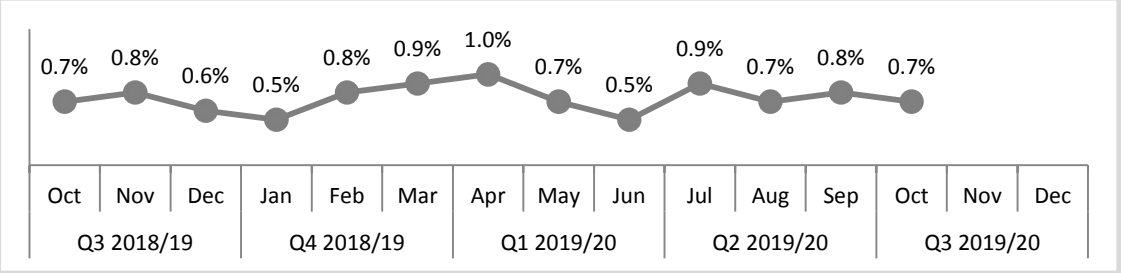
Indicator Detail

Oct-19	Compliments
193	Total number of compliments received.
Oct-19	For October 2019, 193 compliments were received by the Trust.



Actions
Any compliments received by the patient and customers services team are shared with the Chief Nurse & Director of Quality Governance who acknowledges them in writing. If a member of staff is identified, the Chief Nurse & Director of Quality Governance will present them with a Proud to Care Certificate in recognition of their hard work. Business groups continue to work with staff and wards to ensure compliments are being captured on the Datix system. This will enable the Trust to capture a wealth of information from thank you cards, letters, gifts and verbal feedback from service users and members of staff. The information is populated on a dashboard for each clinical area and their respective business group. Themes from the compliments are centred around compassion, caring, committed and professional staff.

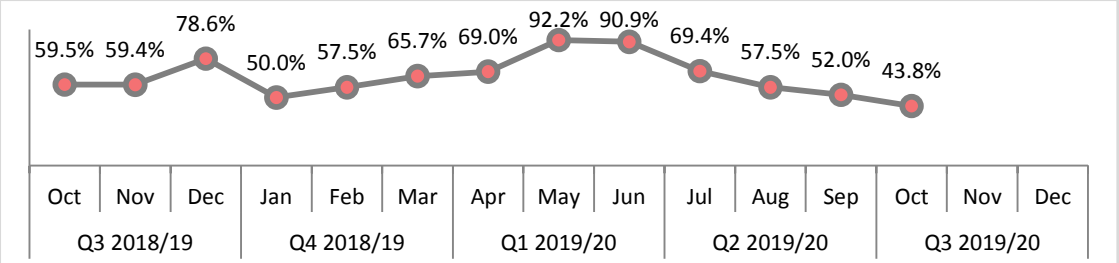
Oct-19	Complaints Rate
0.7%	The total number of formal written complaints received compared with the whole time equivalent staff.
Target	32 complaints were received in October 2019: Integrated Care = 5, Medicine = 7, Surgery = 15, WCDS = 2 and Estates & Facilities = 1



Actions
The Patient and Customer Services continue to focus on resolving concerns informally where appropriate with the hope to reduce the number of formal complaints.

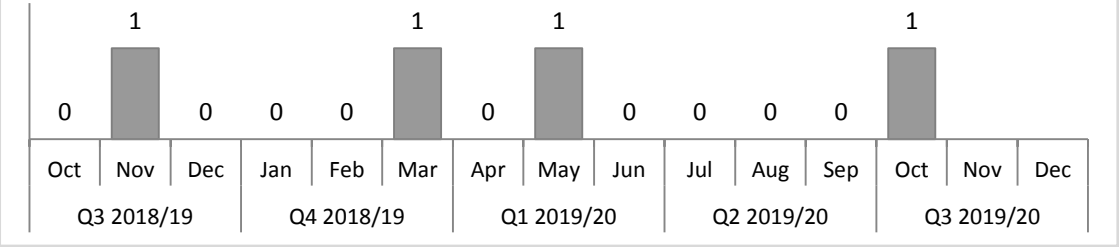
Indicator Detail

Oct-19	Complaints: Response Rate 45
43.8%	The percentage of formal complaints responded to within 45 days.
Target	Of the 48 complaints closed in October 2019, 21 were responded to on time resulting in a 43.8% response rate. The Business Group response rate is as follows: Estates & Facilities: 100%, Integrated Care: 87.5%, Surgery: 66.7%, Medicine: 14.3% and WCDS: 10%
>= 95%	



Actions
The patient and customer services team continue to liaise with the business groups and the executive team with the aim of improving the Trust complaints response rate. Complainants are kept informed of any delays that occur resulting in the Trust not being to respond in the agreed timeframe

Oct-19	Complaints: Parliamentary & Health Service Ombudsman Cases
1	The total number of open Ombudsman cases.
Target	In October 2019, there was 1 new referral received from the Parliamentary and Health Service Ombudsman and no final reports were received.

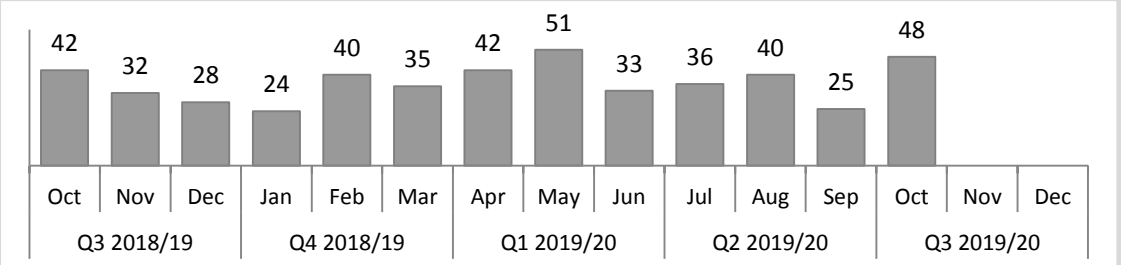


Actions
The PALS and Complaints Team Lead is responsible for liaising with the ombudsman to ensure continuity and a seamless service. The PHSO have been working with stakeholders across the healthcare arena to develop a single vision for best practice in handling concerns and complaints within the NHS via the complaints procedure. Crucially, the PHSO want this framework to be the first step in providing consistent, high quality support and training to those who handle concerns. Equally important, the framework puts embedding a culture of learning as a priority, as well as ensuring NHS organisations places their complaints function into the heart of their quality and governance process.

Indicator Detail

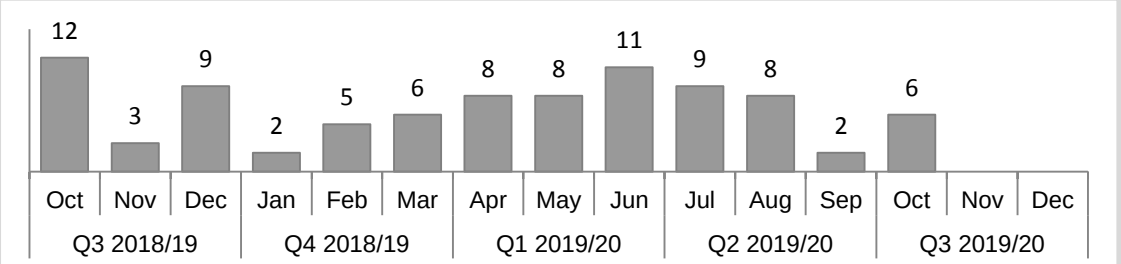
Oct-19	Complaints Closed: Overall
48	The total number of formal complaints that have been closed.
Target	In the month of October 2019, 48 responses were closed: Integrated Care closed 8, Medicine closed 14, Surgery closed 15, Women, Children & Diagnostic services closed 10 and Estates & Facilities closed 1.

Actions
Work continues to ensure responses are sent in the timeframe initially agreed on the commencement of the investigation.

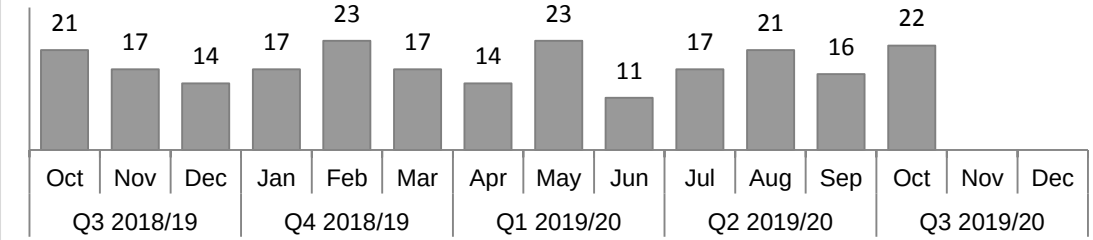


Oct-19	Complaints Closed: Upheld
6	The total number of upheld formal complaints that have been closed.
Target	For October 2019, 6 cases were upheld out of the 48 closed.

Actions
All actions and learning identified as a result of complaint are shared with the complainant. Any actions or learning is then uploaded to Datix by the business group and assigned to staff. The Datix system is then then used to monitor whether this has been completed. A selection of closed complaints are also reviewed by the Complaints Review Panel. The purpose of the group is to provide overview and scrutiny to the Patient Experience Group to ensure systems and processes are fit for purpose.

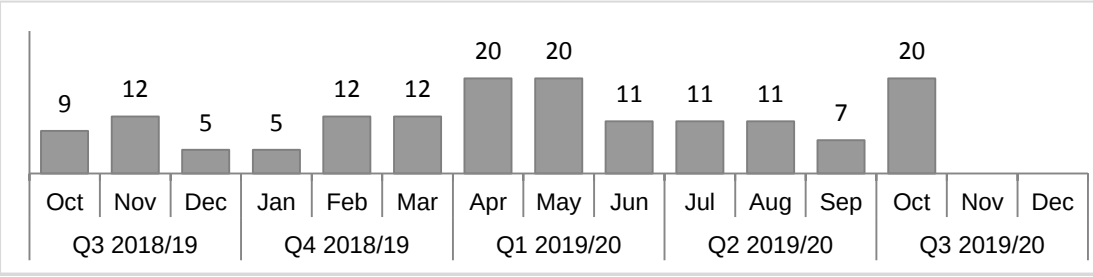


Oct-19	Complaints Closed: Partially Upheld
22	The total number of partially upheld formal complaints that have been closed.
Target	In October 2019, 22 of the cases were partially upheld of the 48 closed.



Actions
Where learning points are identified on a complaint that has been partially upheld, they are reflected within the complaint response and shared with the complainant.

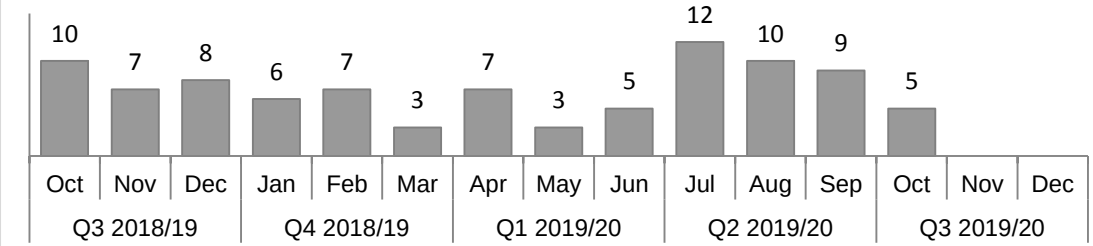
Oct-19	Complaints Closed: Not Upheld
20	The total number of not upheld formal complaints that have been closed.
Target	In October 2019, 20 of the cases were not upheld of the 48 closed.



Actions
Complaints that have not been upheld may still have learning points for staff to reflect on. If this is the case, this will be shared with the complainant and fed back to appropriate staff.

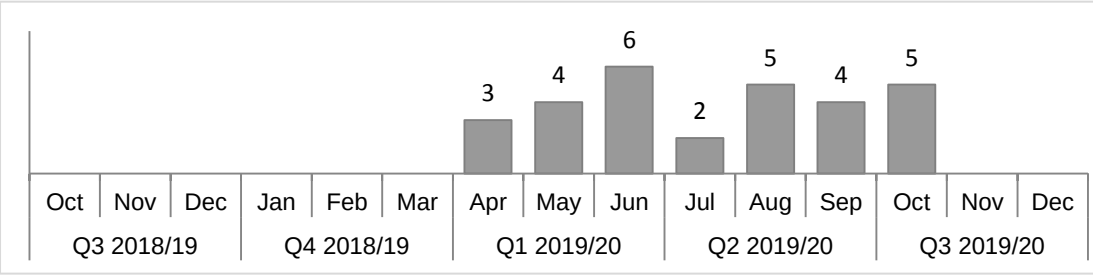
Indicator Detail

Oct-19	Litigation: Claims Opened
5	Total number of claims opened in month.
Target	5 medical negligence claims were opened in October.



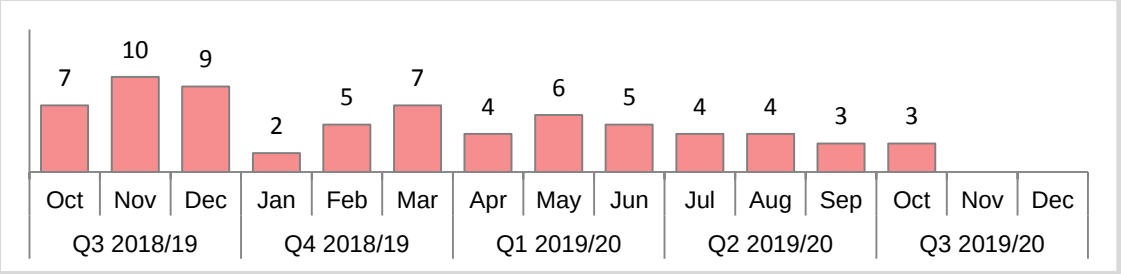
Actions
The process for investigating the claims received has commenced in line with policies and procedures.

Oct-19	Litigation: Claims Closed
5	Total number of claims closed in month.
Target	5 claims were closed in the month of October; 3 Medical Negligence and 2 Employment liability claims.



Actions
The Trust has repudiated all the claims that were closed in the month of October, therefore only 3 defence costs were paid out.

Oct-19	Referral to Treatment: 52 Week Breaches
3	The total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.
Target	There were 3 patients waiting beyond 52 weeks for treatment at the end of October.
<= 0	



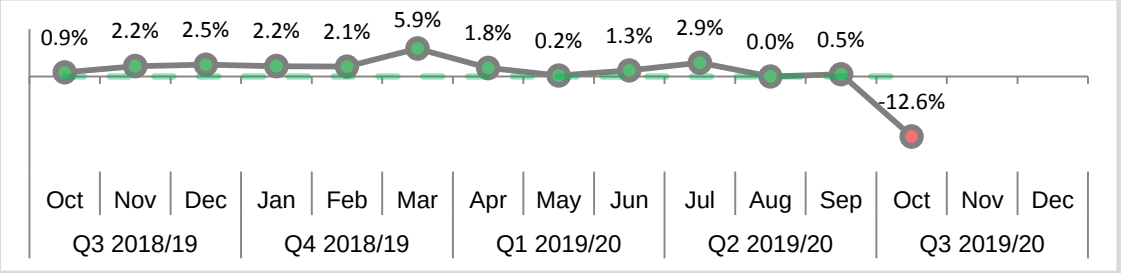
Actions

2 patients are waiting for robotic surgery and are joint cases requiring Gynaecology and Surgical input.

Additional sessions are continually being planned to provide capacity for these types of procedure.

The third patients pathway had been incorrectly coded. The patient has a date for surgery in November.

Oct-19	Financial Controls: I&E Position
-12.6%	The percentage variance between planned financial position and the actual financial position.
Target	In the twelve months to 31st March 2020 the Trust has a planned underlying deficit of £24.5m after the planned achievement of a £14.2m CIP. This excludes non-recurring external support of £20.9m which will be received in full if the Trust achieves the agreed control total, reducing the overall planned deficit to £3.6m.
>= 0%	



Actions

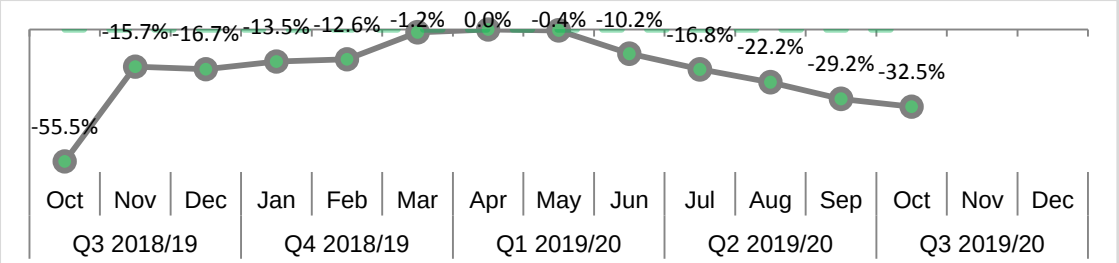
After seven months of the financial year the Trust has reported to NHS Improvement (NHSI) a loss of £8.3m, which is £0.9m adverse to the planned overall deficit and control total.

The Trust continues to deliver less activity and income than plan by £2.6m. Winter costs of £0.2m have been incurred earlier than planned. Overall total costs have not reduced enough to cover the income shortfall, so the financial position has deteriorated in month.

Urgent action is required to improve the Trust's run rate and bring the financial position back in line with plan. This must concentrate on both delivering contacted levels of activity and income, and safe recurrent delivery of £14.2m in CIP.

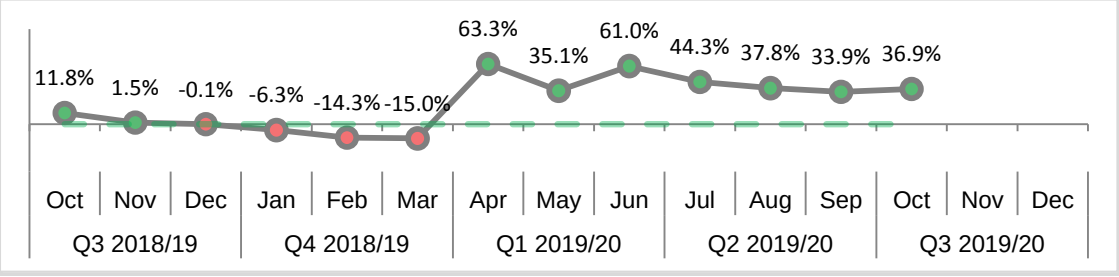
Indicator Detail

Oct-19	Cash
-32.5%	The percentage variance between planned borrowing-to-date and the actual borrowing-to-date.
Target	Cash in the bank on 31st October 2019 was £7.8m, which is £4.1m less than last month. Cash out-goings for non-pay, capital and agency suppliers is £5.5m higher in October than September, only partly due to payment run timings. The Trust has borrowed a total of £30.1m since September 2018.
<= 0%	



Actions
Cash in the bank on 31st October 2019 was £7.8m, which is £4.1m less than last month. Cash out-goings for non-pay, capital and agency suppliers is £5.5m higher in October than September, only partly due to payment run timings. If the Trust mitigates the year end forecast out-turn position with technical items from the balance sheet rather than reducing the run-rate of expenditure, then this will adversely impact the Trust's cash position. If the Trust fails to achieve the Q3 financial position then £6.3m of external funding will not be received, and if Q4 is not achieved a further £7.3m would be unavailable. Therefore failure to achieve the control total would mean that cash advances for payments earned but not received would no longer be due. Any additional borrowing required will be treated as distressed funding, which is not guaranteed and will incur additional financing costs.

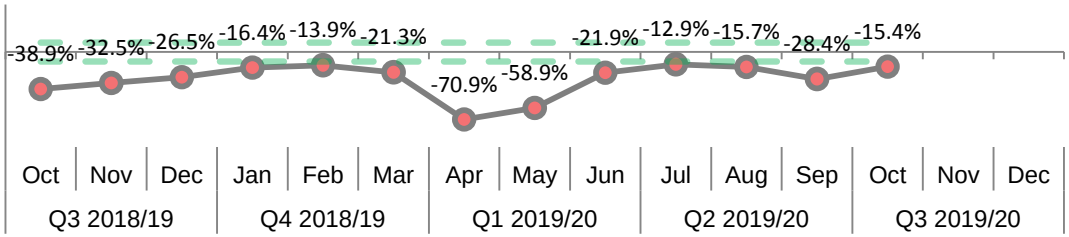
Oct-19	CIP Cumulative Achievement
36.9%	The percentage variance between planned CIP achievement and the actual CIP achievement.
Target	The cost improvement plan (CIP) is £2.1m favourable to date after seven months of the financial year, with £7.8m delivered against the £5.7m target. Of this £3.0m (39%) is technical/ corporate, with a further £2.5m (33%) non-recurrent vacancy factor (NRVF).
>= 0%	



Actions
The Trust is £2.1m favourable to the profiled CIP plan to date, however this has been delivered through non-recurrent measures including £2.5m (33%) by non-recurrent vacancy factor (NRVF) and technical (non-cash) items from the balance sheet. In year the Trust has identified £12.1m of schemes, which has remained static for several months as new schemes have been used to replace red rated schemes that have been removed. Recurrent CIP delivery is £4.2m, and has increased by only £0.1m in month. This leaves a £10m recurrent pressure for the underlying financial position, which will have a strong bearing on the Trust's ability to deliver NHS England (NHSE) and NHSI's improvement trajectory (control total) and Financial recovery Fund (FRF) allocation for 2020/21.

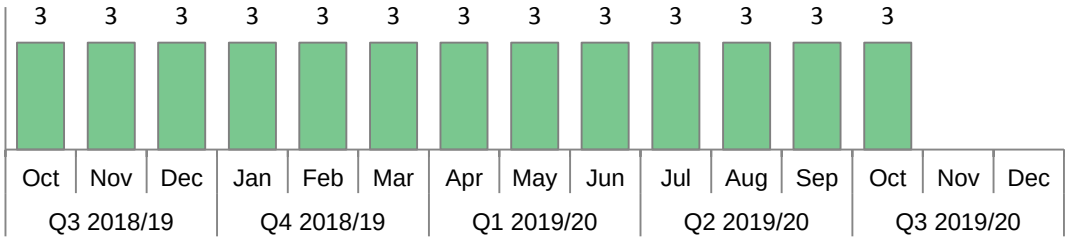
Indicator Detail

Oct-19	Capital Expenditure
-15.4%	The percentage variance between planned capital expenditure and the actual capital expenditure. Capital expenditure includes such things as buildings and equipment.
Target	
+/- 10%	Capital costs of £4.7m have been incurred to date in the financial year, against a plan of £5.9m and so is £0.9m behind plan. This relates to the early termination of a finance lease (£0.6m) and IT purchases (£0.3m), where expenditure will now fall later in the year for IT system stabilisation and the data warehouse.



Actions

Oct-19	Financial Use of Resources
3	A calculated score based on capital service capacity, liquidity, income & expenditure margin, distance from financial plan, and agency spend.
Target	
<= 3	The Trust's Use of Resources (UOR) score under the Single Oversight Framework is a 3, which is in line with plan.



Actions

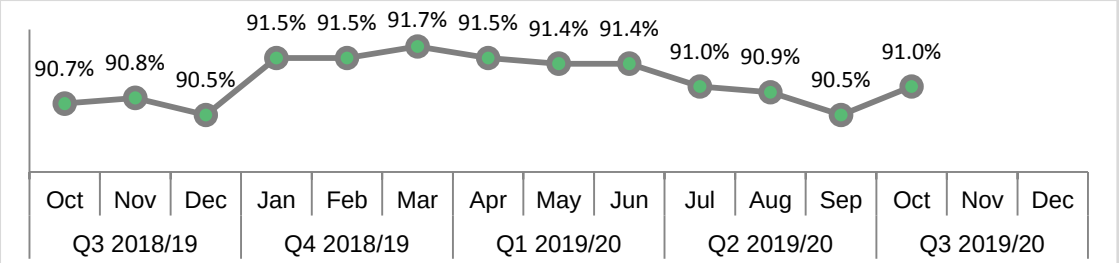
Individual scores under the Finance & Use of Resources Metrics are shown below:

Capital service cover = 4 (worst)
Liquidity = 4 (worst)
I&E margin = 4 (worst)
Variance from control total = 2
[deterioration from 1 (best) in previous months]
Agency spend = 1 (best)

For the Trust's overall score to improve to a 2 then the Trust cash balance and liquidity would need to improve under the financial sustainability scores. As these two metrics score 4 in the operational plan for 2019/20, then this triggers an over-ride in the overall Use of Resources metric and limits the overall score to a 3.

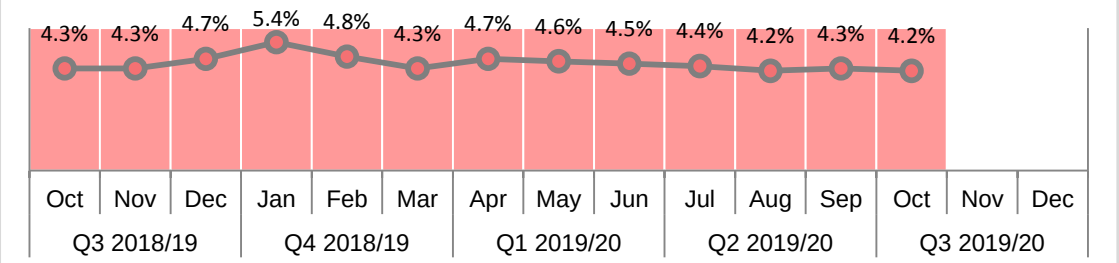
Indicator Detail

Oct-19	Substantive Staff-in-Post
91.0%	The percentage of whole time equivalent staff in post compared with the current establishment.
Target	The Trust staff in post figure for October 2019 is 91% of the total establishment. The staff in post FTE has increased by 25.59 to 4,525.30 FTE.
>= 90%	



Actions
Whilst there is a positive position reported, particularly for our nursing vacancies (reducing from 165 last month to 125 this month) there remains staffing hot spots which are being addressed through partnership working between workforce & operational areas.

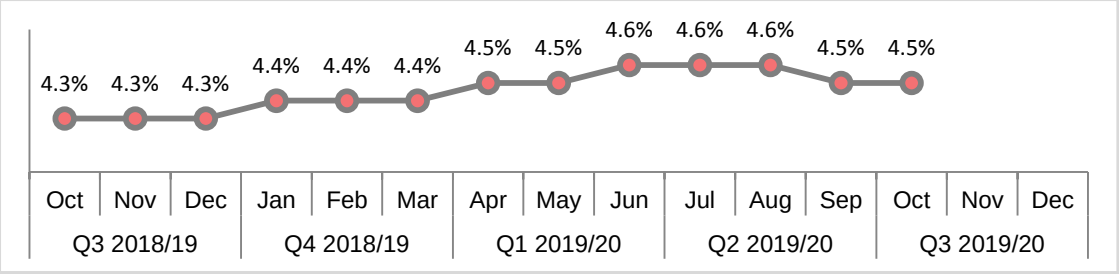
Oct-19	Sickness Absence: Monthly Rate (UoR)
4.2%	The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.
Target	The in-month unadjusted sickness absence figure for October 2019 is 4.22%; a decrease of 0.06% compared to the adjusted previous month's figure of 4.28%.
<= 3.5%	



Actions
See narrative against rolling 12 month position.

