NHS
Stockport
NHS Foundation Trust

BOARD OF DIRECTORS

PUBLIC MEETING

27 FEBRUARY 2020

Making a difference every day.

NHS Stockport NHS Foundation Trust

Board of Directors Meeting
Thursday, 27 February 2020

Held at 9.30am in Lecture Theatre B, 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		**G Burrows**
0950	**5.**	Minutes of Previous Meeting: 30 January 2020	✓	**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**
1045	9.2	Key Issues Reports from Assurance Committees • Quality Committee • Finance & Performance Committee • People Performance Committee	 ✓ ✓ ✓	**Committee Chairs**
1055	9.3	ED and Paediatric Dashboards (Presentation)		**A Lynch**
1105	9.4	Reducing Days Away from Home Update	✓	**G Burrows**
1115	9.5	People Strategy Review	✓	**G Moores**
1125	9.6	Our Approach to Equality, Diversity & Inclusion	✓	**G Moores / A Hussain**
1135	9.7	Staff Survey Results and Benchmarking	✓	**G Moores / J Martin**
1145	9.8	Board Assurance Framework	✓	**A Lynch**
1155	9.9	Trust Risk Register	✓	**A Lynch**
	10.	**FOR DECISION / APPROVAL**		
1205	10.1	Nil items.		
	11.	**CONSENT AGENDA**		
	11.1	Healthcare Worker Flu Vaccination Checklist	✓	**G Moores**
	11.2	Gender Pay Gap Report	✓	**G Moores**

11.3	Registration Authority Annual Report	✓	**H Mullen**
11.4	Annual Declarations of Interest	✓	**C Parnell**

12. DATE, TIME & VENUE OF NEXT MEETING

12.1	Thursday, 9 April 2020, 9.30am, Committee Room, Oak House.		
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 Thursday, 30 January 2020 9.30am in Lecture Theatre B, Pinewood House, Stepping Hill Hospital

Present:

Mr A Belton	Chair
Mrs C Anderson	Non-Executive Director
Mrs C Barber-Brown	Non-Executive Director
Mr M Beaton	Non-Executive Director
Dr G Burrows	Medical Director *
Dr M Cheshire	Non-Executive Director
Mr J Graham	Director of Finance
Mr D Hopewell	Non-Executive Director
Mr G Moores	Director of Workforce & OD
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
Dr C Wasson	Executive Medical Director

** indicates a non-voting member*

In attendance:

Mr A Bailey	Associate Director of Strategy & Planning
Mrs S Curtis	Membership Services Manager
Mrs K Glass	Quality Support Practitioner
Ms S Hyde	Head of Midwifery
Mrs E Rogers	Matron for Patient Experience
Ms S Fullwood	Matron
Ms S Urmston	For the Patient Story
Mr C Watson	For the Patient Story
Ms R Whittington	Associate Nursing Director, Paediatrics

01/20 Apologies for Absence

There were no apologies for absence.

02/20 Declaration of Interests

There were no interests declared.

03/20 Chair's Opening Remarks

Mr Belton welcomed all Board members and observers to the meeting.

Mrs Glass, Mrs Rogers, Ms Fullwood, Ms Urmston, Mr Watson, Ms Whittington and the Urmston twins, Heidi and Harlow, joined the meeting.

04/20 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 Lynch welcomed Mrs Glass, Mrs Rogers, Ms Fullwood, Ms Whittington, Ms Urmston, Mr Watson and the Urmston twins, Heidi and Harlow, to the meeting. Ms Fullwood advised the Board that Ms Urmston had delivered her twin girls at 33 weeks gestation on 23 October 2018. Due to their prematurity, the babies had been admitted directly to the neonatal unit where they stayed for 12 days, to establish feeding, monitor their weight and ensure they were breathing well. While at the neonatal unit, Ms Urmston had joined a closed Facebook group which enabled families to connect with other families and nurses for guidance and support. Ms Urmston had also accessed a monthly support group, "Stepping Stones", facilitated by the nursing team, which she continued to attend with her twin girls.

Ms Fullwood delivered an "Urmston twins' story" presentation, which included the following subject headings:

- The Urmston Twins story
- After discharge from the Neonatal Unit
  - And what we do to support families in the community
- Background – Family Care story
- Learning into action – Family Integrated Care
- Context within the Trust Quality Plan.

Ms Fullwood highlighted that through the changes to practice and putting the needs of the family at the heart of the service, the neonatal team was able to deliver first class care, and a very positive experience for the Urmston family. She explained that the Family Integrated Care neonatal unit practiced equal parenting, and that parents were involved in all aspects of their baby's care and decision making, enabling earlier discharge home with ongoing support. Ms Lynch commented that the patient story highlighted the work as part of a Patient Experience Strategy, to increase family involvement.

In response to a question from Mr Hopewell, Ms Fullwood advised that the proportion of births that required the use of the neonatal unit was approximately 10%. In response to a question from Dr Cheshire, Mr Watson reflected on his early experiences as a new father in the neonatal unit, and commended all the help that had been available, including being taught to tube feed his daughters.

In response to a question from Mrs Anderson, who queried how the team had been supported to bring on the innovation, Ms Fullwood commented that it was a nationally driven model that was supported by the Trust. She briefed the Board on the Parent Passport initiative, which ensured that all families were educated the same in terms of their baby's care, and noted that the parent could take the passport to any hospital or service provider to show which caring duties they were already familiar with.

Dr Wasson referred to the patient centred care and shared decision-making highlighted during the patient story, and noted a link to the Realistic Medicine principle, which would be considered later on the agenda. He added that the learning from the approach should be cascaded to other parts of the organisation. Ms Fullwood provided an overview of consequent positive developments as a result of the patient centred approach, including increased breastfeeding rates and reduced infection rates.

In response to a question from Mr Moores, who queried how the cultural shift had been enabled in the department, Ms Fullwood commented that while it had been a challenge to begin with, the cultural shift had been enabled once the staff had seen the real benefits to families as a result of the changes to practice.

In response to a question from Mrs Barber-Brown, who queried whether the family's experience had been equally positive in other areas of the Trust's paediatric services, Ms Urmston highlighted one instance when the experience had not been as positive, when at four months old, Harlow had been admitted to the hospital with suspected sepsis. Ms Urmston commented that she had not been listened to when she had requested that Heidi could stay with her as well so she could continue to breastfeed both babies. With the exception of that one instance, Ms Urmston advised that their experience in the Treehouse unit had always been excellent.

In response to a question from Mr Sugden, Ms Fullwood advised that the next area the business group wished to develop was an outreach service, to enable the same level of support to be provided to parents at home. In response to a question from Ms Lynch, Ms Urmston confirmed that the family were planning on returning to the neonatal ward to ring the end of treatment bell, as it had not been in place at the time of the twins' discharge. The Board thanked the family for attending the meeting and for sharing their story, and the representatives from the Women & Children's business group for the informative presentation.

In response to a comment from Mr Belton, Mrs Glass and Mrs Rogers advised the Board that they had been invited to speak at a recent National Leadership Forum in London, where they had received a high commendation for their work on the Veterans Passport. The Board congratulated Mrs Glass and Mrs Rogers for this fantastic achievement.

The Board of Directors:

- Noted the Patient Story and thanked the Urmston family for sharing their experience.

Mrs Glass, Mrs Rogers, Ms Fullwood, Ms Urmston, Mr Watson, Ms Whittington and the Urmston twins, Heidi and Harlow, left the meeting.

05/20 Minutes of the previous meeting

The minutes of the previous meeting held on 29 November 2019 were agreed as a true and accurate record of proceedings.

06/20 Action Log

The action log was reviewed and annotated accordingly.

07/20 Chair's Report

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

- Our strategy for the future
- Governance
- Board development
- Out and about
- National news.

Mr Belton highlighted the extraordinary pressures on the organisation and reiterated the Board's appreciation for the efforts of all staff in the Trust.

The Board of Directors:

- Received and noted the Chair's Report.

08/20 Chief Executive's Report

Mrs Robson presented a report providing an update on national and local strategic and operational developments in relation to:

- Reflecting on her first 12 months as the Trust's Chief Executive
- Emergency and Urgent Care
- News and Events
- Awards.

Mrs Robson provided a detailed overview of her reflections during her first 12 months in the Trust. She commented that it was the people in the Trust that had drawn her into the organisation and she highlighted a number of positive developments over the past 12 months, including investment in leadership development, improved partnership working and the way staff engaged in the development of the Trust Strategy and the vision and values. She also emphasised the importance of clinical leadership and highlighted the development of clinical strategies.

Mrs Robson drew the Board's attention to the exceptional pressures that were continuing to be placed on the Trust as a result of its Emergency Department activity. She commented that, while the Trust's urgent care performance was not good enough, the position did not reflect the staff commitment which continued to be outstanding under very difficult circumstances. She briefed the Board on urgent care developments and highlighted the positive support the Trust continued to receive from local people, patients and MPs.

Mrs Robson completed her report by congratulating the Trust's Stroke service for its rating as the best in the UK for the third time in five years. She also highlighted other good news stories relating to hip fractures, Laurel Suite, All Equals Charter, and the Rainbow Clinic.

Mr Belton thanked Mrs Robson for the very timely reflection, and noted that as a Board it was important to give people hope in these challenging times. Mr Graham reiterated Mrs Robson's comments about positive staff engagement, and highlighted in particular ongoing clinical engagement sessions and the fantastic Cultural Programme. On the subject of staff engagement, Mr Moores was pleased to report that, compared to last year's results, this year's staff survey completion rate had increased from 35% to 55%, which was a great achievement.

Mr Graham made reference to Mrs Robson's comments about investment, and highlighted the additional funding received as a direct consequence of the Board rejecting the system Winter Plan. He noted that the Board would discuss capital expenditure and finances in more detail in the Private Board meeting.

The Board of Directors:

- Received and noted the Chief Executive's Report.

Mr Bailey joined the meeting.

09/20 Trust Strategy

Mr Mullen presented a refreshed Trust Strategy for Board approval. He advised that new corporate annual objectives, together with delivery priorities for each year of the strategy would be presented to the Board in February 2020. The Board also heard that a communications plan for the launch and wider cascade of the strategy was in development, and that a professionally designed version of the document would be produced following approval of the content.

Mr Bailey delivered a presentation, which covered the following subject headings:

- Developing our strategy
- Our refreshed strategy
- Plan on a page
- Our Trust in 2025
  - Our aims for our patients and communities
  - Our aims for our staff
  - Our aims for our partners.
- Our next steps.

Mr Bailey highlighted the following key next steps in the implementation of the strategy:

- Launching the strategy with staff, patients and partners
- Determining the delivery programmes for each year of the strategy
- Quantifying our key performance measures to monitor delivery
- Developing corporate objectives to support year 1
- Business groups supported to set out five-year strategies
- Shaping our overall clinical service strategy supported by service line strategies.

Mr Bailey noted that it was essential for the clinicians to shape the clinical service line strategies, which would have to achieve financial and clinical sustainability as a key objective.

Dr Logan-Ward noted an evident shift between the draft strategy considered by the Board in September 2019 and this strategy document, and commented that there was a real opportunity to set the bar high regarding equality and diversity. With regard to communicating the document to stakeholders, Dr Logan-Ward queried whether some of the language might need to be finessed according to the audiences. Mrs Parnell made reference to the development of the communications plan and provided an overview of plans in this area.

Dr Logan-Ward requested further clarity in a 'roadmap' form regarding a timeline for the main component parts of the strategy development. Mrs Anderson endorsed this request and also queried how the Trust would ensure effective clinical engagement to drive the clinical strategy. Mrs Robson commented that she felt very strongly about the importance of clinical engagement and that a lot of preparation was required to enable clinical involvement.

Ms Toal noted the need to make the key performance measures meaningful for staff. Mr Moores made reference to a useful session held last week with Non-Executive Directors to review the Trust's Equality, Diversity & Inclusion Strategy, and advised that outcomes of that session had been included in the latest iteration of the Trust Strategy.

In response to a question from Dr Cheshire, Mr Mullen briefed the Board on the process for setting achievable five year deliverables against the strategy, which would include due dates. In response to a further question from Dr Cheshire, who queried how the emergency and urgent care challenges were taken into account in the strategy, Mrs Robson highlighted flow and frailty as priorities for the Trust and that, once the priorities for the strategy had been confirmed, they needed to be supported by SMART metrics. She advised that the Trust was currently looking to have a strategic partner to work with to enable the transformational change.

Mrs Barber-Brown welcomed the connection between the Trust's aims detailed in the strategy and the content of a number of past patient stories. She highlighted some sections in the strategy document which she suggested should be re-worded.

Dr Wasson noted that it was important to reflect on the positive progress made with the strategy and highlighted the importance of it being an iterative document. He referred to Dr Cheshire's earlier comment about the urgent care challenges, and noted that the strategy addressed those issues. He added that the success of the strategy depended on winning over the hearts and minds of staff.

In response to requests from Dr Logan-Ward, Mr Sugden, Mr Beaton and Mr Hopewell, Mr Bailey agreed to present the Board with a 'roadmap' at the February Board meeting, which would include information regarding the prioritisation of milestones and the sequence of supporting strategies. He also briefed the Board on progress regarding the Clinical Service Strategy development and the annual process to review the Trust Strategy to ensure it remains relevant.

The Board of Directors:

- Received and noted the report
- Approved the Trust Strategy
- Agreed that a 'roadmap' detailing milestones associated with the strategy would be presented to the February meeting.

Mr Bailey left the meeting.

10/20 Performance Report – Month 9

Mrs Robson introduced the Trust Performance Report for Month 9, highlighting the deteriorating performance in a number of areas as a consequence of the emergency and urgent care pressures. She noted that the position was not an acceptable level of performance but also did not reflect the outstanding efforts of the Trust's workforce. She advised that the Trust had declared OPEL 4 twice, once in December and once in January, and that the key issue for the Board today was to review the main issues and drivers and the associated mitigating actions.

Chief Operating Officer

Ms Toal presented an update regarding the following indicators:

- Diagnostic six week standard – The Board heard that performance was expected to recover by the end of March 2020. Ms Toal advised that Endoscopy backlog, in particular, and the increased volume of CT referrals were the main drivers for the non-achievement of the standard. The Board heard about mitigating actions in this area, including the commenced building work for a new CT scanner, and a funding bid to GM to enable additional capacity in diagnostics.

- Cancer 62 day standard – Ms Toal advised that challenges in diagnostic capacity, both internally and externally, continued to adversely affect cancer performance. She noted the earlier reference to a bid for additional capacity to support recovery and briefed the Board on mitigating actions.

- Referral to Treatment (RTT) – The Board heard that performance was expected to recover by the end of March 2020. Mr Mullen briefed the Board on issues relating to the Outpatient Waiting List (OWL) validation, and noted positive progress in business group performance in this area. Mr Graham commented that plans in place to improve the RTT position linked to the financial recovery plan and would be considered further in the Private Board meeting.

  Mrs Robson noted that drivers around the position linked to service closures elsewhere, which had led to changes to the Trust's predictions. Ms Toal briefed the Board on the consequent significant increase in referrals in some specialties, but also noted a reduction in demand in other specialties and the associated adverse financial impact.

  In response to a question from Mrs Barber-Brown, Ms Toal briefed the Board on the increased CT referrals due to the changes in NICE guidelines and highlighted the associated impact on cancer pathways. In response to a

question from Dr Cheshire, regarding the departure of the current neuro radiologist, Ms Toal confirmed that the impact was being addressed and that it related more to stroke pathways rather than CT scan reporting.

- Delayed Transfers of Care (DTOC) – Ms Toal reported a key focus on improved flow and addressing the high numbers of Medically Optimised Awaiting Transfer (MOAT) patients. Dr Burrows briefed the Board on the ongoing work to reduce days away from home, highlighting the following three key parts to the programme: cultural change, understanding the themes for the extended lengths of stay, and partnership working.

  Mrs Robson highlighted the ongoing support from the Emergency Care Intensive Support Team (ECIST) who were working with the Trust, with a particular focus on long lengths of stay. She also advised that she reviewed the themes arising from the work highlighted by Dr Burrows on a weekly basis with the Chief Executives of the Stockport Clinical Commissioning Group (CCG) and the Council.

  Mr Sugden queried if the developments would have a significant enough impact by the end of March 2020 to improve the DTOC position ahead of the new financial year. Dr Burrows commented that the Trust had been making improvements in this area, but that the numbers of stranded and super stranded patients had significantly increased in December and January. She reported that, while the position was improving again, some bolder decisions were required in order to achieve the plans, and these would be discussed later in the Private Board meeting.

  Dr Cheshire advised that he had spent some time with the frailty team the previous day, noting that the team had a GP who would visit patients post discharge, and he queried whether other areas could adopt a similar model. Ms Toal briefed the Board on work regarding a system frailty collaborative, noting that the provision of frail elderly care had to work effectively across the system.

  Mrs Barber-Brown commented that she had attended a 'helping people home round' this week, which had been a fantastic demonstration of how much could be done with the right people. She noted that the programme was currently very much dependent on having that specific group of people together and queried how this could be made more sustainable. Mrs Robson acknowledged the challenge and noted that a strategic partner would help with capacity.

- Emergency Department (ED) 4-hour standard and overnight breaches – Ms Toal highlighted a significant increase in attendances between October and December 2019. She also highlighted that a considerable number of patients were referred to the department by healthcare professionals, which was unusual, and advised that ECIST were undertaking an audit on ambulance conveyances to establish the reasons patients come to our ED. She reiterated her earlier comment about the importance of a system focus in the treatment of frail, elderly people.

  Dr Wasson referred back to the Board discussion about ED challenges in December 2019 and noted that, while the performance continued to be a significant challenge, it was important to acknowledge some of the

improvements that were happening as a result of a different approach taken by the Trust to improve flow. He briefed the Board on the actions taken, noting that the Trust had continued with an OPEL escalation approach throughout January 2020. He highlighted a greater resilience in the organisation, an improving staff morale in ED, and the ability to respond to challenges in an quicker way. He noted, however, that the challenge was to keep that process going in a sustainable way.

Mr Belton thanked Dr Wasson and colleagues for their significant work to improve the ED position and queried what learning had been taken to enable the Trust cope with higher levels of demand. Dr Wasson highlighted that clinical engagement was key in driving the benefits and also noted a need for assurance of safety when the Trust was in escalation.

Ms Lynch commented that in order to obtain the necessary assurance, the oversight, such as intentional rounding, needed to be formalised and she briefed the Board on work with Health Innovation Manchester in this area. With regard to other levels of assurance, Ms Lynch highlighted the development of a safety heatmap, information from complaints and compliments, monthly ED iPad surveys led by volunteers, Friends & Family Test, support from senior leaders and system partners in the department and ECIST observations.

In response to a question from Mrs Barber-Brown about the Coronavirus, Mr Mullen briefed the Board on GM plans and the Trust's business continuity plans in this area. Dr Wasson commented that, if necessary, the Trust's critical care unit had been designed to be able to expand quickly to cope with extremis situations.

In response to a question from Mrs Barber-Brown regarding the health and wellbeing of ED staff, Dr Wasson noted that this was an important focus for the Trust. He advised that the Executive Directors were holding weekly informal listening events in ED to enable face to face conversations with staff, and Mrs Robson commented that these private conversations were important in addition to the more formal meetings.

Mr Beaton commended the Trust staff for their hard work during the challenging times and noted that the activity levels were significantly above the expected operating models. In response to a question from Mr Beaton, Ms Toal provided an overview of the optimum levels of activity, bed occupancy and stranded patients that enabled the Trust to function effectively, and Mr Graham noted that the issue around high attendances and associated mitigating actions would be further explored in the Private Board meeting. Mrs Robson added that the discussion would include consideration of a 90-day plan, which had been shared with regulators.

Dr Wasson briefed the Board on escalation processes and associated tools, and Mrs Robson highlighted that the issues linked to the decision the Board had taken about risk appetite.

Medical Director

Dr Wasson presented an update regarding the following indicators:

- A&E 12-hour trolley waits – Dr Wasson highlighted a significant number of trolley waits in December.

- Discharge Summaries – the Board noted improved performance in this area and Dr Wasson highlighted feedback from primary care leads, who had commended the standard of the Trust's discharge summaries as extremely good compared to its peers.

- Sepsis – Dr Wasson noted that the Quality Committee had held a detailed discussed regarding sepsis, which was a key focus for the Trust. The Board heard that, while the Trust's mortality rate for Sepsis remained better than average, the process for timely identification and treatment were poor, and that too many false positives were being generated with the current process. He briefed the Board on mitigating actions in this area and advised that a Sepsis action plan would be presented to the Quality Committee in February 2020.

- STEIS reporting – Dr Wasson highlighted an increased number in month, and noted that a significant proportion of the incidents related to 12-hour trolley waits.

- Pressure Ulcers and Falls – The Board heard that the Trust was part of collaboratives in both of these areas to reduce numbers of pressure ulcers and falls.

- Information breach – Dr Wasson briefed the Board on a significant breach where personal information had been stolen from a doctor's car.

Chief Nurse & Director of Quality Governance

Ms Lynch presented an update regarding the following indicators:

- Clostridium Difficile – Ms Lynch briefed the Board on a revised threshold and trajectory, noting that the Trust was currently only two cases away from reaching the threshold. She highlighted antibiotic stewardship as the main concern in this area, with some issues also relating to lapses in care. She briefed the Board on the ongoing work and mitigating actions, noting that this was a key focus for the Trust.

  Mrs Barber-Brown commented that the issue of antibiotic stewardship illustrated the importance of having the right people in post and noted that the issue needed to be linked with succession planning. Mr Moores and Ms Lynch endorsed the comment.

- Falls – Ms Lynch reported that performance against this indicator was above trajectory, and that an in depth investigation was undertaken against each fall. The Board heard that the themes related to the Trust's escalation areas.

- Pressure Ulcers – Ms Lynch was pleased to report that there had not been any hospital acquired category four pressure ulcers in the Trust since April 2019.

- Compliments – The Board was pleased to note an increase in compliments and their reporting.

- Complaints – Ms Lynch drew the Board's attention to an improvement in the complaints response rate and provided an overview of plans to further improve the position. She reported a reduction in the number of upheld complaints but an increase in partially upheld complaints. She advised that a quarterly patient experience report would be produced from April 2020 onwards, which would provide more meaningful information about themes in this area.

  In response to a question from Mr Belton, Ms Lynch confirmed that samples of complaints and responses were reviewed at sub committee level. In response to a question from Mr Hopewell, Ms Lynch noted that currently the longest complaint in the system was from October 2019.

Director of Finance

Mr Graham updated the Board on the following indicators:

- Income & Expenditure – Mr Graham highlighted that the Trust had released balance sheet mitigations totalling £3.2m in order to deliver the Quarter 3 financial position, and secure £6.3 of Provider Sustainability Fund and Financial Recovery Fund relating to Quarter 3. He also advised the Board of increased scrutiny from NHSI/E due to the Trusts' financial position and noted that the position was being closely monitored by the Executive Team and the Finance & Performance Committee.