Indicator Detail

Oct-19	Sickness Absence: Rolling 12-Month Rate (UoR)
4.5%	The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.
Target	The 12-month rolling sickness percentage for the period November 2018 to October 2019 is 4.5%. This is 0.97% above the Trust current target.
<= 3.5%	

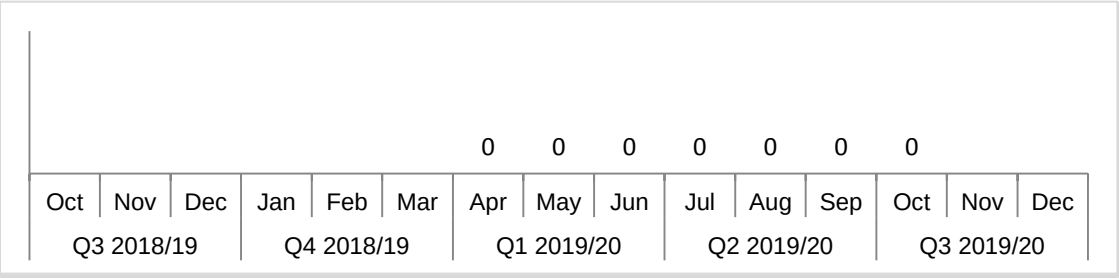


Actions

A review of this key performance indicator will be undertaken via PPC in November; with the intention of revising the current target and identifying business group / directorate specific annual reductions.

Our new attendance management policy is being rolled out.

Oct-19	Sickness Absence: Long-term
0	Number of staff who have been absent from work on sick leave for 365 days or more.
Target	Number of staff who have been absent from work on sick leave for 365 days or more is 0.
<= 0	

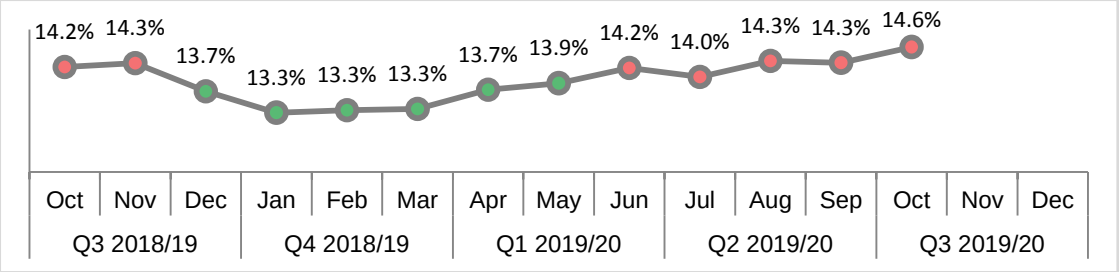


Actions

No action required.

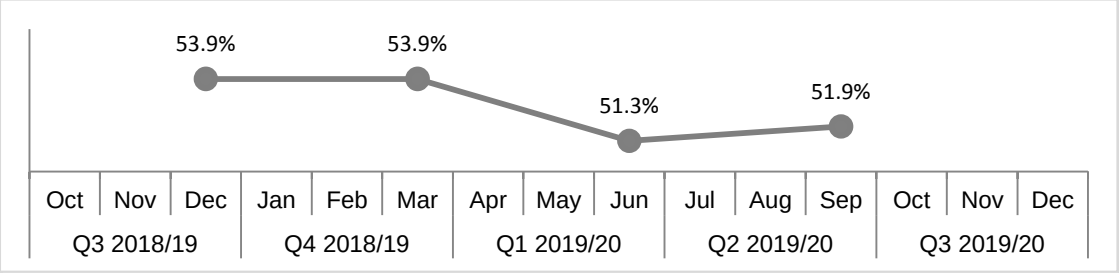
Indicator Detail

Oct-19	Workforce Turnover (UoR)
14.6%	The percentage of employees leaving the Trust and being replaced by new employees.
Target	The rolling 12-month permanent headcount unadjusted turnover figure at the end of October 2019 is 14.63%, which is 0.70% above the Trust target. The adjusted rolling 12-month permanent headcount turnover figure for the same period is 13.02%, which is below the Trust target.
<= 13.94%	



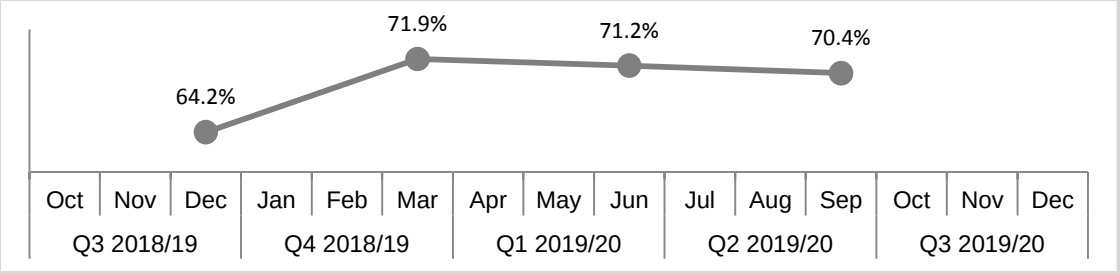
Actions
The top adjusted known leaving reasons are: Work Life Balance together with Dependents 19.40%, Relocation 18.20%, Retirement 15.49%, and Promotion 12.48%. Of the Trust adjusted permanent headcount leavers from November 2018 to October 2019; 43% have no employment and 27% have joined other NHS organisations. A review of this key performance indicator will be undertaken via PPC in November; with the intention of revising the current target and identifying business group / directorate specific annual reductions.

Sep-19	Staff Friends & Family Test: Recommend for Work
51.9%	The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.
Target	



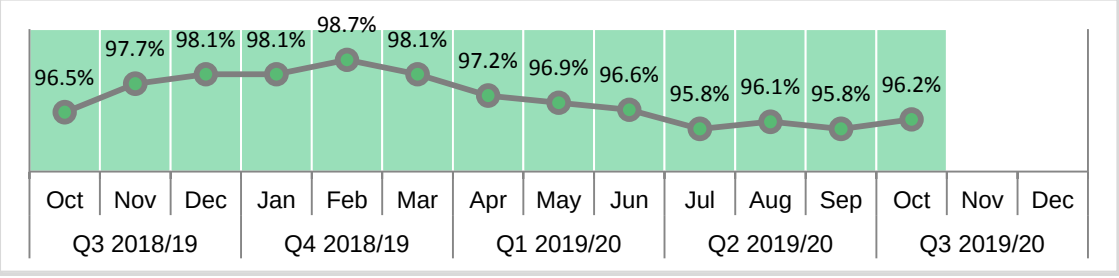
Actions

Sep-19	Staff Friends & Family Test: Recommend for Care
70.4%	The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust for care.
Target	



Actions

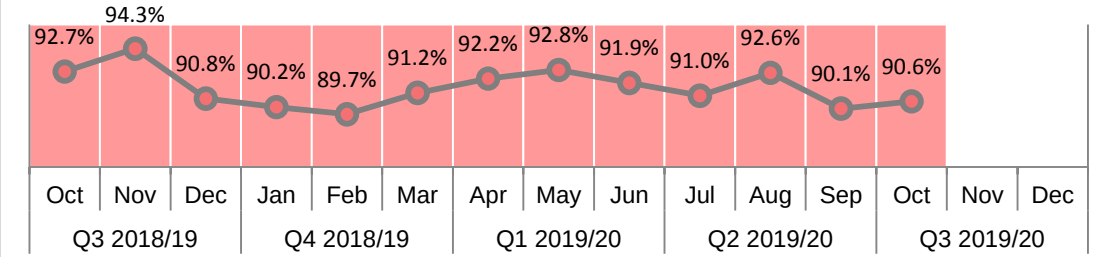
	Appraisal Rate: Medical
96.2%	The percentage of medical staff that have been appraised within the last 15 months.
Target	The medical appraisal rate for October 2019 is 96.15%, an increase on the last month's figure of 95.81% and is above the Trust target of 95%.
>= 95%	



Actions
No action taken.

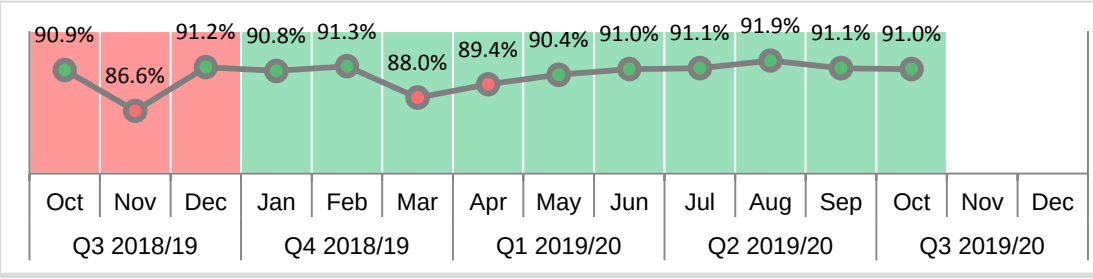
Indicator Detail

Oct-19	Appraisal Rate: Non-medical
90.6%	The percentage of non-medical staff that have been appraised within the last 15 months.
Target	The Trust's total appraisal compliance for October 2019 is 90.63%, an increase from the previous month's data which was 90.11%, and is 4.37% below target.
>= 95%	



Actions
All business groups are below the target of 95%; a review of the reporting & recording systems is underway with a revised approach utilising manager self service via ESR to be implemented by the end of January 2020.

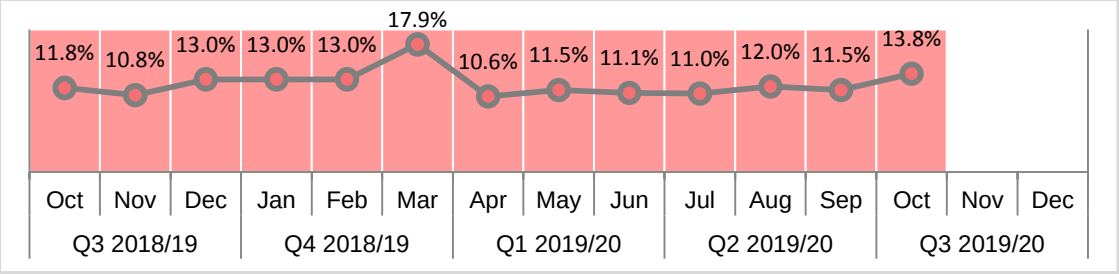
Oct-19	Statutory & Mandatory Training
91.0%	The percentage of statutory & mandatory training modules showing as compliant.
Target	Statutory and Mandatory training has decreased in October 2019 to 91% but is above the Trust compliance target.
>= 90%	



Actions
Performance is currently above target and improvements to specific areas of lower compliance are underway.

Indicator Detail

Oct-19	Bank & Agency Costs
13.8%	The total bank & agency cost as percentage of the total pay costs
Target	Total spend on bank staff in October 2019 was £1.61M, which is 8.34% of the total pay spend. Agency spend was 5.46% of total pay expenditure, a figure of £1.06M.
<= 5%	

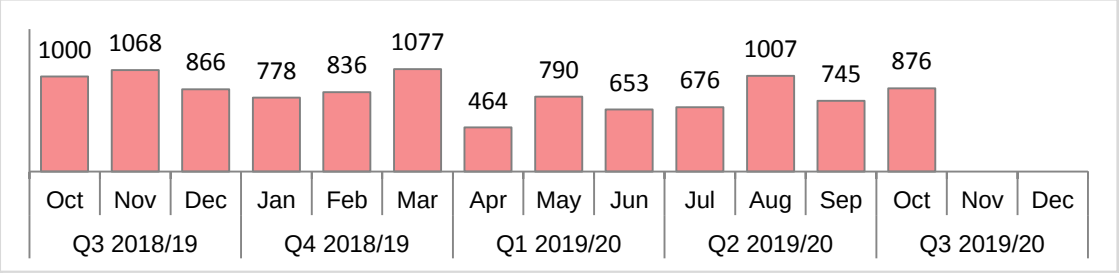


Actions

Bank and agency costs in October 2019 account for 13.80% (£2.67M) of the £19.36M total pay costs. This is a £446K increase from the position reported in the previous month (£2.22M).

The Medicine & CS Business Group bank and agency spend has increased by £225K to £955K in October 2019, this has been driven by the opening of escalation areas ahead of forecasted timescales.

Oct-19	Agency Shifts Above Capped Rates
876	Number of agency shifts above above the provider spend cap.
Target	There were a total of 876 shifts paid above the NHSI cap rate during the 4 week period from 30th September to 27th October 2019. This equates to an average of 219 shifts per week, which is an increase of 33 shifts per week compared to September's figures.
<= 0	



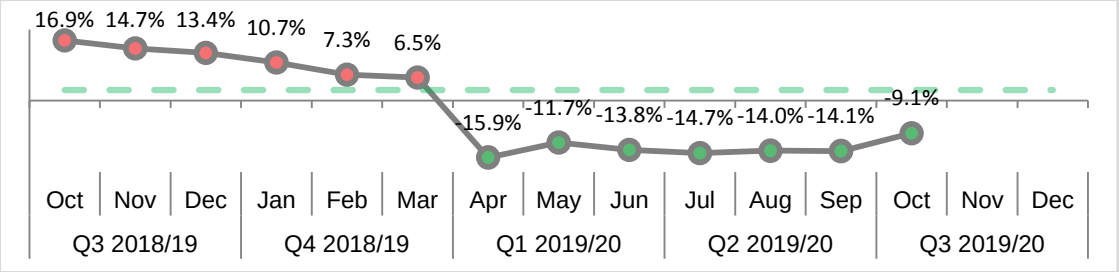
Actions

It is a decrease compared to the 250 shifts per week in October 2018. Medicine has recorded the highest number of agency cap breaches with an average of 74 shifts per week, which is mainly attributed to medical shifts (62 per week). However, the increase in total shifts can be attributed to an increase of medical and nursing shifts in Integrated Care and an increase of medical shifts in Surgery.

Increased levels of premium spend is anticipated throughout winter.

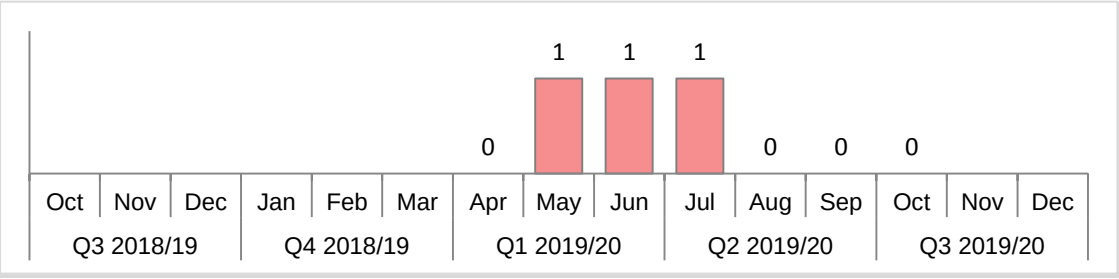
Indicator Detail

Oct-19	Agency Spend: Distance From Ceiling (UoR)
-9.1%	The percentage variance between Trusts expenditure on agency and external locums across all staff groups and the cap set by NHSi.
Oct-19	The total number of agency shifts worked in this period, including shifts under cap, was 1,735 – an average of 434 per week.
<= 3%	



Actions
This is an average increase of 41 shifts per week compared to September. There were a total of 132 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 33 shifts per week, compared to 26 shifts per week in September. In order to prepare for high acuity during the winter months, a number of incentives have been communicated to staff to try and reduce any associated increase in bank and agency costs.

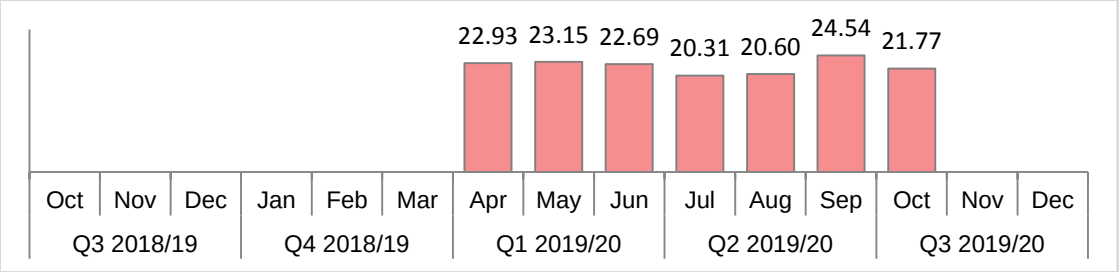
Oct-19	Staff Suspensions
0	Number of staff who have been suspended from work for 90 days or more.
Target	There are no staff on suspension for over 90 days. Check in Staff in Post Report and ESR.
<= 0	



Actions
No action.

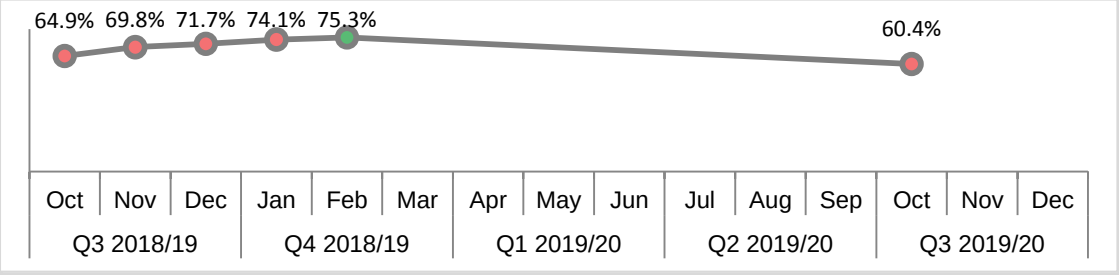
Indicator Detail

Oct-19	Recruitment Lead Time
21.77	Average waiting time between issuing of a conditional offer to issuing an unconditional offer across all staff groups
Target	The Trust average time to hire is currently 21.77 days, which is slightly above the Trust target of 20 days however a notable improvement from September's performance. The time to hire has recently been adversely affected by delays relating to Certificates of Sponsorship for international recruits.
<= 20	



Actions
In order to ensure future impact of the Certificates of Sponsorship for international recruits an additional 80 have been requested and allocated by the Home Office.

Oct-19	Flu Vacination Uptake
60.4%	The percentage of staff receiving the flu vaccination.
Target	At the end of week 4 (28th October), 60.4% of staff have been vaccinated. This is ahead of the position in 2018 (where the Trust concluded at 79%)
>= 80%	



Actions
Continual Flu campaign and promotion each week.

Safer Staffing Report

Oct-19	Day				Night				Day		Night		Care Hours Per Patient Per Day (CHPPD)				Safety Thermometer				ACE Accreditation
	RNs / midwives		Care Staff		RNs / midwives		Care Staff		Average fill rate - RNs / mid-wives (%)	Average fill rate - care staff (%)	Average fill rate - RNs/ mid-wives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RNs / mid-wives	Care Staff	Over-all	Pressure Ulcer (new)	Falls with Harm	Catheters & UTIs(new)	New VTEs	
Ward Name	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													
AMU	4092	3312	3348	3204	3720	3181	3069	2992	80.90%	95.70%	85.50%	97.50%	1656	3.9	3.7	7.7	0	0	0	0	White
CDU	372	372	372	372	341	341	341	341					207	3.4	3.4	6.9	0	0	0	0	
D4	1162.5	780	790.5	783	682	660	682	682	67.10%	99.10%	96.80%	100.00%	478	3	3.1	6.1	0	0	0	0	Silver
A3	1441.5	1216.5	976.5	961.5	1023	803	682	682	84.40%	98.50%	78.50%	100.00%	743	2.7	2.2	4.9	1	0	0	0	Silver
A10	2895	1771	2046	2406	2046	1606	1364	1606	61.20%	117.60%	78.50%	117.70%	804	4.2	5	9.2	0	0	0	0	Gold
A11	1581	1229	1627.5	1447.5	682	638	682	869	77.70%	88.90%	93.50%	127.40%	849	2.2	2.7	4.9	0	0	0	0	Silver
B4	1209	745	604.5	976.5	682	682	682	682	61.60%	161.50%	100.00%	100.00%	505	2.8	3.3	6.1	0	0	0	2	Gold
B6	1441.5	1320	1302	1230	682	660	1023	1056	91.60%	94.50%	96.80%	103.20%	662	3	3.5	6.4	0	0	0	0	Silver
B5	744	720	930	786	682	682	682	693					328				0	0	0	0	
Bluebell	1209	1173	2077	2047	682	670	682	802	97.00%	98.60%	98.20%	117.60%	759	2.4	3.8	6.2	0	0	0	0	White
C3	1674	1449	868	886	682	682	682	682	86.60%	102.10%	100.00%	100.00%	425	5	3.7	8.7	0	0	0	0	White
C4	1209	1015	604.5	999.5	682	682	682	880	84.00%	165.30%	100.00%	129.00%	493	3.4	3.8	7.3	0	0	0	0	Gold
CCU	837	735	465	421.5	682	627	341	341	87.80%	90.60%	91.90%	100.00%	170	8	4.5	12.5	0	0	0	0	
Devonshire	1069.5	1033.5	1999.5	1954	682	682	682	682	96.60%	97.70%	100.00%	100.00%	386	4.4	6.8	11.3	1	0	0	0	Silver
E1	1951.5	1951.5	2309.5	2309.5	1023	1023	1364	1364	100.00%	100.00%	100.00%	100.00%	979	3	3.8	6.8	0	0	0	2	Silver
E2	2278.5	2214	1581	2035.75	1023	1023	1023	1364	97.20%	128.80%	100.00%	133.30%	988	3.3	3.4	6.7	0	0	0	0	White
E3	2278.5	2256	1581	1809	1023	968	1023	1694	99.00%	114.40%	94.60%	165.60%	1076	3	3.3	6.3	0	0	0	0	Gold
A1	1395	1159.5	1209	1273.5	1023	979	682	1166	83.10%	105.30%	95.70%	171.00%	976	2.2	2.5	4.7	0	0	0	0	Silver
C6	942	882	1119	1107	682	649	682	682	93.60%	98.90%	95.20%	100.00%	603	2.5	3	5.5	0	0	0	0	Silver
D1	1686	1363.5	1348.5	1437	682	473	1023	1232	80.90%	106.60%	69.40%	120.40%	733	2.5	3.6	6.1	1	0	0	0	Silver

Oct-19	Day				Night				Day		Night		Care Hours Per Patient Per Day (CHPPD)				Safety Thermometer				ACE Accreditation
	RNs / midwives		Care Staff		RNs / midwives		Care Staff		Average fill rate - RNs / mid-wives (%)	Average fill rate - care staff (%)	Average fill rate - RNs/ mid-wives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RNs / mid-wives	Care Staff	Over-all	Pressure Ulcer (new)	Falls with Harm	Catheters & UTIs(new)	New VTEs	
Ward Name	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													
D2	1641.5	1060.5	1441.5	1386	682	634	682	781	64.60%	96.10%	93.00%	114.50%	644	2.6	3.4	6	0	0	0	0	Silver
D5	1314	1179	1044	1128	682	539	682	946	89.70%	108.00%	79.00%	138.70%	717	2.4	2.9	5.3	0	0	0	0	Bronze
D7/SSSU	1936.5	1534.75	801	722.5	891	795.25	682	684.75	79.30%	90.20%	89.30%	100.40%	728	3.2	1.9	5.1	0	0	0	0	Gold
M4	1248	1171.75	976.5	779.5	682	671	594	536	93.90%	79.80%	98.40%	90.20%	337	5.5	3.9	9.4	0	0	0	0	Silver
SAU	1858.5	1762.5	728.5	698.5	1023	847	682	660	94.80%	95.90%	82.80%	96.80%	493	5.3	2.8	8	0	0	0	0	Silver
ICU/HDU	4711.5	3583.5	372	122	4092	4092	341	341	76.10%	32.80%	100.00%	100.00%	290	26.5	1.6	28.1	0	0	0	0	
Birth Centre	930	457.5	465	405	620	272	310	302.5	49.20%	87.10%	43.90%	97.60%	8	91.2	88.4	179.6					
Delivery Suite	2790	2407.5	465	465	1860	1662	310	299	86.30%	100.00%	89.40%	96.50%	203	20	3.8	23.8					
Maternity 2	1627.5	1541.5	930	910.5	682	678	341	308	94.70%	97.90%	99.40%	90.30%	429	5.2	2.8	8					
Jasmine	930	937.5	465	472.75	620	620	0	19.5	100.80%	101.70%	100.00%	n/a	254	6.1	1.9	8.1	0	0	0	0	Silver
Neonatal Unit	2325	1916	0	0	1627.5	1254	0	0	82.40%	n/a	77.10%	n/a	214	14.8	0	14.8	0	0	0	0	
Tree House	3255	3217.5	465	465	2170	2148	0	0	98.80%	100.00%	99.00%	n/a	718	7.5	0.6	8.1	0	0	0	0	
Trust Total	**56036**	**47467**	**35312.5**	**36001**	**35037.5**	**31923.3**	**22697**	**25369.8**	**84.70%**	**101.90%**	**91.10%**	**111.80%**	**18855**	**4.2**	**3.3**	**7.5**	**3**	**0**	**0**	**4**	

Safer Staffing Report

BOARD PAPERS – Quality, Safety & Experience Section : October 2019			
DESCRIPTION	**AGGREGATE POSITION**	**TREND**	**PERFORMANCE AGAINST PREVIOUS MONTH**
Registered Nurses: Monthly expected hours by shift versus actual monthly hours per shift. **Day time shifts only.**	84.7% of expected RN hours were achieved for day shifts. This is the 13th month that staffing has been below the 90% benchmark. Any RN numbers that fall below 85% are required to have a business group review & an update of actions provided to the Chief Nurse & Deputy Chief Nurse. 18 areas indicate below 90% RN levels in month.	Oct 84.7% Sept 85.6% August 85.8%	The lowest RN staffing levels during the day were on the Birth Centre at 49.2%. Awaiting confirmation from Birth Centre regarding figures.
Registered Nurses: Monthly expected hours by shift versus actual monthly hours per shift. **Night time shifts only.**	91.1% of expected RN hours were achieved for night shifts. 10 areas report below 90% RN levels in month which is an increase from 6 areas in September 2019.	Oct 91.1% Sept 90.4% August 90.0%	The lowest RN staffing levels during the night were on the Birth Centre at 43.9%. Awaiting confirmation from Birth Centre regarding figures.
Non-registered staff: Monthly expected hours by shift versus actual monthly hours per shift. **Day time shifts only.**	101.9% of expected non-registered hours were achieved for day shifts. 4 areas report below 90% levels in month.	Oct 101.9% Sept 102.3% August 103.9%	The lowest non-registered staffing levels for day duty is on the ICU at 32.8% supported by 76.1%% RNs. The Unit has low established numbers of non-registered staff and therefore when there is sickness the percentage of unfilled reports as a high percent. The Unit maintains a 1:1 care for Level 3 patients and 2:1 care for Level 2 patients at all times. Close support by Matron to assure safe staffing. Harm free care metrics optimal in month.

BOARD PAPERS – Quality, Safety & Experience Section : October 2019			
DESCRIPTION	**AGGREGATE POSITION**	**TREND**	**PERFORMANCE AGAINST PREVIOUS MONTH**
Non-registered staff: Monthly expected hours by shift versus actual monthly hours per shift. **Night time shifts only.**	111.8 % of expected Non-registered hours were achieved for night shifts. For areas with over 100% staffing levels for non-registered staff this is reviewed by matrons. It is predominately due to wards requiring 1:1 support for patients following a risk assessment, or to support RN staffing numbers when there are unfilled shifts.	Oct 111.8% Sept 119.0% August 113.0%	All areas report above 90% non-registered staff in month.
RN safe staffing levels are supported by temporary staff (NHSP Bank and agency).	This is reported as demand versus NHSP and agency fill, compared to substantive vacancies.	October RN rates indicate 174.4 WTE Filled	Of the RN 174.4 WTE (demand 246 WTE) The fill rate overall is 70.9% of the shifts requested. 43.2% are NHSP and agency 27.7 % The substantive RN/RM vacancies in month are 125.16 WTE.
Non-registered safe staffing levels are supported by temporary staff (NHSP Bank).	This is reported as demand versus NHSP and agency fills compared to substantive vacancies.	October Non registered rates indicate 152.4 WTE Filled	Of the non-registered 152.4 WTE (demand 183.3 WTE) the fill rate is 81% NHSP. No agency usage. The variance from establishment in month established is 15.61 WTE

CQUIN Report

Oct-19

Background

The national Commissioning for Quality and Innovation (CQUIN) payment framework allows Commissioners to reward excellence, by linking a proportion of a healthcare Providers' income to the achievement of quality improvement goals and innovations.

The Trust is required to provide its commissioning bodies with quarterly evidence submissions for each CQUIN indicator. This evidence demonstrates how the Trust has performed against the milestones set out within each CQUIN indicator.

Bi-monthly meetings are held with the Deputy Chief Nurse and CQUIN Leads to review progress and provide assurance. CQUIN updates are provided quarterly to the Quality & Safety Improvement Strategy Group (QSISG) and Quality Governance Group (QGG).

This report provides an unconfirmed summary of achievement for Qtr 2 2019-20. It should be noted that the Qtr 1 position has recently changed due to some exclusion of results/payments by NHSE nationally.

KEY: **Green** = Achieved / Full Payment **Amber** = Part Payment **Red** = Not Achieved / No Payment

	CQUIN Indicator	Quarter 2 UNCONFIRMED				
		Target	Result	Value	Value Secured	
1	**Antimicrobial Resistance -** Lower Urinary Tract Infections in Older People	90%	32%	£96,968	0%	£0
2	**Antimicrobial Resistance -** Antibiotic Prophylaxis in Colorectal Surgery	90%	98%	£72,726	100%	£72,726
3	**Frontline Staff Flu Vaccinations**	N/A	N/A	N/A	NA	N/A
4	**Alcohol and Tobacco** – Screening	80%	86%	£48,484	100%	£48,484
5	**Alcohol and Tobacco** – Tobacco Brief Advice	90%	50%	£48,484	0%	£0
6	**Alcohol and Tobacco** – Alcohol Brief Advice	90%	38%	£48,484	0%	£0
7	**Three High Impact Actions To Prevent Hospital Falls**	80%	51%	£193,936	47%	£91,679
8	**Same Day Emergency Care** – Pulmonary Embolus	75%	79%	£48,484	100%	£48,484
9	**Same Day Emergency Care** – Tachycardia with Atrial Fibrillation	75%	14%	£48,484	0%	£0
10	**Same Day Emergency Care**– Community Acquired Pneumonia	75%	74%	£64,645	96%	£62,059
11	**Medicines Optimisation**	N/A	PASS	£9,062	100%	£9,062
12	**National Dose Banding for Adult Intravenous Anticancer Therapy (SACT)**	95%	100%	£7,720	100%	£7,720
	Total	-	-	**£687,477**	**49%**	**£340,214**

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Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28 November 2019
Subject:	Proposal for revised model for reducing the length of stay for patients		
Report of:	Chief Operating Officer	**Prepared by:**	Delivery Director

REPORT FOR APPROVAL

Corporate objective ref:	-----	**Summary of Report** To propose a new structure and process for achieving a reduction in the number of patients who have Long Lengths of Stay ('stranded' of ≥ 7 days; and 'super stranded' ≥ 21 days). To sustainably reduce the number of stranded patients to <260; and the number of super stranded to <100
Board Assurance Framework ref:	-----	
CQC Registration Standards ref:	-----	
Equality Impact Assessment:	☐ Completed ☐ Not required	

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. For more than 12 months there have been programmes of work to reduce the Long Length of Stay (LLOS) for patients in acute beds at Stockport. There has been system wide support for this; but there has not been a significant, or a sustained reduction in the number of patients staying in the hospital for extended periods of time. The system has been offered external support from ECIST, and this paper suggests a model for ensuring a single, cohesive plan using Stockport partners and ECIST support to deliver improvement.

2. BACKGROUND

There is recognition both locally and nationally, that patients are staying longer in hospital beds than is necessary or advantageous. Campaigns such as 'Home First' have stressed the benefits to patients being home as early as possible, particularly for the frail elderly. We also know that a lack of 'flow' of patients through the hospital affects our capacity to manage patients efficiently in our ED and acute medical areas. Despite significant focus on improving flow, this has not resulted in the required improvements

3. CURRENT SITUATION

We currently have a number of activities to improve flow and reduce long length of stay:

- SAFER work on wards; Red-Green; emphasis on EDD; CLD. Delivered through White Board Rounds and afternoon huddles. Monitored through Quality metrics; ward 'heat map' and ACE accreditation
- Expansion of Integrated transfer team; and close working with ward staff
- Introduction of Clinical Site Coordinators; ward trackers and discharge coordinators
- Business Group 'stranded rounds' – eg in Medicine, twice weekly review of all patients in medical wards with a LOS of 7-20 days
- 'Super Tuesdays' – with both 'activation' and a 'grand round'. The grand round has been focussing on patients with a LOS of 4-6 days on 2 wards (E2 and E3), and is supported by senior leaders from Stockport CCG; SMBC and E Cheshire CCG
- Monthly meetings of the Stockport System Stranded Committee (chaired by MDs from the CCG and the FT); overseeing work done in 3 subgroups (in hospital; out of hospital and out of area); and reporting in to the Urgent care Delivery Group
- ECIST support – initially starting work on E2/E3 to embed SAFER principles
- 'Finding flow' – support from the CCG (Sarah Williamson and 2 B6 nurses) – also to support SAFER

There are concerns that:

- Despite significant investment in time and senior support there has not been an improvement in the number of patients with a LLOS
- There is a significant risk of duplication of activity; and multiple requests to ward staff to engage with different strands of work, all discussing the same patients.
- Following discussions with ECIST, and a visit to Warrington (who have achieved significant reductions in stranded patient numbers); it is proposed that we implement a new model:

New Model: "Reducing Days Away From Home"

The Executive Lead: Gill Burrows S.R.O. : Dawn Forrest

The following provides a summary of the proposals and actions required for the Reducing Days Away From Home Initiative. This will start on **Monday 9th December 2019**

- All activity will be within the 'Reducing Days Away From Home'
    - Walk-round team to be called 'Helping People Home Team'
    - Day-to-day support team to be called 'Ward Support Team'
    - Perfect Week
    - Partner's Round
- All quality improvement initiatives, themes and PDSAs to be collated and shared.

Helping People Home Team:

- Scope
    - A1, A10, A11, A3, B4, B6, C3, C4, E1, E2, E3
    - Patient in hospital 20 days and over
- Proposal is for a visit 3 times a week
    - Monday (am), Tuesday (am), Thursday (pm)
- Team to consist of:
    - Joint Medical Director [Gill Burrows]
    - Lead Nurse for Patient Flow [Chris Gidley]
    - Lead Therapist [Janice Arnold]
    - CHC Lead [Sarah Williamson]
    - Administrative Support [Bradley Smith]
- **Action for ECIST**: Prep all wards as to what the purpose of the walk-rounds are, what we are looking to achieve and who needs to be there (full MDT)
- Lists required for each walk-round
    - **Action** – Sarah to review lists before each walk-round
    - Length of stay (to focus on patients over 20 days)
    - Social Work allocation list
    - Intermediate bed Care list
    - Package of Care list

Ward Support Team

- Scope E2 and E3
    - Formal monthly review point to determine whether the scope can be increased
- To focus on
    - Whiteboard Round
    - Early Discharges
    - Use of the Discharge Lounge
    - Quality EDDs
    - CCD
    - CLD

- **Action for ECIST**: Support required for E2 and E3
- Sarah Williamson (CHC Lead Nurse) Team to provide support within the Ward Support Team'

Partner's Round

- Desktop review
- Start date: Thursday 12th December 2019
- To consist of:
  - Stockport Council
  - Stockport CCG
  - East Cheshire CCG
  - North Derbyshire CCG
  - Pennine Care
- Transformation [Luke O'Brien] to attend initially to ensure coordination of themes, actions etc.
- Focus is to unblock and resolve issues
- Themes from the HPHT to be fed into Partner's Round

Perfect Week

- Perfect Week from 16.12.2019 to 24.12.2019, including weekends
- Needs to include Partners so it is as effective as possible
- Scope: A10, A11, A3, B4, B6, C3, C4, E1, E2, E3
- Perfect Week to be thoroughly scoped
- Proposal to include support teams to visit ward to resolve issues, e.g. IT / admin etc.

4. RISK & ASSURANCE

- This approach 'dismantles' some of the established work; but the Business Groups are supportive of the principles
- The Stockport System Stranded Committee will have oversight of the work programmes, and will track the outcomes in terms of LOS
- This method has shown proven results in other organisations with dramatic reductions in the number of LLOS patients.
- This is a demonstration of collaborative working with the Trust, GM/ECIST and our Partner Agencies
- A number of the senior staff involved in this initiative are attending the LLOS Clinical Leadership Programme on 3rd and 4th December 2019 prior to the start of this new model.

5. CONCLUSION

Despite significant effort, the work to date to reduce LOS for patients in Stockport has not been effective. This proposal to focus all the work into one coordinated plan; underpinned by coaching; challenge and a determination to ensure patients preferences are considered at all times. The aim is to reduce the number of stranded patients to < 260 and super stranded by <100 by April 2020.

5. RECOMMENDATIONS

The Board is ask to support the proposed new model and approach to facilitate improvement in the numbers of stranded and super stranded patients in the Acute Hospital by the end of March 2020 in line with national standards.

NHS Stockport NHS Foundation Trust

Board of Directors' Key Issues Report

Report Date: 28/11/19		**Report of:** Quality Committee
Date of last meeting: 19/11/19		**Membership Numbers:** Quorate
1.	**Agenda**	The Quality Committee met on 19 November 2019 and considered an agenda which included the following items: • Business Group Presentation – Medicine • Quality Improvement Faculty update (presentation) • Research & Innovation update • IPR – Quality Metrics • CQC Safe High Quality Care Improvement Plan • 7 Day Services Quarterly update • CQUIN update report • Clinical Governance report • Infection, Prevention & Control Group – key issues report • Trust Risk Register • Policies for ratification – Comments, concerns, complaints and compliments policy (updated version)
	Alert	• The Committee was alerted to an incident involving a guide wire remaining in situ after a central line was inserted had been reported as a Never Event. There had been some discussion about whether the incident was truly a Never Event, but the Medical Director and Chief Nurse and Director of Quality Governance considered it was appropriate to report the incident to the CQC and NHSI. It is being investigated in line with the usual processes for serious incidents. • The Committee received the Clinical Governance report and were alerted to 26 incidents reported to StEIS in October compared to 18 in September – the highest number reported in 2019-20. The incidents related to maternity diverts and 12 hour A&E breaches. • The Committee was alerted to some concerns in relation to infection, prevention and control, including the number of e.coli incidents being off trajectory, an increase in c.difficile, and some issues around sepsis management. The Trust has recently had a visit from David Charlesworth, IPC lead for NHS England, and the Committee agreed to consider his report alongside an update from the Trust's IPC lead as the next meeting.
	Assurance	• The Committee considered a presentation delivered by the Medicine Business Group. The presentation provided an overview of the key risks, challenges, successes, and aspirations of the Business Group. The Committee took

		assurance from the steps being taken to address risks around staffing via skill mix and the successful recruitment of new consultants, as well retentions efforts related to health and wellbeing. • The Committee considered a presentation on the Quality Improvement Faculty that focused on its aims and objectives, and activity across four key areas – leadership, skills, systems, and communications and engagement. Members also heard about plans for the development of the faculty, and congratulated staff on the range and breadth of activity. • The Medical Director presented an update on the Trust's progress against seven day national standards. He highlighted that while funding was not available to quickly achieve Standards 2 & 8, which relate to staffing, the Committee was assured that steady progress was being made in growing the consultant body. • The Committee received the CQUIN update and members heard that early delivery had been hampered by late national decisions on the standards. However the Medical Director provided assurance that a robust plan was in place to achieve an aggregate position over the year. • The Committee received the Clinical Governance Report which provided a summary of activity and mechanisms in place with regards to the safe provision of care within the Trust. • The Committee received the Key Issues Reports from the Infection, Prevention and Control Group; and a verbal update on the Safeguarding Group, which continued to provide a key source of assurance for the Committee.
	Advise	• The Committee considered the current demands on the emergency department and flow of patients through the health and care system. Members heard about the development of a matrix to help with decision making and recording of key decisions. They also agreed to receive papers at the next meeting in relation to an initiative in relation to "Days Away from Home" and "Realistic Medicine." • The Committee was advised that a recent Senior Leadership Group meeting had focused on reviewing the Trust's risk register with excellent feedback from the business groups. The development of the register is now focused on grouping key risks and ensuring there are clear actions in place to address those risks. • The Committee received the Safe High Quality Care Improvement Plan update which indicated that seven actions were off track and there had been changes in the ratings of two actions following recent review. The Committee heard that off track actions are being addressed as part of the focus on the forthcoming CQC inspection. • An updated version of the Comments, Concerns, Complaints and Compliments Policy was ratified.

2.	Risks Identified	Nil		
3.	Report Compiled by	Mike Cheshire, Chair	Minutes available from:	Committee Secretary

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NHS Stockport NHS Foundation Trust

Board of Directors Key Issues Report

Report Date: 28/11/19		**Report of:** Finance & Performance Committee
Date of last meeting: 20/11/19		**Membership Numbers:** QUORATE
1.	**Agenda**	The Group considered an agenda which included the following: • Financial performance report • Contracts update • Procurement update • Use of resources (Carter Metrics) report • Review of medium term financial strategy and drivers of the financial position • Agency utilisation report • Operational performance report • Operational Performance Group – key issues report • Winter planning • Maternity services update • IM&T infrastructure • Unified communications project update • Business groups performance reports • Finance & performance risks • Policies for validation – Command & Control Escalation Policy • Capital Programme Development Group – key issues report.
	Alert	• The Committee received the Financial Performance Report, which highlighted that at month seven the Trust was reporting an £8.3m loss, which is £0.9m adverse to plan. The organisation is predicting being able to achieve quarter 3 but there are concerns about end of year delivery as a result of unexpected winter spend and a shortfall in income off-set by improved CIP due to non-recurrent measures. • The Committee received the medium term financial plan and discussed concerns about the £1.9m financial risk that remains with the Trust as the result of a funding reduction for community services in Stockport. Members agreed that the Board of Directors should consider how it mitigates the risk at its next meeting. • The Committee received the agency utilisation report that highlighted a significant increasing in spending compared to the previous month. Month

		seven is above the monthly ceiling level and the Committee heard that it is likely to remain so for the remaining part of the financial year due to the impact of winter and the need to use agency staff to operate the extra capacity across the Trust. The Committee recognised that the increased agency spend may have an impact on the Trust's overall Use of Resources indicator. • The Committee received the operational performance report and discussed issues in relation to RTT, diagnostic, clinical correspondence, urgent care and cancer targets. There was a discussion in relation to the national RTT approach that focuses on waiting list size and 52 week waits, and the Committee agreed the proposed approach needed to be discussed by the Board of Directors at the next meeting. Members also discussed concerns about the potential impact on the Trust's performance and financial position by the proposed urgent primary care model.
	Assurance	• The Committee received the report on agency utilisation which set out the month 6 agency usage for the Trust. The Committee took a moderate level of assurance on delivering under the ceiling at the end of Q4. • The Committee received a presentation on the Trust's maternity service that addressed its risks, challenges and opportunities. • The Committee received the IM&T infrastructure report that provided assurance that key IT infrastructure projects were on track to deliver against plan. • The Committee received the Unified communications project update that provided assurance that the IT team were on track to implement phase 1 of the project, had plans in place for phase 2 and were looking to maximise benefits to the organisation in phase 3.
	Advise	• The Committee received an update on the Estates Strategy and members heard that the development of the £30.6m emergency campus scheme would have an impact on the strategy, but national guidance on the approach to planning the development was still awaited. • The Committee was informed that due to election "purdah" national guidance around development of the operational plan for 2020-11 had been delayed, which will shorten the timescale for development and approval. • The Committee agreed that an update on the recovery plan should go to the December Board of Directors meeting as the Committee will not meet in December due to the way Christmas falls in month. • The Committee received an update on early contract discussions with Stockport CCG as lead commissioner, and CCGs outside the immediate GM area.

		• The Committee received an update on procurement and discussed the impact of the national category tariff. Members agreed to receive a report at the next meeting on the Trust's biggest procurement spend. • The Committee received the use of resources report that included Carter metrics. Members were interested in benchmarking in relation to people and corporate services and agreed to have a report at the next meeting to identify plans for the Trust to reducing outlying positions.		
2.	**Risks Identified**	• Risk to the delivery of the full year financial plan; • Operational Metrics – RTT, 4hr Target & Cancer; • System Winter Plan resilience.		
3.	**Report Compiled by**	Malcolm Sugden	Minutes available from:	Committee Secretary

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Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 28/11/19		**Report of:** People Performance Committee
Date of last meeting: 21/11/19		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Director of Workforce & OD Briefing • Values & behaviours update • Career pathways for doctors not on mainstream training schemes • A model employer: Increasing black & minority ethnic leadership representation at senior leadership levels • GMC survey results • Agency expenditure • Pension scheme – Impact on annual and personal allowances • DBS update • Nursing, Midwifery & AHP strategy update • Strategic staffing review – Nursing • Draft heat map • Workforce plan • Interim people plan and strategy refresh • People strategy Q1 and Q2 action delivered • Workforce KPI review • People Performance Committee work plan • Workforce IPR • Trust risk register • Key Issues Reports: - EDI Steering Group - People Strategy Implementation Group - Joint Consultative Negotiating Committee • Policies for Validation: - Induction SOP - Armed forces policy - Flexible working policy - Working time regulations policy - Harassment and bullying policy - Monitoring policy for junior doctors' hours
	Alert	• During a review of agency expenditure and current vacancy rates it was noted that plans are in place to present a realistic strategic recruitment plan, outlining

		funding requirements for both medical and nursing staff, to the Board of Directors for consideration in January 2020.		
	Assurance	• The Committee accepted the recommendations to implement a standard career pathway for Trust employed doctors, including approval of re-opening the Associate Specialist grade locally, with a view to this being presented for consultation and approval by the Joint Local Negotiating Committee. • The Committee received and noted the report outlining actions that are in place to work towards meeting the goals set by NHS Improvement and NHS England around black and ethnic minority representation at all levels of our workforce. • A report detailing the results of the GMC trainees and trainer survey was presented and the Committee acknowledged the process that has been put in place to address areas of concerns that were highlighted in the report. • Discussion regarding options to address the pension tax issue will take place at a meeting on 26 November 2019. • The Committee were assured that the Trust People Strategy aligns with the Interim People Plan for the NHS and it was noted that progress against the delivery plan would be presented on a bi-annual basis.		
	Advise	• The Trust has improved on the staff survey response rate from last year with a current figure of 47.9% against the agreed target of 50% and work is taking place to increase these figures further ahead of the deadline for responses in 8 days' time. • The uptake of the flu vaccination at the Trust is currently at a figure of 71% for frontline staff against the national target of 80%, which is an improved position in comparison to the same period last year and there is still further room for improvement as the flu vaccination period runs until the end of March 2020. • It was noted that plans are in place to progress alerts raised from the EDI Steering Group around compliance with the access information standard and for the provision of a multi-faith room on site.		
2.	**Risks Identified**			
3.	**Actions to be considered at the Board of Directors**	• A decision has been made to revise the sickness absence target for the Trust to fall more in line with current absence rates, with a view to making this more realistic and achievable. The Board of Directors are requested to consider the proposed increase to 4% (from 3.5%) with consideration to budget implications.		
4.	**Report Compiled by**	Catherine Barber-Brown, Chair	Minutes available from:	Soile Curtis, Membership Services Manager

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 28/11/19		**Report of:** Audit and Risk Committee
Date of last meeting: 5/11/19		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Internal Audit progress report • Update on cyber security review • Anti-fraud progress report • External audit – outstanding implementation of recommendations with significant/fundamental status • Conflicts of interest update • Items of Audit Committee interest from Board Committees
	Alert	• The Committee received a brief verbal report on cash handling and supported the organisational actions being taken. • E-rostering forms part of the financial recovery plan. Members stressed the potential financial benefits that could be achieved and suggested that the organisation should consider an escalated roll-out programme.
	Assurance	• The Committee received substantial assurance from Mersey Internal Audit Agency's review of cyber security, which highlighted a number of areas of good practice. However, the Committee did raise concerns about the level of old legacy software in use in the Trust, the number of general email accounts and those with non-expiry passwords. • The Committee received assurance from a verbal update on the substantial programme of work being undertaken to improve the Trust's compliance with reporting of conflicts of interest, gifts and hospitality.
	Advise	• The Committee were advised of continual efforts to raise fraud awareness in the organisation, including plans to introduce an e.learning package for all staff. • Members discussed the way they could be alerted to matters for the Audit Committee from other Board Committees. It was agreed the issue should be discussed at a meeting of the Chair, Chief Executive, Director of Communications & Corporate Affairs, and all non-executive directors. • The Committee noted that after a thorough process the Council of Governors had appointed Mazars as the Trust's new external auditors.

2.	Risks Identified	With the exception of risks noted in the Trust Risk Register, no further risks were identified.		
3.	Actions to be considered at other Committees	Nil		
4.	Report Compiled by	David Hopewell, Chair	Minutes available from:	Committee Secretary

NHS
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Report to:	Board of Directors	**Date of Meeting:**	28 November 2019
Subject:	Nursing Midwifery and Allied Health Professional Strategy		
Report of:	Chief Nurse & Director of Quality Governance	**Prepared by:**	Deputy Chief Nurse

REPORT FOR INFORMATION / ASSURANCE

Corporate objective ref: 2a.2b,	**Summary of Report** Nursing, midwifery and allied health professional staff are showing leadership, making changes in their workplace that make a real difference to people's experience of care, outcomes and to the efficiency and effectiveness of the services they deliver. They are identifying unwarranted variation in the services they deliver and in the outcomes of people they care for. We have captured all these aspects within our strategy. Nursing, midwifery and allied health professional staff form the largest proportion of health and care workforce; they have a key leadership role in delivering a positive impact on outcomes, experience and better use of resources. The strategy has been developed with staff. The Board of Directors are asked to note progress made and outlined within this report for the first year of the Nursing Midwifery and Allied Health Professional Strategy.
Board Assurance Framework ref: 2,4,5,6,7	
CQC Registration Standards ref: 9, 18	
Equality Impact Assessment: ☐ Completed ☒ Not required	
Attachments:	
This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Committee ☐ F&P Committee ☒ People Performance Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. Introduction

The Board of Directors are asked to note the progress and assurance against the first year of the Nursing, Midwifery and Allied Health Professional Strategy.

2. Background

The nursing midwifery and allied health professional strategy encompasses and builds upon the trust vision and values. Following a number of engagement events with nurse's midwives, allied health professional and care staff in 2018, the key priorities of the strategy were developed.

These are defined as:

- To inspire excellence- we will provide evidence based practice to promote excellence in care
- To always provide high quality outstanding care- We will ensure that the care for our patients, and their families and friends, will be of outstanding quality, personalised and informed by what matters most to them
- To always use resources effectively- We will ensure of the effective, realistic use of available resources to provide high quality care
- To empower our workforce to provide outstanding care- We will provide evidence-based practice to promote excellence in care

3. Progress to Date

This report provides an update against the progress made during the 2018/19 year against the objectives set within the strategy.

Standards	Progress	RAG rating
Develop Standards for Ace for community, maternity, paediatrics and theatres	Standards for ward accreditation for community maternity paediatrics and theatres have all been developed.	
Skills and competencies are developed to ensure the highest levels of patient care	A competency framework has been developed for all staff and is in reflected within staff role specific training needs.	
Develop enhanced recruitment and retention plans	We aim to ensure safe staffing and a reduction on reliance on temporary staffing through a series of schemes associated with recruitment and retention. • The variance from establishment rate in quarter is circa 150 WTE RN / RM. The Trac in recruitment section indicates significant numbers not allocated specifically to business groups but this is progress in relation to last quarter's data. Workforce teams are focusing on ensuring this data is more robust so that clarity as regards true vacancy rates can be robustly established.	

- The Nursing Associate programme is now starting to demonstrate benefits realisation as cohort one are now are all now in post, 13 staff . 40 WTE are in training per annum with cohorts qualifying every 6 months. This is a significant new pipeline of qualified staff to support safe nurse staffing. We have 4 cohorts in training currently. We also can start to recruit externally for already qualified nursing associates.
- A Business Case for International recruitment and a campaign for summer 2019 for 22 WTE RNs were accepted. All 22 have arrived, 8 have passed their exams already. Of the 22, 18 are for medicine and 4 for AMU. The Trust funded a further 4 for surgery which are due to arrive December and 12 for emergency department arriving October and November 2019. All will need to undertake OCSEs but will be in numbers approximately 8-10 weeks after arrival.
- A new pipeline of nurses was sourced, international nurses that have been in the UK for a period of time whose visas are due for renewal and are ready to move. 9 have been offered for medicine due to arrive Jan 2020. In total the Trust will have approved 80 international nurses this financial year to support safe staffing .
- Multiple recruitment events are attended over the Manchester and Stockport region, with the Trust now attending Sheffield and Lancaster as an addition to the local recruitment events attended.
- An average of 150 WTE Registered Nurse temporary workers per month over this quarter have been utilised to support safe staffing along with an average of 130 WTE per month non registered staff.

Retention Programme – Reduce Turnover Rate by 1.5%

- The first year NHSI results indicated a reduction in turnover of 0.9% against a target of 1.5%. The 4 campaigns have been refreshed and have been re-launched for this year's focus. NHSI have advised that the turnover rate is back to 13.9%
  1) A continued focus on an improved newly qualified first year experience, which will include not only graduate nurses but also nursing associates.

	2) A focus on band 6 and above BME recruitment processes. 3) A focus on data and actions to support the top 10 turnover areas. 4) A review and refresh of the flexible working policy. • The Itchy Feet programme, launched in March 2018, where staff can approach Corporate Nursing staff to look for career development opportunities, is evaluating well. So far, 101 registered nurses have accessed this scheme and 76% have chosen to stay within the Trust. Two engagement events have been chaired by the deputy Chief Nurse with assistant practitioners of which there are 88 in the Trust. Liaison with Bolton University has been undertaken to review the opportunity of an AP conversion course to commence, if funded, in September 2020.	
Engage with patients and families to provide comprehensive feedback	The patient experience team have developed a number of ways to engage with patients and families to ensure we are capturing their feedback. The methodology of how feedback is gathered is included within the patient experience annual report.	
Celebrate success of teams who are inspiring excellence	There have been a number of celebrations of teams achievements with 'proud to care' certificate presentations to many team members. Additionally there has been national recognition of teams successes, for example the veterans passport; the pain team; public health team recognition.	
Promote a culture of openness and honesty	The trust has embarked upon the review of the organisational values and behaviours. This has involved significant numbers of staff groups and will lead to the development of a new set of values that are embraced by the Trust. A safety culture survey provided a temperature check of the Trust and has demonstrated positive results across the organisation.	