- Capital expenditure – Mr Graham advised that the Trust had received additional capital via an emergency capital loan. He noted that that some of the spend had been brought forward from 2020/21, as one of the conditions of the loan was that all funds had to be spent by the end of March 2020.

- Cost Improvement Programme (CIP) – Mr Graham reported that currently the CIP was over performing against plan, but this was mainly due to non-recurrent savings and based on the current position, the Trust was likely to have a £2m shortfall at the end of the year. He commented that further conversations were required for next year's position and noted that detailed guidance for next year was awaited.

  Mr Sugden highlighted the need to build this into the Trust's Operational Plan. He raised concerns about the risks associated with the development and delivery of the Operational Plan due to the delays with the publication of the technical guidance and a consequent shorter window to produce a quality plan, and the lack of clarity regarding 2020/21 commissioning intentions. Mr Graham acknowledged these concerns, and Mrs Robson noted that the Board might need to hold an extraordinary meeting to sign off the first draft of the plan.

Director of Workforce & OD

Mr Moores updated the Board on the following indicators:

- Staff in post – Mr Moores noted that while the Trust was compliant with this indicator, there were some underlying concerns which were being reviewed in detail by business groups, particularly around medical and nursing recruitment.

- Sickness absence – Mr Moores reported that December had been a challenging month regarding sickness absence. He highlighted this as an area of focus and noted that the heatmap was used to support teams effectively. He was pleased to report that the Trust had recently appointed a Staff Health & Wellbeing Co-ordinator, who would come and talk about his ideas to the March Board meeting.

- Workforce turnover – Mr Moores commented that while the Trust's performance aligned with its peers, there were variances between business groups, with the Integrated Care business being a key area of concern. He noted that one of the biggest drivers for turnover was the need to move nurses to other areas to ensure safe staffing.

- Statutory and mandatory training – Mr Moores reported compliance against this indicator and commented that detailed discussions took place in business group boards and performance reviews. He advised that a report on the monitoring of role specific training would be presented to the People Performance Committee and the Board in February 2020.

- Bank and agency – Mr Moores was pleased to report a positive shift in nursing from agency to bank, with a 44% increase in bank fill. With regard to agency expenditure, the Board heard that the Trust was currently projecting to deliver within the agency ceiling at the end of Quarter 4.

Safe Staffing

Ms Lynch presented the Safe Staffing section of the report, and noted that Emergency Department and Ambulatory Care Unit staff fill rates had been included in the report for the first time. She briefed the Board on the content of the report and highlighted actions in place to ensure safe staffing, noting that safe staffing meetings were held at least three times a day. The Board heard that E-rostering and the Safe Care Live tool would further support work in this area, and Ms Lynch noted that the Board would discuss nurse staffing in more detail in the Private meeting.

Dr Logan-Ward commented that one of the issues highlighted during a recent clinical walk round was the need to move staff between areas to ensure safe staffing, and she queried where such movement was reported. Ms Lynch commented that while the heatmap provided some of this information at present, the implementation of E-rostering would enable improved reporting in this area. In response to a further question from Dr Logan-Ward, Ms Lynch highlighted wards E1 and A11 as areas of concern regarding moving staff and consequent high turnover.

Mrs Anderson raised a concern about the staffing levels in the birth centre at night and sought assurance regarding patient safety. Ms Lynch invited Ms Hyde, Head of

Midwifery, to provide an overview of work in this area. Ms Hyde briefed the Board on work to review demand templates to ensure correct information, noting that the Trust was currently in phase two of that programme. She also provided further clarity regarding the reporting of staff fill rates and moves between areas, noting that the reporting would be greatly improved through Safe Care Live. Mrs Anderson commented that the issues around accurate reporting had been discussed at the People Performance Committee.

The Board of Directors:

- Received and noted the Performance Report.

Ms Hyde joined the meeting.

11/20 Maternity Champions Report

Ms Lynch welcomed Ms Hyde to the meeting and presented a report providing an update on a number of maternity safety measures at the Trust. They briefed the Board on the content of the report, highlighting measures relating to stillbirth and neonatal death rate, continuity of carer, one to one care in labour, and an update on year three Clinical Negligence Scheme for Trusts (CNST) requirements.

In response to a comment from Mrs Robson, Ms Lynch confirmed that the Trust was receiving support from NHSI/E regarding the outstanding CNST actions.

The Board of Directors:

- Received and noted the assurance provided in the report.

Ms Hyde left the meeting.

12/20 Key Issues Reports from Assurance Committees

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

<u>Quality Committee</u>

Dr Cheshire highlighted the following risks that had been identified by the Quality Committee at the meetings held in December and January:

- Staffing across the Trust not being collectively identified amongst the top key risks on the Trust Risk Register
- Increased activity in ED and impact on experience and safety
- Clostridium Difficile infection count
- Sepsis compliance.

<u>Finance & Performance Committee</u>

Mr Sugden confirmed that all key issues highlighted by the Committee had either already been covered or would be covered later in the meeting.

People Performance Committee

Mrs Barber-Brown referred the Board to the "alert" section of the report and highlighted that some apprenticeship monies may be lost or having to be transferred to other organisations due to underspend in this area. She then referred to the "advise" section of the report, noting that the Trust's new Guardian of Safe Working had presented a report and had highlighted increased support from the senior team in closing reports. She noted that the report had also been included on the Board agenda for information. Finally, Mrs Barber-Brown noted the implementation of the behaviour framework to drive culture change.

Audit Committee

Mr Hopewell referred the Board to the "advise" section of the report and noted that Mazars as the Trust's new external auditors had attended their first meeting and had updated the Committee on the external audit handover as well as plans going forward.

He also advised that the Committee had discussed that the internal audit plans for next year should include a greater focus on quality. This suggestion was welcomed by the Board of Directors.

The Board of Directors:

- Received and noted the Key Issues Reports.

13/20 Quality Improvement Plan

Ms Lynch presented a report highlighting progress against the seven themes from the Quality Improvement Plan for Quarter 3 2019/20, and noted that future reports would be aligned to the refreshed Trust Strategy.

In response to a question from Dr Cheshire, Dr Wasson and Ms Lynch provided further clarity regarding a cardiology length of stay and patient experience project. In response to a question from Mr Beaton, who asked whether the CQC outcomes would impact on the future content of the Quality Improvement Plan, Ms Lynch confirmed that this would be the case and also advised that the priorities would be discussed at a Quality Improvement Event on 31 January 2020.

14/20 Strategic Staffing Review – Therapies

Ms Lynch presented a report providing an update on adult therapy staffing across the Trust, and the outcome of the first therapy staffing review. She briefed the Board on the process for the staffing reviews and highlighted the valuable contribution of therapists to the success of the organisation. She welcomed Board member participation in the next tranche of the staffing reviews, which would commence in May/June 2020.

Mr Graham noted that Allied Health Professionals (AHPs) and therapists fitted into the wider piece of work regarding future workforce design. Mrs Robson noted the positive impact AHPs and therapists had on the success of the organisation, including

improving flow, and welcomed the staffing review and the link to the overall workforce strategy.

In response to a question from Mr Belton regarding next steps, Ms Lynch highlighted work to develop a 7-day working model for therapy services and noted a link to the overall workforce plan. She advised that the staffing reviews would be presented to the Board annually, and noted that the next reviews related to radiologists and laboratory staff.

The Board of Directors:

- Receive and noted the report.

15/20 Realistic Medicine

Dr Wasson presented a report regarding the implementation and embedding of the principles of 'Realistic Medicine' into everyday practice in all areas of the Trust. He briefed the Board on the content of the report and advised that the project endorsed the use of shared decision-making to facilitate better support for patients who wished to adopt a less invasive approach to their treatment, and could lead to reduced time in hospital, increased patient satisfaction and reduced costs. He noted a link between the project and the earlier patient story, with the main principle being a shift from medical and nursing led care to patient centred care to meet the needs and priorities of the patient. He acknowledged the associated challenges regarding cultural shift, but noted that the project was absolutely the right thing to do for our patients.

Mr Moores and Ms Toal commended the project, and Mr Moores acknowledged the significant OD and culture agenda associated with the programme, offering his support in this area. He also commented that the Trust should look to cascade the principles of the programme to other staff groups as well.

Dr Burrows commented that the programme had already been launched with primary care, but noted the importance of engaging the whole population. Mrs Robson advised that Dr Burrows had talked about the programme at a recent meeting of the system Chief Executives, where it had been very well received. She reiterated Dr Burrows' comment about the need to engage the whole population, rather than just patients. Mrs Barber-Brown and Dr Cheshire also commended the programme, and Dr Cheshire commented that it would be crucial in the management of frail and end of life care.

In response to a comment from Mr Belton, Dr Wasson agreed to consider how the effectiveness and the contribution of the programme to the Trust Strategy could be evaluated.

The Board of Directors:

- Received and noted the report and supported the principles of realistic medicine.

16/20 Learning from Deaths

Dr Wasson presented a report providing a bi-annual update on progress against National Quality Board standards on Learning from Deaths. He briefed the Board on the content of the report and highlighted progress made regarding the Mortality & Morbidity meetings. He then provided an overview of the key messages included in the Learning from Deaths newsletter, included in Appendix 1 of the report, and themes arising from a Beechwood & Stepping Hill Bereavement Project, as detailed in Appendix 2 of the report. Dr Wasson provided assurance to the Board regarding the development of a good Learning from Deaths process, which he felt very proud of.

In response to a question from Mr Belton, Dr Wasson confirmed that the Learning from Deaths report was presented quarterly to the Quality Committee and bi-annually to the Board.

The Board of Directors:

- Received the Learning from Deaths Report and noted the assurance provided on progress against national standards.

17/20 Mortality Dashboard

Dr Wasson presented a Mortality Dashboard, which provided an overview of performance relating to indicators that had an effect on Trust mortality. He advised that the concept for the dashboard had come from a quality improvement AQUA initiative that he had participated in, and that he was keen to present the report to the Board on a quarterly basis to provide a better insight of work in this area. He briefed the Board on the content of the report and advised that future reports would include more information about benchmarking, associated key projects and improved palliative care metrics.

Dr Wasson and Ms Lynch briefed the Board on work regarding deteriorating patients, and noted that a conference on this subject would be arranged for May 2020, to which all Board members would be invited.

The Board of Directors:

- Received and noted the Mortality Dashboard and agreed that it should be added to the Board work plan for April, July, October and January.

18/20 Trust Risk Register

Ms Lynch presented the Trust Risk Register, and provided an overview of the top risks. Mr Belton confirmed that all the top risk areas had been discussed at the meeting. Ms Lynch highlighted a new risk relating to eating disorders support and briefed the Board on actions in this area, including discussions with partners. She commended the support the Trust had received from Ms Southall from NHSI/E regarding the Risk Register.

In response to comments from Dr Cheshire and Mr Sugden, Ms Lynch acknowledged that more work was needed to ensure the top risks were allocated to the correct Assurance Committees. Ms Lynch also acknowledged Mrs Barber-Brown's comments

about a number of out of date actions. In response to a question from Mrs Barber-Brown, Mr Mullen briefed the Board on plans relating to the telepath system risk.

Mrs Robson queried why there was only one action against the risk relating to ED congestion, noting that more actions should be underpinning that key risk. Mr Moores noted a similar issue regarding recruitment. Mr Sugden was surprised to note that the only risks with a catastrophic consequence related to finance and IT, and queried why patient safety did not have a similar consequence rating.

Dr Cheshire noted that the ED risk had been on the register since May 2016, and Mrs Robson and Ms Lynch commented that it reflected the length of time this had been an issue for the Trust. Ms Lynch added that 20 associated actions had been completed and closed against that risk, but none of them had solved the overall issue.

Mr Belton suggested that risk owners should undertake deep dives against each risk, and that the risks should be led by the risk owner.

Mrs Robson highlighted that the Trust would be moving to a new risk management approach from April 2020, which would include a dedicated risk management meeting that she would chair. She noted the need to ensure the necessary capacity to enable the new approach, and the need to review associated plans and timeframes.

The Board of Directors:

- Received and noted the Trust Risk Register.

19/20 Consent Agenda

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

- **Guardian of Safe Working Report**

  The Board received and noted the Guardian of Safe Working Report.

20/20 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, 27 February 2020, commencing at 9.30am in Lecture Theatre B, Pinewood House.

21/20 Review of Meeting Effectiveness

The Chair invited Board members to reflect on the meeting and the following points were raised:

- There had been some big topics on the agenda that had required detailed discussion, including the performance report and Trust Strategy, and Board members acknowledged that it had been important to hold these discussions in public.
- The noise from the meeting next door had made it difficult to hear the discussion at times.

- The discipline had been good.
- There had been an appropriate balance of items discussed, with the discussions reflecting the issues facing the Board and the Trust.
- Board members welcomed the patient story as a vital context setter for the meeting, and noted that it had been good to have the whole family attending to tell their story.

22/20 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:_____

BOARD OF DIRECTORS (PUBLIC): ACTION TRACKING LOG

Ref.	Meeting	Minute ref.	Subject	Action	Bring forward	Responsible
13/19	29 Nov 19	291/19	Reducing Length of Stay	Progress to be monitored through both the Finance & Performance and Quality Committees, and a further update to be presented to the Board.	February 2020	S Toal
14/19	29 Nov 19	292/19 iv	Key issues report – Audit Committee	The Board agreed to: • receive an update on the 2020-21 operational plan and financial recovery plan, • consider whether or not to revise the sickness absence target for the Trust, • consider a strategic recruitment plan. **Update 30 Jan 20 –** Mr Mullen advised the Board that the Operational Plan Technical Guidance was still awaited. He noted that, if the awaited guidance was similar to the 2019/20 guidance, the deadline for submitting a first draft would be mid-February 2020, with the final draft to be presented for Board approval at its March meeting. Mr Moores briefed the Board on discussions held at the People Performance Committee about the sickness absence target, and noted that the intention was to set a more realistic target as part of the IPR annual review at the end of March 2020. The Board agreed to close this part of the action. The Board noted that the Strategic Recruitment Plan was included on the Private Board agenda, and agreed to close the action.	January 2020 January 2020 January 2020 March 2020	H Mullen/J Graham G Moores G Moores H Mullen
15/19	29 Nov 19	298/19	NHSI Culture Programme	The Board to actively support the programme and its activities.	March 2020	G Moores

Ref.	Meeting	Minute ref.	Subject	Action	Bring forward	Responsible
01/20	30 Jan 20	09/20	Trust Strategy	Mr Mullen advised that new corporate annual objectives, together with delivery priorities for each year of the strategy would be presented to the Board in February 2020. Mr Bailey agreed to present the Board with a 'roadmap' at the February Board meeting, which would include information regarding the prioritisation of milestones and the sequence of supporting strategies.	Feb 2020	H Mullen / A Bailey
02/20	30 Jan 20	10/20	Performance Report	Mr Moores was pleased to report that the Trust had recently appointed a Staff Health & Wellbeing Co-ordinator, who would come and talk about his ideas to the March Board meeting.	Mar 2020	G Moores
03/20	30 Jan 20	10/20	Performance Report	Mr Moores advised that a report on the monitoring of role specific training would be presented to the People Performance Committee and the Board in February 2020.	Feb 2020	G Moores
04/20	30 Jan 20	17/20	Mortality Dashboard	The Board agreed that the Mortality Dashboard should be added to the Board work plan for April, July, October and January.		S Curtis

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Chair's Report		
Report of:	Chair	**Prepared by:**	Mrs C Parnell

REPORT FOR NOTING

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:

- System by default
- Board development
- Governance

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:

2. SYSTEM BY DEFAULT

I often reflect on how busy our colleagues are in the Trust, and we have certainly seen examples of colleagues at every level working above and beyond what could be expected of them in recent weeks.

Winter is traditionally the time when our services are under peak levels of demand for service, and implementing our winter plan two months earlier than planned is a clear indication of the unprecedented demand on our health and care system.

Colleagues both within and outside the Trust have responded magnificently to the unrelenting pressures, with those working in both clinical and support services bringing constant focus to a drum beat of actions to try to improve the flow of patients through the hospital and relieve the pressure on our services at the front door.

Colleagues throughout the organisation have also been focused on responding to the CQC's core inspection of our services, and preparing for the use of resources inspection, as well as the well-led inspection, which draws to a close today.

With so much of the senior leadership team's time focused on managing the demands of the here and now, it would be so easy to lose sight of our strategic goals and the actions we need to take to develop the health and care system of the future.

John Donne famously wrote "No man is an island, entire of itself; every man is a piece of the continent, a part of the main", and this quote reflects what is facing our health and care system in Stockport, Greater Manchester and the rest of the country. We know in Stockport that we can't address the complex and multi-faceted causes of the pressures on our urgent and emergency care services alone. It will take the skills, focus and dedication of all partners to improve the situation for local people.

The importance of effective system working to make the best use of all available resources, whether people, buildings, equipment or finance, is a message that has been relentlessly emphasised regionally and nationally with the development of integrated care systems. No single health and care organisation will ever have enough of the necessary resources to achieve all its ambitions, but together we can make a massive difference to the lives of the people who need our support.

That is why I am so keen that we play a pivotal role in shaping and developing local systems through effective partnerships that put the needs of the system before the ambitions of single organisations. To do that well we have to make sure our organisation is as effective, efficient and well managed as possible; developing the sound foundations of services that deliver the level of quality and safety required of them, with stable finances, and adequate workforce. With these in place the senior team can spend less time reacting to operational pressures and demand, and more time on driving

forward delivery on the Trust strategy we agreed at the last Board meeting, influencing the development of local, regional and national systems, and working with our clinical teams to deliver the ambitions they will set out in their clinical service strategies.

I do not under estimate the amount of work we still have to do to get to this position, but it is the role of the Board to look ahead and we have to ensure we get the balance right in making sure the organisation operates as effectively as possible, while at the same time working towards a position where we automatically think “system first”.

With the extraordinary pressure colleagues are facing right across the system it is even more important that we do all we can to support their health and wellbeing, as well as celebrate their successes. This is why I am so pleased to see the results of our staff survey on the agenda today.

We had a fantastic response to this year’s survey from staff, a real indicator of how they are feeling more engaged. While the results do not reflect where we want to be they do give us a good base line against which to measure our future activity in achieving one of the key themes of our Trust strategy - making this organisation a great place to work.

As we develop our work in response to what colleagues have told us in the survey, and also roll out the culture programme we’re engaged in with NHSE/I, I will look forward to more reflection at the Board on our progress in this important area of our development.

3. BOARD DEVELOPMENT

Hugh Mullen, our Director of Strategy, Partnerships & Planning/Deputy Chief Executive, will retire in May. This has provided us with an opportunity to review the portfolios of our Executive Team, which is currently on-going.

However, we know how important it is to have someone leading the development and delivery of our new strategy, as well as partnership working across Stockport, Greater Manchester and East Cheshire. So our Remuneration Committee has agreed to begin a recruitment process for a new Director of Strategy, who will also lead on the transformation agenda, while options for where other aspects of Hugh’s current portfolio sit in the future, including IT and estates and facilities, are considered.

The Committee also agreed to recruit a new Director of Governance, Risk and Assurance, to take the lead in strengthening our approach to this important area of how the Trust operates. This role will not be a voting member of the Board, but like other similar roles in the Executive Team they will report to the Chief Executive.

The process to attract candidates for both roles is now under way.

4. GOVERNANCE

Every NHS organisation should carry out a full external review of their governance systems and processes every three years. Over the last year we have made a number of changes to our governance, but we know there is more we could do to strengthen our system and processes. Last year we asked NHSE/I to help us with a full review, and Ms Becky Southall, who recently led a review of governance processes and systems in our business groups, will be undertaking that process over the next couple of months.

5. RECOMMENDATIONS

The Board of Directors is recommended to receive this report.

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Chief Executive's Report		
Report of:	Chief Executive	**Prepared by:**	Mrs C Parnell

REPORT FOR NOTING

Corporate objective ref:	N/A
Board Assurance Framework ref:	N/A
CQC Registration Standards ref:	8
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

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

8

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 strategic and operational developments.

2. GENERAL SUMMARY

Since our last Board of Directors meeting we have certainly had a rollercoaster of activity. We survived Storm Ciara relatively unscathed thanks to the efforts of our Estates and Facilities team, and we have dealt with a whirlwind of activity on the hospital site, with visits by a host of inspectors, regulators and national bodies, and we've met with partners from across Stockport, Greater Manchester and beyond.

Everybody has worked extremely hard over an extraordinary and sustained period. It feels hard, and while we are making progress we know that there is still more to do to consistently provide high quality safe care for everyone who comes through our doors.

We are still in the discovery phase of our CQC inspection, and we will not have full feedback until a considerable time after our Well Led review, which began on 25 February 2020. However, it has been recognised that, with our partners, we need to do more to support people with mental health needs who come into our emergency department, and patient flow remains one of our biggest challenges. Due to the pressure on our emergency department, we know that, at times, there can be a negative impact on the experience of patients who need our support, and that is something we are determined to address.

Last week I joined my counterparts from Stockport Metropolitan Borough Council (SMBC) and Stockport Clinical Commissioning Group (CCG) at a meeting with colleagues from Stockport Healthwatch to discuss their concerns about how the pressure on our emergency department is affecting our patients. As well as discussing key issues such as the number and type of beds we require, and the work we are going on improving patient flow, we have requested Healthwatch's support in engaging with patients about their experiences in our emergency department and as we undertake work on improving flow to ensure that patients experience appropriate levels of care.

There has been no let up in the winter pressures, and during a particular surge in activity earlier this month it took us much longer than usual to 'bounce back' from a busy start to the week. We had around 30 – 40 patients at any one time waiting in the emergency department for a bed to become available, and some patients were in the department for up to 24 hours before they could be admitted to a ward. These are bleak statistics, which highlight how we must do better as it is not what any of us would want for any of our patients.

Pauline Philip, National Director for Emergency and Elective Care, joined us in our emergency department earlier this month, and she reiterated the need for the whole hospital to take patient flow seriously, and particularly to focus on having a maximum 92% bed occupancy. She was very positive about the commitment of the teams she met, and how we currently manage minor injuries, paediatric care, and GP streaming in our emergency department.

Ms Philip also highlighted areas where we still have the potential to make further improvements,

including admission avoidance, same day emergency care, frailty, and patients referred by GPs for hospital care who could be admitted straight to the appropriate service rather than accessing the hospital via the emergency department.

We are working on all of the areas highlighted by Ms Philip, but the only way we will make sustained improvements to our emergency department performance and flow through the hospital is by everybody in the Trust recognising that this is not solely an emergency department problem.