4. Conclusion

Progress is reported against all aspects of the Nursing, Midwifery and Allied Health Professional Strategy.

5. Recommendations

The Board of Directors are asked to note the progress and assurance against the first year of the Nursing, Midwifery and Allied Health Professional Strategy

Stockport NHS Foundation Trust: Nursing, Midwifery and AHP Strategy 2018-2021

NHS Stockport NHS Foundation Trust

National Nursing Strategy

Delivering a culture of compassion, care and candour where patient care is at the heart of everything we do

National Nursing Strategy –*Leading Change, Adding Value* 2016 by Jane Cummings, Chief Nursing Office for England
Cresting a vision for all nurses focusing on 6 main values and behaviours

Stockport NHS Foundation Trust

Primary aim	Secondary Aim	How will this be achieved?	How will you know when this has been achieved?
To inspire excellence	We will provide evidence-based practice to promote excellence in care	• ACE • Organisational development • Open and honest culture • Trust values • Role modelling and leadership • Meaningful appraisals • Schwartz rounds • Succession planning • Celebrating success	• Reduction in harm free care • Meeting KPIs • Feedback: staff, friends and family • Sickness levels • Recruitment and retention programme • Schwartz Rounds (debrief) • ACE Standard outcomes • Right care – right time – right place • Reduction in length of stay • Reduction in identified risks on register • Proud to Care Awards • Staff survey • Safety thermometer • Happy staff and happy patients • Student experience
To always provide high quality outstanding quality care	We will ensure that the care for our patients, and their families and friends, will be of outstanding quality, personalised and informed by what matters most to them	• Adhere to relevant code of conduct and practice • Educate and support staff • Positive culture of learning • Being prepared for revalidation • Values and behaviours valued • Empowerment and encourage enthusiasm • Skill mix and teamwork • "A day in the life of"	
To use our resources efficiently	We will ensure of the effective, realistic use of available resources to provide high quality care	• Acuity / dependency • Positive culture of effective resource • Reduce unwarranted variation • All areas well organised • Looking in-house at equipment and resources • Strategic staffing review • Recycling • Equipment fit for purpose and well maintained • Communicate effectively • Minimise non-value added time for patients	
To empower our workforce to deliver outstanding care	We will provide evidence-based practice to promote excellence in care	• Listen and act on patient, family and friends feedback • Patients at the heart of everything we do • Patient centred care • Aware of professional boundaries • Open, honest and effective communication • Right patient in the right ward (environment) • Capacity and consent • Teamwork	

Plan for success

6 months	End of Year 1	Year 2
Develop Standards for Ace for community, maternity, paediatrics and theatres	Complete 6 ward accreditations per quarter and pilot new areas for assessment	Evaluate the ward accreditation process and ensure Gold status in half our ward areas.
Skills and competencies are developed to ensure the highest levels of patient care	Fully developed coaching framework that offers skilful coaching support to individuals and teams.	Comprehensive Talent Management process aligns to future needs of the Trust and the aspirations of colleagues
Develop enhanced recruitment and retention plans	Appraisal process includes strengthened career planning and progression for colleagues.	Recruitment strategies are informed by robust workforce plans and attract a diverse workforce
Engage with patients and families to provide comprehensive feedback	Ensure a culture of patient feedback and quality improvement	Ensure a patient representatives is available to support the quality agenda
Celebrate success of teams who are inspiring excellence	Monitor 'proud to care' certificates of individuals and teams	Support career progressions for all staff
Promote a culture of openness and honesty	Implementation of the 'Just Culture' approach to restorative practice, learning and support	Workforce wellbeing programme embedded to support colleagues to be at their mental and physical best
2018/19	**2019/20**	**2020/21**

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Report to:	Board of Directors	**Date of Meeting:**	28 November 2019
Subject:	Annual Patient Experience Report April 2018 – March 2019		
Report of:	Chief Nurse and Director of Quality Governance	**Prepared by:**	Patient Experience Team

REPORT FOR INFORMATION

Corporate objective ref: Patient Experience **Board Assurance Framework** **CQC Registration Standards** **Equality Impact Assessment:** ☐ Completed ☒ Not required	**Summary of Report** The summary of the report is to provide an overview of core services that form part of the Trust's Patient Experience portfolio, as well as wider work to improve the experience of patients, carers, friends and families. This report contains the improvement and developments within the following services: - Patient Engagement - Surveys, Compliments, Gratitude - Patient Experience Improvements - Patient Experience Staff Education - Patient and Customer Services - Voluntary Services - Chaplaincy Services - Interpretation Services The Board is requested to receive and note the content of this report.

Attachments:	1.	Patient, Carers, Family and Friends strategy 2018 - 2021		
	2.	Veterans' Passport		

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

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Stockport NHS Foundation Trust

Patient Experience Annual Report

April 2018 – April 2019

Contents Page

1. Foreword

I am delighted to present the Annual Report for the period of April 2018 to March 2019. The report reflects the Trust's commitment in promoting the experience of our patients. Improving the patient experience is one of the Trust's key objectives, and forms a central part of our mission to provide high quality care to every patient, every day. This report demonstrates the continuous developments and improvements made in improving the patient experience.

I would like to take this opportunity to thank all those who have contributed to the work completed over the last year. We look forward to continuing to improve the quality of care and experience we provide to our patients and families for the forthcoming year.

Alison Lynch
Chief Nurse and Director of Quality Governance

2. Introduction

The views of the people who use our services are important to us. We want to know when things have gone well, but also when we don't get things right, so we can learn and improve. We welcome all feedback and seek to take a proactive approach to helping with any questions or concerns.

In order to assess and better understand the experience of our patients, carers, friends and families, the Trust actively seeks feedback from people using our services. This is enables the Trust to make the necessary service improvements that ensure our patient's receive a safe, consistent, person centred experience at every contact. The team currently consists of the Matron for Patient Experience and Quality Improvement (QI) and the Quality Practitioner.

3. Patient Engagement

3.1 Patients, Carers, Friends & Family Strategy (see attachment 1)

The purpose of the Patients, Carers, Friends & Family strategy is to provide context and a framework which supports the Trust, its staff members to work effectively in partnership with patients, carers, families, friends and community partners to deliver and improve services and patient experience. The strategy focuses its key areas of improvement on the NICE Quality Standard 15 for Patient Experience.

The strategy sets out our ambitions and approach for improving the patient experience by always:

- Listening to our patient, carer family and friends
- Learning together from their feedback
- Leading change based on patient, carer family and friends experiences
- Ensuring our patients, carers family and friends are consistently put first as we continuously improve our communication, care, environment and processes.

Stockport NHS Foundation Trust

*Our values are at the heart of everything we do and come from our 'Your **Health. Our Priority'** promise. Every day they drive the behaviour and action of everyone who works for us ensuring good care for others.*

Patient, family and friends experience priorities	What will we do in 2018/2021	How will we deliver this?	Measures by April 2021
Ensure patient, family and friends feedback supports service delivery	Patient, carers, families and friends stories will become pivotal aspect of our learning.	We will routinely share patient, family and friends stories with the Trust board and staff groups.	For the Trust board and team brief to have received a patient, family and friend story at each meeting within every business group.
To utilise care opinion/friends and family test feedback	Care opinion/friends and family test feedback will change practice and improve services for our patient, family and friends.	We will provide patients and families, friends with systems to allow real time feedback.	To see a rise in key themes identified from feedback systems.
Learn lessons from complaints and compliments	Complaints and compliments will be shared with business groups.	We will share feedback from complaints and compliments and areas of concern will be actioned.	Ward areas will be monitored on complaints and compliements on key themes identified.
Listening to our patients, families, friends and staff	We will engage with our patients, families, friends and staff to ensure patients receive safe, effective and personalised care.	We will share feedback from patients, families, friends and staff and engage with our community to keep them informed.	Specific themes will be fedback from care opinion/friends and family tests and in-house satisfaction surveys deliereved up to the Trust Board .

The strategy was developed and reviewed in consultation with the patient and carer representatives. Following on from this a number of hospital inpatients were invited to provide feedback on the proposed strategy. The Patient, Carer, Friends and Family strategy was implemented in October 2018 with a review date of October 2021.

3.2 Action Group for Patient Experience

The Action Group for Patient Experience Group (AGPE) was established in January 2018 as a sub group to the Patient Experience Group (PEG) in accordance with standing order for the practice and procedure of the board of Directors. The group is responsible for providing information and assurances to PEG that it is managing all issues relating to patient experience. A variety of clinical and non-clinical staff attend the group alongside patient and carer representatives.

3.3 Dementia Steering Group

The Matron for Patient Experience & QI and the Quality Practitioner joined the dementia steering group to help support the dementia strategy and the re-launch of John's campaign. The group is made up of a variety of clinical and non-clinical staff, and patient and carer representatives who have considerable knowledge of Dementia. Members come together to share best practice and learn enabling us to capture and implement their findings.

3.4 PLACE (Patient Led Assessment of the Care Environment)

The Matron for Patient Experience & QI and the Quality Practitioner are members of the PLACE inspection team alongside patient and carer representatives, public governors and trust staff. PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

3.5 Nutrition & Hydration Committee

The Matron for Patient Experience & QI and the Quality Practitioner are members of the Nutrition and Hydration group alongside patient and carer representatives, and trust staff. Good nutrition and hydration are fundamental to the recovery and wellbeing of patients who are under the Trust's care. Hospital patients are at risk of malnutrition and dehydration as a consequence of their clinical condition, due to their increased nutritional and fluid requirements and/or a reduced appetite for

food. The committee works together to outline the steps required to ensure all patients receive optimal nutritional care

3.6 Action Group for Armed Forces

The Matron for Patient Experience & QI and the Quality Practitioner developed a veterans' passport to provide individualised methods of the communication and a tool for the sharing their personal information. This group is attended by hospital staff clinical and non - clinical including reservist members of the armed forces, public governors, serving members of the armed forces, local police force and veteran representative.

4. Surveys, Compliments, Gratitude

4.1 Friends & Family Test

The Trust is part of a nationwide initiative known as the 'Friends and Family Test' which gives us and other NHS organisations across the country - an even greater insight into what patients think of our services. We offer all our patients the opportunity to answer one simple question:

"How likely are you to recommend our services to friends and family if they need similar care or treatment?"

Patients are asked to respond from a number of options from "extremely likely" to "extremely unlikely", and they also have the opportunity to tell us the main reason for their answer. You can find out more about the Friends and Family Test (FFT) by visiting www.nhs.uk/friendsandfamily.

The Trust actively seeks patient feedback and promotes the FFT widely across the Trust, including on the website. We offer the following options for patients to give their feedback via the FFT: postcard (available on ward/in clinical areas); text message; online; and automated voice message (IVM). Patient

voices continue to include patients attending the emergency department, out patients department and parts of community services and this remains positively received. Patients contacted via landline are asked for their verbal feedback at the point of discharge, and comments are available to the business group for review and sharing with staff.

The Trust's overall response rate from April 2018 – April 2019 was 19%. Our average 'recommend' score (the percentage of respondents who said they would recommend our services) was 91%, with an average 'not recommend' score of 4%. Although the trust does not work to a target in respect of FFT, we monitor themes, compliments and complaints as part of the FFT process.

The below table shows the top 10 themes for both positive and negative comments received from April 2018 – April 2019:

Positive	Number of times mentioned	Negative	Number of times mentioned
Staff	15179	Waiting	739
Care	5348	Time	736
Friendly	4436	Staff	420
Attitude	3888	Hours	362
Helpful	3575	Pain	293
Time	3004	Wait	281
Good	2887	Doctor	269
Treatment	2738	Seen	224
Excellent	2730	Appointment	210
Caring	2628	Nurse	195

4.2 IPad In patient Surveys

The questions asked within the in–house patient satisfaction surveys are generated from national in-patient survey results, and are reviewed on an annual basis. The undertaking of these surveys enables the Trust to monitor progress and address areas of concern in a timely manner. Bespoke surveys continue to be undertaken in paediatrics and neonatal units which capture patient and parent / carer experience. We aim to undertaken 10 surveys per area, per calendar month.

This approach intends to ensure that feedback across all business groups is targeted in a coordinated manner with business group specific actions to be agreed where issues are clearly prevalent in a particular area and/or business group. Please note, the arrows indicate progress against each question based on previous quarter results.

The below table shows the most recent results:

Q4 2018/19 Inpatient Patient Experience Results (iPad Surveys)

From April 2019 a robust monitoring system has been in place to evidence the five worst performing areas for each business group.

The questions are:

- Did a member of staff complete a patient property list with you on admission?
- How would you rate the temperature of your food?
- Are you aware of your plans for discharge?
- Were napkins available?
- Have you been bothered by noise at night from other patients?
- Do you know the name of the nurse looking after you?
- Did a member of staff complete a patient property list with you on admission?
- Have you been bothered by noise at night from other patients?

4.3 National Survey Programme

The Trust is required to participate in the programme of national surveys overseen by the CQC. These surveys provide a valuable opportunity for patients to share their views and experiences of the care they receive at Stockport NHS Foundation Trust, and for the feedback to be used to improve patient experience, in line with the Trust's Quality Improvement Plan. Further details of the improvements are available in the Patient Improvement section of this report.

4.3.1 Maternity Survey 2017 - 2018

The survey was undertaken by Picker on behalf of Stockport NHS Foundation Trust to understand what mothers think of maternity care services provided by the Trust (antenatal care, labour and birth, and postnatal care).

The findings of the Picker report are designed to be used for action planning by individual trusts, to improve their performance.

- Methodology

A total of 300 mothers were sent a questionnaire. 294 mothers were eligible for the survey, of which 111 returned a completed questionnaire, giving a response rate of 37.8%.

- Summary of Findings

The survey highlighted many positive aspects of the patient experience.

87% of respondents were given a choice of where to have their baby
83% of respondents said that the midwives listened to them during their antenatal check-ups
76% of respondents felt that they were involved enough in decisions about their antenatal care
97% of respondents felt that their partner was involved in their care during labour and birth
87% of respondents said that they were treated with respect and dignity
77% of respondents said that the hospital room or ward they were in was very clean
78% of respondents had confidence and trust in the midwives they saw after going home

Stockport NHS Foundation Trust was significantly better than the 'Picker Average' for the following questions:

Lower scores are better

	Trust	Average
B8+. Antenatal Check-ups: Saw preferred midwife most of the time	21 %	29 %
B13. During Pregnancy: Did not have midwife telephone number	0 %	3 %
C16+. Labour and birth: Not always able to get help by a member of staff within a reasonable time	10 %	21 %
D2. Postnatal Hospital Care: Length of hospital stay too long or too short	14 %	26 %
D8+. Postnatal Hospital Care: patient not having anyone close to able to stay as long as they wanted	13 %	28 %
F3+. Postnatal Care: Midwife did not always give the help needed	13 %	24 %
F4. Postnatal Care: Not offered visit by a midwife	0 %	3 %
F7. Postnatal Care: saw a midwife too often/too seldom	18 %	26 %

Stockport NHS Foundation Trust was significantly worse than the 'Picker Average' for the following questions:

Lower scores are better

	Trust	Average
B7. Antenatal Check-ups: Not given choice where to have check-ups	80 %	63 %
C10+. Labour and Birth: Did not have skin to skin contact with baby shortly after birth	17 %	8 %
F1. Postnatal Care: Not given a choice of where postnatal care would take place	67 %	52 %
F13+. Postnatal Care: Mother not given enough information about own recovery after the birth	54 %	44 %
F20. Postnatal Care at Home: Did not discuss postnatal checkups of mother's health	17 %	7 %

An action plan was collated in response to the findings of the survey and is monitored by the Patient Experience Group.

Actions:

- We initiated the 'zero separation' campaign to improve skin to skin within maternity practice. We have benchmarked our progress using the maternity service dataset and have used poster displays and social media to raise awareness for service users and staff members of skin to skin contact.

- We have reviewed the options available for mothers receiving postnatal care. We acknowledge that this is a challenge with cross boundary working and have considered the impact of options in relation to the delivery of the better birth transformation programme. We also acknowledge that our options are currently limited due to lack of venue availability and the number of women who choose to access care at multiple providers within our locality.

- We have reviewed the postnatal information provided to our mothers. We have introduced an app for mothers to download leaflets and this is being used by 187 service users per month currently. We have reviewed themes of our complaints and are assured that postnatal information provision is not a recurring theme within our complaints. We have received funding to support the implementation of the 'Dads pad' within GMEC and we are currently reviewing our postnatal discharge pathway to see if we can improve information provision further.

- We have reviewed the options for place of antenatal contacts with our service user group. Service users have the suggested use of pregnancy circles and we are investigating this concept further in order to consider how this will impact upon continuity model of care that we need to implement as part of the national transformation programme going forward.

4.3.2 Inpatient Survey Results 2018

The survey undertaken by Quality Health on behalf of Stockport NHS Foundation trust required a sample of 1250 consecutively discharged inpatients, working back from the last day of July 2018, who had had a stay of at least one night in hospital. There were a number of categories of patients excluded from the survey e.g. patients requiring mental health support and maternity care. There were 554 completed questionnaires returned from the sample of 1250.

	Results Significantly *Improved (5%)* Across the Following Questions	2017	2018
Q3	While you were in A&E how much information about your condition was given to you?	72.9%	81.2%
Q4	Were you given enough privacy when being examined in the A&E department?	72.5%	84.6%
Q6	How do you feel about the length of time you were on the waiting list before your admission?	73.3%	83.5%
Q25	Did doctors talk in front of you as if you were not there?	78.5%	87.9%
	Results Significantly *Worse (5%)* Across the Following Questions	**2017**	**2018**
Q21	Did you get enough assistance from staff to eat your meal?	84.5%	69.3%
Q29	Were there enough nurses on duty to care for you?	88.2%	73.2%
Q30	Did you know the name of the nurse looking after you?	76%	64.5%
Q34	Were you involved as much as you wanted about decisions about your care and treatment?	89.1%	70.9%
Q35	Did you have confidence in decisions made about your treatment?	94.2%	82.6%
Q37	Did you find someone to discuss your worries and fears?	68.1%	54.6%
Q39	Were you given enough privacy when discussing your condition?	94.4%	84.9%
Q48	Did you feel you were involved about decisions about your discharge from hospital?	79.5%	66.3%

When comparing Trust results to the Quality Health average, 3 scored significantly better and 3 scored significantly worse. This is an improvement compared to the 2017 survey.

Results **significantly better** than average:

How do you feel about the length of time you were on the waiting list before your admission to hospital?

Do you feel you got enough emotional support from hospital staff during your stay?

After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

Results **significantly worse** than average:

Were you given enough privacy when being examined or treated in the A&E Department?

Were you offered a choice of food?

Did you get enough help from staff to eat your meals?

4.3.3 National Urgent and Emergency Care Survey Results 2018

The survey undertaken by Quality Health on behalf of Stockport NHS Foundation trust randomly sampled 1370 patients during September 2018.

	Results Significantly *Improved (5%)* Across the Following Questions	2016	2018
Q10	Not told how long would have to wait to be examined	62%	54%
Q20	Family member, friend or carer did not have the opportunity to talk to a health professional	38%	27%
Q38	Not fully told about the purpose of the medications to take at home in a way you could understand	20%	7%
	Results Significantly *Worse (5%)* Across the Following Questions	**2016**	**2018**
Q08	How long did you wait before you first spoke to a nurse or doctor?	60%	70%
Q32	Do you think the hospital staff did everything they could to help control your pain?	26%	36%
Q39	Did a member of staff tell you about medication side effects to watch for?	54%	60%
Q40	Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	48%	54%
Q41	Did hospital staff take your family or home situation into account when you were leaving A&E?	53%	62%
Q42	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	48%	56%
Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	19%	29%

The quality improvement priorities 2018/19 set out that we will achieve an improvement in the top 5 worst performing questions from the inpatient survey by 5% measured in the 2018 in-patient survey

The following table shows the baseline and target from the 2017 inpatient survey results compared against the 2018 percentage. Whilst the 5% improvement target was not achieved in all 5 questions results from the 2018 inpatient survey show that there have been improvements in all areas.

National Inpatient Survey				
Question	**Baseline 2017**	**Target 2017**	**2018 %**	**Actual**
Not always offered a choice of food	29%	24%	26%	↓3%
Sometimes, rarely or never on duty	48%	43%	43%	↓5%
Did not always know which nurse was in charge of care	57%	52%	53%	↓4%
Could not always find a staff member to discuss to discuss concerns with	71%	66%	65%	↓6%
Did not definitely know what would happen next with care after leaving hospital	54%	49%	52%	↓2%

4.4 Care Opinion

On the 2nd July 2018 Care Opinion was successfully launched at Stockport NHS Foundation Trust within Stepping Hill Hospital. Care Opinion provides patients, carers, family and friends with a system to share their experiences of health and care and allows us to provide real time feedback.

The feedback we receive from Care Opinion has enabled us to invite patients and their families into the organisation to discuss the care they received. The patient and families are also invited to partake in the filming of patient stories which enable the trust to share good practice, implement change and allow for lessons to be learned.

The Matron for Patient Experience and QI implemented a robust process for business groups to respond corporately to compliments and concerns; this enables timely feedback to be provided to patients and their families.

The below interactive tag bubbles identify the key themes that have emerged since implementation:

The below work cloud reveals the most popular responses collated from real time feedback:

5. Patient Experience Improvements

- **Hello my name is… campaign**

At Stockport NHS Foundation Trust we support and embrace the 'Hello my name is' campaign and promote that all staff should always introduce themselves by name to patients, carers, families, friends and other staff members, this applies to the hospital and community. The magic of a name should never be underestimated; it all goes to help improve the experience of our patients and staff.

Although the trust adopted #hellomynameis in 2015 it was felt that the campaign had lost momentum and it was evident from feedback that patients did not know the names of people looking after them. Chris Pointon (campaign lead) announced that he would be doing a nationwide tour and contact was made with him to invite him to Stockport NHS Foundation trust.

In April 2018 Chris Pointon visited the Trust and the campaign was launched.

❖ Patient Bed Boards

The Matron for Patient Experience and QI rolled out 'Hello my name is' patient boards as a tangible part of the organisation's effort to support the campaign more broadly. The boards are placed next to each patient's bed and have space to note the name of the patient, the nurse caring for them, their consultant and expected discharge date. They also have sections for more information about the patient and, crucially, what is important to them. The boards are emblazoned with the #hellomynameis logo which emphasises the importance of using names.

❖ Quality & Safety Boards

In order to standardise information that is displayed to staff, patients and their relatives 'Quality and Safety' boards were rolled out across all in-patient wards. This allows us to display key information including the name of the nurse in charge of the shift, the number of staff on duty, patient safety data, quality care indicator data, patient feedback and any 'you said, we did' initiatives.

❖ Patient Placemats

The Matron for Patient Experience and QI along with key stakeholders has developed an innovative way to share key information with patients in the form of a table placemat. The aim of the mat is to improve the experience in hospital by providing every inpatient with helpful information about their stay. The mats will help to improve the communication between ward staff and patients and help reduce and worries or fears our patients may have.

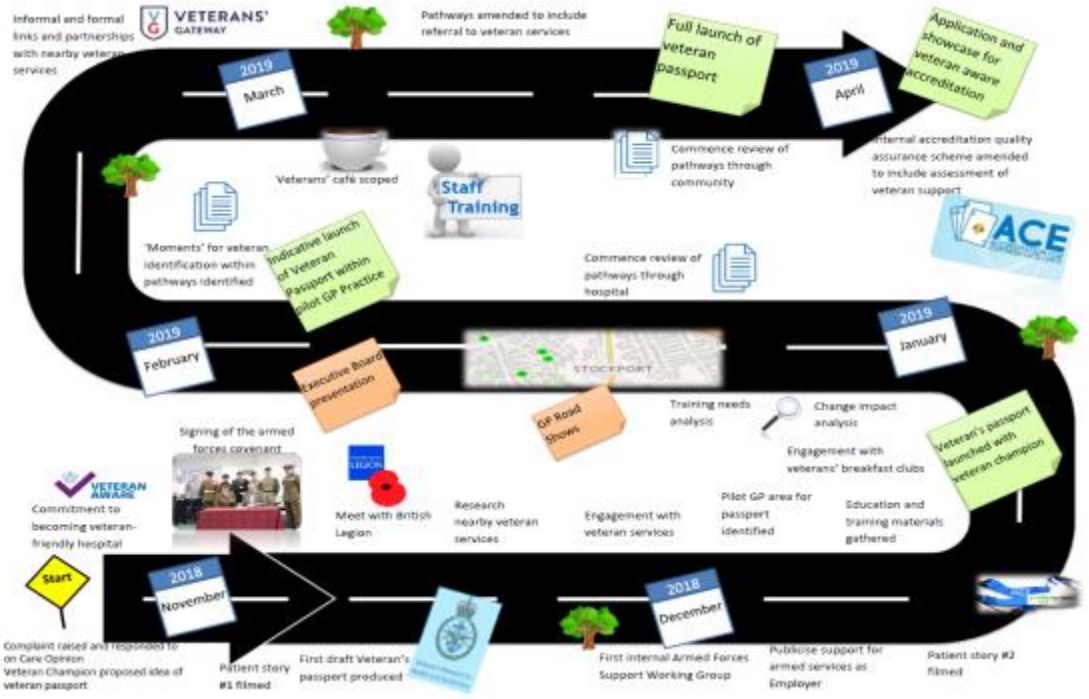
The placemats are available in two formats a standard design and a simplified design for any patients with a cognitive impairment.

❖ Veterans Project

The Veterans project commenced in July 2018 following a comment posted on the 'Care Opinion' feedback portal by a patient and an armed forces veteran. The comment raised the issue that the support for armed forces community was not adequate.

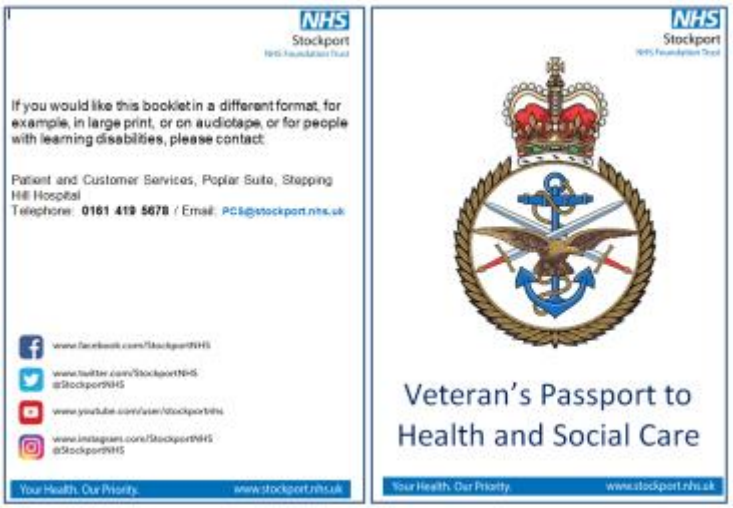
We invited the patient in to discuss the issues in more detail and the idea for a veterans' passport was raised by the patient. It was highlighted that in any hospital or GP visit, a number of questions, (often the same question from different people), about patients' history are asked. This information can sometimes be difficult and / or distressing to recall. The purpose of a passport would be to provide this history information in written format in a small handbook; thereby reducing the need to healthcare professionals to ask this verbally.

The below roadmap highlights key milestones of the project to date.



Veteran's Passport

The passport was designed with our veteran champion (see attachment 2) and is a small handbook which the veteran owns. They complete the questions in the handbook in as much or as little information as they like and hand this in to the healthcare professional prior to each appointment. The passport is then reviewed prior to the assessment so key information has already known before the consultation.



The passport was trialled with our veteran champion within an outpatients appointment and was very positively received, with only minor amendments to the passport proposed.

The vision of the passports is for this to be in use across all areas of the hospital and all GP practices; as well as in use within certain partnering organisations.

Veteran Champion quote:

"*All the opportunities your [sic] giving me, not only to heal and get over the trouble I've experienced but giving me the chance to change other veterans lives and save them from the trauma of what I went through leaving the forces. You're changing and saving lives!"*

Armed forces veterans can now be identified on admission to hospital via the Nursing Admission Form, Patient Administration System (PAS) and patient flow system (Advantis Ward)

The PAS system has now had a flag added for when a veteran has been identified. This system automatically links through to the Advantis Ward system which will then display a red poppy symbol next to the patient details, the internationally recognised symbol.

As the initiative gains more momentum and more veterans utilise the support, patient experience will only improve.

To raise awareness of the veterans' passport and educate staff, patients, carers, family and friends the Patient Experience Team developed a 7 minute brief and information banners have been displayed across the trust (see below).

At Stockport NHS Foundation Trust our vision is to be a veteran friendly hospital that provides our patients with a first class person centred service. This service will be seamless and will eventually sign post our

veteran patients to the right level of support at the time they most need it by collaboratively working with a multidisciplinary team of professionals.

In terms of wider benefits, it is envisaged that this initiative will have a positive impact to a number of areas, including, patient experience, patient flow metrics and readmission rates.

❖ Always Events

An 'always event' is something which should always happen in relation to patient experience. Always events do not look at activity which should be completed in order to provide good care (e.g. hand washing); but a more to do with the things that matter to patients.

An always events roadshow ran during the summer of 2018 at Stockport NHS Foundation Trust. Each day education and training was delivered to staff around the given subject by the corporate nursing team and supported by specialist teams to raise awareness and encourage staff to think about what always events they felt were important. Staff were involved in making pledges to show their commitment to continuing high standards of practice and share information within their teams.

The topics for the roadshow were:

- Safeguarding - Mental Capacity Act
- Safeguarding - Deprivation of Liberty
- Learning Disabilities
- Dementia
- Duty of Candour
- Infection Prevention
- Documentation
- Infection Prevention
- Tissue Viability
- Nutrition & Hydration
- End of Life
- Pain Management
- Security

- Education and Training
- Patient Transfers
- Discharge Planning
- Falls
- Blood Transfusion

The roadshow was promoted on social media and generated a lot of interest external to the Trust. The matron for patient experience was contacted by the patient experience lead at NHS England who commended the work being undertaken and invited the Trust to join the January 2019 cohort for always events.

A suite of always events were developed however after consultation with NHS England it has been determined that patient experience should be the starting point and further work is planned.

❖ Comfort Bags

The matron for patient experience & quality improvement worked with Stockport girl guides to support the roll out of patient comfort bags within the organisation. The comfort bags contain small items of toiletries which are donated and packed by the girl guides and brownies and each contain a personal message from the packer to the patient. The comfort bags are for those patients who do not have many relatives or for those who are admitted in an emergency. To date we have received 2 deliveries of the bags and the feedback from patients has been very positive, and also the volunteers who distribute them.

❖ Noise at night reduction programme

Noise at night standards have been in place for a number of years at Stockport NHS Foundation Trust however there remains to be ongoing concerns raised by patients nationally and via our in-house satisfaction surveys regarding sleep disturbance during the night. Sleep deprivation can have a detrimental effect on health and well-being and we have been working hard to implement the noise reduction programme.

Regular audits are undertaken by the night team, monitored by the patient experience group, to ensure the noise at night standards are being adhered to by staff these include the ward phone on low and answered within 5 rings, a stock of ear plugs to offer patients, main ward lights switched off and night lights on between the hours of 23:00hrs – 07:00am, soft closing bins, soft closing doors, kitchen doors kept closed, staff to wear soft sole shoes and be mindful of the volume of conversations.

The matron for patient experience and QI has been working on a project to implement visual sound ears in all in-patient areas to help reduce noise levels at night. The visual electronic sound ears are to improve the patient experience, they will help manage sound levels and aid patient recovery. A traffic light system is used to visualise when noise levels are increasing and a prompt for staff.

Implementation of the sound ears will take place over the next few months and the revised standards will be shared with staff.

❖ Catering

Electronic Meal Ordering System

The implementation of the electronic meal ordering system (EMOS) was completed at the end of May 2019. The implementation of the EMOS has already delivered improvements to patient meal times as patients can choose their menu right up until a few hours before service. One of the advantages of the system is it enables the catering department to collect data relating to any themes or trends and then make changes to the menus.

❖ AMU Food Temperatures

Earlier this year patient feedback relating to the food temperature and choice of food on the acute medical unit (AMU) was poor. The introduction of the electronic meal ordering system allowed the catering department to make significant changes to the service offered. It became evident that historically patients were not offered a choice of meal in this environment due to the fast turnover of patients. The paper based system that was in place meant that patients would have to order 24 hours in advance, a consequence of this is patients would receive a meal choice they had not ordered. The new EMOS was successfully piloted and allowed patients to order much closer to meal times meaning they were less likely to have moved before the next meal was due to be served.

Food temperatures were also an issue due to ward staff offering patients a choice of meals that would have been prepared by the catering department, this meant that the meal process took longer as patients had to decide at the time and resulted in the hot food being served cold.

The catering team reviewed how they load patient food trollies for AMU and changed their process to ensure that meals were loaded in bed order to speed up service further.

Menu Changes

The catering department regularly review all patient menus and they have already made adjustments to improve the children's menu. A tasting session has recently taken place with a view to introducing a new range of halal meals and there was positive feedback from both patients and staff.

Alongside the standard menu, the catering department provide meals for therapeutic diets and religious or cultural beliefs including: gluten free, dysphagia, finger food, halal, kosher and Afro-Caribbean.

Water Jugs

At Stockport NHS Foundation Trust, we are committed to improving the health of our patients through better hydration, providing fresh cool water to our patients encourages fluid intake and helps to prevent hydration. In April 2019 all water jugs were replaced and a new coloured lid system was introduced, the coloured lids refer to the time of day and are changed 3 times a day to ensure patients always have fresh water, additionally there are red jugs for patient who require assistance with drinking.

Morning

Afternoon

Evening

Assistance with hydration

To help staff quickly identify which patients require assistance with their meals the catering department place a red lid/cloche over their meal.

Napkins

Napkins for patient use during and after meal times proved a challenge for the organisation however after ongoing trials and alternative ways of working the catering team have now significantly improved this area of the service and this is reflected in the patient satisfaction survey results.

Allergen information

Allergen information for all menu items is now included on all the electronic device, staff simply click on the menu item touch the information tab and any allergens in that menu item are listed.

❖ Protected Mealtimes

We fully support protected mealtimes at Stockport NHS Foundation Trust allowing patients to eat their meals in a calm and relaxing environment without unnecessary interruptions. They also allow hospital staff to monitor and help patients meet their nutritional needs and improve the patient's experience of hospital food.

Stockport NHS Foundation Trust fully supports John's Campaign and welcomes relatives, friends or carers to assist patients at mealtimes and visitors unless assisting patients will be asked to leave the ward during this time.

❖ Celebrating National Patient Experience Initiatives

Experience of care week

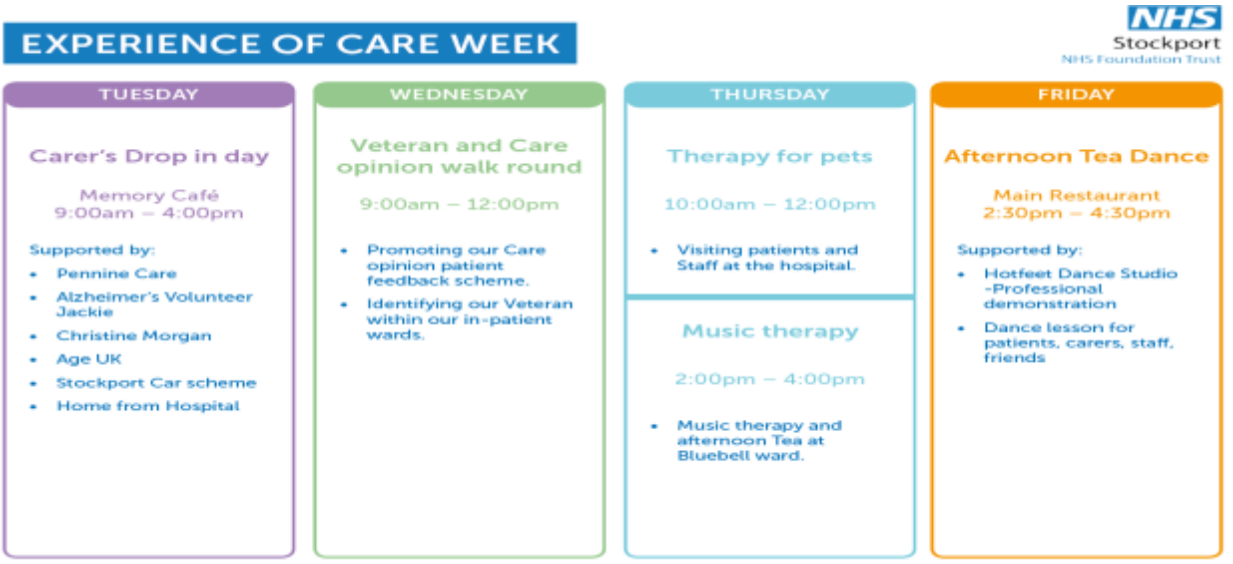
Music, dance and pet therapy were all part of the package during a week highlighting the importance of positive patient experience.

Stockport NHS Foundation Trust ran a series of events in both Stepping Hill Hospital and the community for Experience of Care Week, which celebrated the work taking place across health and social care which improves experiences of care for patients, families, carers and staff.

The week included a visit by friendly therapy dog Callie to patients on Stepping Hill's medical wards, who brought a big smile to everyone's face with her soft and gentle nature. There were also live musical therapy sessions at the Bluebell Ward at the Meadows Hospital in Offerton. The soothing nature of both pet visits and music had a highly therapeutic effect for many patients.

Other events included also a carer's drop in session at Stepping Hill Hospital's memory café which provides a calming environment for patients with dementia, and promotion for the Trust's new veterans' passport scheme which is being introduced to provide more tailored and responsive care for veterans of the armed forces.

The week finished off with a tea dance at the hospital's restaurant with guidance and lessons from the Hot Feet dance studio, which had a great response from staff, patients and families alike.



❖ Pet therapy

Pet therapy is a way of helping patients relax by the simple of means of letting them interact with friendly animals. It has been shown to release endorphins that produce a calming effect, and can help alleviate pain, reduce stress, and provide psychological support

There are now 6 registered therapy pets regularly visiting different areas of both Stepping Hill Hospital and the community hospital settings of the Devonshire Unit and the Bluebell Unit at the Meadows Hospital. A friendly donkey has now joined them too in visiting the Bluebell Unit.

Many of our patients don't have any family or visitors and the soothing nature of pet visits have had a highly therapeutic effect for patients. Through a visit and just patting an animal and seeing it respond gives our patients a little extra boost in addition to medical and nursing care.

❖ Music Therapy

Music therapy is an established psychological clinical intervention, which helps people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs. Listening to music can be both soothing and therapeutic for our patients as well as bringing back old-time memories.

Music in hospital benefits many patients across all areas:

❖ Short Stay Unit for Older People (SSOP)

The SSOP Unit have regular visits from the Apostolic Faith Choir, this musical medicine from the church choir includes violinists as well as singers and they perform a selection of songs to the delight of patients, visitors and staff.


The Apostolic Faith Choir sing and play on the short stay unit for older people

- Medical Wards

A professional harpist regularly attends and plays a selection of songs on the ward, this beautiful live music has a real calming effect on our patients and can help alleviate pain and reduce stress.

- Neonatal Unit 'Lullaby Hour'

The music helps the babies and children to settle and offer them comfort and joy, through gentle, beautiful lullaby songs that can be personalised for each child. The lullaby hour also offers anxious parents and families comfort too.

- **Dressed Is Best**

Dressed is Best was launched in Stockport NHS Foundation Trust in 2017 and there has been significant progress across the organisation. The aim of Dressed is Best within Stockport was to get at least 75% of patients by midday up and dressed to enable them to become more independent.

The rollout of Dressed is Best is on-going throughout the Trust.

- Production of engagement materials (posters, stickers and cards)
- Clothes collection in the Memory Café (discussions on-going to change to clothes hubs)
- Therapy-led group to engage in more meaningful activities on wards within the department of medicine for older people.
- Incorporation of Dressed is Best into the Trust induction (twice monthly) to emphasise the importance to all new starters
- Weekly support via the Trust's 'QI Club'
- Intentional-rounding amended to include Dressed is Best requirements
- Dressed is Best Steering Group established

In addition to the above, data collection has commenced via a safety cross to help monitor compliance against the aim. This data is contained within the supporting attachment. The following table provides a high level overview as to how each ward is performing. This summary is based on both current level of engagement and performance:

Rating	Wards	Context
Red	A3, B6, C3, D1	Low engagement, with limited performance metrics
Amber	A1, A11, B4, D2, E3	Engagement is on-going and there is scope for improvement
Green	E1, E2, A10, C4, C6, D4	Good engagement and performance against aim

The below table gives an indication of trust performance from the robust monitoring of the scheme from July 2018:

❖ Mixed Sex Accommodation

Stockport NHS Foundation Trust is committed to improving the quality of patient experience and will uphold the principle that all shared sleeping, casual overlooking and bathing / toilet facilities across the trust should be eliminated. We consider mixing of the sexes to be the exception, not the norm.

The Matron for Patient Experience & Quality Improvement is responsible for monitoring compliance and to ensure that an annual audit of all in-patient areas is carried out which is monitored by the Patient Experience Group.

❖ Hospital Radio – 'Radio Starlion'

Stepping Hill Hospital has its own radio station. Radio Starlion has been providing a bespoke radio service to our patients for over 40 years from its professional-standard studios on the hospital premises.

At the hospital's invitation, the station was originally founded by the Stockport Lions Club and presented its first programme on 29th May, 1977. It is now run by a small team of dedicated volunteers and broadcasts 24 hours per day, every day of the year and is financed entirely through fundraising by the team.

It provides a balanced mix of programmes including music and request shows, news, documentary items, comedy, live commentary of Stockport County's home games at Edgeley Park and other content, carefully crafted to suit listeners of all ages in a hospital environment.

❖ Christmas presents

The Matron for Patient Experience and QI, along with the voluntary services team organise presents for our in-patients at Christmas time. It was decided to purchase gifts from The Body Shop and these were presented in beautifully wrapped packages.

On Christmas itself, staff came in to help distribute the presents to our patients and some dressed in fancy dress costumes to create some festive fun.

❖ Patient Led Assessment of the Care Environment (PLACE)

The PLACE assessment at Stepping Hill was undertaken over 3 days, 17th, 24th and 31st May over 3 weeks and involved 8 teams made up of 2 staff assessors and 2 patient assessors inspecting various locations across the site and included the food assessments.

The teams inspected 10 wards, 9 outpatient departments, the emergency department (including paediatric ED) as well as communal and external areas. Each area was assessed against the set criteria laid out in the PLACE assessment forms covering the following domains:

- Cleanliness
- Condition, appearance and maintenance
- Dementia
- Disability
- Privacy, dignity and well being
- Food (taste, temperature and texture)
- Ward food (meal service at ward level)
- Organisational food (buying standards, menu choices etc.)

Final scores for all three sites assessed in 2018 are outlined in the tables below. A comparison has been made against the site scores achieved this year compared with the previous year and the national average, indicating any changes in performance.

a). Devonshire Centre

Devonshire (Cherry Tree)	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2017	96.77%	96.66%	98.86%	93.55%	86.36%	93.93%	75.52%	84.14%
2018	97.51%	96.77%	94.31%	100%	95.45%	88.04%	63.58%	84.19%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%
National Average Comparison	-0.96%	+6.60%	+4.34%	-9.48%	+11.29%	-6.29%	-15.31%	+0.00%

b). The Meadows

The Meadows	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2017	100%	87.09%	79.79%	97.04%	83.93%	97.46%	82.42%	88.42%
2018	98.78%	79.66%	81.38%	76.54%	66.67%	93.41%	71.72%	85.62%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%
National Average Comparison	+.31%	-10.51%	+8.59%	-13.98%	-17.49%	-0.92%	-7.17%	-1.43%

c). Stepping Hill Hospital

SHH	Cleanliness	Food	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2017	98.24%	92.20%	97.89%	90.75%	81.24%	94.63%	69.14%	82.65%
2018	97.52%	87.51%	94.21%	85.77%	83.58%	92.72%	64.46%	97.87%
National Average	98.47%	90.17%	89.97%	90.52%	84.16%	94.33%	78.89%	84.19%
National Average Comparison	-0.95%	-2.66%	+4.24%	-4.75%	-0.58%	-1.61%	-14.43%	+13.68%

❖ Garden Party

In the summer of 2018 our stoke rehabilitation ward held a garden party for patients, their relatives and carers which was supported by the Matron for Quality Improvement and QI, and Quality Support Practitioner. Patients, their family and carers enjoyed an afternoon in the sunshine whilst listening to musicians accompanied by fresh scones, strawberries and cream.

❖ Patient Stories

To capture our patient experiences, we invite our patients and their loved ones to film their stories, to be shown at Trust board then shared with staff and public. Alternatively, if the person does not wish to participate in the filming of their story, they are invited to attend Trust board to relay their experiences. It is of great importance to capture patient experience of the people that use our services. This enables us to learn what is great about our organisation, thus allowing us to share with our staff the impact that their care has had. It also allows us to address areas that fall short of our high standard of consistent care, and improve the areas for concern. The value of people sharing their personal experiences is immeasurable and allows us to shape and improve on our services in line with our quality improvement plan.

The films have been instrumental in ensuring that person centred care is at the heart of all we do.

6. Patient Experience Staff Education

The Care Certificate training programme is a national programme that was first launched in April 2014 following on from recommendations from the Francis Report. Each new healthcare assistant that is employed within the Trust must undertake the 15 standards of the care certificate, successfully completing and passing the assessments within the accompanying workbook as evidence of their standard of practice. The Trust's care certificate training programme is supported by the matron for patient experience and QI and the quality practitioner. The aim is to provide all our new healthcare assistants with a level of understanding around the patient experience service and the journey of our patients whilst in our care. This enables the Trust to set the standards of care which puts our patients at the heart of all we do. The programme has recently been extended to include our long serving existing healthcare support staff.

The Preceptorship training programme is a national programme that supports newly qualified registered general nurses throughout their first post registration year. The Matron for Patient Experience and QI and the Quality Practitioner, also support the induction of the preceptors throughout the programme. The team also provide support and education around patient experience and encourage the newly qualified staff to become actively involved with FFT, in house satisfaction surveys and Care Opinion. Education and training is provided within their place of work by the team.

The jar of hearts is a method for staff to record their pledges of how they will contribute to improving our patient's experiences. This is taken to each induction session with both registered and non-registered staff and the pledges are then shared in celebrating at local events such as International Nurses Day, International Day of the Midwife, Allied Health Professional celebration day and the Trust awards ceremony.

Chroma key educational films are a visual effect technique that provides quick and concise messages**,** which are then shown at staff induction and training sessions. The chroma keys were developed to support our staff always events and education and training sessions that are used to cascade to the wider staff audience the key messages of safety and quality throughout the Trust.

7. Patient and Customer Services

Most patients are happy with the care they receive but there may be times when we do not get things right. The Trust welcomes constructive criticism of its services as the information received is invaluable in order to improve the quality of services offered. Many concerns can be resolved with the person in charge of the area where that patient is receiving care. If the issues cannot be resolved, or the matter is of a more serious nature, patients should be directed to the patient and customer services department to discuss the concerns and agree a course of action. The patient and customer services department are responsible for facilitating investigations into complaints (formal and informal), enquiries and concerns about care, treatment and services provided by Stockport NHS Foundation Trust.

This report presents an overview of the complaints received and will identify themes and trends in regards to locations and subjects. This report will also highlight performance metrics giving clear rationale for performance concerns and will highlight achievements.

There is responsibility for complaints at executive level with the chief nurse having delegated responsibility as executive lead and guardian of the integrity of the complaints process and for reporting to the chief executive and the Board on complaints related issues.

The Trust's complaints policy has been reviewed and the policy aims to ensure that all complaints and concerns received by Stockport NHS Foundation Trust are consistently, fairly and effectively handled across the Trust, by all staff. When dealing with complaints we aim to:

- Offer opportunities to resolve concerns and complaints at ward or department level, without recourse to the formal complaints process, wherever possible;
- Ensure patients, their families and carers receive the information they need to understand the complaint investigation process;
- Provide reassurance that if errors have occurred, everything possible will be done to ensure lessons learned will help prevent the incident recurring;
- Ensure openness and transparency throughout the complaints and concerns process, complying with *Duty of Candour* Regulations (2013);
- Investigate complaints thoroughly and effectively in a timely manner, keeping complainants informed of the progress of investigations. This is vital in cases that are complicated or involve multiple agencies;
- Ensure we are logical and rational in our approach;
- Where a complainant escalates their complaint externally because they are dissatisfied with the local outcome, we will cooperate with the Ombudsman review;
- Provide a level of detail that is relevant to the seriousness of the complaint;
- Ensure all patients, families and carers, healthcare professionals and managers feel supported during any complaint investigation;
- Generate reports and intelligence from complaints data and themes to identify learning and make service improvements both organisationally and within business groups, services and teams;
- Develop a culture where complaints are seen as opportunities to learn and improve and exhibit robust systems and processes;

7.1 Acuity Levels

There has been a reduction in the numbers of people contacting the patient and customer services team over the year. 2951 contacts were received in 2018-2019, which comprised of formal complaints, informal

complaints, general enquiries, MP enquiries and compliments. This is a decrease of 14% from 3459 in the previous year.

7.2 General enquiries (PALS)

General enquiries (PALS) are requests for information, such as ward visiting times and enquiries relating to other Trusts. 1,279 general PALS enquiries were received in 2018-2019; this is a decrease from 1,829 received in 2017-18.

7.3 Informal concerns

Informal concerns are usually more straightforward concerns which can be dealt within three working days. If the informal concern is more complex and will require more than three working days to resolve, communication is maintained with the complainant to ensure they are happy with the timescale. Alternatively, they are given the option of progressing to the formal complaints process.

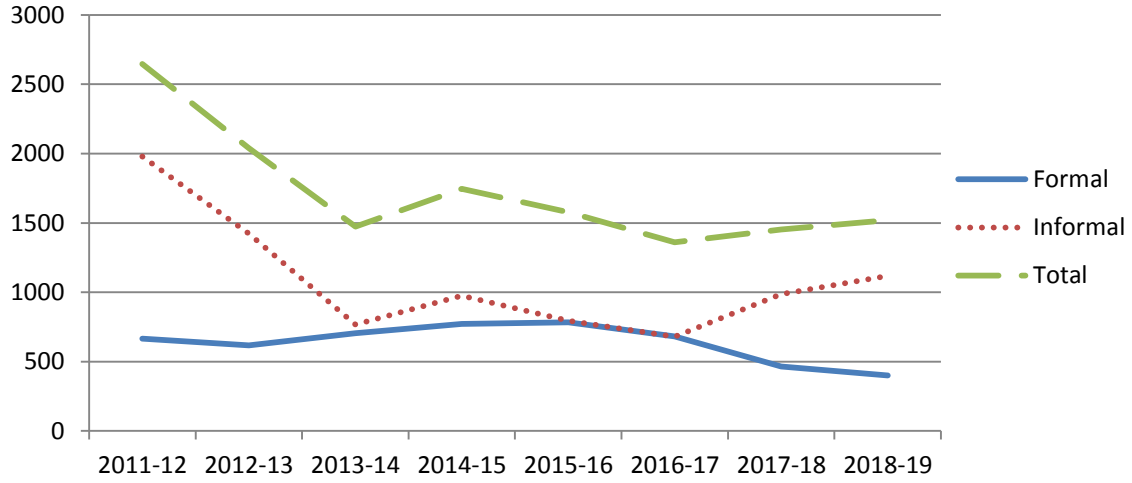
In 2018-2019, 1,118 informal concerns were received. This is increase of 13.3% from 987 in 2017-187. Work continues to address more concerns informally, where possible, in order to reduce the number of formal complaints.

7.4 Formal complaints

Formal complaints require a formal investigation and written response within 45 working days. In 2018-2019, 401 formal complaints received. This is 65 less than 466 received in 2017-18.

A total of 88,884 patients were admitted to the Trust in 2018-2019 (31,707 day cases and 57,177 admissions). A further 329,028 patients attended an outpatient appointment and the emergency department received 99,190 patients making an overall total of 517,102 patients attending Stepping Hill Hospital in 2018-2019. A total of 401 formal complaints were received which is 0.07% of the number of patients accessing our services.

A breakdown of formal complaints received by year can be seen below:



The number of formal complaints received has decreased and is the lowest received in over 12 years. The Trust continues to reduce the need for patients to access the formal complaints process by responding to concerns informally where possible. This provides a timelier outcome for patients.

7.5 New complaints by business group

Many complaints involve more than one business group. In such cases, the patient and customer services team will appoint the business group where the majority of the concerns relate to that business group as the lead business group and the business groups dealing with the remaining issues are known as associate business group/s. The lead business group takes primary responsibility for the investigation and response of a formal complaint. The associate business group will provide supplementary comments on their involvement. The table below shows the number of investigations undertaken by each of the business groups.