By prioritising the discharge of those who are medically fit to go home, all clinical staff can help to reduce waiting times and congestion in the emergency department. It means ensuring that all patients have an expected date of discharge, diagnostic tests are carried out in a timely manner, the discharge lounge is used effectively, and ultimately discharge happens earlier in the day. All these actions will result in better outcomes for those who are very sick and need to be on a ward, and as well as those who no longer need hospital care but who wait in our wards for discharge. Improving the efficiency of our own processes is the right thing to do for patients who need our care.

However, the situation is not just for the Trust to resolve. Our current performance in the emergency department and problems we face with the flow of patients through the hospital is a symptom of the local health and care system; we essentially hold the risk for the system in our emergency department. It will take the commitment of all local partners to manage and relieve the pressure on our services.

That may include working with GP colleagues to divert patients attending the emergency department; or making sure patients who come into our emergency department with mental health issues are quickly assessed by colleagues from Pennine Care NHS Foundation Trust and streamed to the most appropriate service to meet their needs, or working with colleagues from SMBC to rapidly identify the care needs of patients ready for discharge.

All local partners have a part to play in ensuring our health and care system works effectively to deliver the services local people deserve to meet both their physical and mental health needs. Recently I have had discussions with Claire Molloy, Chief Executive of Pennine Care NHS Foundation Trust, on how we and our teams can more effectively work together to support local people.

The pressures Stepping Hill Hospital is feeling are not unique; similar pressures are being felt across the region and rest of the country. I have recently agreed to join Greater Manchester Urgent and Emergency Care Improvement and Transformation Board, where I hope to help improve how the GM system responds to times of peak pressure, as well as learn from good practice in other localities which we may be able to introduce in Stockport.

In addition to the pressures and scrutiny we have been facing, we have also had the additional challenge of preparing for coronavirus. There is a lot of coverage in the media about this virus, and it is good to see that we will be this important health issue later in the Board meeting. But it is important to recognise that as a hospital we deal with infectious diseases on an ongoing basis, and we have standard operating procedures in place to deal with high consequence infectious diseases, such as this particular virus.

As the Chair reflects in his report to the Board, when we are so busy with the demands of the here and now, it is very easy to lose focus on the future. However, we have continued to work hard on building strong and effective relationships with our health and care partners, and in recent weeks the responses we've seen from partners to the pressures on our services has been testament to that work.

Leaders of the health and care system in Stockport have begun to develop a vision for a world class, asset based, technology enabled, compassionate health and care system that local people deserve, and our staff will be ambitious and proud to work in. This very much links with the Trust's new Strategy that was signed off by the Board at our last meeting.

We have together started to plan how we could re-imagine health and care in Stockport over the next 10 years, and part of that work is a programme of Big Conversations with patients, the public and stakeholders to co-produce a long term vision for Stockport. At the heart of that vision for the future is:

- an all age public sector SMART care offer in the neighbourhood and community,
- a SMART 21st century hospital offer that provides care for those who can only be cared for in such a setting,
- housing that is much more affordable for our key workers, and
- care provision in Stockport as a rewarding, exciting and energising career for those who are already working for us, but also as a career for more local people.

Partners are keen to embrace opportunities that are presented to us in the coming months, and timing is crucial if we are to harness the opportunities presented by the:

- GM (Spatial Framework Masterplan, Healthier Together) plans,
- Stockport Metropolitan Borough Council Mayoral Development Corporation; Regeneration, Housing and Connectivity Plans;
- our plans to develop as the South East sector Hub for named specialist services and significantly improve our district general hospital services, and
- the embedding and further development of local population based integrated neighbourhood teams.

To truly take advantage of the opportunities that working in partnership can bring we have to ensure that as a Trust we are operating as effectively and efficiently as possible. Over the coming weeks the Executive Directors team will be looking at the way we are currently organised, and considering options for the way we manage services to ensure they consistently deliver the high quality care we all aspire to provide.

We have weathered the storms that the last month have brought, both physically and metaphorically. There is still so much we can do to make improvements, but with our combined efforts I am optimistic that the winds can start to blow in the right direction, resulting in better outcomes for our patients as we deliver safe, high quality care.

3. NEWS AND EVENTS

- FIT – 104 year old Bob Teers from Offerton is one of the patients helped to quickly return

home from hospital by our Frailty Intervention Team (FIT). Admitted to hospital after a fall, Bob was the star of local media coverage about the team, which was launched in November 2019. The multi-disciplinary team, including local GPs and AGE UK's Back Home Team, provides extra support to frail patients, including those in the last 12 months of their lives and those diagnosed with dementia, so they can get home as quickly as possible after a hospital stay.

- NHS App – Sarah Thompson, a clinical pharmacist and digital lead at Stepping Hill Hospital, who is seven months pregnant with her first child, is staring in NHS Digital's national campaign about the NHS App.
- Pressure ulcers – ward W4 at Stepping Hill Hospital has been presented with one of the Trust's gold achievement awards for achieving a 289 day record of pressure ulcer free care for its elective orthopaedic patients.
- LGBT+ History Month – we kicked off our celebrations of LGBT+ History Month by flying the rainbow flag at Stepping Hill Hospital and launching the rainbow badge within the organisation at a special event that featured guest speakers, information stalls and a chance for the many attendees to try out a range of alternative therapies.

4. DONATIONS

The Trust's charity plays a really important role in supporting our services and staff, and in this and my future reports to the Board I want to highlight a small sample of the wonderful donations that local people give to our charity:

- In memory of Wayne – the family of Mr Wayne Dolan donated £1,900 in recognition of the kind support they received from the Cheadle and Gatley district nursing team, who cared for Mr Dolan before he sadly died of lung cancer.
- Crohn's and Colitis Society – our gastroenterology team's capsule endoscopy fund received a £4,000 boast thanks to the generosity of members of the Crohn's and Colitis Society.
- Pick your own pumpkin – Reddish Vale Community Farm in Stockport donated £4,000, the proceeds from their pick your own pumpkin scheme, to our Bobby Moore cancer unit.

Thank you for these, and all the other local people, who have made donations to our charity in the last month.

5. RECOMMENDATION

The Board of Directors is recommended to receive this report.

Report To:	Trust Board	**Date:**	27 Feb 2020
Subject:	Integrated Performance Report		
Report of:	Director of Strategy and Planning	**Prepared by:**	B.I. and 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 Board 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:

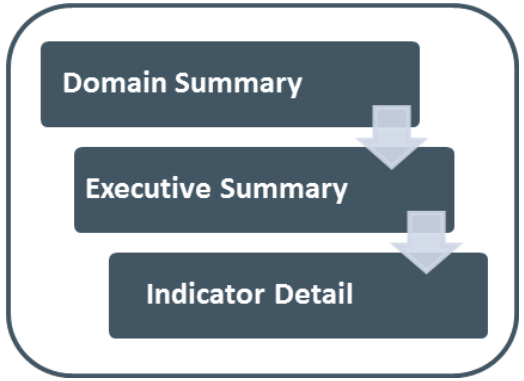
☐ Board of Directors	☐ SD Committee
☐ Council of Governor	☐ Charitable Funds Committee
☐ Audit Committee	☐ Nominations Committee
☐ Executive Team	☐ Remuneration Committee
☐ Quality Committee	☐ Joint Negotiating Council
☐ F&P Committee	☐ Other
☐ PP Committee	

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.

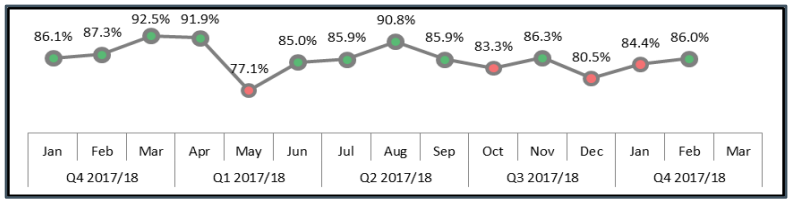
Executive Summary: Provides a summary of indicator level performance, arranged by Care Quality theme. For each indicator, performance against target is shown at both Trust and Business Group level, where applicable. Page numbers on this level of the report will advise on which page of the report the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



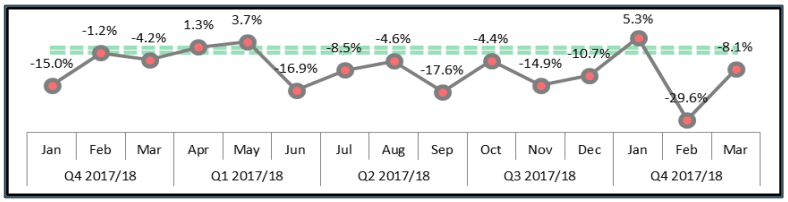
Indicator Detail: Provides detailed information for each indicator. This includes clear descriptions of the indicator, a chart representing the performance trend, and narrative describing the actions that are being undertaken to either maintain or improve performance.

Chart Summary

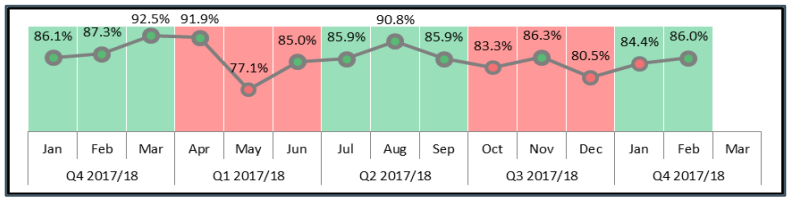
The following chart types are in use throughout the report:



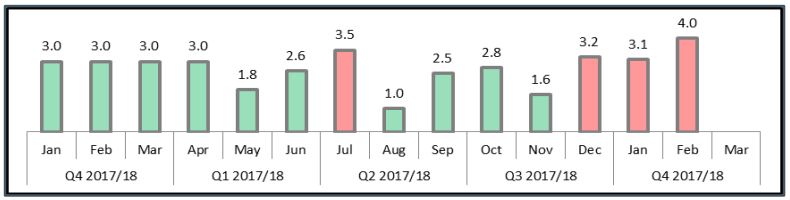
Trends are represented as a line where possible, with each monthly marker coloured to indicate achievement or non-achievement against target.



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.



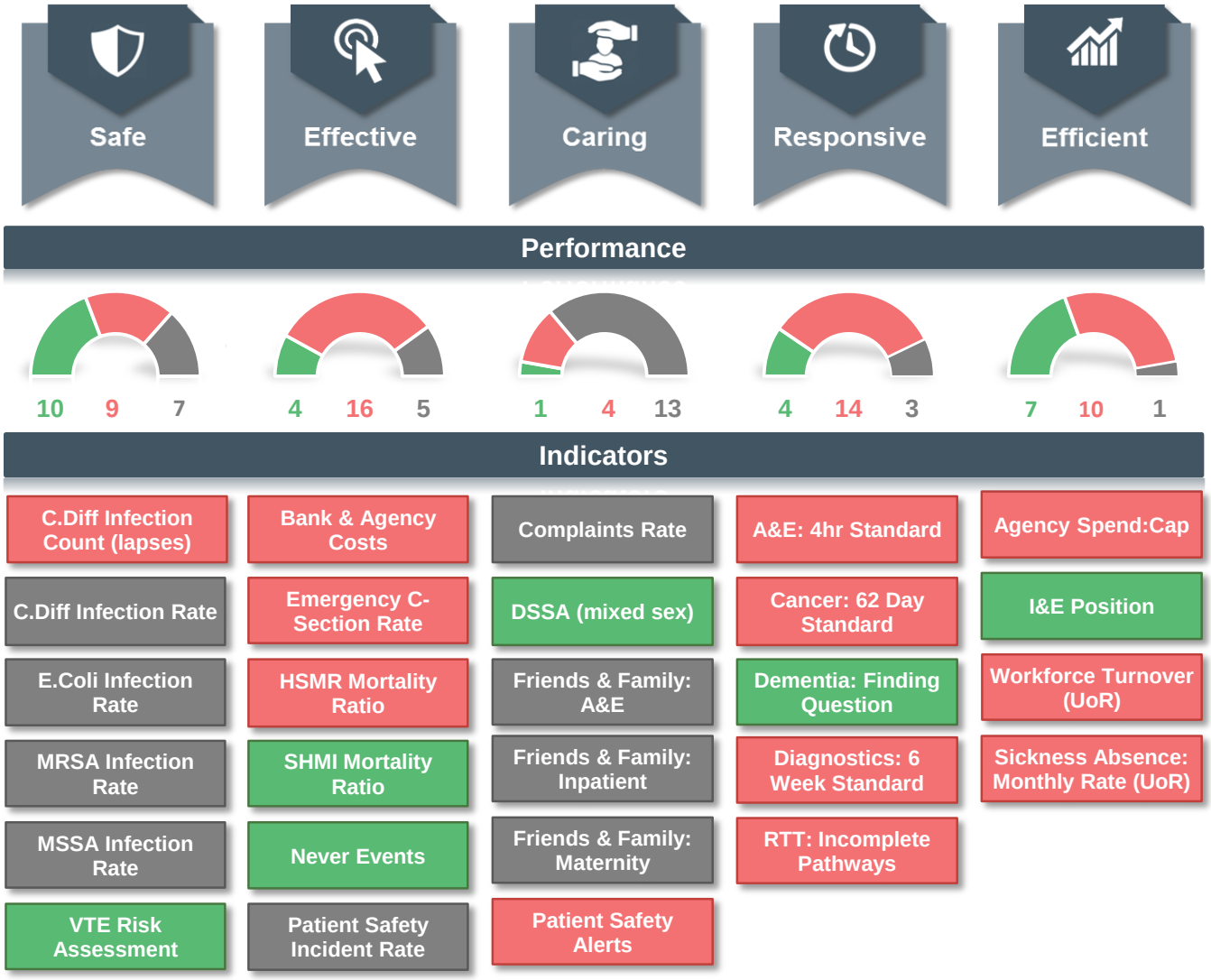
Where a trend line is not as appropriate, column charts are used to display information on indicator counts and totals.

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:

- Elective Day Case Income vs Plan
- Financial Controls: I&E Position

Metrics changing from green to red in month:

- CIP Cumulative Achievement
- Sickness Absence: Long Term
- Staff Suspensions

Metrics of notable change in month:

- Delayed Transfers of Care (DTOC)
- Sepsis: Timely Identification
- Sepsis: Timely Treatment
- Mortality: Specialist Palliative Care Length of Stay
- Smoking in Pregnancy
- Complaints: Response Rate 45
- Theatres: Delivered Sessions vs Plan
- Agency Shifts Above Capped Rates

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	Jan-20	<= 1%	14.4%							5.9%		14
Cancer: 62 Day Standard	Responsive	Jan-20	>= 85.2%	73.0%							74.1%		14
Cancer: 104 Day Breaches	Responsive	Dec-19	<= 0	8.0							44.0		15
Referral to Treatment: Incomplete Pathways	Responsive	Jan-20	>= 90%	78.2%							81.5%		15
Referral to Treatment: Incomplete Waiting List Size	Responsive	Jan-20	<= 22243	24637									16
Clinical Correspondence	Safe	Jan-20	>= 95%	86.0%							83.8%		16
Outpatient Hospital Cancellation Rate (UoR)	Responsive	Jan-20	<= 9%	10.2%							10.3%		17
Outpatient DNA rate (UoR)	Effective	Jan-20	<= 7.4%	7.7%							7.1%		17
Outpatient Clinic Utilisation (UoR)	Effective	Jan-20	>= 90%	87.3%							85.0%		18
Outpatient New to Follow-up Ratio (UoR)	Effective	Jan-20	<= 1.77	2.16							2.17		18
Theatres: Delivered Sessions vs. Plan	Effective	Jan-20	>= 100%	95.1%							92.8%		19
Theatres: Overall Touch-time Utilisation (UoR)	Effective	Jan-20	>= 85%	81.4%							81.0%		19
Theatres: In-Session Touch-time Utilisation (UoR)	Effective	Jan-20	>= 85%	73.1%									20

* 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													
Elective Day Case Activity vs. Plan	Responsive	Jan-20	>= *0%*	-1.1%							-1.1%		20
Elective Day Case Income vs. Plan	Responsive	Jan-20	>= *0%*	0.4%							0.4%		21
Elective Inpatient Activity vs. Plan	Responsive	Jan-20	>= *0%*	-5.7%							-5.7%		21
Elective Inpatient Income vs. Plan	Responsive	Jan-20	>= *0%*	-4.1%							-4.1%		22
Outpatient Activity vs. Plan	Responsive	Jan-20	>= *0%*	-1.0%							-1.0%		22
Outpatient Income vs. Plan	Responsive	Jan-20	>= *0%*	-4.9%							-4.9%		23
Length of Stay: Non-Elective (UoR)	Effective	Jan-20	<= *9*	11.93							11.13		23
Length of Stay: Elective (UoR)	Effective	Jan-20	<= *2.6*	2.60							2.43		24
Stranded Patient Count (UoR)	Effective	Jan-20	<= *260*	320									24
Super-Stranded Patient Count (UoR)	Effective	Jan-20	<= *94*	148									25
Delayed Transfers of Care (DTOC) (UoR)	Effective	Jan-20	<= *3.3%*	6.3%							4.3%		25
Medical Optimised Awaiting Transfer (MOAT)	Effective	Jan-20	<= *40*	102							799		26
Discharges by Midday	Effective	Jan-20	>= *33%*	15.3%							15.2%		26

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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	Jan-20		1425		↓							27
A&E: 4hr Standard	Responsive	Jan-20	>= *80%*	64.0%		↑					68.7%		27

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

Executive 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
Medical Director													
A&E: 12hr Trolley Wait	Responsive	Jan-20	<= 0	174							649		28
Emergency Readmission Rate (UoR)	Effective	Oct-19	<= 7.9%	8.4%							8.6%		28
Diabetes Reviews	Caring	Oct-19	>= 90%	87.5%							84.7%		29
VTE Risk Assessment	Safe	Dec-19	>= 95%	97.6%							97.4%		29
Sepsis: Timely Identification	Safe	Jan-20		83.2%							75.8%		30
Sepsis: Timely Treatment	Safe	Jan-20	>= 90%	50.0%							41.2%		30
Medication Errors: Rate	Safe	Jan-20		4.09									31
Discharge Summaries	Safe	Jan-20	>= 95%	92.7%							91.4%		31
Mortality: Deaths in ED or as Inpatient	Effective	Jan-20		120							1196		32
Mortality: Case Note Review Rate	Effective	Jan-20		33.3%							30.8%		32
Mortality: Specialist Palliative Care Length of Stay	Caring	Jan-20		14.05							23.27		33
Mortality: HSMR	Effective	Nov-19	<= 1	1.04									33
Mortality: SHMI	Effective	Aug-19	<= 1	0.99									34

* 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													
Never Event: Incidence	Effective	Jan-20	<= 0	0							2		34
Duty of Candour Breaches	Effective	Jan-20		0							1		35
Serious Incidents: STEIS Reportable	Responsive	Jan-20		34							214		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	Dec-19		24.48							21.70		36
C.Diff Infection Count	Safe	Dec-19	<= 38 *	4							44		36
MRSA Infection Rate	Safe	Dec-19		0.00							0.00		37
MSSA Infection Rate	Safe	Dec-19		5.65							5.81		37
E.Coli Infection Rate	Safe	Dec-19		21.65							21.23		38
E.Coli Infection Count	Safe	Dec-19		4							36		38
Falls: Total Incidence of Inpatient Falls	Safe	Jan-20	<= 916 *	93							824		39
Falls: Causing Moderate Harm and Above	Safe	Jan-20	<= 21 *	3							25		39
Pressure Ulcers: Hospital, Category 2	Safe	Dec-19	<= 69 *	10							76		40
Pressure Ulcers: Hospital, Category 3	Safe	Dec-19	<= 16 *	0							7		40
Pressure Ulcers: Hospital, Category 4	Safe	Dec-19	<= 2 *	0							1		41
Pressure Ulcers: Community, Category 2	Safe	Dec-19	<= 144 *	11							101		41
Pressure Ulcers: Community, Category 3	Safe	Dec-19	<= 34 *	3							19		42

* 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													
Pressure Ulcers: Community, Category 4	Safe	Dec-19	<= 6 *	0							7		42
Pressure Ulcers: Device Related, Category 2	Safe	Dec-19	<= 24 *	1							25		43
Pressure Ulcers: Device Related, Category 3	Safe	Dec-19	<= 6 *	0							2		43
Pressure Ulcers: Device Related, Category 4	Safe	Dec-19	<= 0 *	0							0		44
Safety Thermometer: Hospital	Safe	Jan-20	>= 95%	96.9%							96.2%		44
Safety Thermometer: Community	Safe	Jan-20	>= 95%	96.1%							96.9%		45
Patient Safety Incident Rate	Effective	Jan-20		59.80									45
Patient Safety Alerts: Completion	Caring	Jan-20	>= 100%	64.3%							86.0%		46
Emergency C-Section Rate	Effective	Jan-20	<= 15.4%	16.7%							17.1%		46
Term Babies Admitted to the Neonatal Unit	Effective	Jan-20	<= 5	2									47
Dementia: Finding Question	Responsive	Dec-19	>= 90%	97.6%							95.5%		47
Dementia: Assessment	Responsive	Dec-19	>= 90%	96.9%							99.5%		48
Dementia: Referral	Responsive	Dec-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	Dec-19		21.1%		↓					21.6%	Δ	49
Friends & Family Test: Inpatient	Caring	Dec-19		94.4%		↑					94.8%	Δ	49
Friends & Family Test: A&E	Caring	Dec-19		82.6%		↑					86.2%	Δ	50
Friends & Family Test: Maternity	Caring	Dec-19		98.4%		↑					96.4%	Δ	50
DSSA (mixed sex)	Caring	Jan-20	<= 0	0		→					20	Δ	51
Learning Disability: Adjusted Care Plans	Caring	Dec-19	>= 100%	75.8%		↓						Δ	51
Compliments	Caring	Jan-20		212		↓					1789	Δ	52
Complaints Rate	Caring	Jan-20		0.5%		↓					0.7%	Δ	52
Complaints: Response Rate 45	Caring	Jan-20	>= 95%	81.3%		↑					67.9%	Δ	53
Complaints: Parliamentary & Health Service Ombudsman Cases	Caring	Jan-20		2		↑					5	Δ	53
Complaints Closed: Overall	Caring	Jan-20		32		↓					386	Δ	54
Complaints Closed: Upheld	Caring	Jan-20		1		↓					59	Δ	54
Complaints Closed: Partially Upheld	Caring	Jan-20		14		↓					188	Δ	55

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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													
Complaints Closed: Not Upheld	Caring	Jan-20		17		↑					140	Δ	55
Litigation: Claims Opened	Responsive	Jan-20		6		↑					70		56
Litigation: Claims Closed	Responsive	Jan-20		1		↓					36		56
Referral to Treatment: 52 Week Breaches	Responsive	Jan-20	<= 0	3		↓					44	Δ	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	Jan-20	>= 0%	0.0%									57
Cash	Well-Led / Efficient	Jan-20	<= 0%	-37.1%									58
CIP Cumulative Achievement	Well-Led / Efficient	Jan-20	>= 0%	-88.4%									58
Capital Expenditure	Well-Led / Efficient	Jan-20	+/- 10%	-29.5%									59
Financial Use of Resources	Well-Led / Efficient	Jan-20	<= 3	3									59