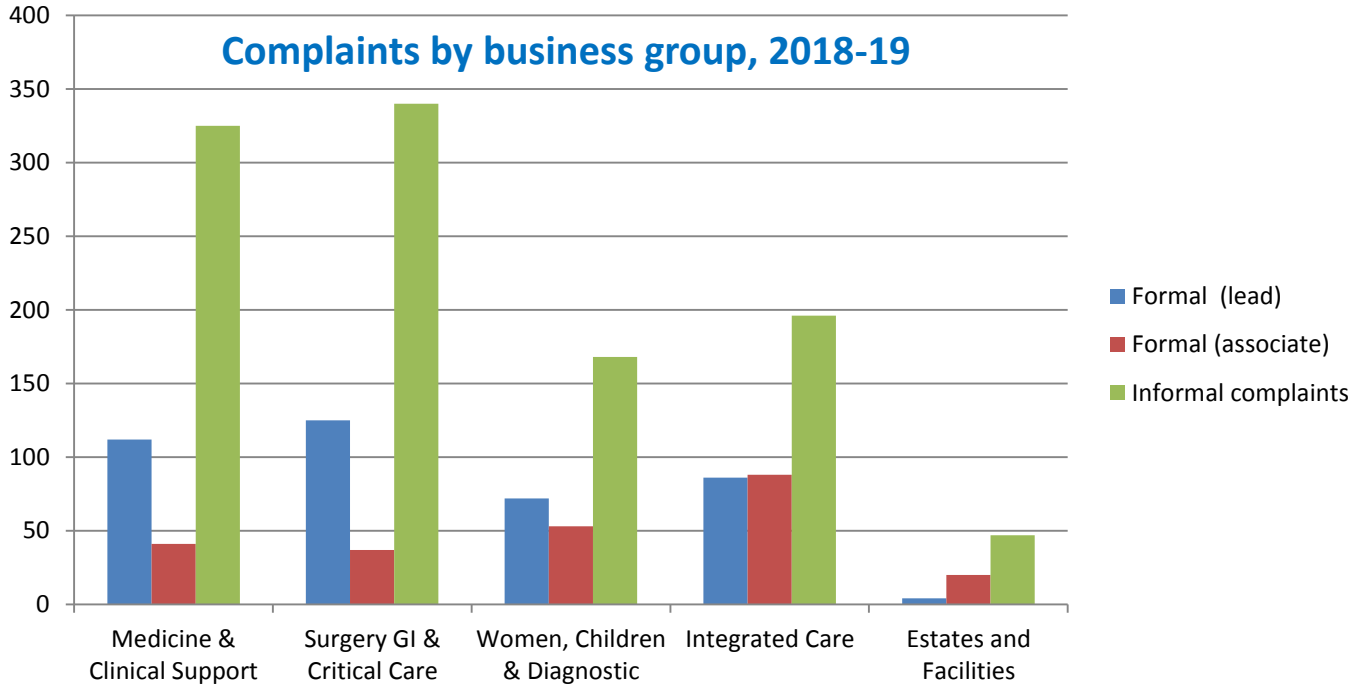
7.6 Acknowledgement of complaints

Formal complaints received by the Trust are acknowledged within three working days. A dedicated case officer is assigned to each case and it is the case officer's role to make and maintain contact with the complainant, ensuring that their concerns have been fully understood and confirming the plan for investigating and responding, as well as the time period for the investigation.

The complaints team aims to acknowledge 95% of formal complaints within three working days. This target was achieved in 2018-2019 with 100% of complaints receiving an acknowledgement within this timescale.

7.7 Response rate

On commencement of the investigation, the business group are provided with a date to respond. This is set for 10 working days prior to the Trust response date. This enables the response to be thoroughly reviewed and for further to be undertaken if required. Response rate for the business groups for 2018-2019 is shown in the below table.

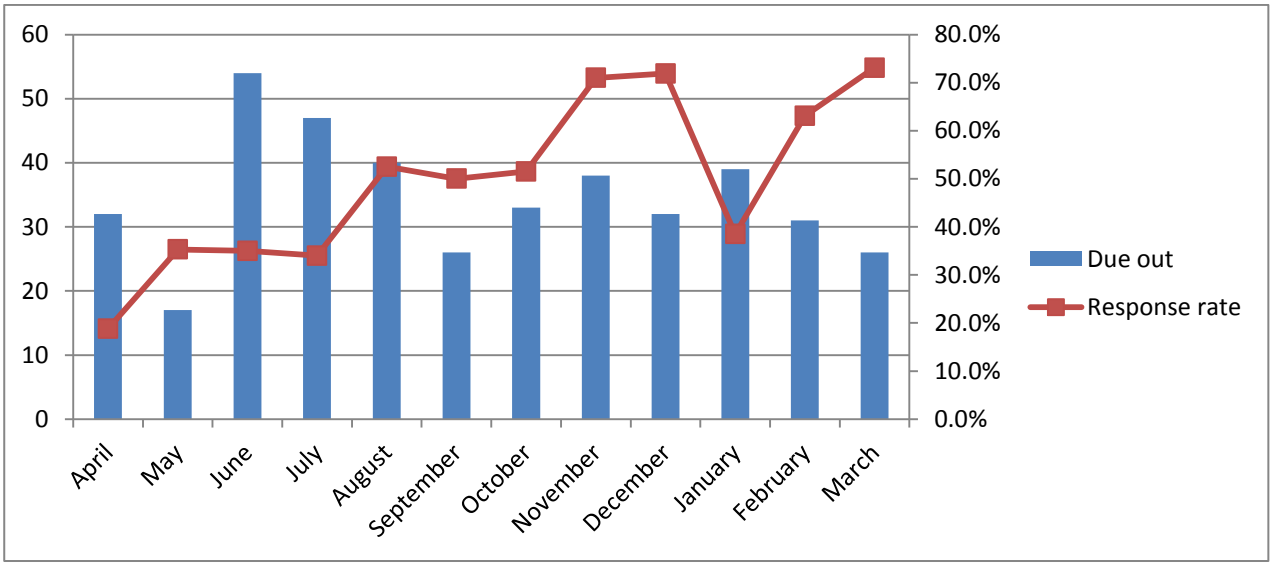


Business Group	Response rate
Women, Children & Diagnostic Services	62.8%
Estates & Facilities	50%
Integrated Care	49.5%
Surgery GI & Critical Care	42.6%
Medicine & Clinical Services	19.1%

The response rate for the business groups is lower than expected with an overall response rate of 41.6%. This often caused a delay in providing the response to the complainant. This is as a result of the increased scrutiny being placed on the investigation and senior review at business group level.

The Trust aims to respond to 95% of complaints within the timescale given to the complainant. In 2018-19, the Trust responded to 48.2% within the timescale advised. This represents a decrease from 92% in 2017-2018. The Trust acknowledges that the response rate is lower than is expected but is as a result of increased scrutiny being placed on the investigation.

The below table shows the performance against timescale for response:



All responses to formal complaints are reviewed at a senior level before being reviewed and signed by the chief nurse.

The Trust is eager to improve the quality of responses to complaints in order to ensure the best possible outcome for the complainant. This includes ensuring that the Trust are open and honest when providing a response and the complainant is able to feel assured that a thorough investigation into their concerns has been conducted.

7.8 Complaint outcomes

In 2018-2019 420 formal complaints were closed. Each complaint is reviewed on completion of the investigation and a record is made on whether the complaint has been upheld by the Trust.

- 26% of complaints were not upheld
- 49% were partially upheld
- 25% were upheld

7.9 Returned complaints

The Trust conducts its investigations and aims to respond by 'getting it right first time' however a complainant may sometimes remain dissatisfied with the Trust's investigation, response and/or action following receipt of the final response and any meeting that may have taken place. Where a complaint is returned for further review the PCS will:

- Contact the complainant to discuss the reasons for their continued dissatisfaction and will agree a further written response to be sent or offer to arrange a meeting, according to the complainant's preference.
- Will agree the timeframes for a further investigation to be completed and a further written response to be sent by the Trust.
- Notify the relevant business groups of the complainants continued dissatisfaction and provide details of any outstanding issues to be investigated further.

In 2018-2019, 43 complainants were dissatisfied with the response they received and sent a further letter. This is a reduction from the 58 in 2017-18.

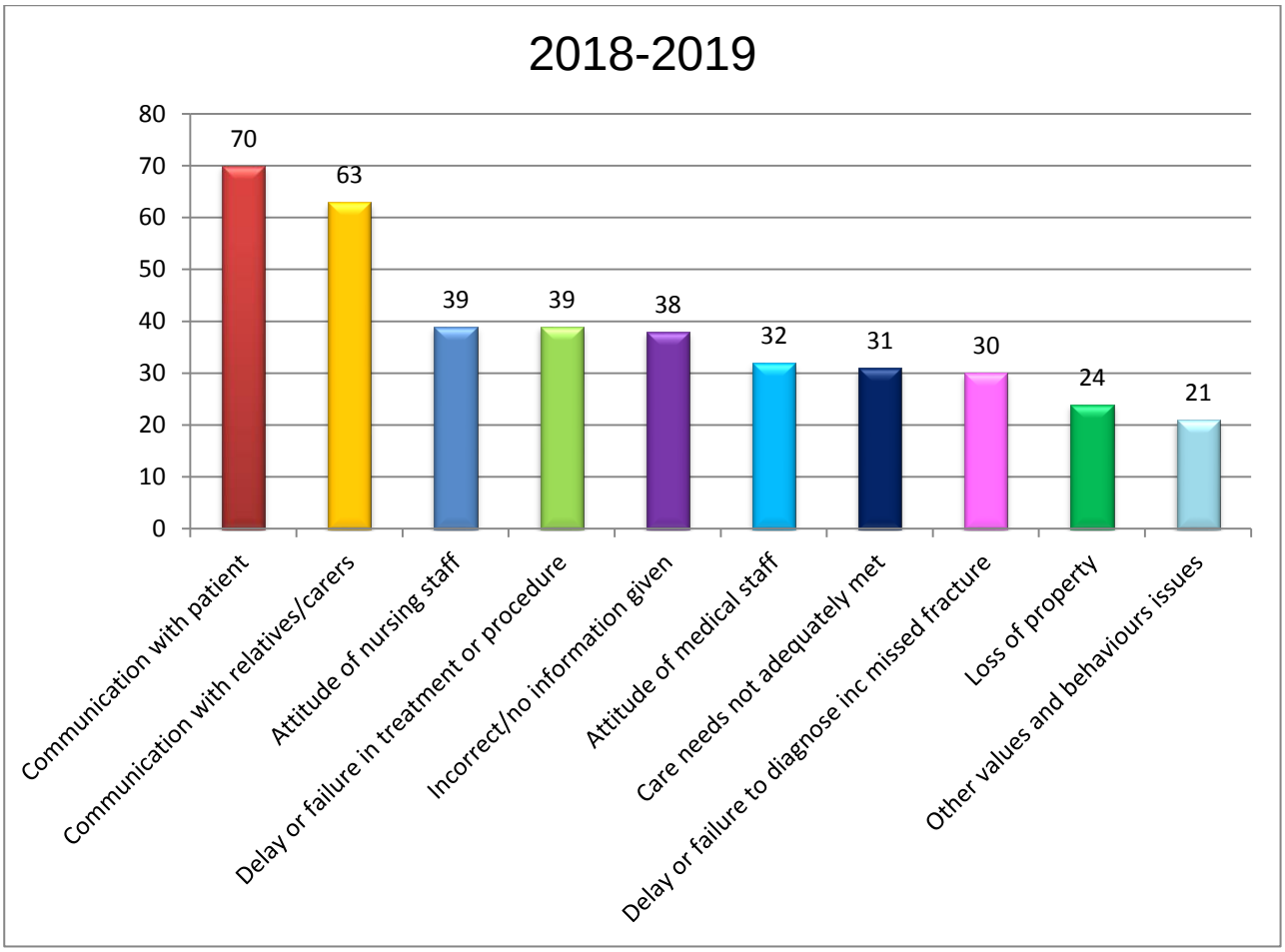
7.10 Complaint themes

Every formal complaint is recorded and categorised by a subject and location in order to assist the Trust in recognising themes and trends. These are allocated in priority of effect on the patient so clinical subjects are generally allocated as the primary subject if complaints refer to their treatment or the nursing care on the wards.

1,191 subjects were recorded about complaints received in 2018-2019. The number is higher than the number of complaints received as many complaints have more than one subject and made involve more than one location.

7.11 Subject of complaints

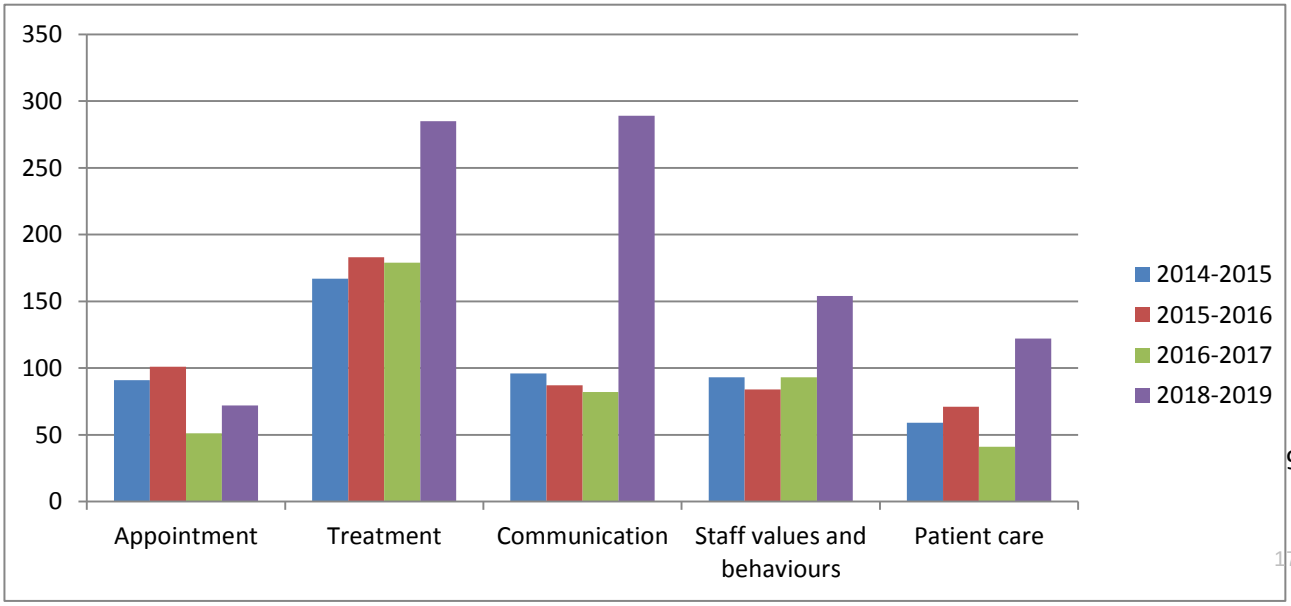
The table below shows a breakdown of the top ten concerns raised within formal complaints for 2018-2019. Concerns about communication, in particular with the patient, received the highest number of complaints for the year.



7.12 Summary

- 31% of all formal complaints raised concerns in relation to communication
- 31% related to clinical care and treatment
- 17% staff values and behaviours
- 13% related to patient care
- 8% related to appointments

7.13 The following graph compares the subjects of complaints in 2018-19 to previous years:



2018-2019 saw a significant rise in the subjects being recorded as the new Datix database allows more detail to be added. Therefore, when a complainant raises multiple concerns, these will be captured on Datix allowing the Trust to closely monitor themes/trends arising.

7.14 Locations

The three most complained about incident locations are:

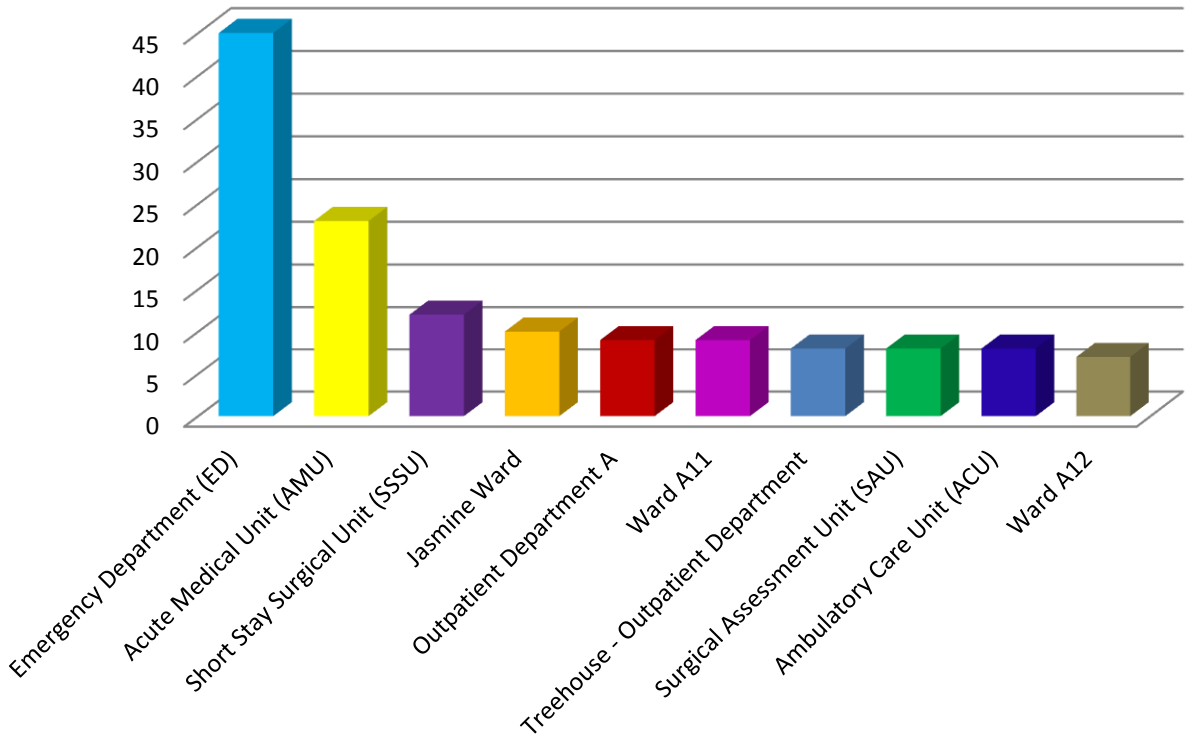
- The Emergency Department (ED)
- Acute Medical Unit (AMU)
- Short Stay Surgical Unit (SSSU)

Complaints about the emergency department mainly relate to the treatment provided to include alleged missed, incorrect or dispute over diagnosis. The second highest area of concerns raised was about waiting time within the department.

The main concerns received about the acute medical unit related to treatment to include an alleged delay or failure in treatment.

Clinical treatment was also the highest area of concern about the short stay surgical unit to include concerns about diagnosis and delay or failure in observations.

The following table indicates the top ten locations for formal complaints received:



7.15 Learning from complaints

Good complaints handling is not limited to providing a response or remedy to the complainant but focusing on ensuring that the feedback received through complaints is used to learn lessons and contribute to service improvement. The chief nurse and director of quality governance monitors the learning from complaints and requests that this shared with the complainant.

Examples of learning and actions as a result of complaints in 2018-2019 are included below.

Integrated Care

- A refurbishment of the ED is currently underway where additional cubicles and treatment rooms are to be provided, increasing the number of beds available for our patients.
- Pillows are now being ordered on a regular basis in the emergency department to ensure that there is always a stock of these.
- All patients on SSOP are now assessed by a registered nurse with regard to their nutrition and hydration.
- The visiting times on SSOP have been increased from 11:00 hours until 20:00 hours.
- The electronic prescribing system now has an 'alert' for hydrocortisone so that if it is ever prescribed, it warns the doctor or nurse administering that it is a time critical medication.

Medicine & Clinical Support

- An apron/glove holder was moved from the outpatient clinic room to prevent further injuries to patients.
- A full review of the ward B6 environment has been undertaken and a risk assessment completed. As such, a quotation for window coverings has been obtained, grab rails have been installed in the annex of bathroom and mirrors have been installed in the bathrooms.
- Medical staff on ward B4 are now aware to flag all critical medications as 'time critical'; this will assist junior nurses in being more proactive in chasing deliveries from pharmacy.
- On ward A12, a diabetes checklist has been developed for newly diagnosed diabetes patients. They are also working towards developing packs for both type I and type II diabetes patients.
- We have now changed the set-up of the appointment booking telephone system. Music is now played continuously so patients do not mistakenly think the call has been terminated.

Surgery GI & Critical Care

- There is a new order tracking system in place for the orthotics service to highlight if products are not received.
- Theatre reception staff will make their presence known to all patients as they arrive in theatre reception area.
- Discharge documentation is currently being reviewed; it is planned that there will be a new discharge checklist that will be part of the admission booklet to ensure that nursing care is appropriately continued following discharge. This will ensure that timely referrals are completed and will be a preventative measure to ensure the scenario of a missed referral does not reoccur.
- A change of practice has been undertaken for patients identified at risk of skin tears during surgical procedures in that additional padding will be applied to the patient's leg.
- The urology team have reviewed the policy for accepting patients from other hospitals. Patients must now have undergone diagnostic radiology examinations before being referred.

Women, Children & Diagnostic Services

- Redesign of the booking system for the breast service to ensure most effective use of available new patient slots.
- A review the pathway for women undergoing termination of pregnancy to be undertaken and use the anonymised feedback to inform our future practice.
- The training for new born examinations was reviewed to make the process and sign off more robust, and to raise awareness that problems with genitalia need early senior review.
- Two midwives trained in the Hazelbaker assessment to be available for clinic, so that a second opinion can be provided on request.
- A discussion to take place at a multidisciplinary forum on whether routine catheterisation of all women who experience a haemorrhage is required instead of it being at the discretion of the obstetrician.

Service improvement learning

- Outcomes from learning are included in governance and other quality reports to show evidence of "closing the loop" with regard to complaints.
- The Patient Experience Group receives bi-monthly reports that include intelligence on complaints and concerns to identify themes and provide assurance that lessons are learnt and improvements made.
- The Complaints Review Panel will provide assurance to the Board, via Quality Committee, that the Complaints Policy is appropriate and meets the requirements of the NHS Complaints Regulations 2009, and the Parliamentary Heath Service Ombudsman's recommendations, in their detailed in their report, 'My Expectations for Raising Concerns and Complaints, Parliamentary and Health Service Ombudsman, 2013.'
- The aim of the panel is to ensure the Trust Complaints Policy is adhered to. There is a rolling programme of complaint reviews by divisions, complaint responses are timely, and of sufficient quality, trends have been identified, lessons learned and actions have been identified and acted on.

7.16 Equality Monitoring

Capturing equality monitoring data when recording complaints remains a challenge for the Trust.

During the year 1 April 2018 to 31 March 2019 the Trust received a total of 401 formal complaints of which there were 3 that raised concerns about discrimination. Of these, 2 related to age discrimination and 1 made an allegation of disability discrimination. The allegations about age discrimination were not upheld, however the concerns were shared with staff for appropriate learning to ensure that the Trust staff treat all our patients and users of our services appropriately.

With regards to the complaint alleging disability discrimination, this complaint was upheld. The complaint centred on the provision of interpreters in an acute emergency situation and as the Trust do not have a BSL interpreter on site; they are contacted via the approved channels as outlined in the Trust interpreting policy as and when they are required. On this occasion, staff did not recognise the need for an interpreter and as such this service was not offered.

The Trust received 1118 informal complaints during this financial year, 1 of which related to discrimination. The complainant expressed dissatisfaction with access to the appointment service for patients with a hearing disability. The complainant stated that patients with hearing impairments do not have the same access to contact the Trust.

A total of 1519 complaints were received and the Trust is aiming for no complaints regarding discrimination in future. The Trust needs to continue the work being undertaken to ensure that all patients are treated with dignity, respect and courtesy.

The formal complaints received in this financial year have been categorised in terms of age of the patient and gender of the complainant. Datix does not have the facility to capture the ethnicity of the patient. The following tables breakdown these figures:

Table A – age of patient

Age of patient	Total
1 to 16	37
17 to 30	35
31 to 50	65

51 to 70	114
71 to 90	119
91 +	13
Not known	18

Table B – gender of patient

Gender of patient	Total
Female	222
Male	162
Not recorded	17

7.17 Second stage complaints: Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied after the Trust's complaints process has been exhausted and considers local resolution concluded, they have the right to request that their complaint is reviewed by the PHSO. The PHSO will assess cases referred to them, taking an in-depth look at what happened in order to decide whether to investigate.

In 2018-2019, the PHSO accepted twelve cases for review about Stockport NHS Foundation Trust, which is 2.8% of all complaints closed in the same period. The Trust continues to maintain a low number of cases investigated by the PHSO, which further evidences our success with local resolution.

The PHSO approach when investigating complaints is to first establish what should have happened. To help them understand this, they look at how the Trust was expected to act at the time of the events, taking into account of any relevant law, policy, guidance and standards that were in place at the time. The PHSO will compare what should have happened to what actually happened and consider if this is a gap between the two. If the PHSO recognise the Trust did get things wrong, they will look at the effect this had on the complainant and whether we have already acknowledged or responded to some or all of the problems identified. This will be taken in to account in their final decision on whether they fully uphold, partly uphold or do not uphold a complaint.

Of the complaints the PHSO investigated in 2018-2019, eight cases were concluded, one was upheld, one was partially upheld and six were not upheld.

The reasons for partially upholding one complaint included failings in the treatment provided to the patient, record keeping and complaint handling. The reason for fully upholding one complaint included the failure to carry our sufficient interval testing on the patient. This resulted in medications not being managed correctly.

Responses to the upheld and partially upheld complaints include apology and financial restitution, and the development of an action plan to prevent any reoccurrence.

These figures were similar to 2017-18 when eleven complaints were accepted for investigation by the PHSO.

8. Voluntary Services

We currently have 400 volunteers working at the hospital. Volunteers support patients, families, visitors and staff in various ways, including greeting and guiding patients and visitors when they first visit the hospital, helping out on wards, supporting at mealtimes, and serving in the hospital's shops. The hospital has had 219 new volunteers start in this financial year. Our volunteers are aged between 16 and 89 years. All the newly recruited volunteers commit to a minimum of 3 hours per week and to volunteer for a 4 month minimum period. 179 volunteers have left during this period the majority of these being younger having completed their college commitment when embarking on a health care career. We continue to actively recruit volunteers and have 39 applications awaiting clearances.

8.1 Events of Celebration

In June 18, volunteers where invited to attend a celebration of long service. Adrian Belton, the Trust's Chairman, presented certificates and award badges to thank volunteers for their years of service. 37 volunteers were honoured, 24 of them present at the awards, and each of whom had served either five, ten or twenty years of service at the hospital. Tribute was also paid to those volunteers who had sadly passed away, and those who had retired due to ill health.

The annual volunteer Christmas lunch was held on the 18 December where over 100 volunteers including those newly retired enjoyed a very delicious meal, prepared and served by the catering team.
The volunteers were entertained prior to the meal by students from Aquinas College who played and joined the Chaplains in singing Christmas carols.

8.2 New Initiatives we introduced in 2018

In July 2018 our retail facilities came back in house. The shops initially came under the management of the WRVS, then Stepping Hill, then went over to Host for a period of two years and finally back again with ourselves in July. 8 volunteers are currently providing support in the retail outlets, two of which are Harry Needham who started in 1993 and Dorothy Pennington in 1992.

8.3 Volunteer Helpers for ED

Earlier this year the volunteer service department was called upon to provide drinks for patients, carers/relatives and staff in our emergency department during very busy periods. We have therefore looked to provide the department with additional cover. We now have 9 volunteers placed to cover most mornings and afternoons. We are working in partnership with Greater Manchester Police in providing

support for patients on arrival at A&E to reduce the number of patients who leave prior to receiving care most of which are awaiting a mental health assessment.

8.4 Courtesy Caller Volunteers

The courtesy caller role is an exciting new volunteering opportunity within the hospital to support our patients in attending their upcoming hospital appointments and surgery. Courtesy caller volunteers telephone our patients prior to their arranged hospital appointments to remind them of the details, supporting patients with minor queries and reassure patients who may feel worried about coming into hospital - overall improving the patient experience. We have implemented the initiative in two areas ears, nose and throat (ENT) and for geriatrics and rheumatology. To date we have managed to recruit 8 enthusiastic and motivated individuals to contribute to excellent patient experience.

8.5 Dressed is best

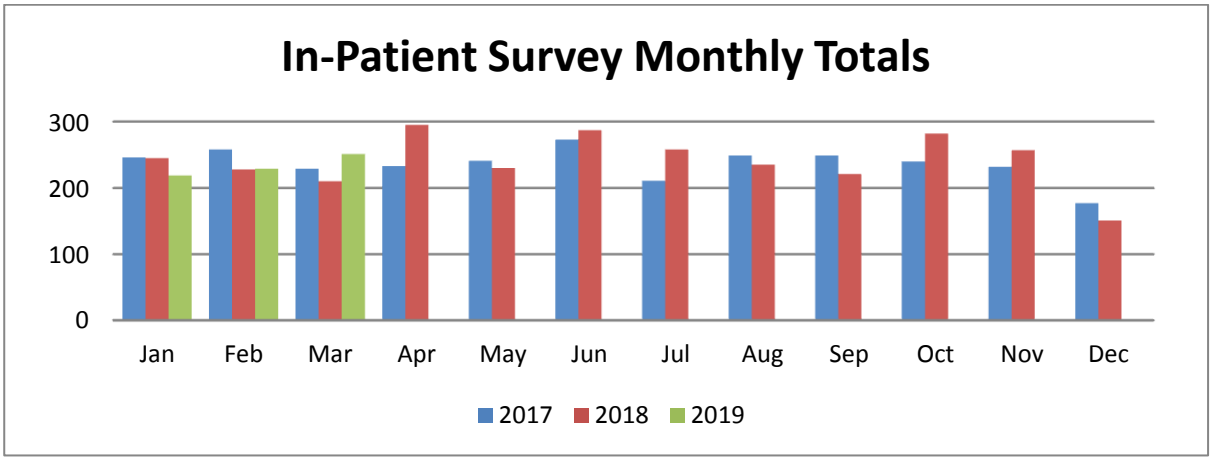
Volunteers are supporting the Trust's therapy team with the 'dressed is best' initiative. 'Dressed is best' is part of the national #endPJparalysis campaign, which highlights the impact of patients being left in pyjamas or hospital gowns for any longer than necessary. The goal of the initiative is to get patients up, dressed and moving. It aims to speed-up patients' recovery and reduce the length of time people need to spend in hospital. A small number of wards have agreed to undertake a volunteer pilot to understand fully how to the role of the volunteer can assist with dressed is best. To support this, an ideas list has been created to help provide focus for volunteers and staff to maximise volunteer participation.

8.6 Inpatient Surveys

We currently have 13 volunteers trained to carry out the surveys on each ward. They look to engage 10 patients per ward, per month, prior to discharge. Currently patients are asked 34 key questions. All questions are rated using a choice of 2 five point scales.

The overall number of surveys completed across all ward areas is monitored monthly. See Table 2

Table 2



The number of surveys fluctuates each month. To aid in increasing the number of surveys completed in all areas the matron for patient experience requested where possible that ward managers look to undertake carrying out surveys themselves. This will be supported by the volunteer service office enabling passwords and survey access.

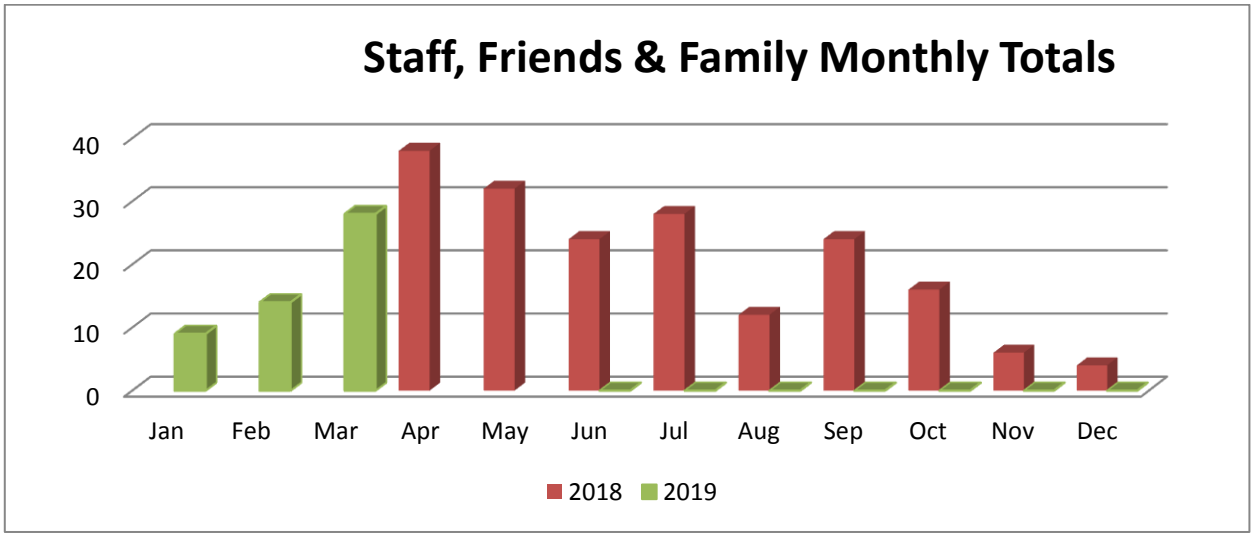
Alongside the in-patient survey, a second survey to be carried out simultaneously. The survey is called the Staff Friends and Family Test. Two questions are asked, which are the same as those asked to NHS staff nationally:-

Q1 How likely are you to recommend Stockport NHS Foundation Trust to friends and family if they needed care or treatment?

Q2 How likely are you to recommend Stockport NHS Foundation Trust to friends and family as a place to work?

See numbers of Staff surveys completed per ward area below comparing 2018 to 2019:-

Table 3



As the friends and family test was introduced as an iPad survey in April 2018, we are unable to make a comparison at this stage. The number of surveys has been steadily increasing month by month this year. Overall the findings indicate that we still need to increase the number of surveys being completed to ensure the data is meaningful.

8.7 Updating Policy and Practice

Volunteer Strategy, Policy and Volunteer Charter

An audit was completed by Miaa in the summer of 2018 which highlighted a number of actions for Volunteer Services one of which was the introduction of a Volunteer Policy and Volunteer Charter. The new volunteer policy looks to align our volunteer recruitment services with current legislation and Trust staff recruitment services. An overarching volunteer strategy has been developed which provides a longer term vision and action plans. Six strategic goals have been identified as follows:-

- To develop up to date policy and practice for volunteer services in line with current legislation and good practice
- To broaden our volunteering opportunities

- To increase the number and diversity of volunteers.
- To develop a programme of training and development to meet needs.
- To develop a structure of support/supervision for individual/groups of volunteers
- To develop clear lines of communication between hospital volunteer services and frontline staff teams.

The volunteer strategy has been approved by PEG and has along with the volunteer charter been publicised and are available on the Stepping Hill public website.

8.8 Mandatory Training

All volunteers are expected to complete mandatory sessions in the first three months following their start date. The sessions expand upon the volunteers existing knowledge in each subject area as well as ensuring they are up-to-date with legislation. The volunteers currently complete child safeguarding, infection control and fire safety. We are working closely with the training and development team to provide access to all mandatory training sessions as completed by staff.

8.9 Hearing Loss Awareness

A small number of volunteers attended hearing loss awareness training this was an interactive workshop delivered by Action for Hearing Loss covering:

- Good practice communication with deaf/hard of hearing patients
- How to make your environment accessible to deaf/hard of hearing people
- Impact of hearing loss on individuals

The volunteers who attended are to receive additional training to enable them to support patients who have hearing impairment by helping to put in their hearing aids as one of their ward duties.

8.10 Dementia Specialist Volunteers

The volunteers received training from our dementia specialist matron and from Pennine Care who provided *An Introduction to Dementia* - the course provided by Pennine Care looked at how dementia is experienced by each individual, and the learning which can be gained from people living with dementia themselves. The training to date has been well received by the volunteers. 56 volunteers have completed the dementia specialist course.

9. Chaplaincy Services

The chaplaincy team is made up of a full-time lead chaplain and five part time chaplains. The team are supported by twenty five of the Trust's volunteers. Their services are available daily from 8:30am until 5:00pm, and the team provides an on-call service for the rest of the day. The team provide cover to all hospital in patient areas including the off-site facilities at The Devonshire Unit and The Meadows. The chaplaincy team also extend all services to the patients of Pennine Care Trust who are co-located within the hospital site. The Chaplaincy team provide 365 days cover for the hospital.

9.1 Trust Carol Service

The Trust Carol Service took place this year in working hours at Pinewood Lecture theatre instead of St Peter's church where it has historically taken place. The reason for the change of venue was to enable more staff to attend and also patients. A small but very gifted band from Aquinas College played Christmas Carols and the congregation sang along. The service was well attended and positive feedback was received from patients and their families.

9.2 Baby Memorial Service

The annual baby memorial service was held on the 13th of October 2018, at CofE St George's Church. The Trust executive team was represented by Hugh Mullen, Deputy Chief Executive who opened the service along with Emma Rogers, Matron for Patient Experience and QI. The service was well attended by approximately 300 parents and relatives and the service ended with the letting go of balloons.

9.3 100 Year Anniversary

The 100 year anniversary celebration of the end of World War 1 was held on the 9th of November 2018 at the hospital main entrance atrium and was led by two of the hospital Chaplains. The service saw staff, patients, relatives, family and friends all gather for a short service and we were delighted to welcome students from Aquinas College who had produced some pieces of Art inspired by their visits to the Imperial War Museum. These were displayed around in the main reception. The 'last post' was played by one of the students which was particularly poignant.

9.4 Manchester Arena Attack

The Trust held a remembrance service in the hospital Chapel to honour those affected by the Manchester Arena attack, this was open to staff and patients and the Chaplains were available in the Chapel all day to provide support to staff and all visitors were welcomed to light a candle or leave a message in the remembrance book.

9.5 Multi Faith Centre

Currently the chaplaincy service is delivered in an established and traditional manner however feedback and evidence has highlighted that some patients, colleagues and communities may feel they are not as well served by chaplaincy departments as they should be. It has been identified that information about the range of services available to different faith and belief or non-belief groups may not be easily accessible to everyone.

A task and finish group has been formed with an intended outcome to make improvements to the current location and identify a new space in the Capital plan (2019/2020) or a more suitable location within the Trust to host services from. The group agreed that the term chaplaincy still appears to have a strong religious connotation, closely associated with Christianity and therefore there is a need to reconsider the name of the centre.

The demographics of the Stockport community and workforce has changed and although the Trust chaplaincy has endeavoured to provide diverse services as feasibly possible it is becoming evident that the pastoral requirements of the community and workforce are not fit for purpose.

10. Interpreting Services

Ensuring patients understand their options for treatment and plan for care is fundamental to clinical care, and equality of access to health services is key to this. Providing access to resources to support communication, to interpreters and to translate information supports the promotion of equality and challenges discrimination. It protects the Trust against indirectly discriminating against someone who does not speak English or who requires communication support.

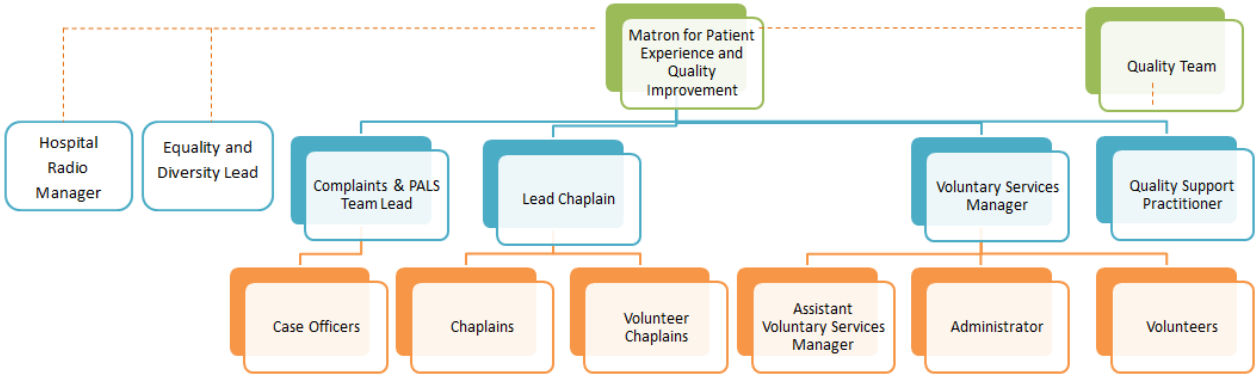
The Trust currently provides face-to-face and telephone foreign language interpreting, as well as face-to-face interpreting for British Sign Language (BSL).

The Trust has patient information, such as leaflets, translated on request. The Trust is able to source translations within short timeframes, though waiting times may be longer if the request is for languages that are less common.

11. Next Steps - 2019 / 2020

❖ Patient Experience Team

The newly formed Patient Experience Team brings together Patient and Customer Services, Voluntary Services, Chaplaincy Services, Quality Support Practitioner and with close links to the Hospital Radio Manager, Equality and Diversity Lead and the Quality Team. It is envisaged a more collaborate approach will help achieve the vision set out in the Patient, Carers, Family and Friends strategy.



❖ Patient Experience Improvement Framework

An exercise will be undertaken using the NHS Patient Experience framework to establish how far patient experience is embedded within the leadership, culture and operational processes of the organisation. This patient experience improvement framework supports NHS trusts and foundation trusts to achieve good and outstanding ratings in their Care Quality Commission (CQC) inspections.

❖ In-house Patient Satisfaction Surveys

Over the next 12 months we aim to improve the 5 worst performing questions for business groups by 5%. These questions relate to:

- Noise at night (Environment)
- Plans for discharge (Communication)
- Napkins available (Facilities)
- The patient knowing the name of nurse (Care)
- Food temperature (Facilities)
- Being asked if pain relief medication helped (Care)
- Completion of the patient property list (Environment)

❖ Quality & Safety Boards

To further standardise information that is displayed to staff, patients and their relatives 'Quality and Safety' boards will be rolled out across all outpatient departments. This will allow key information to be displayed including the name of the nurse in charge of the shift, the number of staff on duty, patient safety data, departmental information, patient feedback and any 'you said, we did' initiatives.

❖ Multi – Faith Centre

The matron for patient experience and equality & diversity lead will continue to hold regular meetings with the task and finish group to continue plans for a new multi- faith / spiritual care centre.

❖ Patient Bedside Booklet

A full review of the patient bedside booklets will take place to ensure they contain relevant and up to date patient information, the booklets will include details of how to access the information in large print, Braille and also provide the information in the top 3 languages for the trust.

❖ Satisfaction Surveys

In-house patient satisfaction surveys are in development for patients that attend Outpatients and the Emergency department, similar to the current surveys the questions will be in line with the national survey questions especially including those areas where improvements are required.

❖ Noise at Night Reduction Programme

Implementation of visual sound ears across all in-patient areas to help reduce noise levels at night. The visual electronic sound ears to help improve the patient experience.

❖ Care Opinion

Care Opinion will be rolled out to include patients that receive care in our Community settings. This will enable us to capture compliments and complaints to help drive quality of care and also sharing of best practice.

❖ Privacy & Dignity signs

Privacy and dignity signs are to be purchased and rolled out across all In-patient areas. The signs hang on the curtain tracks and will display 'do not enter' information to protect patients privacy and dignity.

❖ Communication Passport

A communication passport is in development which will enable patients to share their preferred communication methods with us and will be pivotal to enable our staff to provide person centred care at the start of the patient's journey.

By using symbols and photographs we will enable patients to describe feelings, everyday items, body parts and medical procedures. This will help ensure quick and effective communication with non-English speaking patients in an emergency.

❖ Always Events

The next phase of the national always events is in development. The subject for our next always events is presently being scoped with both patients and staff and is planned for its launch in November

Work is underway to triangulate all the data to allow a greater understanding of our Patients' Experiences as a whole. This work supports the Trust's Quality Improvement Plan for the future.

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Patient, Carers, Family and Friends Experience

Strategy

2018-2021

Authors: Emma Rogers

Revision Date: October 2021

Patient, Carers, Family and Friends Experience

Strategy 2018-2021

The purpose of this strategy is to provide a context and framework which supports the trust, its staff members to work effectively in partnership with patients, carers, families, friends and community partners to deliver and improve services and patient experience.

The strategy focuses its key areas of improvement on the NICE Quality Standard 15 for Patient Experience. The NICE quality standard for patient experience in adult NHS services sets out how a high-quality service should be organised, so that the best care can be offered to people using NHS services.

The trust is keen to ensure that patients, their families and carers receive an experience that not only meets but exceeds their expectations of services at the Trust. We strive to ensure that all patients feel supported by the full range of trust services, and that staff involve patients, their families and carers in decisions about their care at all stages of the patient journey.

The trust values and encourages feedback on how all services perform. The trust also actively seeks the views and involvement of patients, their carers, our Foundation Trust members and the wider community in the design and delivery of all services. Their views play a central role in monitoring standards and promoting improvements in the quality, safety and efficiency of our services.

The Trust Values and behaviours

Our values **'Quality and Safety, Communication, and Service'** are at the heart of everything we do and come from our 'Your Health. Our Priority' promise. The values and behaviours are linked to staff appraisals and are promoted through training programmes including customer care and the healthcare certificate.

These values are about staff working together to deliver great patient experience more consistently – involving people who use the services, their families, carers, staff and partners in continuing to improve the experience people have. Staff working for the trust are our biggest asset. The trust understands that, in order to deliver a good patient experience, we also must ensure a positive staff experience.

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Values	Values statements	Expect to see	Do not want to see
Quality and Safety	We deliver safe, high quality and compassionate care	I put patients first, recognising there is a patient behind everything I do. I always follow the Trust's practices, guidance and protocols. I take pride in the way I do things and take responsibility for my performance. I share my knowledge and offer practical support to help and develop others. I learn from mistakes when things go wrong and build upon successes.	I put my own interests or those of my service area first. I make excuses for my poor performance and look to blame others. My actions put the Trust at risk. I am inflexible and do not offer support to others.
	We ensure a clean and safe environment for better care	I do everything in my power to protect those who use our services from avoidable harm. I act immediately to raise any genuine concerns which may adversely affect patients, public or staff. I take pride in our surroundings and my appearance. I observe the confidential nature of information and circumstances. I demonstrate responsibility for my own, as well as others' wellbeing.	I act in a way that puts my personal or others' wellbeing at risk. I hide issues, do not share with the team and/or escalate issues to others. I demonstrate no interest in improving patient services.

Values	Values statements	Expect to see	Do not want to see
Communication	We treat our patients, their families and our staff with dignity and respect	I treat others as I would wish to be treated and challenge inappropriate or poor behaviour. I ask whether patients and others have everything they need, respond with kindness, carry out the things I can do, or find someone who can. I consider the needs and views of others and respect their opinion even if it is different from my own. I value other people's time by being punctual, responding to requests for information and queries promptly and delivering on commitments. I am accessible, approachable, professional and say thank you to colleagues for a job well done.	I ignore, judge, am rude to, or humiliate people. I am insensitive or dismissive to the needs of others from different cultures and backgrounds, or who have different views. I consider the patient as an inconvenience. I criticise other people or services without consideration of the impact on the reputation of the Trust or abuse my position or authority. I am often late for appointments, arrive unprepared or don't turn up; and often require chasing for agreed work and actions to be completed
	We communicate with everyone in a clear and open way	I introduce myself, welcome and listen to others, and show an interest in what they have to say. I use clear and plain language and check people's understanding. I involve others in decisions that affect them, give them information, and keep them informed. I engage with patients and colleagues to identify and resolve complaints and concerns. I am honest about my point of view and what I can and cannot do.	I am not always open and transparent about motives. I make assumptions without listening. I talk over people and do not allow them to express their opinions. I use unnecessary jargon or do not adjust my language to suit the person or situation. I hide behind email and take issues above colleague's heads without talking to them first.

Values	Values statements	Expect to see	Do not want to see
Service	We provide effective, efficient and innovative care	I strive to do the right thing, first time, every time and learn from mistakes to develop better and safer services. I look for solutions and encourage people to share their ideas, rather than accepting that nothing can be done. I embrace change and continually look for ways to improve how we work, putting forward and trying out new ideas. I offer, encourage and act on feedback as a way of learning and improving. I look for opportunities to develop and learn from those around me – and attend all relevant training and development for my role.	I do not raise concerns when noticing inefficiency in others, practices or systems. I am wasteful with Trust budgets, equipment or other resources. I am complacent about the services we provide and stand in the way of change. I say no without considering different options.
	We work in partnership with others to deliver the right care, in the right place, at the right time	I embrace involvement and work collaboratively with others in the patient's best interests. I consider the needs of other teams and partner organisations when carrying out my role. I try to help whenever possible, even when it's not my role. I offer to participate where my skills and experience will be of value, in and outside my service area.	I create barriers to collaborative working, intentionally or otherwise. I exhibit high levels of self interest and resist change. I am negative about other teams and partner organisations.

This Strategy will support the trust's mission to be a provider that:

- Is committed to patient-centred care;
- Delivers high quality, safe, cost effective and sustainable healthcare services;
- Provides a working environment that is underpinned by our values and behaviours; and,
- Treats patients and staff with dignity and respect.

What do we mean by 'patient, carers, family and friends experience'?

Everyone working here at Stockport NHS Foundation Trust consistently delivers the best possible patient, carers, family and friend experience for each person that needs our care and services each day.

The term 'patient, carer, family and friend experience' describes a personal perception of the quality of care and services that they receive; in terms of safety, clinical effectiveness, and overall experience.

Our aims: what we want to achieve through our strategy

This strategy aims to meet NICE Quality Standard 15 for Patient Experience 2012. The NICE quality standard for patient experience in adult NHS services sets out how a high-quality service should be organised, so that the best care can be offered to people using NHS

services. It provides specific, concise quality visions, measures and descriptors with definitions of high quality care.

The strategy sets out our ambitions and approach for improving the patient experience by always:

- Listening to our patient, family and friends
- Learning together from their feedback
- Leading change based on patient family and friends experiences
- Ensuring our patients family and friends are consistently put first as we continuously improve our communication, care, environment and processes.

Monitoring and reporting of the patient, family and friends experience strategy

The Patient Experience Group has responsibility for monitoring this standard and will produce an annual work plan based on the elements of the patient journey: reputation; arrival, patient and family involvement, stay, treatment and leaving hospital to support compliance with the standard. This monitoring system is reported to the Trust board of directors.

Delivering our ambitions:

Vision 1: Patients, carers, families and friends are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

How will we know we are making progress?

We will review trends and themes from all aspects of patient feedback including informal concerns and complaints.

We will review results of the local core survey on privacy and dignity and results from the national surveys relating to staff interactions with patients to ensure there is clear evidence that trust values and behaviours are upheld.

We will monitor and analyse feedback from Friends and Family Test/Care opinion to highlight good practice and identify any areas for improvement based on comments from 'detractors' e.g. patients that would not recommend the trust.

We will publish results externally and internally on the quality and safety boards from the open

We will review current care in relation to providing emotional support from hospital staff

Vision 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.

How will we know we are making progress?
We will review actions identified from local core survey for communications to identify key themes and best practice.

We will review results of relevant questions in the national patient surveys including: Did staff talk in front of you as if you weren't there?

We will review feedback from formal and informal concerns.

We will analyse the Friends and Family Test/Care opinion to highlight good practice and identify any areas for improvement.

We will continue to provide training on customer care skills.

We will ensure clear answers are given to patients, families and friends

We will provide the understandable information to our patients, families and friends

Vision 3: Patients, carers, families and friends are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

How will we know we are making progress?
All staff members wear name badges and introduce themselves to patients.

We will ensure the effectiveness of the #hello my name is initiative.

We will review results from patient feedback contained in all local and national surveys.

We will review the content of the bedside folders and distribute to all wards. Audits will be conducted to check availability of folders for patients and survey results will be assessed to evaluate effectiveness.

We will increase awareness

We will ensure every patient, family and friend knows who is in charge of care and in charge of the ward.

Vision 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

How we will know we are making progress :
We will conduct quarterly surveys on communication that asks patients if they had opportunities to discuss their health beliefs, concerns and preferences, and these informed individualised care.

We will review local and national patient survey results for patient satisfaction on whether patients were able to find a member of staff to talk to about their worries and fears and received enough emotional support.

We will, where relevant, identify opportunities to extend the use of tools such as patient passports, across specialties that care for patients who have long term conditions, learning disabilities and cognitive impairment.

Vision 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

How will we know we are making progress?
The Patient Information Panel will ensure compliance with the policy for producing and providing patient information.

We will ensure consistent and maximum utilisation of patient information

We will assess any gaps in patient information from patient feedback.

We will understand and consistently applying the Accessible Information Standard by providing information in formats that disabled people, and people with sensory impairment or learning difficulties and if appropriate, carers and their families can understand.

We will review local and national patient survey results for patient satisfaction if they had confidence in decisions made about

Vision 6: Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.

How will we know we are making progress?
We will review results from a monthly survey conducted by the governors that asks patients if they feel they included in decisions about their care. The results are published externally and internally on the quality and safety boards.

We will receive results of local and national patient surveys on whether patients were involved as much as they wanted to be in decisions about their care and treatment.

We will receive feedback from formal and informal concerns; and the Friends and Family Test/Care opinion to highlight good practice and identify any areas for improvement.

Vision 7: Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.

How will we know we are making progress?
We will receive annual audit reports conducted by members of the Patient Information Panel to ensure compliance with the policy for producing and providing patient information.

We will monitor concerns raised by patients where patient choice was not respected or supported for treatment options.

We will promote examples of actions / concerns highlighted in “You Said, We Did” communication posters.

Vision 8: Patients are made aware that they can ask for a second opinion.

How will we know we are making progress?
We will utilise local outpatient surveys, including real time kiosk feedback, to confirm patients are aware they can ask for a second opinion.

We will ensure that copies of the NHS Constitution 2012 are available in outpatient settings, including an easy read version, and posters make patients aware that they can ask for a second opinion.

Vision 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

How will we know we are making progress?
We will monitor progress against trends in local and national patient surveys to ensure there is evidence that care is tailored to the patient's needs and preferences.
We will review results from national patient survey results for relevant questions, including Did staff take your family/home situation into account when planning your discharge?

We will monitor feedback from formal and informal concerns; will be analysed to highlight good practice and identify any areas for improvement.

We will continue to develop and implement changes to care planning/patient assessments of need to ensure patients are more actively involved and informed about their journey of care.

Vision 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

How we will know we are making progress :
We will conduct an annual core local survey on food and nutrition, and infection control.

We will review local and national patient survey results for patient satisfaction on relevant questions including pain relief, food and nutrition.

We will conduct monthly care indicator surveys that check if patients have been assessed appropriately for nutrition and hydration needs, pain and pressure area risk.

We will assess, monitor and manage your pain

We will ensure all patients are offered a choice of food.

Vision 11: Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.

How will we know we are making progress?
We will review results from local and national surveys.

We will review feedback from informal concerns and formal concerns.

We will review patient satisfaction levels and scores demonstrate continuity of care delivered.

Vision 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

How will we know we are making progress?
We will review results of the local core survey for communication.

We will review local and national patient survey results for patient satisfaction on relevant questions including In your opinion, did members of staff caring for you work well together?