* 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													
Substantive Staff-in-Post	Well-Led / Efficient	Jan-20	>= 90%	92.0%							91.4%		60
Sickness Absence: Monthly Rate (UoR)	Well-Led / Efficient	Jan-20	<= 3.5%	4.2%							4.6%		60
Sickness Absence: Rolling 12-Month Rate (UoR)	Well-Led / Efficient	Jan-20	<= 3.5%	4.6%									61
Sickness Absence: Long-term	Well-Led / Efficient	Jan-20	<= 0	1									61
Workforce Turnover (UoR)	Well-Led / Efficient	Jan-20	<= 13.94%	14.7%									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	Jan-20	>= 95%	96.3%							96.3%		63
Appraisal Rate: Non-medical	Well-Led / Efficient	Jan-20	>= 95%	90.8%							91.5%		64
Statutory & Mandatory Training	Well-Led / Efficient	Jan-20	>= 90%	92.2%							91.0%		64
Bank & Agency Costs	Effective	Jan-20	<= 5%	14.0%							12.1%		65
Agency Shifts Above Capped Rates	Well-Led / Efficient	Jan-20	<= 0	1286							8878		65
Agency Spend: Distance From Ceiling (UoR)	Well-Led / Efficient	Jan-20	<= 3%	-4.5%							-4.5%		66

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Domain Summary

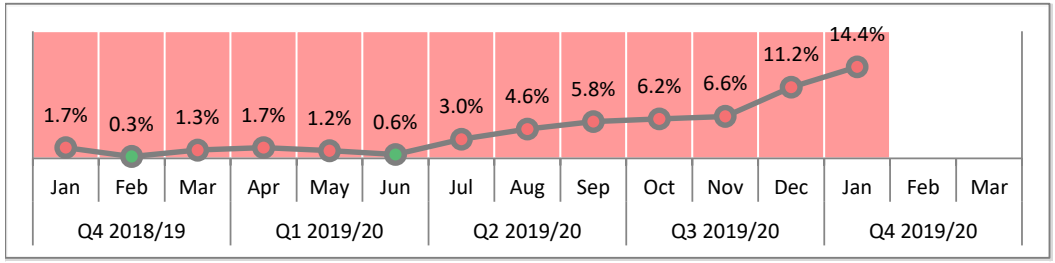
Indicator	Domain	Report Month	Target	Actual	PAT Rating	Direction	BG PAT I	BG PAT M	BG PAT S	BG PAT W	YTD	Forecast Risk	Page
Director of Workforce & Organisational Development													
Staff Suspensions	Well-Led / Efficient	Jan-20	<= 0	1									66
Recruitment Lead Time	Well-Led / Efficient	Jan-20	<= 20	20.30								△	67
Flu Vacination Uptake	Safe	Jan-20	>= 80%	75.4%									67

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

NHS Stockport NHS Foundation Trust

Indicator Detail

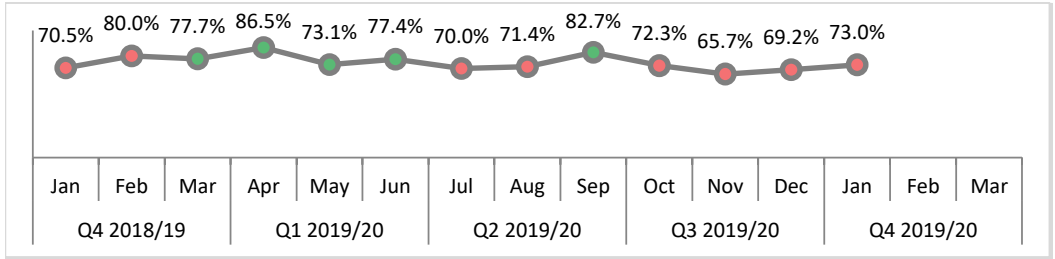
Jan-20	Diagnostics: 6 Week Standard
14.4%	The percentage of patients refered for diagnostic tests who have been waiting for less than 6 weeks.
Target	The standard was not achieved in January due to the backlog of planned overdue patients within Endoscopy; reduced capacity within the sleep study service, which incurred breaches; and some breaches within the Urodynamics service within Urology due to increased demand from other Trusts
<= 1%	



Actions

The recovery trajectory of March 2020 is under review, following unforeseen issues within the Endoscopy service.
However the Endoscopy team are still working towards their recovery plan, utilising additional in-sourced capacity, including Sunday lists.
Sleep study capacity is expected to increase throughout February and March, with a reduction of breaches seen throughout.
Urodynamics demand will be closely monitored and extra lists sought to mitigate any further breaches.
Increased CT demand continues to be monitored, with mitigation through use of in-sourced capacity whilst the new scanner is in the building phase.

Jan-20	Cancer: 62 Day Standard
73.0%	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	Cancer performance increased in January in comparison to previous months. In total, there were 14 breaches (17 patients). Diagnostic capacity internally and externally continues to be a pressure in achieving the national standard.
>= 85.2%	

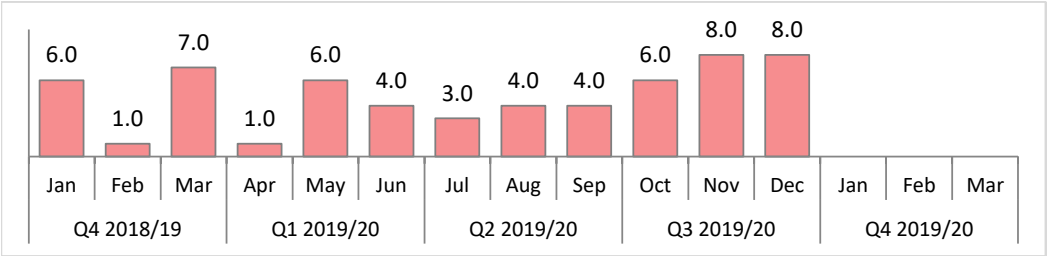


Actions

The weekly cancer PTLs across the Trust continue, and have been extended in order to facilitate forensic analysis of each pathway and to enable timely escalation of issues. A particular focus is paid in each meeting on reducing hospital-initiated delays, especially with regards to administrative processes.
Work is ongoing to enhance the efficacy of the straight-to-test models in Lung, Prostate and Colorectal with a focus on the 28-day Faster Diagnosis target.
A review into the internal escalation processes is ongoing, in conjunction with the Business Groups, Radiology and Pathology.
The action plan from the Urology forensic analysis is in the process of being implemented.

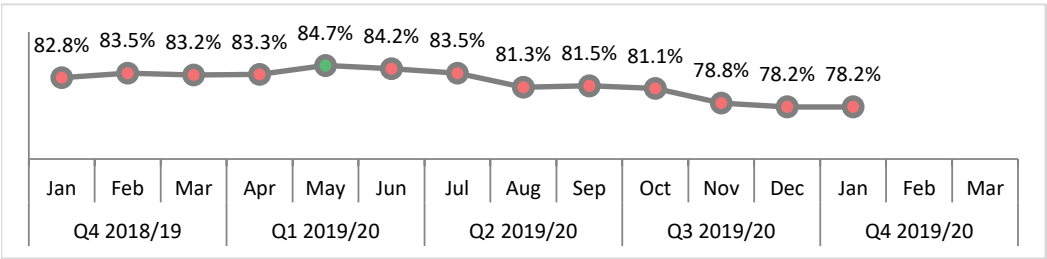
Indicator Detail

Dec-19	Cancer: 104 Day Breaches
8.0	The number of patients that have pathway length of 104 days or more at the point of treatment.
Target	There were 8 104+ day breaches reported in December 2019. The split was 1x Gynaecology, 2x Haematology, 1x UGI and 4x Urology.
<= 0	



Actions
The Gynaecology patient required multiple investigations, and a subsequent change to their treatment plan at Christie resulted in being treated in day 109. One Haematology patient required multiple diagnostics and was not a confirmed cancer until day 107; the second was transferred from a different tumour site late in the pathway and required subsequent diagnostics before treatment. The UGI patient had a complex background which required further investigation before treatment could commence. The Urology patient breaches were a combination of histology delays, long waits for diagnostics, capacity issues within Oncology, patient choice, and short-term patient illness. Actions from the Urology speciality-level analysis are still being taken forward, with a view to expanding this approach to all tumour sites.

Jan-20	Referral to Treatment: Incomplete Pathways
78.2%	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	January's performance remained static.
>= 90%	

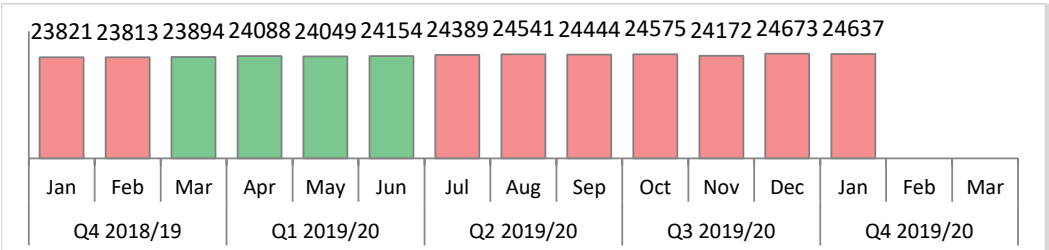


Actions
The operational focus continues to be reducing the waiting list size, therefore as highlighted in last month's report, this will be detrimental to performance in the first instance; the long-term benefit will be that patient's pathways are validated earlier. There is to be another Back on Track week in March 2020.

NHS Stockport NHS Foundation Trust

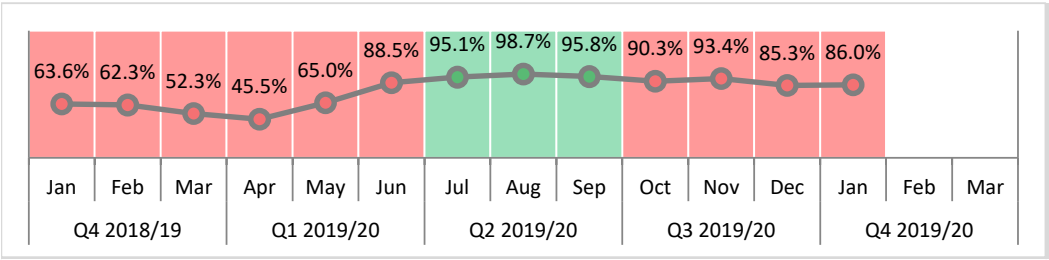
Indicator Detail

Jan-20	Referral to Treatment: Incomplete Waiting List Size
24637	The total number of patients on an open pathway. Please note: This indicator is measured against an agreed improvement trajectory.
Target	The overall waiting list size decreased slightly in January compared to December.
<= 22243	



Actions
A Back on Track week initiative was carried out in early February, with a further week planned for March 2020. Actions from this and the previously held week are continuing to be monitored through the fortnightly Ops Group held with the Business Managers and Assistant Business Managers, and through the Performance Team. The Business Groups continue to utilise weekly validation sessions, with themes and opportunities for learning from these shared in Business Group PTL meetings.

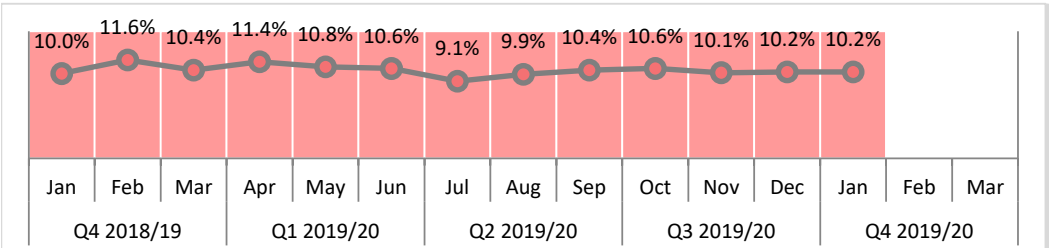
Jan-20	Clinical Correspondence
86.0%	The percentage of clinical correspondence typed within 7 days.
Target	Performance increased slightly in January, however is still below the 95% target. This is attributed to vacancies among the secretarial workforce.
>= 95%	



Actions
Approval to recruit to vacancies within the workforce has been given; once these posts have successful applicants in place, it is expected the position will improve. In the meantime, specialities where typing remains a challenge are utilising bank hours or offering additional hours to existing staff where possible, or exploring the possibility of outsourcing.

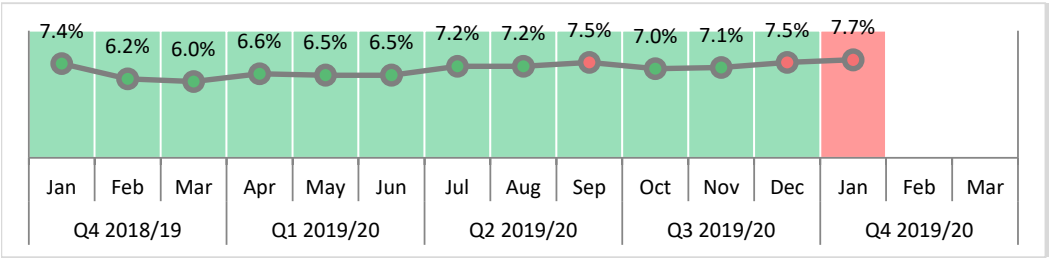
Indicator Detail

Jan-20	Outpatient Hospital Cancellation Rate (UoR)
10.2%	The percentage of outpatient appointments where the hospital has cancelled the appointment. This indicator combines new and follow-up appointment types.
Target	No change in performance between December and January.
<= 9%	



Actions
The Trust Access Policy is being reviewed and will support Director sign off for clinics being cancelled under 6 weeks. The booking window for specialities is to be reviewed as part of the OP Improvement Policies and Procedure workstream of the OP Improvement Steering group

Jan-20	Outpatient DNA rate (UoR)
7.7%	The percentage of outpatient appointments where the patient did not attend (DNA). This indicator combines new and follow-up appointment types.
Target	Slight increase in DNA rate in January.
<= 7.4%	

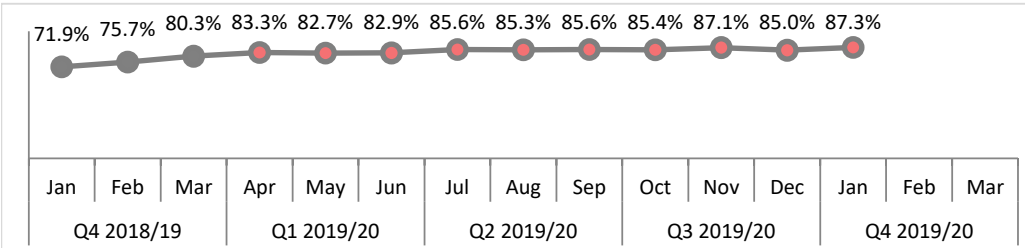


Actions
Work with Healthcare Communications (HCC), who provide the reminder service and digital letters, is being undertaken – a report is to be completed. Known issues have been resolved, with the outstanding issues being picked up through the contract meetings. A short-term solution is in place whilst awaiting a permanent technological solution.

NHS Stockport NHS Foundation Trust

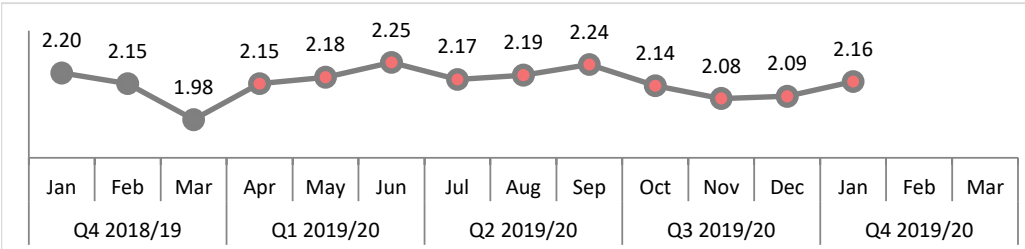
Indicator Detail

Jan-20	Outpatient Clinic Utilisation (UoR)
87.3%	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	Increased performance in clinic utilisation in month.
>= 90%	



Actions
Work is ongoing within the Bookings' Team, with a workshop planned for 19/02/2020. A similar exercise is to be undertaken with the devolved Bookings' Teams.

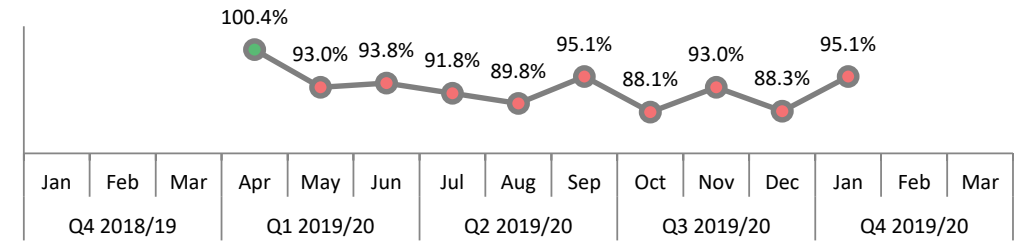
Jan-20	Outpatient New to Follow-up Ratio (UoR)
2.16	The number of outpatient follow-up attendances that took place for every one outpatient new attendance.
Target	Slight increase in new:follow-up ratio in month.
<= 1.77	



Actions
Ongoing work within the Business Groups to reduce the number of patients who are overdue follow-up appointments continues to affect this metric in that it is no longer completely indicative of clinical pathways. Flexibility of templates being altered to support additional follow-up capacity will affect new to follow up count.

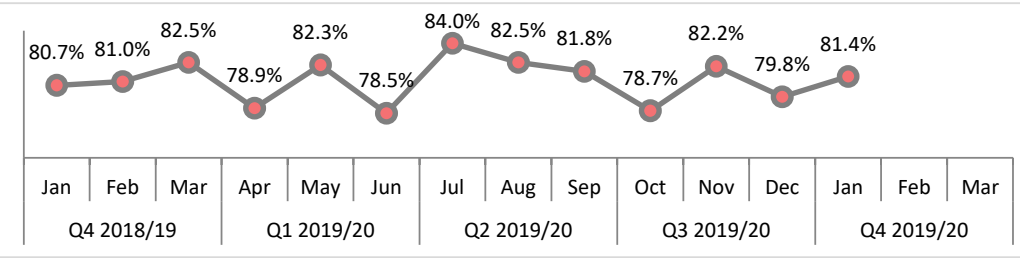
Indicator Detail

Jan-20	Theatres: Delivered Sessions vs. Plan
95.1%	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	Increased performance against plan in January, in comparison to December. Demand from Urgent Care on beds remains a challenge to throughput of elective activity.
>= 100%	



Actions
Work is ongoing to ensure timely re-distribution of lists between specialities, through the Theatre Planning meeting. Urology and Gynaecology continue to work closely together in order to ensure maximum use of the robot theatre for robotic cases. The 6:4:2 meeting is under review by the Delivery Director.

Jan-20	Theatres: Overall Touch-time Utilisation (UoR)
81.4%	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 utilisation is under review to ensure it accurately reflects true utilisation of the allocated time.
>= 85%	

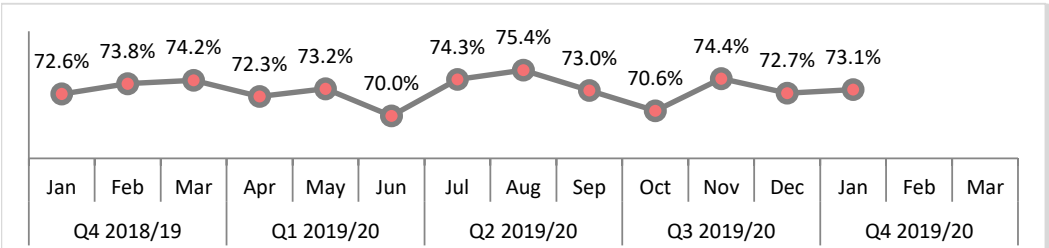


Actions
The measurement of this metric is being recalculated to provide more meaningful context. This is to be discussed at the monthly Theatre Planning meeting, which is scheduled for 25/02/2020.

NHS Stockport NHS Foundation Trust

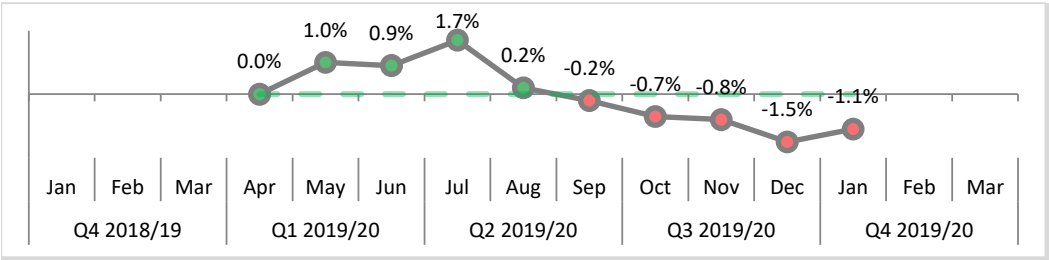
Indicator Detail

Jan-20	Theatres: In-Session Touch-time Utilisation (UoR)
73.1%	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 utilisation is under review.
>= 85%	



Actions
The measurement of this metric is being recalculated to provide more meaningful context. This is to be discussed at the monthly Theatre Planning meeting, which is scheduled for 25/02/2020.

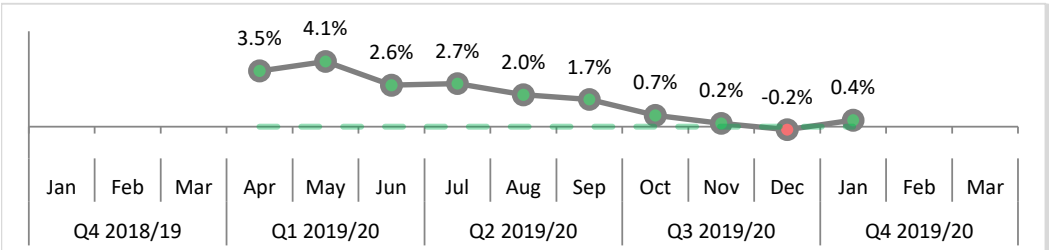
Jan-20	Elective Day Case Activity vs. Plan
-1.1%	The percentage variance between planned elective day case activity and actual elective day case activity.
Target	Daycase activity for January was +75 above plan, resulting in an income position of +£111k in month. YTD this equates to +£75.5k above plan.
>= 0%	



Actions
The Trust has continued to aim to maximise throughput of the daycase unit throughout winter, to maintain a level of elective activity throughput.

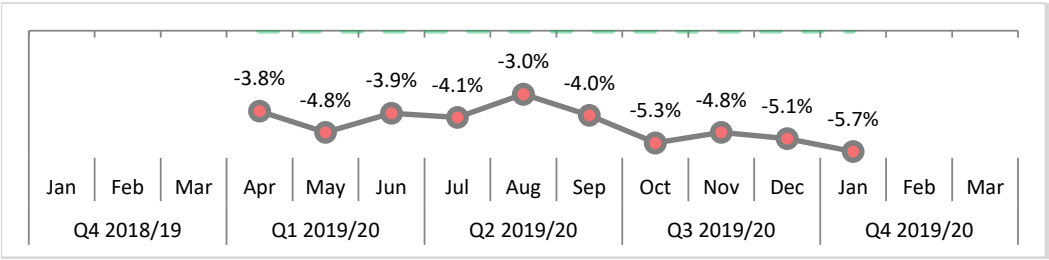
Indicator Detail

Jan-20	Elective Day Case Income vs. Plan
0.4%	The percentage variance between planned elective day case income and actual elective day case income.
Target	
>= 0%	



Actions

Jan-20	Elective Inpatient Activity vs. Plan
-5.7%	The percentage variance between planned elective inpatient activity and actual elective inpatient activity.
Target	In month, elective activity was -56 below plan with an income position of -£21k. YTD, the income position is -£671k. Some recovery in the income position YTD has been seen in month.
>= 0%	

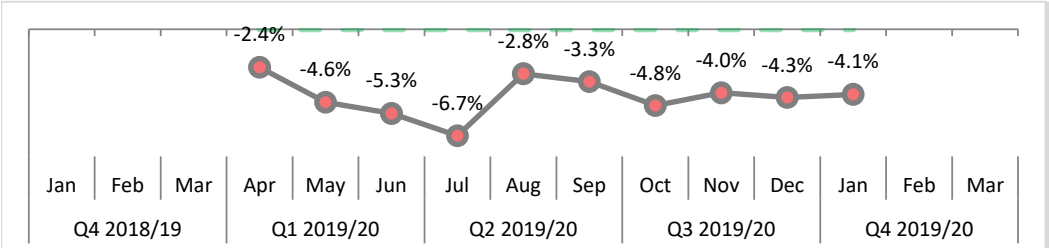


Actions
Urgent Care pressures continue to impact on the capacity to deliver inpatient elective activity due to the need to utilise elective beds to maintain patient safety and flow. Business Group Directors continue to closely monitor elective activity to ensure maximum throughput. Recovery plans in place within the Business Groups are monitored on a weekly basis through the Financial Improvement Group and the monthly Executive Performance Reviews.

NHS Stockport NHS Foundation Trust

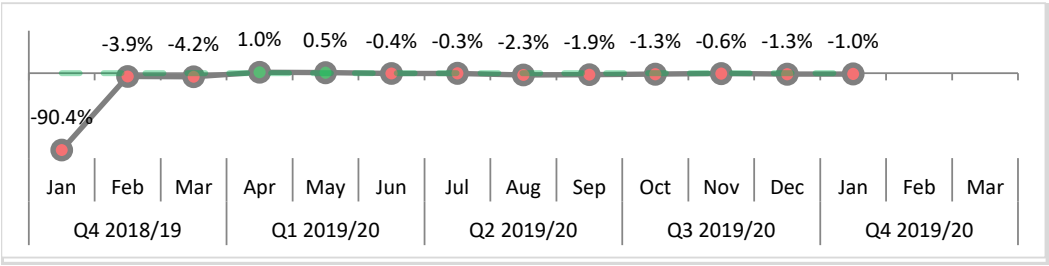
Indicator Detail

Jan-20	Elective Inpatient Income vs. Plan
-4.1%	The percentage variance between planned elective inpatient income and actual elective inpatient income.
Target	
>= 0%	



Actions

Jan-20	Outpatient Activity vs. Plan
-1.0%	The percentage variance between planned outpatient activity and actual outpatient activity.
Target	In month, outpatient activity was +499 above plan. However, the income position was -£5.5k adverse to plan. This is due to follow-up activity being above plan, but new activity being below plan.
>= 0%	

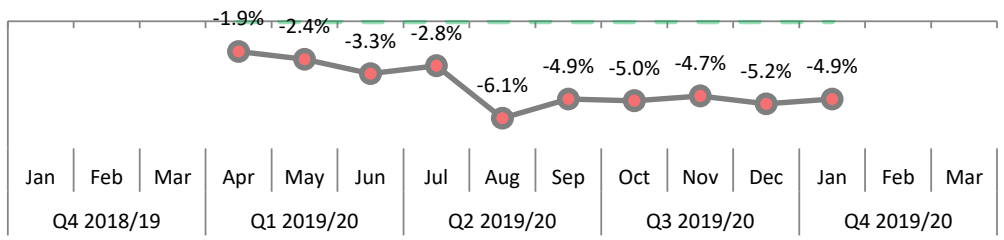


Actions

The drive to reduce the number of patients who are overdue follow-up appointments continues, which is reflected in the figures above.
Some recovery in the income and activity figures has been noted in month.
The Outpatient Improvement Steering Group continues, and various workstreams identified as part of this are beginning to take shape and take forward initiatives with a view to improving outpatient efficiency.

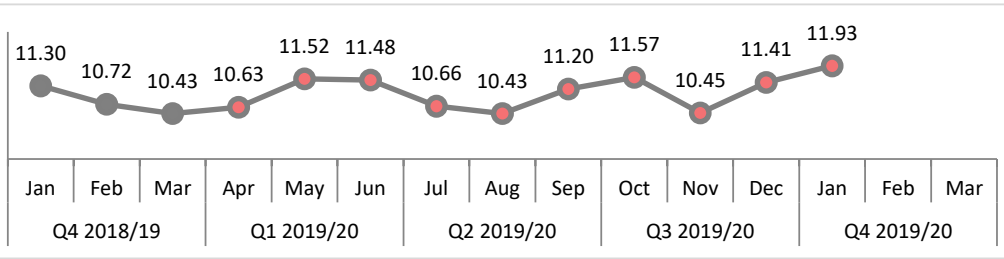
Indicator Detail

Jan-20	Outpatient Income vs. Plan
-4.9%	The percentage variance between planned outpatient income and actual outpatient income.
Target	
>= 0%	



Actions

Jan-20	Length of Stay: Non-Elective (UoR)
11.93	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	Long length of stay remains variable with focused work ongoing to reduce this to hit trajectory by March 2020.
<= 9	



Actions

The Reducing Days Away From Home (RDAFH) collaborative Programme commenced 16.12.2019. The aim is to reduce the number of patients with a length of stay of 21 days or more through a review and analysis of current data, an improvement programme targeting themes and trends, implementing effective case management and implementing effective and timely discharge processes on the wards.

As part of the Urgent Care winter plan Stockport CCG and Stockport Foundation Trust have collaborated to design a Helping People Home team who will support the system to reduce the numbers of patients staying in hospital for extended lengths of time.

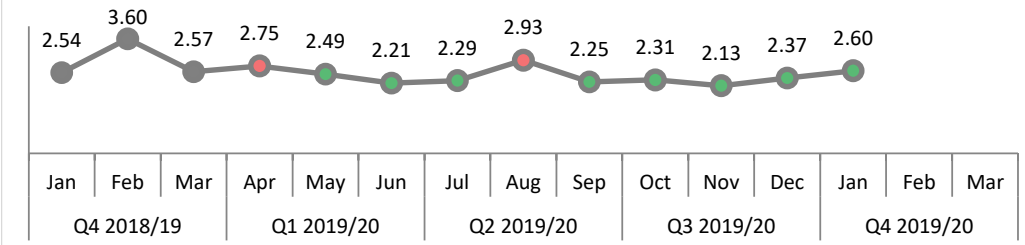
The Helping People Home walk rounds run three times a week on Monday, Tuesday and Thursday have been running consistently since the beginning of January 2020. All patient waiting in hospital for 21 days or more are reviewed on the medical wards (excluding Stroke wards.)

A noticeable positive shift in engagement has been seen and discharge culture starting to shift from passivity to anticipatory. Ward areas are much more prepared with plans for patients and understand the urgency of proactive discharge planning from early on in the patient journey. There is still work to do regarding coaching, myth busting and education, but the rounds are proving to provide constructive coaching challenge, learning, support for complex discharge and role modelling to wards.

NHS Stockport NHS Foundation Trust

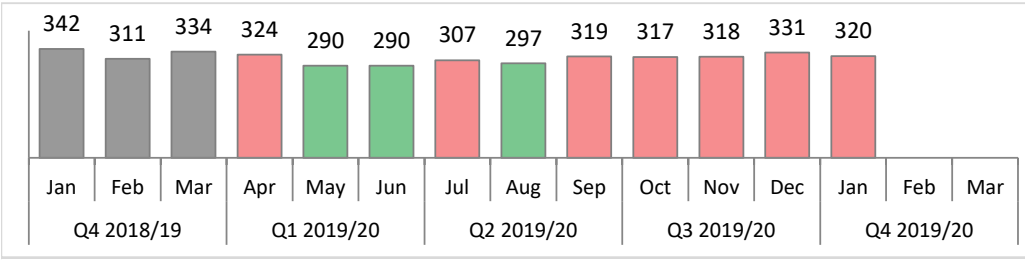
Indicator Detail

Jan-20	Length of Stay: Elective (UoR)
2.60	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	Maintained 2.6 days elective LoS in January
<= 2.6	



Actions
Workstreams across the organisation focusing on length of stay continue, with regular monitoring and review.

Jan-20	Stranded Patient Count (UoR)
320	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	The number of stranded patients reduced in month.
<= 260	



Actions
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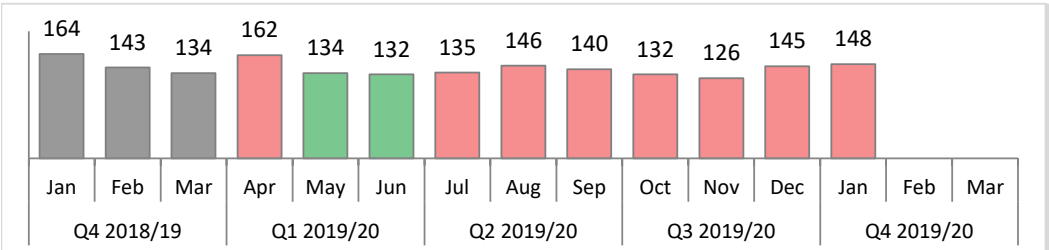
Indicator Detail

Jan-20	Super-Stranded Patient Count (UoR)
148	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	The number of super-stranded patients remained fairly static between December and January.
<= 94	



Actions

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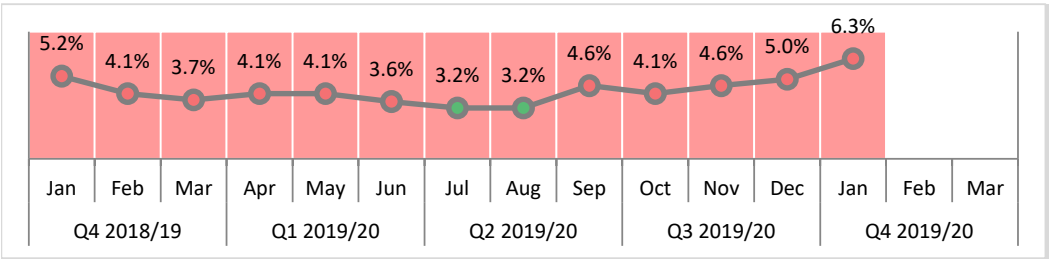
Jan-20	Delayed Transfers of Care (DTOC) (UoR)
6.3%	The percentage of patients that have remained in their hospital bed beyond their transfer of care date. This is an average number calculated using daily snapshot data.
Target	DToC rate increased in month.
<= 3.3%	



Actions

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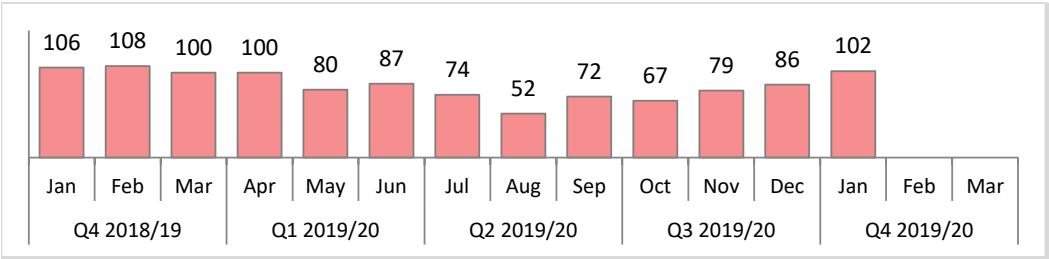
NHS Stockport NHS Foundation Trust

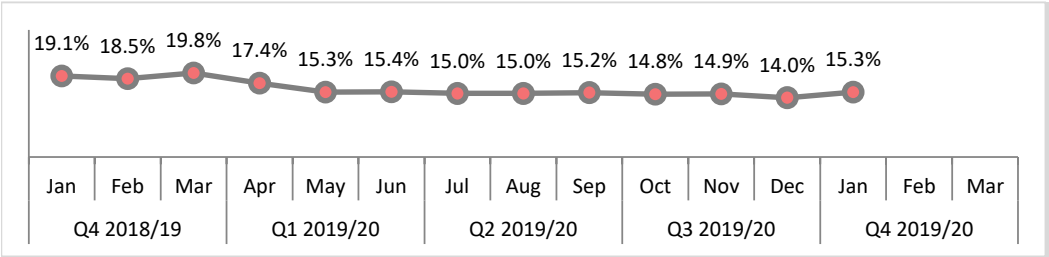
Indicator Detail

Jan-20	Medical Optimised Awaiting Transfer (MOAT)
102	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	Numbers of MOAT patients increased in month. ITT has seen an increase in demand for placements from this time last year and a decrease in placement capacity in the community (some of this due to suspensions in place re poor quality). This has impacted on flow especially for those patients waiting for a nursing home placement.
<= 40	



Actions
ITT have implemented a 9.30 am huddle with Age UK and other partners to support those patients waiting for a placement. They look at each case on an individual basis and problem- solve issues, ensuring relevant partners are either physically or virtually in the huddle to agree decisions required i.e. funding.

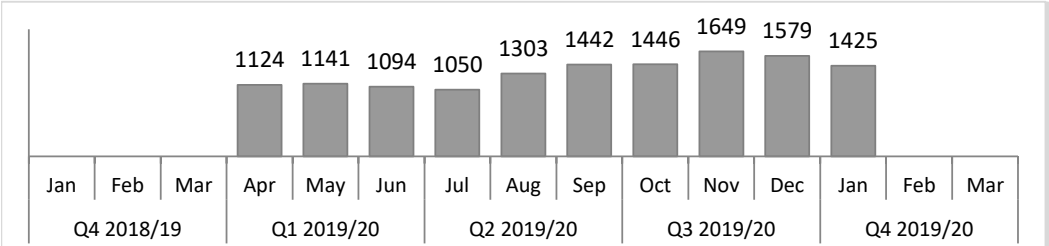
Jan-20	Discharges by Midday
15.3%	The total number of patients discharged by midday, calculated as a percentage of the total number of discharges for the period. Includes SAFER wards only.
Target	This continues to be a challenge across the organisation with discharges still happening after 3pm
>= 33%	



Actions
Twice-daily executive-led Gold command meetings being held with a specific focus on early discharges and the use of the discharge lounge. Any patients not being transferred to the discharge lounge are exception reported to the Chief Nurse.

Indicator Detail

Jan-20	A&E: Overnight Breaches
1425	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 are intrinsically related to the congestion in the department now that levels of workforce are consistent. In particular, a rise in non-admitted breaches occurs when the wait to be seen goes up due to congestion and limited places to see new patients affecting the overall departmental productivity. Continued focus on minors injury, illness and paediatric patients has led to consistent >90% performance. The bulk

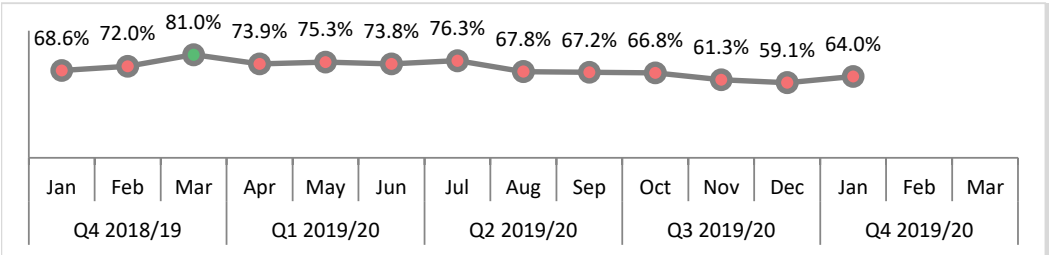


Actions

Recent audits of both walk in and ambulance arrivals are due to report in February with a focus on avoiding attendances and enhanced streaming to assessment outside of A&E wherever possible and capacity in these areas allows. Efforts continue to reduce late afternoon and twilight congestion as this is a predictor of overnight performance and waiting times but this is limited by late availability of bed capacity hence the current focus on early discharge at ward level.

Phase 2 of a Primary Care Assessment and Treatment (PCAT) trial has commenced providing additional primary care input at the front door. A Frailty Assessment area has been provided in a ward co-located with A&E (D4). Both of these pilots will report end of February to Acute Trust and CCG.

Jan-20	A&E: 4hr Standard
64.0%	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 >= 80%	ED performance increased in month. However, the challenge associated with winter acuity continues; whilst attends may have dropped slightly, the number of frail elderly and co-morbid patients has not and constitutes the majority of patients in the daily early evening surge.



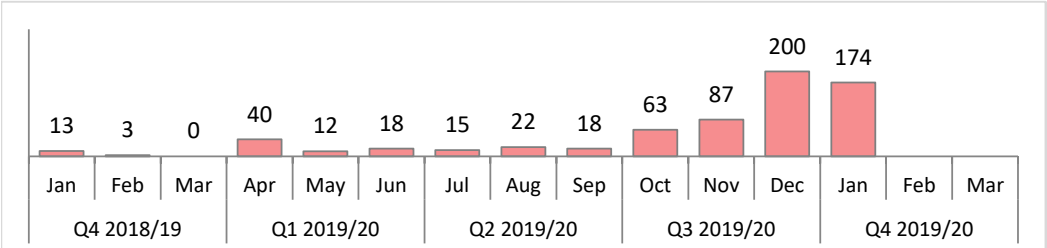
Actions

To combat this, the Frailty Intervention Team (FIT) are now a daily presence in ED with a plan to launch a dedicated assessment area in February.
The Acute trust are maximising opportunity for Same Day Emergency Care. Opening hours for the ambulatory care unit (ACU) are to midnight week days and 10pm at weekends and phase 2 of the Primary Care Assessment Team (PCAT) pilot has launched that allows for additional primary care clinicians at the front door to maximise streaming.
The wider system are focused on reducing conveyance to hospital and expediting discharge for complex patients.

NHS Stockport NHS Foundation Trust

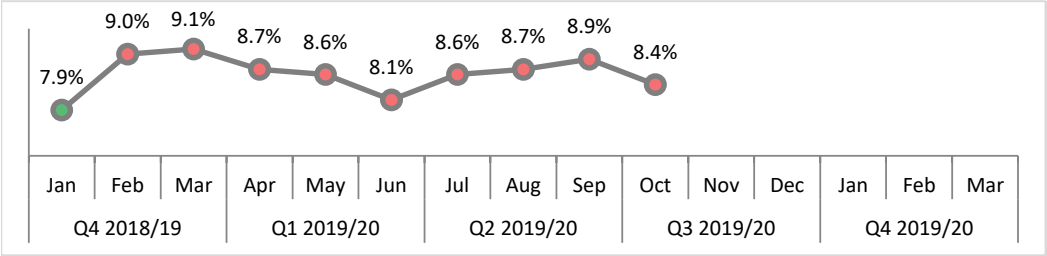
Indicator Detail

Jan-20	A&E: 12hr Trolley Wait
174	Total number of patients whose decision to admit from A&E was over 12 hours from their actual admission.
Target	Improvement seen in the number of 12 hour trolley waits recorded in ED in January.
<= 0	



Actions
Actions to address patient flow and ED congestion will all feed in to improving the number of patients breaching 12 hours.

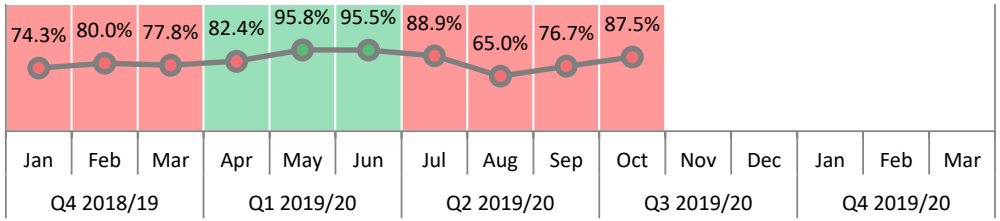
Oct-19	Emergency Readmission Rate (UoR)
8.4%	The percentage of emergency re-admissions within 28 days following an inpatient discharge. This indicator includes admissions for all conditions, and is not restricted to re-admissions for the same condition as the original admission.
Target	Improved performance from last year, but performance consistently above 8%
<= 7.9%	



Actions

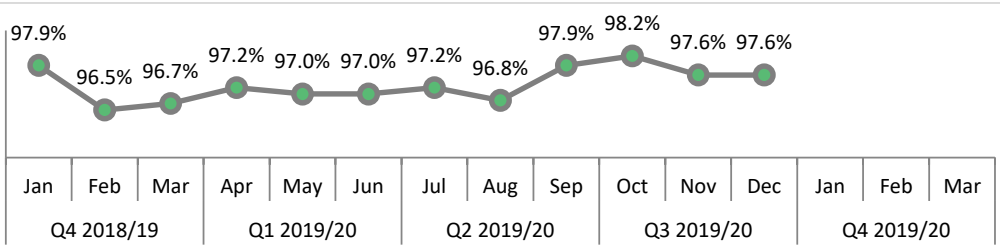
Indicator Detail

Oct-19	Diabetes Reviews
87.5%	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	An improved performance has been reported in October
>= 90%	



Actions
Two new consultants have now started in post.