We will ensure evidence confirms that staff support coordinated care through clear and accurate information exchange.

We will recognise and participate in local initiatives (e.g. Adult social care red bag scheme and Signpost carers badge) designed to accommodate seamless access to hospital and community services

Vision 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

How will we know we are making progress?
We will ensure that systems are in place to establish, respect and review patient's' preferences for sharing information with partners, family members and/or carers.

We will review results from national patient survey results for the questions: Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? and did staff take your family/home situation into account when planning your discharge?

We will review local and national patient survey results including carers and confidentiality surveys.

Vision 14: Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

How will we know we are making progress?
We will review national and local patient survey results demonstrate that information is given to patients of who to contact when they leave hospital.

We will ensure patient information leaflets include details to advise patients who to contact about their ongoing healthcare needs, and how and when to contact them.

We will advise patients when they are discharged who to contact about their ongoing healthcare needs, and how and when to contact them.

GLOSSARY

Equality
In addition to the NHS Act 2006, there is significant legislation and policy aimed at eliminating inequality and discrimination on the groups of race and ethnic group age, gender, disability, faith and sexual orientation. We are committed to complying with these duties in order to provide individually tailored and person centred care.

Regulation and the CQC Outcome Standards
Patient and public involvement was included in the Healthcare Commission's Standards for Better Health (2004) requirements and is now integrated into the Care Quality Commission's CQC outcome standards.

Monitor and Foundation Trust Regulations for Membership and PPI
The trust complies with the NHS Act (2006) and has established a membership and member's council. The trust has nearly 10,000 members drawn from local people, patients, staff and carers. 21 of these sit on the member's council which oversees the patient experience, staff experience, members and engagement and strategy working groups.

NHS Constitution 2013
The trust adheres to the ideals of the NHS Constitution, which sets out the principles, rights and values of the NHS in England.

Care Quality Commission (CQC)
The CQC have set out their outcome standards for all health and social care providers and specifically, outcome 1, Regulation 17: **Respecting and involving people who use services**. The outcome of our CQC Comprehensive Inspection which took place in October 2014, with results published in January 2015, rated the Trust overall as 'Good. This places the trust in the top 10% of acute hospitals along with the best in the country.

References :
Section 242 (duty to involve) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). Trusts have a duty to make arrangements to involve users, whether directly or through representatives (via consultation, provision of information or other ways) in:
1. In planning the provision of services
2. In the development and consideration of proposals for change in the way services are provided
3. In any decisions to be made affecting the operation of services

NICE quality standard for patient experience in adult NHS services. The quality standard for patient experience in adult NHS services is made up of 14 statements that describe high-quality care for patients. These statements are about the best care you should receive and are summarised on the website
h**ttp://www.nice.org.uk/guidance/qs15/resources/patientexperience-in-adult-nhs-services-121173373**

Appendix 1

Patient, carers, family and friends strategy 2018-2021

Stockport NHS Foundation Trust

*Our values are at the heart of everything we do and come from our 'Your **Health. Our Priority'** promise. Every day they drive the behaviour and action of everyone who works for us ensuring good care for others.*

Patient, carers, family and friends experience priorities	What will we do in 2018/2021	How will we deliver this?	Measures by April 2021
Ensure patient, carers, family and friends feedback supports service delivery	Patient, families and friends stories will become pivotal aspect of our learning.	We will routinely share patient, family and friends stories with the Trust board and staff groups.	For the Trust board and team brief to have received a patient, family and friend story at each meeting within every business group.
To utilise care opinion/friends and family test feedback	Care opinion/friends and family test feedback will change practice and improve services for our patient, family and friends.	We will provide patients and families, friends with systems to allow real time feedback.	To see a rise in key themes identified from feedback systems.
Learn lessons from complaints and compliments	Complaints and compliments will be shared with business groups.	We will share feedback from complaints and compliments and areas of concern will be actioned.	Ward areas will be monitored on complaints and compliements on key themes identified.
Listening to our patients, carers, families, friends and staff	We will engage with our patients, families, friends and staff to ensure patients receive safe, effective and personalised care.	We will share feedback from patients, families, friends and staff and engage with our community to keep them informed.	Specific themes will be fedback from care opinion/friends and family tests and in-house satisfaction surveys delievered up to the Trust Board .

Appendix 2

NHS Stockport NHS Foundation Trust

NHS Stockport NHS Foundation Trust

Work stream

Aim: To ensure voices of our patients, family, friends and staff are heard valued and make a difference to the care we deliver.
Priorities: To improve patient experience through Trust wide work stream leads.

	Harm Free Care	Patient, Family, Friends and Staff Stories	Supporting Families, Friends and Staff	Voluntary Services	Care Opinion/Friends and Family Test	Multifaith Chaplaincy	Bereavement and Mortuary
Executive Lead	AL	AL	AL	AL	AL	AL	AL
Patient Experience Lead	HH/ER	HH/ER	HH/ER	HH/ER	HH/ER	HH/ER	HH/ER
Service Lead	Emma Rogers Patient Experience and Quality Improvement Matron	Emma Rogers Patient Experience and Quality Improvement Matron	Ruth Terry Matron for Dementia Care	Yvonne Hewitt Voluntary Services Manager	Emma Rogers Patient Experience and Quality Improvement Matron	Antonio Costa Lead Chaplain	Margaret Drury Pathology Operation Lead
Work Stream Committee	Trust Board	Patient Experience Group	Dementia steering/Patient Experience Action Group	Patient Experience Group	Patient Experience Group	Patient Experience Group	EoL
Outcomes	Transparent and consistent in publishing safety, effectiveness and experience data with the overall aim in driving improvements.	To utilise patient, family, friends and staff stories to feedback to Trust board to enhance and improve care. To survey 10 hospital experiences per ward each month.	Learn from the experience from families and friends by utilising the information from the family and friends dementia questionnaire to inform our management and care of patients.	Remodelled services including Dining companions, Dementia, Signpost, Alcohol and addiction, Palliative care & End of Life, A&E, Supervising system	All feedback on the quality of care received to enable improvements to be made	To ensure the chaplaincy is at the heart of the organisation	To establish an aftercare response following death.
Key Measures	NHS safety thermometer information, pressure ulcers, VTE, falls, catheter associated UTI Information on staff experience Information patient, family friends experience	All Trust board meetings hear a patient story Evidence of sharing outcomes with business groups	Case note audit will show increasing evidence of involving carers	Reduction in complaints relating patient experience Enable concerns to be addressed at the point of contact Supporting the recruitment and retention of volunteers	Reduction in the number of negative responses Increase in compliments	Monitor visits to ward area Monitor compliments Supporting multifaith practices	Reduction in the number of negative complaints Increase in the number of compliments Enhancing the resources available after death

Key: **AL** Alison Lynch Chief Nurse and Director of Quality Governance
HH Helen Howard Deputy Chief Nurse
ER Emma Rogers, Patient Experience and Quality Improvement Matron

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If you would like this booklet in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:

Patient and Customer Services, Poplar Suite, Stepping Hill Hospital
Telephone: **0161 419 5678** / Email: **PCS@stockport.nhs.uk**

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Veteran's Passport to Health and Social Care

Your Health. Our Priority. www.stockport.nhs.uk

Veteran's Passport

What is the Veteran's Passport?

For any armed forces veteran, hospital and GP appointments and visits can be unsettling. This **Veteran's Passport** is designed to help our veterans navigate through these visits as smoothly as possible.

Information for Veterans

This passport is yours to keep and use as within your GP Practice in Stockport and visits to Stepping Hill Hospital. Please only complete the questions that are important to you, using as much or as little detail as you would like.

Please hand over this passport when you arrive at the hospital or GP Practice and your healthcare professional will read this to get a brief overview of your information.

Information for Healthcare Professionals

Please review this information prior to undertaking your assessment with our veteran. This will provide important information which will help the assessment and save our veteran from repeating potentially difficult information.

This information should be treated as confidential.

Veteran's Passport: My Information

Wherever possible, to be completed by the veteran or the individual(s) who know them best?

Service number:

How I would like to be addressed:

My communication needs are:

What I would like you to know about my service history:

What I would like you to know about my medical history:

Veteran's Passport: My Information

What I would like you to know about my background:

Things that might make me anxious or worried:

Any dates that might make me worried or anxious:

Things I do not want to discuss:

Veteran's Passport: My Information

What I would like you to know about my medication:

Things that matter to me:

Names of health care professional who previously looked after me:

Information for Healthcare Professionals

As Healthcare Professionals, it is important to have an awareness about some of the difficulties which our armed forces veterans face when attending GP appointments or visiting hospital.

Although it's completely normal to experience any anxiety after traumatic events, this can be tough to deal with. It is important to be mindful of how GP and hospital scenarios can be a difficult experience for veterans and then how to make things as easy as possible.

Reading this information prior to undertaking any assessment will ensure our veterans do not have to repeat any potentially difficult information. This will also ensure the assessments are effective and efficient and the focus can remain on the priority of the visit.

Information for Healthcare Professionals

A veteran is anyone who has served for at least 1 day in the armed forces, whether regular or reserve. There are around 2.6 million veterans in the UK.

When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS.

All veterans are entitled to priority NHS treatment for any condition related to their service; (subject to clinical need). This includes veterans who don't receive a war pension. This includes assessment, treatment, aids and appliances for conditions accepted as being due to their service.

More information on using the NHS for our military veterans is within the link: https://www.nhs.uk/using-the-nhs/military-healthcare/veterans-health-faqs/

Report to:	Board of Directors	**Date:**	28th November 2019
Subject:	Patient Led Assessment of the Care Environment (PLACE)		
Report of:	Deputy Chief Executive	**Prepared by:**	Facilities Support Services Manager

REPORT FOR INFORMATION

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

Summary of Report

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

The purpose of this report is to give an overview of how the PLACE inspection was organised in 2019 in light of the changes with the PLACE assessments

Recommendations

The Board are requested to receive and note the content of this report and comment accordingly.

Attachments:	Appendix 1 – List of Patient and Staff Assessors / List of PLACE National Steering Group

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

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1. INTRODUCTION

1.1 The purpose of this report is to give a 2018 / 2019 PLACE Inspection update to the Board of Directors.

2. BACKGROUND

2.1 2018, PLACE inspection during the three weeks commencing 17th May. The assessments were completed by a team of trust clinical and non-clinical staff along with 12 Patient Assessors.

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

2.3 2019, PLACE inspections commenced on 3rd October led by 15 Patient Assessors combined with non-clinical and clinical representatives. The 2019 assessments were held later in the year due to NHS Improvement and a PLACE Steering Group reviewing the PLACE Inspection and updating the questionnaires used. The steering group decided that the inspection would take place in Autumn going forward.

2.4 Assessments have already taken place on Thursday 3rd October 2019, 5 teams assessing 14 areas including food. Further assessments also took place on Friday 11th October 2019 with 3 teams assessing a further 8 areas including food. Final inspections with a further 2 teams took place on Friday 18th October 2019 inspecting the Devonshire and the Meadows**.**

2.5 All teams consist of two patient assessors and two staff.

2.6 In 2019 Jo Morris, Place Lead held two training days for Patient Assessors and staff. In the training she covered the criteria for PLACE, the rationale and importance of the PLACE inspection, the role of the patient assessor, the domains covered within the inspection: Cleanliness, Food and hydration, Privacy, dignity and wellbeing, condition, appearance and maintenance, dementia and disability. She went through the forms and how to score using the information provided from NHS Improvement. She completed the training session by going through what happens after the inspection.

2.7 In 2018 the Trust invited the patient assessors back for afternoon tea to thank them for their assistance with the inspection and to feed back the results of the inspection. We also shared the plans for site development and the current high risk areas we are focusing on.

2.8 The above mentioned session was very popular and this will continue throughout 2019/2020 to ensure a more inclusive assessment team. A meeting in January has already been planned to continue the positive engagement. At the same time our 2020 plan will commence.

2.9 THE agreed Improvement Plan will be shared and work to deliver the plan will commence.

2.10 Jo also attended the Christie Hospital as an independent PLACE assessor and will be attending Liverpool in November as an independent PLACE assessor. She will be able to share the experience with the group and will discuss if there is any need to deliver PLACE differently, thus far the way the Trust has delivered the inspection has gone well.

2.11 It has been identified that one of the difficulties we face in delivering the PLACE action plan is no access to a specific budget. It was agreed at the PLACE meetings that there is a need for a specific budget to support PLACE. This would allow us to make immediate improvement's directly linked to how our patients advocates measure the patient environment. A figure of approximately 50k has been suggested by the group. This will be discussed as part of the budget setting process in 2020/21.

Jo has also been part of the National PLACE Steering Group since June 2018 and has been heavily involved in the changes that have been made to the inspection forms. This group will continue to meet once the collection for PLACE has finished so we can share what tweaks need to be made if any.

2.12 The Board is asked to note the paper. Catherine Anderson is our PLACE Chair and the Patient Assessor and Staff Assessors are set out at Appendix 1.

Appendix 1

Patient Assessors

Lynne Woodward	Governor
Kath Holt	Patient Assessor
Linda Appleton	Governor
Greta Harrison	Patient Assessor
Sarah Paddison	Patient Assessor
Janice Ellison	Patient Assessor
Brett Tucker	Patient Assessor
Moy Waddington	Patient Assessor
Linda Hill	Patient Assessor
Phil Enstone	Patient Assessor
Rod Lowth	Patient Assessor

Staff Assessors

Joanne Moris	Facilities Support Services
Catherine Anderson	PLACE Chair
Sharon Potts	Infection Prevention
Sarah Newlove	Matron Out Patients B
Steve Whithead	Facilities Support Services
Dan Reason	Interim Head of E&F
Mamoona Hood	Dementia Lead
James Lee	Estates
Annela Hussain	EDI Lead
Gail Daly Brown	Quality Matron, Surgery

Emma Rogers	Matron for Patient Experience and Quality
Antonio Costa	Chaplin
Ruth Terry	Dementia Lead (came in from Maternity to assist)
Jo Ireland	Matron DMOP, Medicine

PLACE National Steering Group

Joanne Morris	Facilities Support Services
Phil Enstone	Patient Assessor

Below is a link for a comprehensive list of the PLACE Steering Group.

PLACE Review Steering Group memb

Report to:	Board of Directors	**Date:**	21 November 2019
Subject:	People Strategy Half Yearly Report		
Report of:	Director of Workforce & OD	**Prepared by:**	Deputy Director of Workforce & OD

REPORT FOR NOTING

Corporate objective ref:	6
Board Assurance Framework ref:	6
CQC Registration Standards ref:	-----
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

The purpose of this report is to provide the Board of Directors with an update on the progress made against the People Strategy Delivery Plan.

The Board of Directors approved our People Strategy in October 2018 and an update paper was provided to Board in March 2019 detailing the progress made against quarter 4 delivery priorities; this paper provides an update against quarters 1 and 2 for 2019/20.

The Board of Directors are requested to note the contents of this report.

Attachments: N/A

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Committee ☐ F&P Committee	☐ People Performance Committee ☐ Charitable Funds Committee ☐ Exec Management Group ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. Introduction

The purpose of this report is to provide the Board of Directors with an update on the progress made against the People Strategy Delivery Plan. The Board of Directors approved our People Strategy in October 2018 and an update paper was provided to Board in March 2019 detailing the progress made against quarter 4 delivery priorities; this paper provides an update against quarters 1 and 2 for 2019/20.

2. Context

Following the publication of the Interim People Plan a review of the People Strategy was undertaken to ensure that this remained 'fit for purpose' a paper detailing this assurance has been presented to People Performance Committee.

3. Key Themes & delivery

The strategy is structured into 5 themes or areas of priority and the following section details the areas of work delivered against each of our strategic themes:

People Strategy Theme	Quarter 1 2019/20	Quarter 2 2019/20
Culture & Engagement	• Embedding of Schwartz Rounds • Delivery of Health & Wellbeing awareness programmes. • Publication of Gender Pay Gap report. • Staff Friends & Family Test • Medical Engagement Survey Action Plan • Engagement with NHSI Culture & Engagement programme.	• Engagement in scoping of mental health 1st Aid Training (launched Q3) • Development of communication & engagement plan for staff survey & flu campaigns. • EDI WRES/WDES publication; participation in Pride events. • Engagement exercise to develop refreshed Trust Values. • Completion of the diagnostic phase of NHSI Culture & Engagement programme.
Leadership Development	• Triumvirate leadership programme • Delivery of Leadership Development programme	• Participation in NW Talent Management & Succession planning pilot; diagnostic phase completed. • Review & re-launch appraisal process • Implementation of just & learning culture checklist. • Appointment of additional OD resources.
Education & Practice Development	• Achieved & sustained 90% & above compliance for statutory training. • Undertaken Training Needs Analysis • Recruitment to Cohort 2 of Trainee Nurse Associates.	• Achieved & sustained 90% & above compliance for statutory training. • Recruitment to Cohort 3 of Trainee Nurse Associates.
Resourcing	• Achievement of agency ceiling & reduction in the number of shifts requiring CEO sign off. • Safe Care Business Case approved.	• Review of governance arrangements for ECP. • Development of 'shortage occupation list' & recruitment and retention framework refresh. • Safe Care team recruited • Winter incentive scheme development
High Performing	• Getting it right first time Workforce & OD framework developed. • Roll out of mediation scheme	• HR digitalisation agenda; commented scoping of options appraisal for 'BOT' development. • Completed consultation for payroll outsourcing. • Workforce plan update presented to PPC.

4. Governance & Delivery Arrangements

As part of the strategy review the governance arrangements were refreshed and a revised People Strategy Implementation Group (PSIG) has been established; this is the vehicle for monitoring and enabling delivery of the strategy delivery plan. Each delivery strand has a SRO and operational lead identified for each of the activities. PSIG has oversight of the delivery and mitigating actions; reporting via a key issue monthly report to the Committee.

A quarterly progress update will be provided to People Performance Committee; with a bi-annual update provided to the Board of Directors.

5. Recommendations

The Board of Directors is requested to note the contents of this report; a further delivery update will be provided at the end of quarter 4.

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Report to:	Board of Directors	**Date:**	28 November 2019
Subject:	NHS Interim People Plan and Trust People Strategy Update		
Report of:	Director of Workforce & OD	**Prepared by:**	Deputy Director of Workforce & OD

REPORT FOR NOTING

Corporate objective ref:	6
Board Assurance Framework ref:	6
CQC Registration Standards ref:	-----
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

The purpose of this report is to provide assurance that the Trust People Strategy approved by the Board of Directors in October 2018 remains 'fit for purpose' following the publication of the Interim People Plan for the NHS.

A review and refresh of the People Strategy has taken place with the Workforce & OD Directorate.

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

Attachments: N/A

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Committee ☐ F&P Committee	☒ People Performance Committee ☐ Charitable Funds Committee ☐ Exec Management Group ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. Introduction

The purpose of this report is to provide the Board of Directors with assurance that the Trust People Strategy approved by the Board in October 2018 remains 'fit for purpose' following the publication of the Interim People Plan for the NHS.

On 3rd June 2019 NHS England/Improvement has today (3 June 2019) published the Interim People Plan for the NHS. This has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

Baroness Harding, Chair or NHS Improvement has described the interim plan as follows:
"This interim People Plan doesn't answer all the questions we know need answering, nor does it set out a detailed 5 -10 year roadmap.

"It does, however, set out our vision for our people and the urgent actions we all need to take this year, both to make immediate improvements but also to build a plan for our people that is fully integrated with those for financial and operational delivery."

Following the publication of the Interim People Plan the Workforce & OD Directorate under took a review of the publication against the Trust People Strategy; the review was facilitated across 2 away days.

2. Background

Workforce supply is acknowledged as the biggest challenge facing the NHS but the plan is clear that the quality of staff experience must be improved or those extra people will not stay, or come at all. The NHS Interim People Plan has been developed with involvement from NHS Employers and a wide range of other stakeholders to set out an initial approach to tackling the range of workforce challenges. The substantive People Plan will be published following the Spending Review. Key financial commitments will be decided as part of the Spending Review. NHS organisations will be expected to undertake initial actions and further action following the publication of the final People Plan.

3. Key Themes

The plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan.

- **Making the NHS the best place to work**

  The plan acknowledges that people working in the NHS report 'growing pressure, frustration…, and rising levels of bullying and harassment'. BME staff report the poorest workplace experiences. Sickness absence runs 2 percentage points higher than the rest of the economy.
  1 In 11 staff leave the NHS permanently each year.

  The interim plan details the following ask of NHS organisations:
  To develop their approach to making their organisation the best place to work and contribute ideas to the development of a new offer for staff setting out the support they can expect from the NHS as a modern employer. There will be a summer of conversation led by the new chief people officer to develop this offer to staff.
  This offer would cover:
  - Creating a healthy inclusive and compassionate culture (including ensuring equality and diversity, tackling bullying and reducing violence).
  - enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)
  - Ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working).

A balanced scorecard will be developed to assess organisations in these areas via the NHS Oversight Framework and the CQC Inspection Framework (Well Led Assessment).

- **Improving NHS leadership culture**

  The plan says NHS leaders should have:
  - 'A compassionate inclusive culture' including senior leaders, clinical and non-clinical roles and the 'vital middle manager layer.'
  - It should have a greater focus on collaborative talent management and a range of measures for greater board assurance.

  NHS England/Improvement will work to develop an agreed set of competencies for senior leadership roles and will engage widely on options for assuring leadership (which will enable a response to the Kerr and Kark reviews). They will agree a new compact setting out the 'gives and gets' to shape the development of senior leaders.

  The plan further describes the following leadership priority areas
  - System leadership
  - Quality improvement
  - Talent management
  - Inclusion and diversity.

- **Addressing workforce shortages**

  The plan includes measures to improve workforce supply and retention across the NHS clinical workforce. There will be a focus on nursing in terms of immediate actions which include:
  - NHS England/Improvement expanding its retention support programme with a focus on the most challenged areas
  - increasing clinical placements by 25% to 5,000 by September 2019
  - developing a new return to practice scheme in conjunction with Mumsnet
  - Better coordination of international recruitment with a national procurement framework for lead agencies.

  The final People Plan, which is scheduled for release later this year, will cover:
  - entry routes into the profession building on the nurse apprenticeship and nurse associate routes
  - the development of a 'blended learning nursing degree' programme working with higher education providers
  - Greater focus on primary and community nursing.

  Subject to resources being allocated within the spending review, the aim would be to achieve a phased restoration of previous CPD funding levels over five years.

- **Delivering 21st century care**

  In order to deliver the vision of care set out in the NHS Long Term Plan, the report calls for a reshaping of the NHS workforce. It specifically calls for:
  - a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working
  - The scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy.

  There will be further detailed planning work across all major NHS workforce care groups and discussion with the service over future needs before the final plan.

  On **nursing**, the plan calls for further expansion of the nursing associate role to reach 7,500 nursing associates by the end of 2019. On **medical workforce**, it pledges an expansion of doctors in primary

care by 5,000, further roll out of medical credentialing and support for shortage areas and for the development of more generalist roles.
There will also be action to expand **AHP, scientific and other roles** as well further develop multi-professional team working starting in **primary care** networks.

A new programme entitled *Releasing Time to Care,* which has a focus on using technology to support better deployment of staff time and increase productivity, will be launched.

- **Developing a new operating model for workforce**
  The interim plan accepts that the workforce planning model in the NHS needs to change. It argues that functions should be undertaken at the best level to meet the needs of the services. It commits to devolution of responsibility to the Integrated Care Systems (ICSs) as over time they will 'take on greater responsibility for people planning and transformation activities, in line with their developing maturity.'

  A newly developed ICS workforce 'maturity framework' will be used to assess the readiness of ICS to take on responsibilities including workforce planning.

4. **Developing the Final People Plan**
   This interim plan will be followed by work over the summer with a range of stakeholders to help develop a fully-costed final plan. The aim is to publish a full, five-year plan later this year, following the Spending Review and the development of five-year STP/ICS plans.

   The final plan will include:
   - measures to embed culture change and develop leadership capability
   - more detail on changes to professional education and on investment in CPD
   - More detail on additional staff needed.

   The final plan will be developed via National People Board (to be chaired by the Chief People Officer) and an advisory board (to be chaired by NHS Improvement Chair).

5. **People Strategy**

   Following the publication of the Interim People Plan a review of the strategy has been undertaken and the following table provides an 'at a glance' view of how our People Strategy cross references with the Interim People Plan.

Interim People Plan Theme / People Strategy Theme	Making the NHS the best place to work	Improving NHS Leadership Culture	Addressing workforce Shortages	Delivering 21st Century Care	Developing a new operating model for workforce
Culture & Engagement	✓	✓	✓		
Leadership Development	✓	✓		✓	✓
Education & Practice Development	✓		✓	✓	✓
Resourcing	✓	✓	✓	✓	✓
High Performing	✓				

6. Governance & Delivery Arrangements

The arrangements for ensuring the delivery of the strategy are detailed in the People Strategy Delivery Plan; with the identification of a SRO and operation lead for each of the strands of activities. The newly convened People Strategy Implementation Group (PSIG) has oversight of the delivery and mitigating actions; reporting via a key issue monthly report to the People Performance Committee.

7. Recommendations

The Board of Directors is requested to note the contents of this report and note the assurance of the review which has been completed to ensure the People Strategy remains appropriate and is congruent with the Interim People Plan.

NHS
Stockport
NHS Foundation Trust

Report to:	Board of Directors	**Date:**	28 November 2019
Subject:	Fit and Proper Persons' Declarations		
Report of:	Director of Communications & Corporate Affairs	**Prepared by:**	Mrs C Parnell

REPORT FOR APPROVAL

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

The purpose of this report is to facilitate a decision by the Board of Directors relating to the Fit and Proper Persons' Test

Attachments:

This subject has previously been reported to:

- ☐ Board of Directors
- ☐ Council of Governors
- ☐ Audit Committee
- ☐ Executive Team
- ☐ Exec Management Group
- ☐ Quality Committee
- ☐ F&P Committee
- ☐ PP Committee
- ☐ Charitable Funds Committee
- ☐ Nominations Committee
- ☐ Remuneration Committee
- ☐ Joint Negotiating Council
- ☐ Other

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1. PURPOSE OF THE REPORT

The purpose of this report is to facilitate a decision by the Board of Directors relating to Executive and Non-Executive Directors compliance with the Fit and Proper Persons Tests.

2. BACKGROUND

Since November 2014 the Trust has been required to ensure all director level appointments meet the Fit and Proper Persons Test set out in Regulations 5 of the 2014 Regulations, which were integrated into the Care Quality Commission's registration, monitoring and inspection requirements.

The Trust's Fit and Proper Persons' Policy, developed in line with the regulations, requires every Executive and Non-Executive Director to make an annual Fit and Proper Persons' declaration. The Trust also ensures their details are checked annual against the Insolvency and Bankruptcy Register and Register of Disqualified Directors.

3. CURRENT POSITION

All Executive and Non-Executive Directors have completed the required Fit and Proper Persons' declarations and the signed forms are retained on individuals' personal files.

On 3 November 2019 the Director of Communications & Corporate Affairs also carried out a search of the Insolvency and Bankruptcy Register and Register of Disqualified Directors, and can confirm a nil return for each of the Trust's Executive and Non-Executive Directors.

4. RECOMMENDATION

The Board of Directors is recommended to:

- Confirm that all Executive and Non-Executive Directors have complied with the Trust's Fit and Proper Persons' Test.

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