Dec-19	VTE Risk Assessment
97.6%	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%	

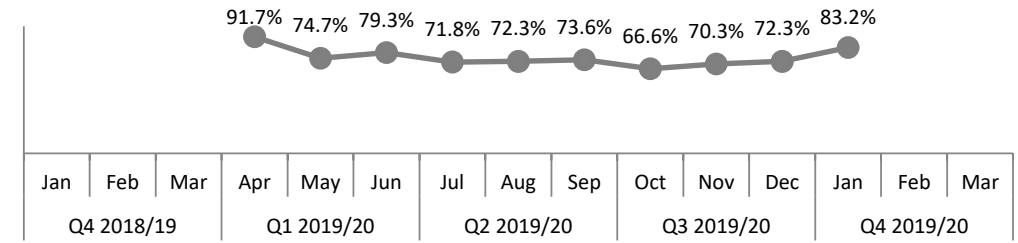


Actions
The target has been achieved in month.

NHS Stockport NHS Foundation Trust

Indicator Detail

Jan-20	Sepsis: Timely Identification
83.2%	The number of patients who are screened for sepsis, as a percentage of all eligible patients who meet the criteria .
Target	Percentage of inpatients that have undergone a sepsis screening

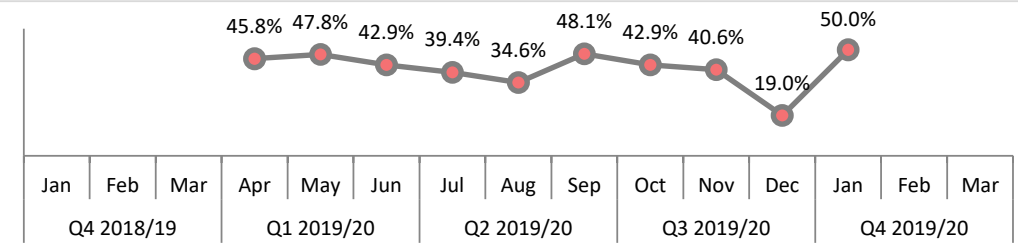


Actions

During January a total of:-
760 patients triggered on the NEWS2 as a possible sepsis
303 patients (out of the 760) were reviewed by the IP&C service team after the exclusion criteria was applied
237 patients (out of the 303) were escalated by nursing staff to the medical teams for review
252 patients (out of the 303) were reviewed and screened for sepsis by the medical team
20 patients (out of the 303) following review were recorded as clinically septic

The sepsis action plan has been updated to reflect timelines for implementation of actions promoting compliance

Jan-20	Sepsis: Timely Treatment
50.0%	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 antibiotics within an hour of the diagnosis
>= 90%	



Actions

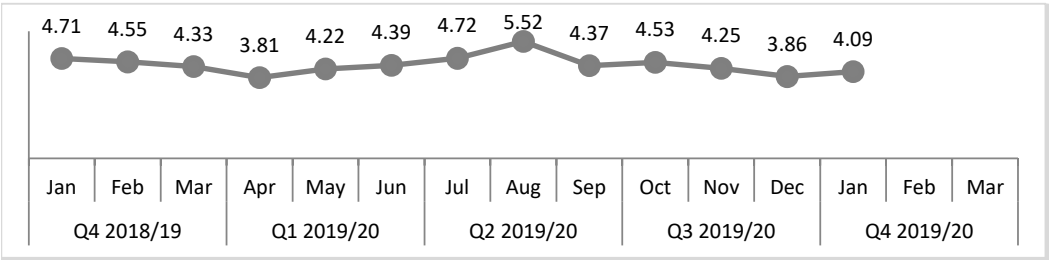
During January:-
13 of the 20 patients were medically reviewed within the hour of triggering NEWS2
10 of the 20 patients were given antibiotics within the hour of diagnosis
6 of the 20 patients were reviewed and given antibiotics within an hour of diagnosis

The sepsis action plan has been updated to reflect timelines for implementation of actions promoting compliance

NHS Stockport NHS Foundation Trust

Indicator Detail

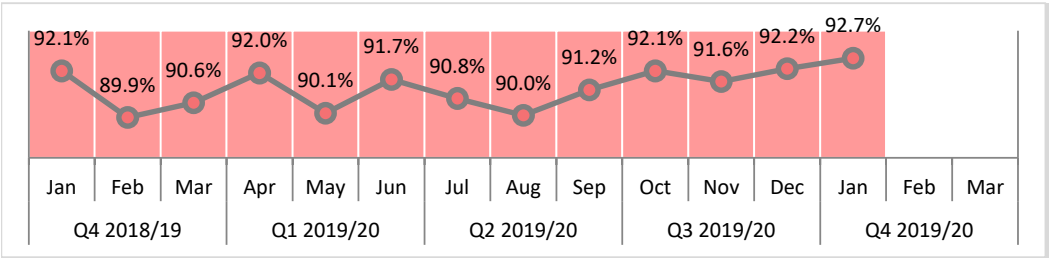
Jan-20	Medication Errors: Rate
4.09	Rate of medication errors, calculated as incidence per 1000 bed days.
Target	Total number of medication errors has risen slightly from 69 in December 2019 to 73 in January 2020.



Actions

Alerts have been circulated in the Patient Safety Summit Update to raise awareness to prescribers to take care when prescribing reducing doses of medication to ensure that the correct dates are specified for each of the dose reduction steps

Jan-20	Discharge Summaries
92.7%	The percentage of discharge summaries published within 48hrs of patient discharge.
Target	Performance in January was the best ever reported
>= 95%	



Actions

The focus on this metric in the performance reviews remains high.

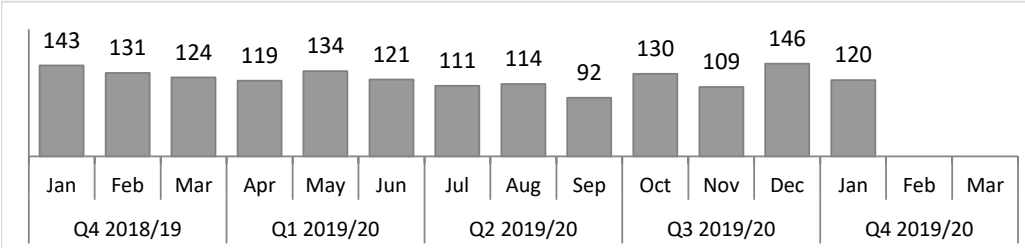
Informal feedback from primary care is that our discharge summaries are of a high standard relative to other providers.

NHS Stockport NHS Foundation Trust

Indicator Detail

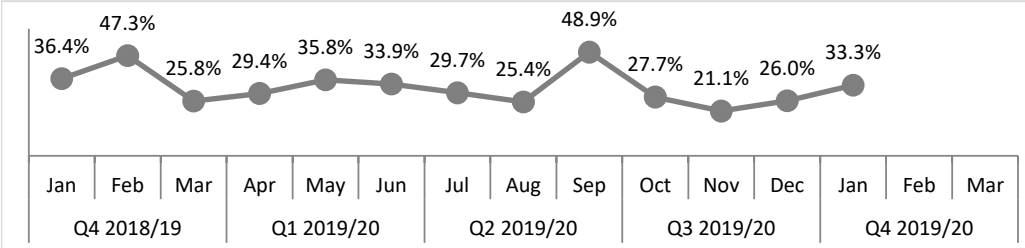
Jan-20	Mortality: Deaths in ED or as Inpatient
120	Total number of patient deaths while patient was in the emergency department or as an inpatient.
Target	There was a reduction in the number of deaths reported from 146 in December 2019 to 120 in January 2020

Actions



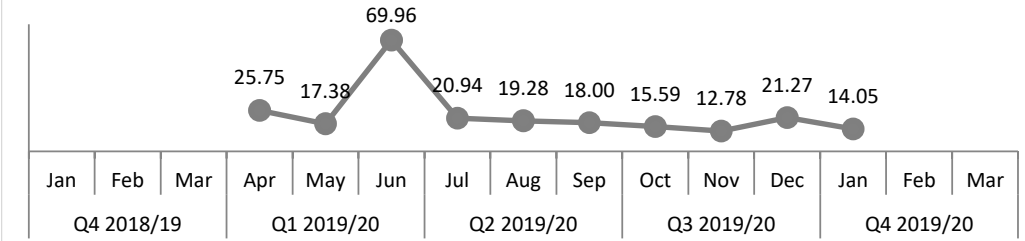
Jan-20	Mortality: Case Note Review Rate
33.3%	The number of case note reviews that taking place in month, as a percentage of all patient deaths while patient was in the emergency department or as an inpatient.
Target	The number of case notes reviewed in month increased from 26.0% in December to 33.3% in January as a percentage of all deaths.

Actions



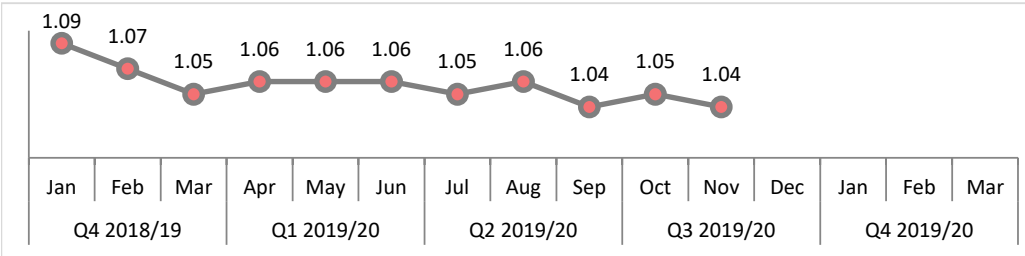
Indicator Detail

Jan-20	Mortality: Specialist Palliative Care Length of Stay
14.05	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	We are currently progressing development of this dashboard with a wider set of data to provide a fuller picture of care for people in hospital as they approach the end of their lives.



Actions
To interpret this data in the context of the wider data once it is available.

Nov-19	Mortality: HSMR
1.04	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 <= 1	There was a slight improvement in November, maintaining the improved position over the last twelve months.



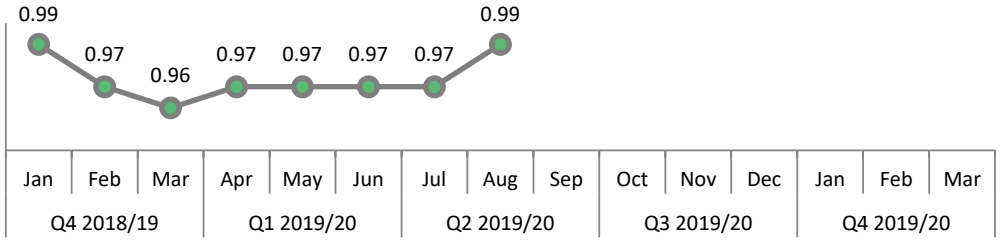
Actions
An early iteration of the mortality dashboard is now available. It will be further developed over the coming months.

NHS Stockport NHS Foundation Trust

Indicator Detail

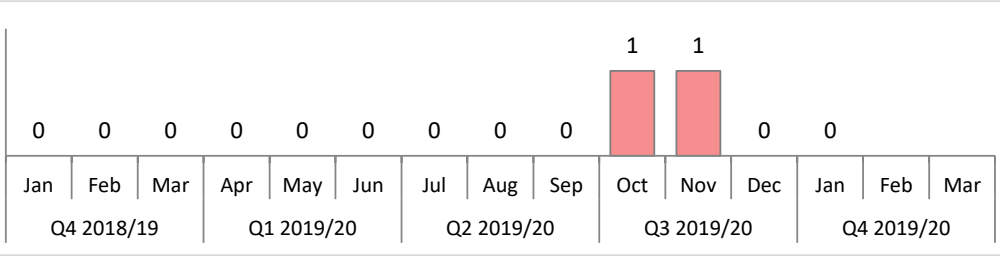
Aug-19	Mortality: SHMI
0.99	This is the ratio between the actual number of patients who either die while in hospital or within 30 days of discharge compared to the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.
Target	Above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

Actions
An iteration of the mortality dashboard is now available but will be further developed over the coming months.



Jan-20	Never Event: Incidence
0	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	There were no Never Events recorded in January 2020
<= 0	

Actions
The last never event in the organisation occurred in November 2019

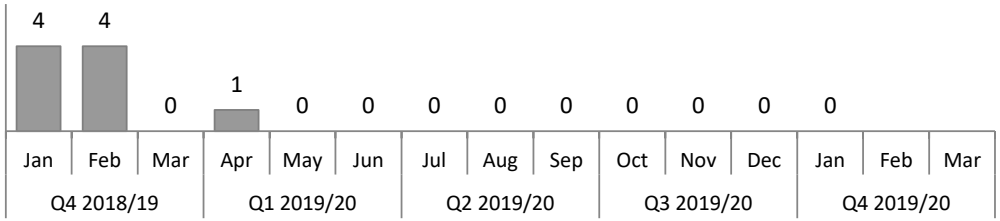


Indicator Detail

Jan-20	Duty of Candour Breaches
0	Total number of duty of candour breaches of regulation in month.
Target	There were no breaches of Duty of Candour reported for January 2020.

Actions

Opening of Duty of Candour is monitored on a weekly basis. Timeliness of the opening conversation has continued to improve.

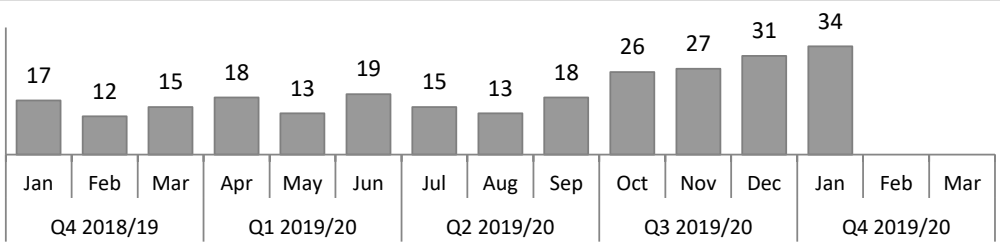


Jan-20	Serious Incidents: STEIS Reportable
34	The total number of STEIS reportable incidents.
Target	The number of StEIS reported incidents rose in January 2020 to 34 from 31 in December 2019. This forms an increasing trend for the last six reporting months.

Actions

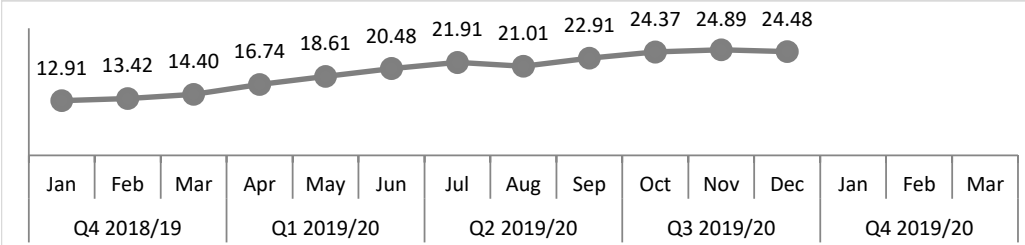
There were 19 instances where patients waited more than 12 hours in the emergency department and met the criteria for a 12 hour trolley wait.

There were 5 pressure ulcer incidents and 1 incidence of Clostridium difficile



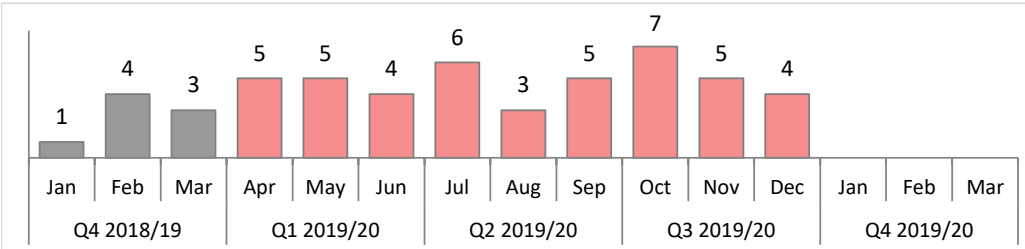
Indicator Detail

Dec-19	C.Diff Infection Rate
24.48	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	The average number of Clostridium difficile infections for every 100,000 bed days, calculated using a rolling 12month number of Trust –attributable Clostridium difficile infections compared to a rolling 12 month average number of bed days per 100,00.



Actions
The target rate is monitored through the infection prevention & Control group

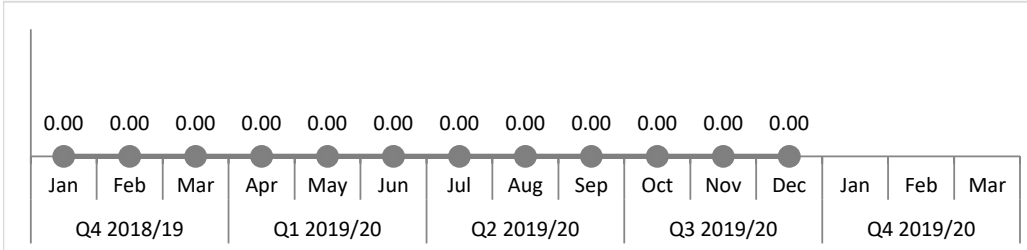
Dec-19	C.Diff Infection Count
4	Total number of C.Diff infections.
Target	The 2019-20 target set by the Department of Health for hospital acquired Clostridium difficile toxin positive cases is 51
<= 38 *	



Actions
During December 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. Infection Prevention (C.Difficile) review Draft Assignment report 2019/20 is being submitted to the IP&C group in February

Indicator Detail

Dec-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

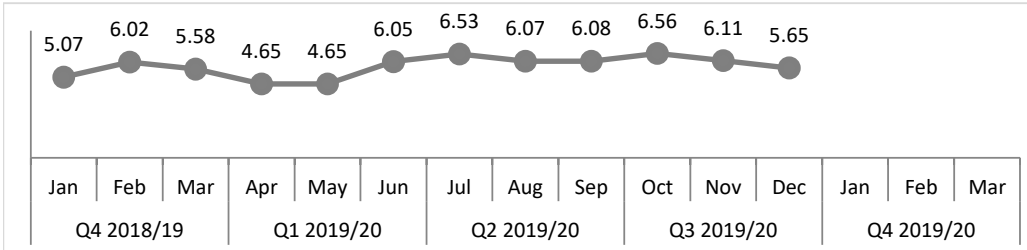


Actions

The MRSA target set by the Department of Health is zero for2019-20. In December there were zero cases of MRSA

The target is monitored through the infection prevention & control group

Dec-19	MSSA Infection Rate
5.65	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



Actions

The MSSA infection rate is monitored as a whole health economy. The figures represented within this report are Trust acquired cases

This is monitored through the Infection prevention & control group

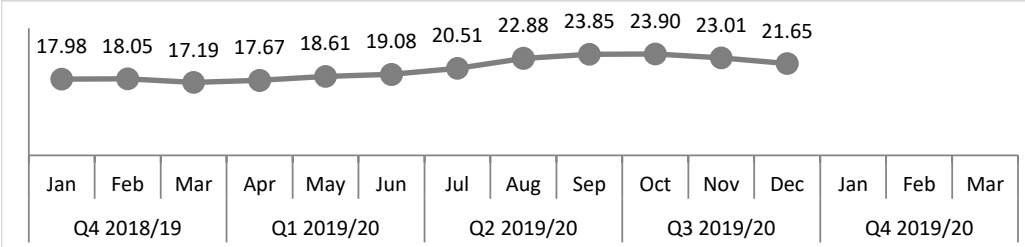
Following consultation, the CCG have agreed a target tolerance of 12 for the Trust in relation to MSSA infections. To meet this target the Trust needs = 3 per quarter; during quarter three there have been 4 MSSA infections

Concurrent to this agreement is the development of a pro-forma to undertake concise investigations. Unfortunately the pro-forma development has been delayed due to winter pressures, the aim will be for the pro forma to be in place by Q4

NHS Stockport NHS Foundation Trust

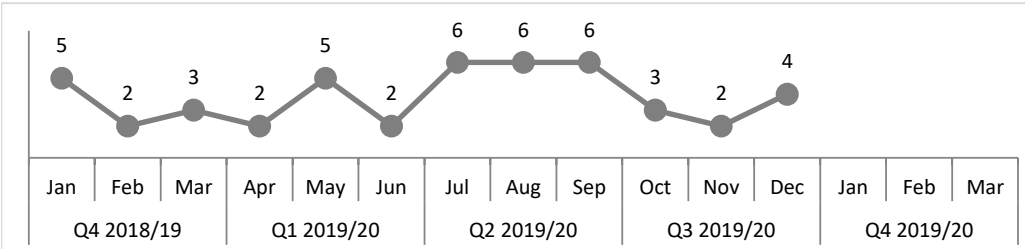
Indicator Detail

Dec-19	E.Coli Infection Rate
21.65	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 2022, 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 CCG. This plan is monitored through the infection prevention & control group

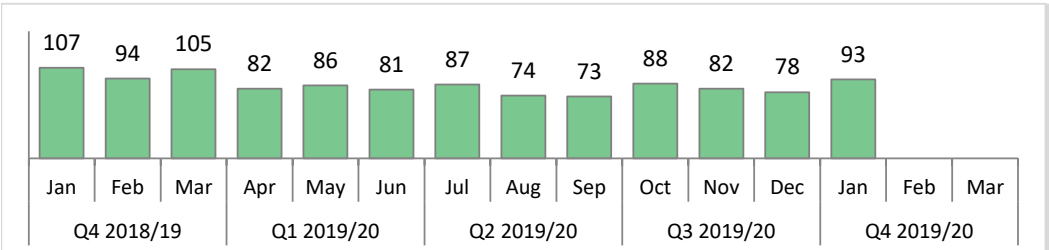
Dec-19	E.Coli Infection Count
4	Total number of E.Coli infections.
Target	The E Coli infection count is monitored as a whole health economy with no target. The figures represented within this report are trust acquired cases



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 needs = 9 per quarter; during quarter three there have been 9 E-coli infections The development of a pro-forma to undertake concise investigations has been delayed due to winter pressures, the aim will be for the pro forma to be in place by Q4

Indicator Detail

Jan-20	Falls: Total Incidence of Inpatient Falls
93	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.
<= 916 *	This will be < 1100



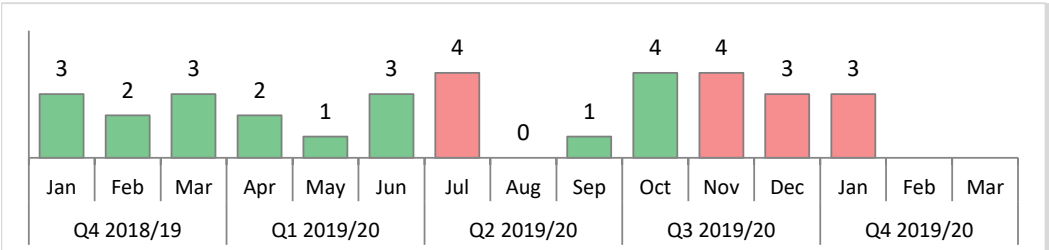
Actions

There have been a total of 93 in-patient falls during the month.

Jan 2020 continues to show a month on month reduction in comparative data from the previous year (Jan 19 - 107 falls; Jan 2020 - 93 falls equating to a 13% reduction). Although it should be noted January is the first month total falls have been greater than 90 in month

Running total for the year to date is 824

Jan-20	Falls: Causing Moderate Harm and Above
3	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.
<= 21 *	This will be <26 falls with harm.



Actions

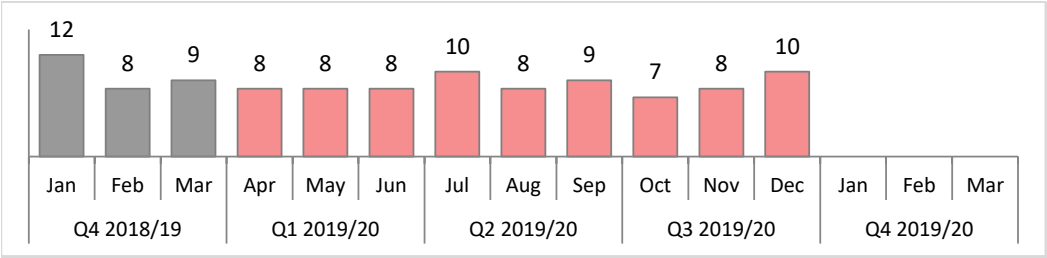
There have been 3 falls in month resulting in moderate or above harm. All of these falls are currently being investigated.

The breakdown and harm caused is as follows:
2 falls are within Medicine and Clinical Support BG resulting in a fractured wrist and a subdural bleed and 1 fall within Surgery, GI and Critical Care Business Group resulting in the re-opening of surgical abdominal wound.

Running total for the year to date is 25. This target is over trajectory

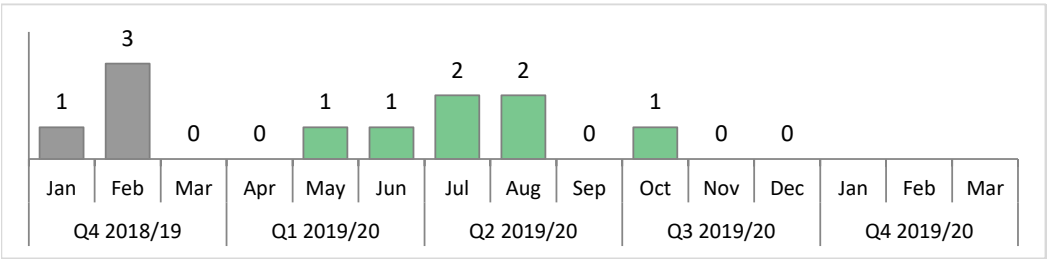
Indicator Detail

Dec-19	Pressure Ulcers: Hospital, Category 2
10	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 (p u) by 10% over the next 12 months. This month (December data) we have had 10 category 2 pressure ulcers reported. We are currently over trajectory for this target
<= 69 *	



Actions
Meetings with the relevant ward manager, Matron and Tissue Viability with hot spot areas are in progress, and action plans have been devised. New Hybrid pressure relieving mattresses are being evaluated on two clinical areas. These new mattresses can either be utilised as a static foam mattress surface or a dynamic surface, by simply changing their pump, use of this type of mattress has the potential of releasing staff time to deliver clinical care, and to minimise delays in putting the patient onto a higher specification pressure relieving surface when it is clinically required. Tissue Viability in conjunction with Podiatry launched a new CPR for feet algorithm and additional skin inspection mirrors have been distributed. The out of hour's process for requesting dynamic pressure relieving mattresses has been reissued.

Dec-19	Pressure Ulcers: Hospital, Category 3
0	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 (p u) by 10% over the next 12 months. This month (December data) we have had no category 3 pressure ulcers reported
<= 16 *	



Actions
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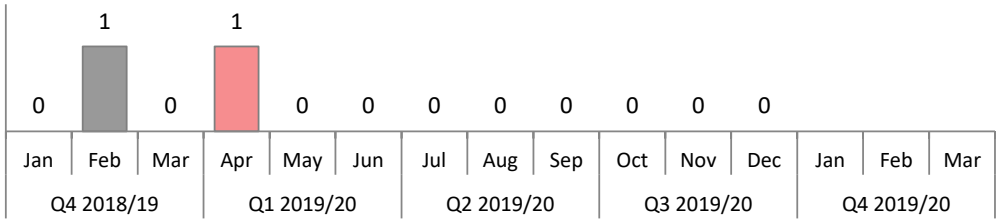
Indicator Detail

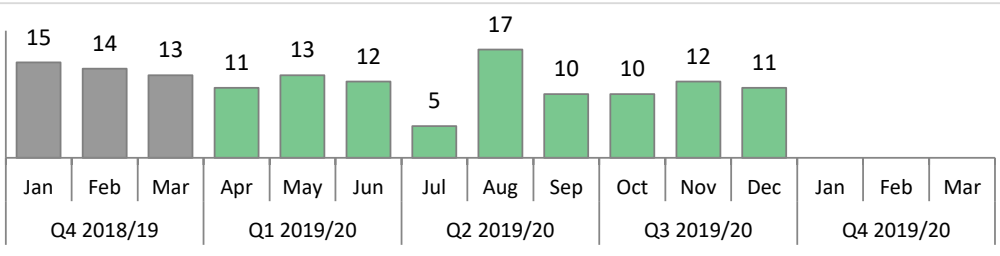
Dec-19	Pressure Ulcers: Hospital, Category 4
0	Total number of category 4 pressure ulcers in a hospital setting.
Target	The Trust has set a target to reduce the overall number of Hospital acquired pressure ulcers (p u) by 10% over the next 12 months. This month (December data) we have had no category 4 pressure ulcers reported
<= 2 *	



Actions

Meetings with the relevant ward manager, Matron and Tissue Viability with hot spot areas are in progress, and action plans have been devised.
New Hybrid pressure relieving mattresses are being evaluated on two clinical areas. These new mattresses can either be utilised as a static foam mattress surface or a dynamic surface, by simply changing their pump, use of this type of mattress has the potential of releasing staff time to deliver clinical care, and to minimise delays in putting the patient onto a higher specification pressure relieving surface when it is clinically required.
Tissue Viability in conjunction with Podiatry launched a new CPR for feet algorithm and additional skin inspection mirrors have been distributed.
The out of hour's process for requesting dynamic pressure relieving mattresses has been reissued.

Dec-19	Pressure Ulcers: Community, Category 2
11	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 (December data) we have had 11 category 2 pressure ulcers reported
<= 144 *	



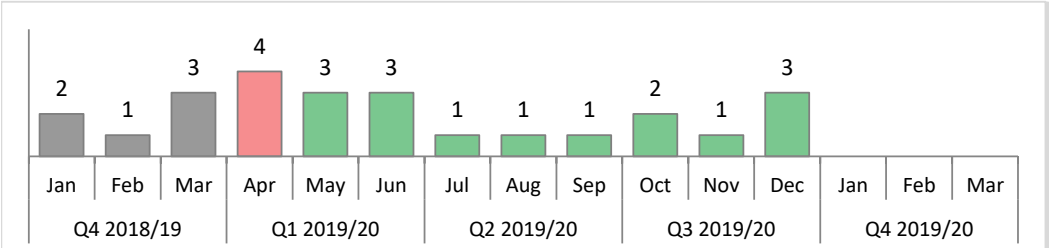
Actions

Currently we remain on track to achieve the reduction target for the community

A second pressure ulcer collaborative event took place in June 2019 and project work identified as a result of this event is ongoing.

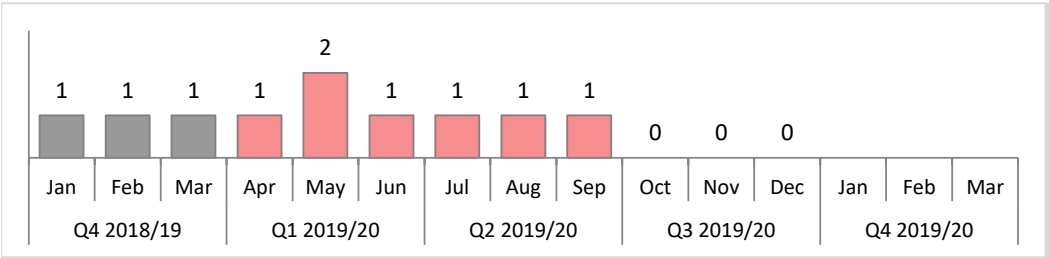
Indicator Detail

Dec-19	Pressure Ulcers: Community, Category 3
3	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 (December data) we have had no category 3 pressure ulcers reported
<= 34 *	



Actions
Currently we remain on track to achieve the reduction target for the community A second pressure ulcer collaborative event took place in June 2019 and project work identified as a result of this event is ongoing.

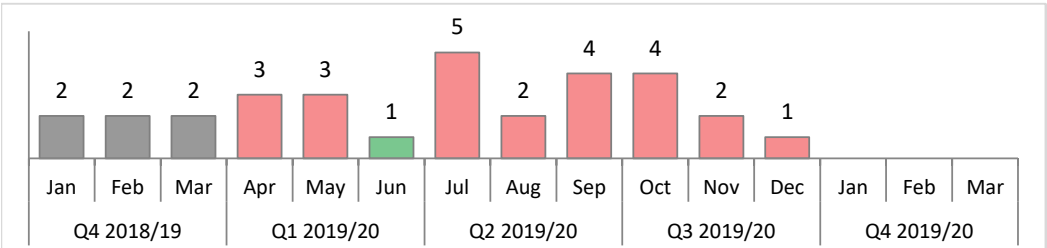
Dec-19	Pressure Ulcers: Community, Category 4
0	Total number of category 4 pressure ulcers in a community setting.
Target	The Trust has set a target to reduce the overall number of community acquired pressure ulcers by 10% over the next 12 months. This month (December data) we have had no category 4 pressure ulcers reported
<= 6 *	



Actions
Currently we remain on track to achieve the reduction target for the community however we need to monitor closely progress against our category 4 target as we are currently slightly over trajectory for this level of pressure ulcer severity in the community. A second pressure ulcer collaborative event took place in June 2019 and project work identified as a result of this event is ongoing.

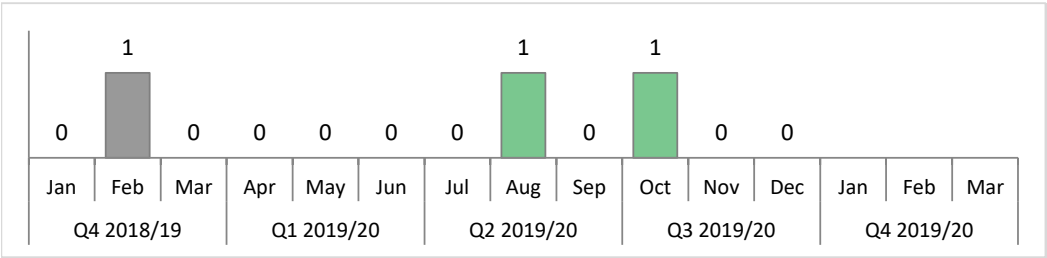
Indicator Detail

Dec-19	Pressure Ulcers: Device Related, Category 2
1	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 (December data) we have had one Category 2 MDRPU reported.
<= 24 *	



Actions
we are over Trajectory for this category of MDRPU damage though under trajectory for category 3 and 4 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. A new concise investigation proforma specific to MDRPU has been devised and is now in-bedded within the Datix incident report. ED have devised a patient information leaflet to give to patients when they have had an Air Cast Boot (ACB) fitted. Orthotics have devised a range of leaflets now available on the PILS for each type of medical device appliance that the fit and issue

Dec-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 (December data) we have had no Category 3 MDRPU reported.
<= 6 *	

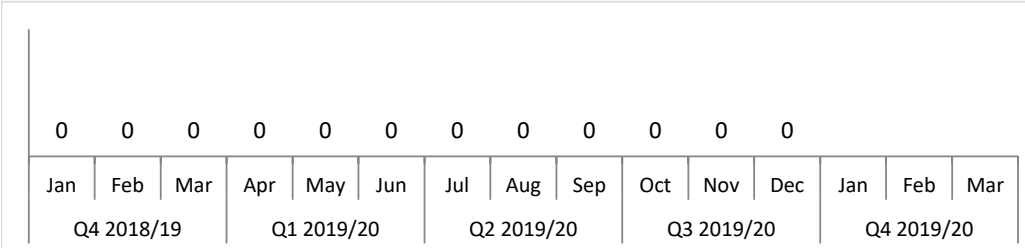


Actions
implementation of actions identified by the medical devices task and finish group are on-going.

NHS Stockport NHS Foundation Trust

Indicator Detail

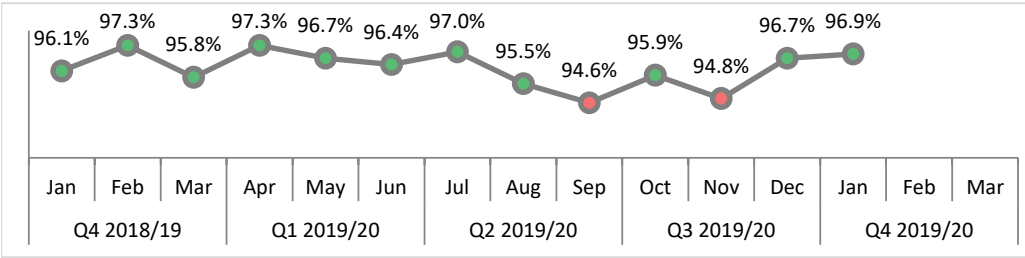
Dec-19	Pressure Ulcers: Device Related, Category 4
0	Total number of device-related category 4 pressure ulcers. Includes those from both a hospital and community setting.
Target	The Trust has set a target to reduce medical device related pressure ulcers (MDRPU) by 25% by the end of March 2020. This month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



Actions

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

Jan-20	Safety Thermometer: Hospital
96.9%	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 the safety thermometer. Results for January show that we achieved 96.9%.
>= 95%	



Actions

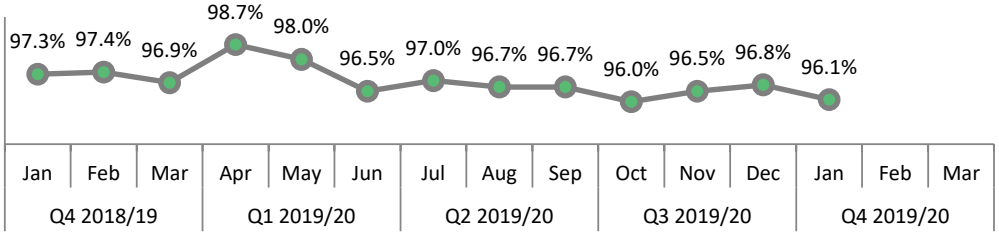
Weekly validation meetings continue to be undertaken to improve the quality of the data.

Training has taken place during January across all business groups and the new solution in-house audit tool is scheduled for roll out in February.

Bespoke audit tools have been developed for Paediatrics, Neonatal Unit and Maternity, these areas will be included in the trust validation meetings.

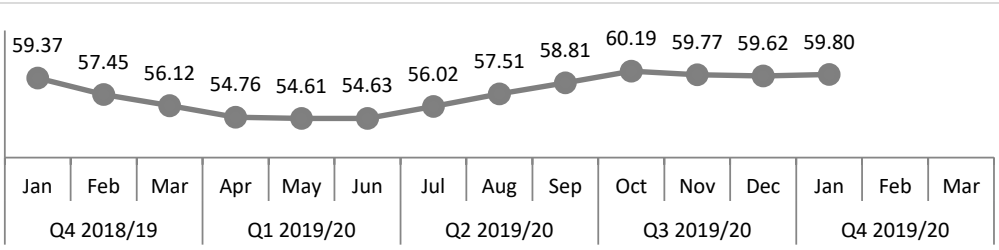
Indicator Detail

Jan-20	Safety Thermometer: Community
96.1%	The percentage of patients receiving harm-free care, calculated using a point prevelance sample based on falls, pressure ulcers, UTIs and VTE assessments.
Target	Achieved in month.
>= 95%	



Actions

Jan-20	Patient Safety Incident Rate
59.80	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	Patient safety incidents have increased from 993 in December 2019 to 1167 in January 2020. This trend can be seen across all the business groups.



Actions

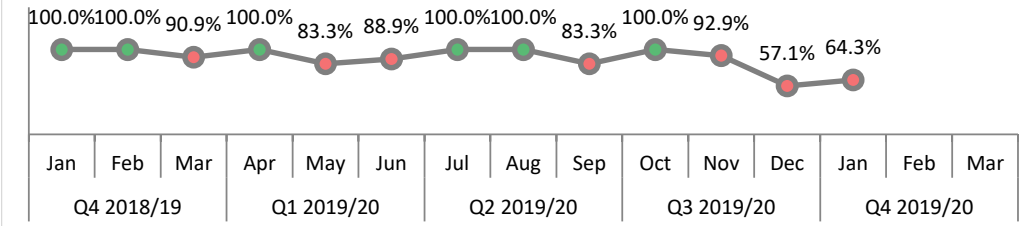
Following the weekly Patient Safety Summit an update is circulated to all staff. Key themes this month have been:

Several double dosing of medication incidents due to alerts on the system being overruled.
Awareness of the correct procedure of transfer of patients with Grade 3 fractures onto Wythenshawe Hospital.
Sterilisation for Endoscopy is now being done offsite – Issues have emerged on day one (delays and cancellations due to a shortage of sterile scopes)

NHS Stockport NHS Foundation Trust

Indicator Detail

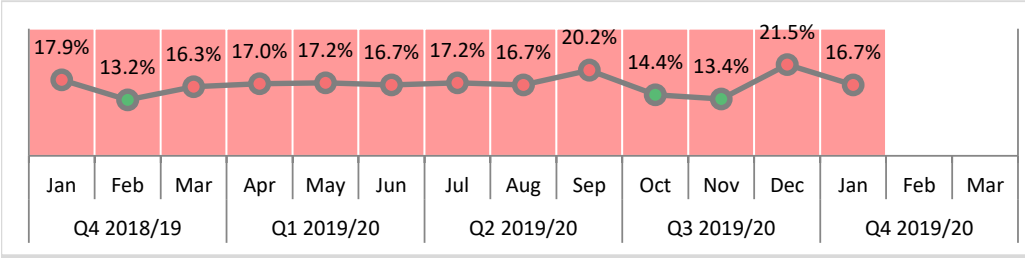
Jan-20	Patient Safety Alerts: Completion
64.3%	The percentage of Patient Safety Alerts that are completed within their due date.
Target	The number of patient safety alerts completed within due date has increased from 4 in December 2019 to 9 in January 2020. The total patient safety alerts due for completion in the month has also increased from 7 in December 2019 to 14 in January 2020.
>= 100%	



Actions

There were 12 alerts opened in January 2020 and included:
4 Drug Alert (EL)
3 Medical Device Alerts (MDA)
2 Chief Medical Officer Alert (CEM)
1 Supply Disruption Alerts (SDA)
1 Estates & Facilities Alert (EFA)
1 NHS Improvement Estates & Facilities (NHSEI)

Jan-20	Emergency C-Section Rate
16.7%	The number of patients having an emergency c-section, as a percentage of all patients having registerable births.
Target	An increase in the percentage of women undergoing an emergency caesarean section has been noted in January to 16.7%
<= 15.4%	

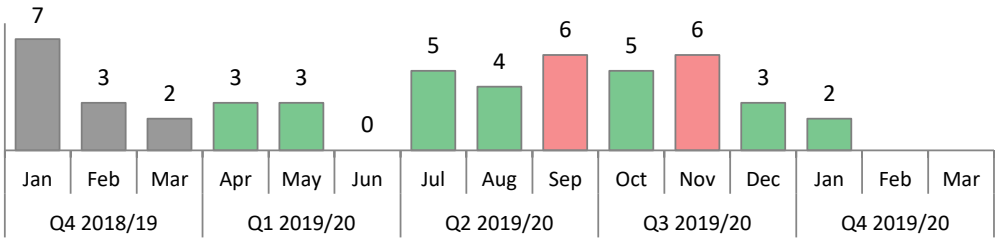


Actions

The emergency caesarean section rate is monitored within the business group.
Although there has been an increase in the rate, there has been no increase in adverse outcomes to mothers and babies.
Th emergency caesarean section rate needs to be taken into account alongside the increased complexities of women giving birth, compared to a few years ago, these women have a higher risk of emergency caesarean section and therefore as our percentage of these women increase, so will our emergency caesarean rate.
As a result of this the business group will be reporting caesarean section rate overall on our dashboard, rather than elective and emergency rates (These rates will continue to be documented but for information only)

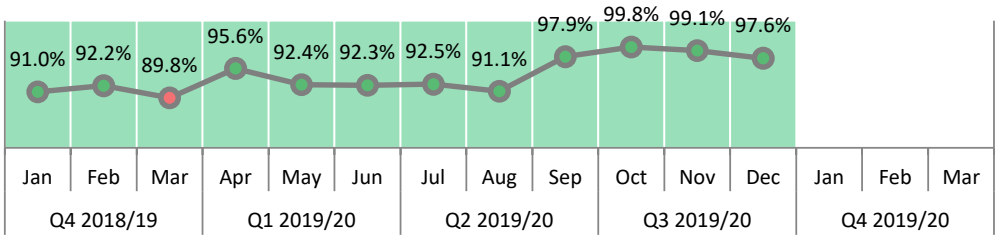
Indicator Detail

Jan-20	Term Babies Admitted to the Neonatal Unit
2	Number of term babies (greater than or equal to 37 weeks) admitted to SCBU/NICU, at birth, unexpectedly.
Target	In January 2020 there were 2 babies admitted to the neonatal unit, this is below the target of 5
<= 5	



Actions
The number of term babies unexpectedly admitted to the Neonatal unit is monitored closely within the business group. No actions required.

Dec-19	Dementia: Finding Question
97.6%	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%	

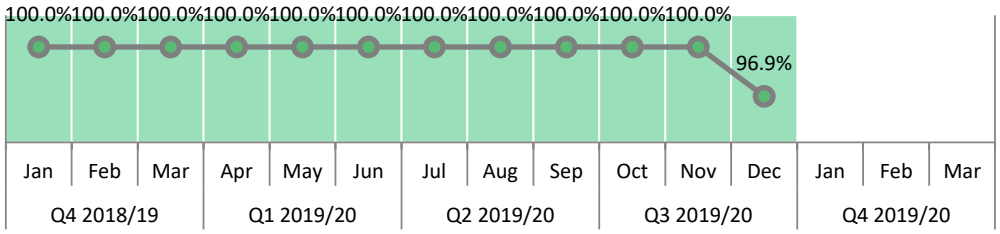


Actions

NHS Stockport NHS Foundation Trust

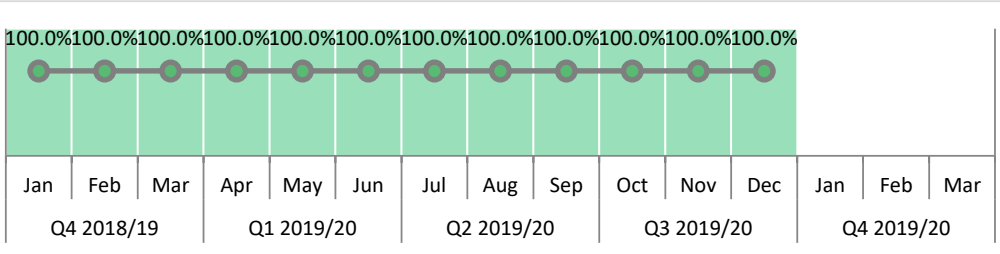
Indicator Detail

Dec-19	Dementia: Assessment
96.9%	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

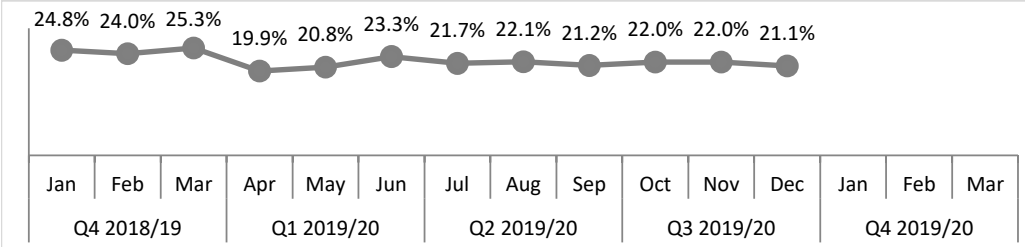
Dec-19	Dementia: Referral
100.0%	The percentage of eligible patients where the outcome was positive or inconclusive, are referred on to specialist services.
Target	All appropriate eligible patients were referred to specialist services.
>= 90%	



Actions

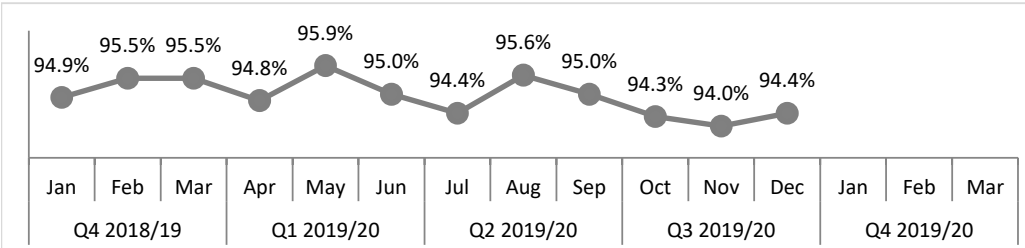
Indicator Detail

Dec-19	Friends & Family Test: Response Rate
21.1%	The percentage of eligible patients completing an FFT survey.
Target	The percentage of patients surveyed 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 ensure as many patients as possible to continue to provide feedback. This enables us to triangulate the information with other patient feedback mechanisms. Results are monitored by the patient experience group.

Dec-19	Friends & Family Test: Inpatient
94.4%	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.

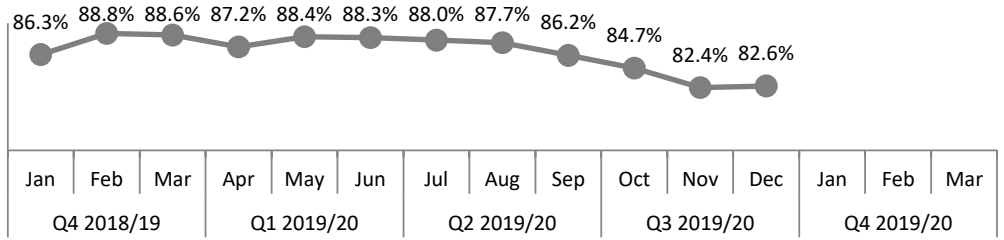


Actions
Although there is no national indicator for response rate, Business Groups, wards and departments are encouraged to ensure as many patients as possible to continue to provide feedback. This enables us to triangulate the information with other patient feedback mechanisms.

NHS Stockport NHS Foundation Trust

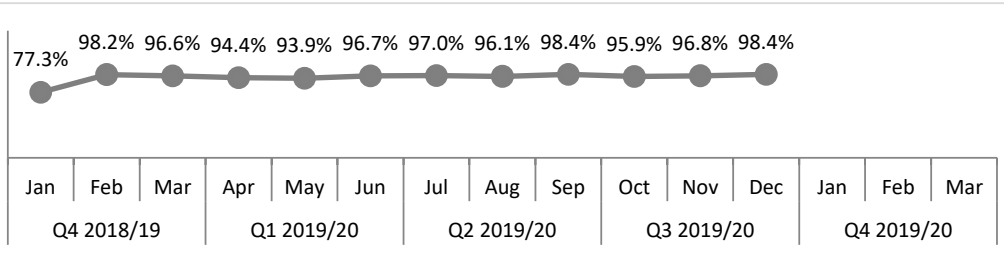
Indicator Detail

Dec-19	Friends & Family Test: A&E
82.6%	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 our Emergency Department 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 ensure as many patients as possible to continue to provide feedback. This enables us to triangulate the information with other patient feedback mechanisms. Additional volunteers are now working within the Emergency department and part of their role is raising awareness in relation to FFT.

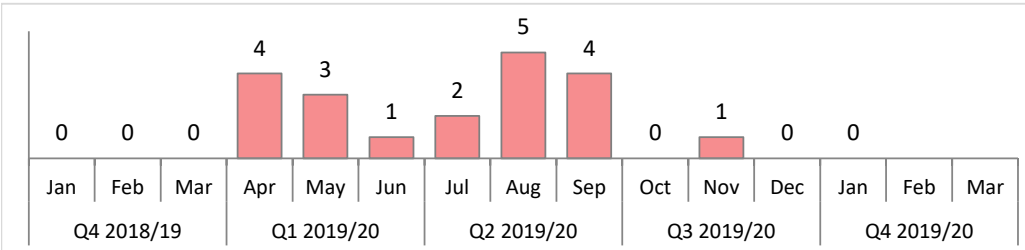
Dec-19	Friends & Family Test: Maternity
98.4%	The percentage of surveyed maternity patients who are extremely likey or likely to recommend the Trust for care.
Target	The percentage of surveyed patients attending our Maternity department who are extremely likely or likely to recommend the Trust for care.



Actions
Although there is no national indicator for response rate, Business Groups, wards and departments are encouraged to ensure as many patients as possible to continue to provide feedback. This enables us to triangulate the information with other patient feedback mechanisms.

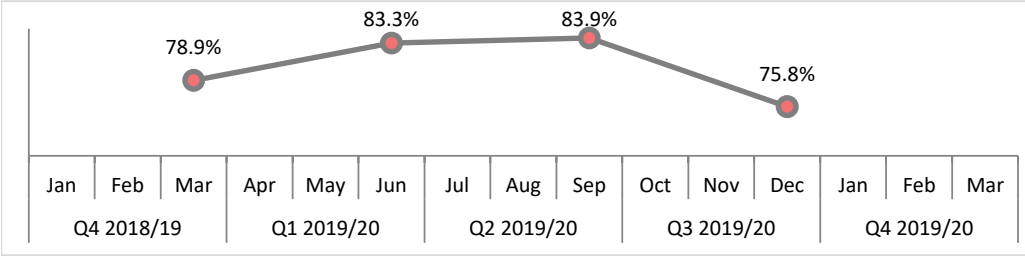
Indicator Detail

Jan-20	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 January. The annual mixed sex accommodation audit has taken place during the months of January and the policy has been updated to reflect the new guidance to be reviewed at the patient experience group.

Dec-19	Learning Disability: Adjusted Care Plans
75.8%	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 Q3 to 75.8%
>= 100%	



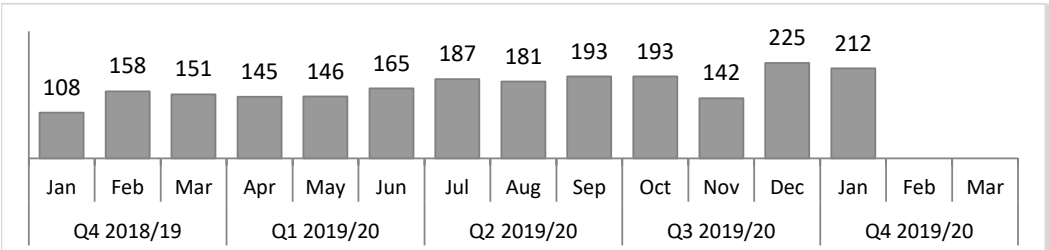
Actions
There will be continuing vigilance from the clinical matrons and the safeguarding team to support improvement.

NHS Stockport NHS Foundation Trust

Indicator Detail

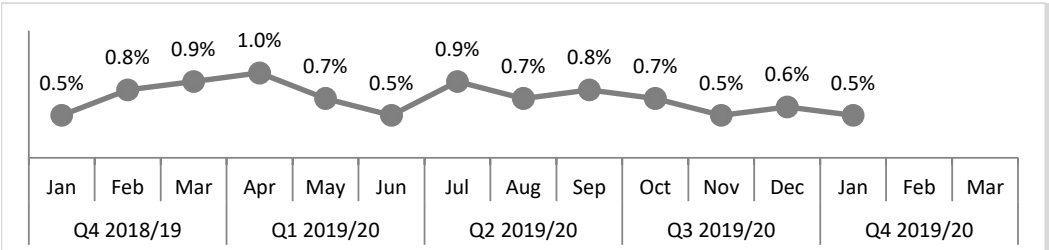
Jan-20	Compliments
212	Total number of compliments received.
Jan-20	For January 2020, 212 compliments have been received by the Trust.

Actions
Business groups continue to work with staff and wards to ensure compliments are being captured on the Datix system. This will enable us 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.



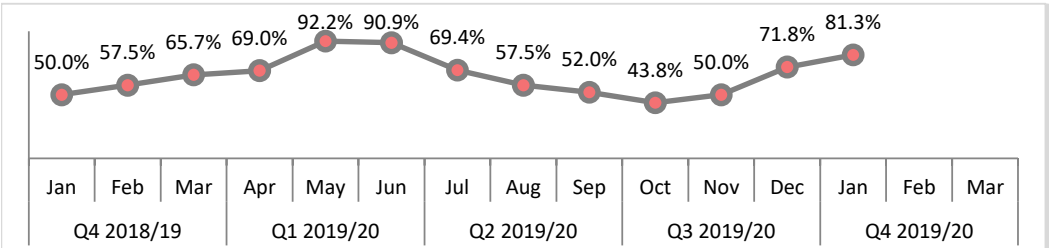
Jan-20	Complaints Rate
0.5%	The total number of formal written complaints received compared with the whole time equivalent staff.
Target	25 formal complaints were received in January 2020: Integrated Care = 6, Medicine = 3, Surgery = 6, WCDS = 8, Estates & Facilities = 1 and Corporate = 1

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

Jan-20	Complaints: Response Rate 45
81.3%	The percentage of formal complaints responded to within 45 days.
Target	Of the 32 closed in January 2020, 26were responded to on time resulting in a 81.3% response rate. The business group response rate is as follows: integrated care: 100%, medicine: 100%, surgery: 60%, WCDS: 100% and corporate: 100%
>= 95%	

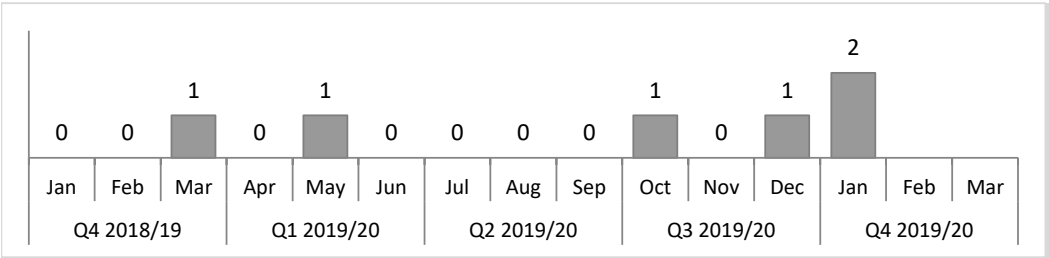


Actions

The patient and customer services team continue to liaise with the business groups with the aim of improving the Trust complaints response rate.

All of the business groups have worked extremely hard to respond to complaints within the agreed timeframe and for January 2020, 100% of the responses due out in month were sent on time. However, as a result of the surgical and critical care business group undertaking the task of finalising overdue cases, this reduced the response rate for the month.

Jan-20	Complaints: Parliamentary & Health Service Ombudsman Cases
2	The total number of open Ombudsman cases.
Target	In January 2020, there were 2 requests from the Parliamentary and Health Service Ombudsman for copy medical records and complaints file. No final reports were received in month.



Actions

The Parliamentary and Health Service Ombudsman (PHSO) are continuing to develop the Complaint Standards Framework to help standardise how complaints are dealt with across the NHS. The PHSO have met with regulators, advocates, patient representatives, medical staff and defence organisations to discuss good practice in complaint handling, barriers to good complaint handling and what guidance NHS staff would like to see when they receive feedback and handle complaints.

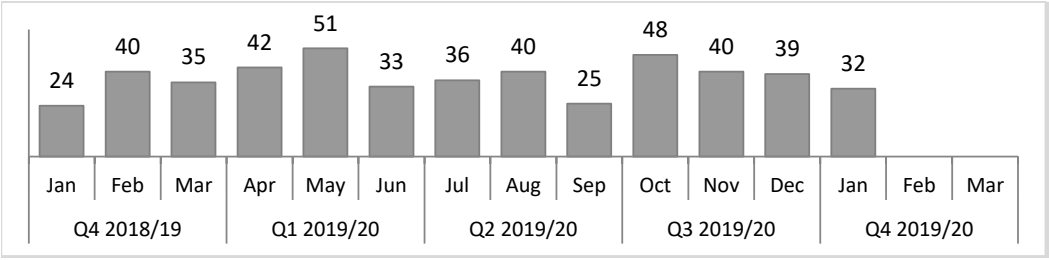
The PHSO have advised that the next step is a public consultation, which starts in March and they will provide an update in April.

NHS Stockport NHS Foundation Trust

Indicator Detail

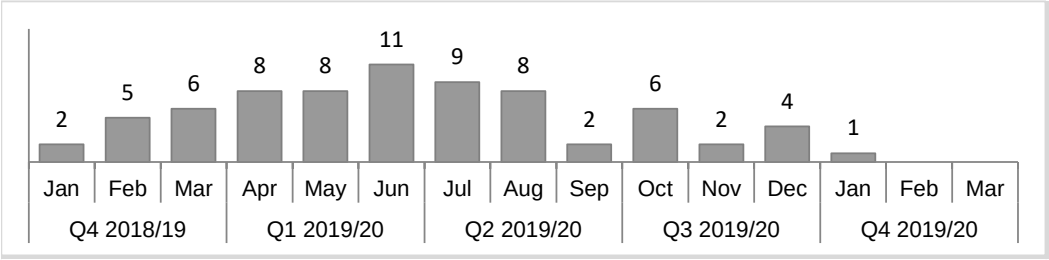
Jan-20	Complaints Closed: Overall
32	The total number of formal complaints that have been closed.
Target	In the month of January 2020, 32 responses were sent in month: integrated care 6, medicine 6, surgery 15, women, children & diagnostic services 4 and corporate 1

Actions
The patient and customer services team continue to liaise with the business groups to ensure responses are sent in the timeframe initially agreed on the commencement of the investigation.



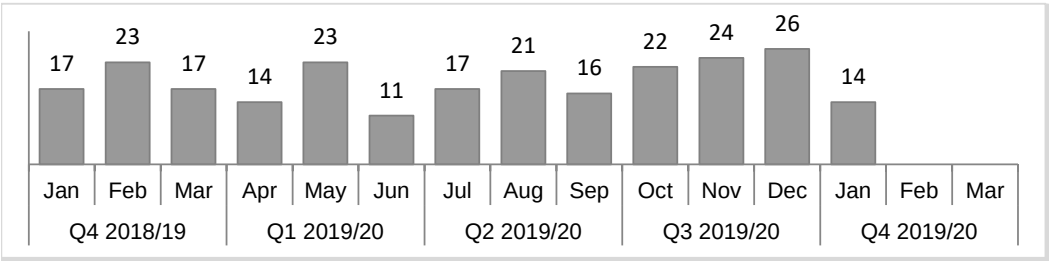
Jan-20	Complaints Closed: Upheld
1	The total number of upheld formal complaints that have been closed.
Target	For January 2020, 1 case was upheld out of the 32 closed.

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. Datix will then monitor whether this has been completed.



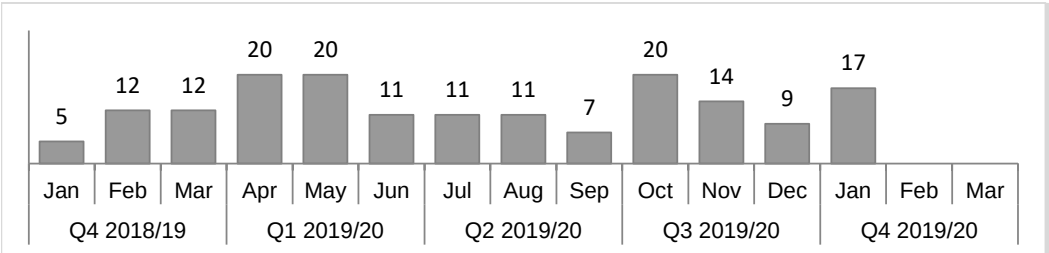
Indicator Detail

Jan-20	Complaints Closed: Partially Upheld
14	The total number of partially upheld formal complaints that have been closed.
Target	In January 2020, 14 of the cases were partially upheld of the 32 closed.



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

Jan-20	Complaints Closed: Not Upheld
17	The total number of not upheld formal complaints that have been closed.
Target	In January 2020, 17 of the cases were not upheld of the 32 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.

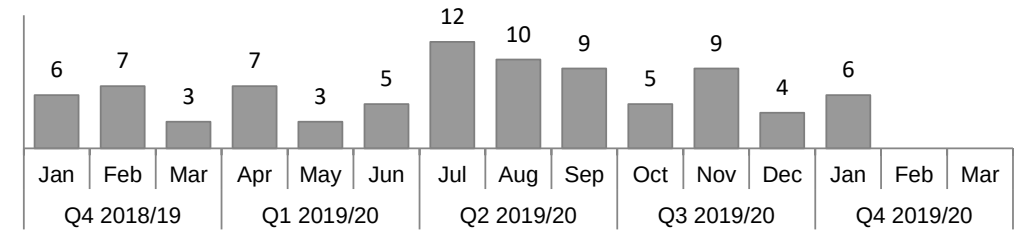
NHS Stockport NHS Foundation Trust

Indicator Detail

Jan-20	Litigation: Claims Opened
6	Total number of claims opened in month.
Target	There were 6 new litigation claims opened in January 2020, an slight increase from December 2019 where 4 new claims were received.

Actions

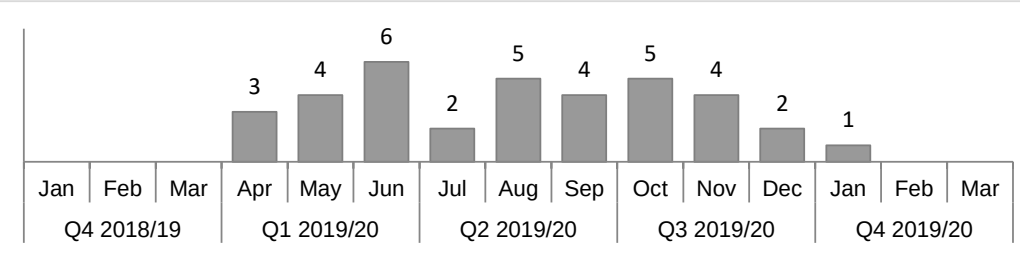
The process for investigating the claims received has commenced in line with policies and procedures.



Jan-20	Litigation: Claims Closed
1	Total number of claims closed in month.
Target	There was one closed claim for January 2020, this was a public liability claim

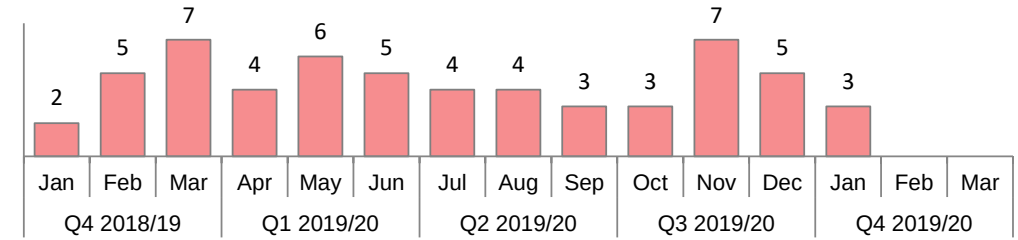
Actions

Continue to chase all overdue requests. Continue to send reminders.



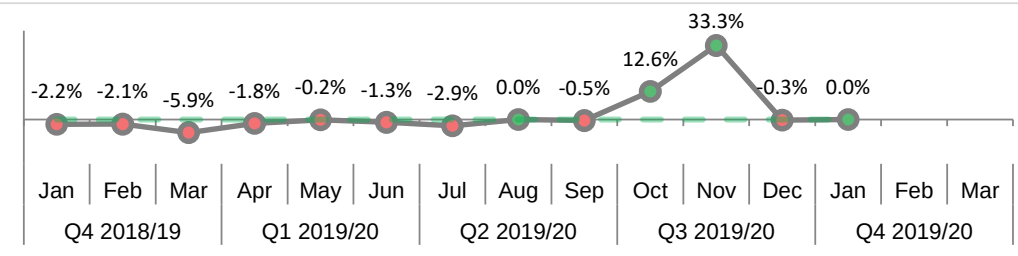
Indicator Detail

Jan-20	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 52+ week breaches reported in January; 1x UGI, 2x Oral Surgery. All of the patients affected were treated in February.
<= 0	



Actions
An 'at risk' list continues to be circulated with around 6 weeks' notice, in order to gather assurance around patients' pathways, and to ensure timely escalation of any issues. Work is ongoing within specialities with significant waits for outpatient appointments and/or TCI dates to bring these down through utilisation of in-sourcing or by analysing demand and capacity.

Jan-20	Financial Controls: I&E Position
0.0%	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%	

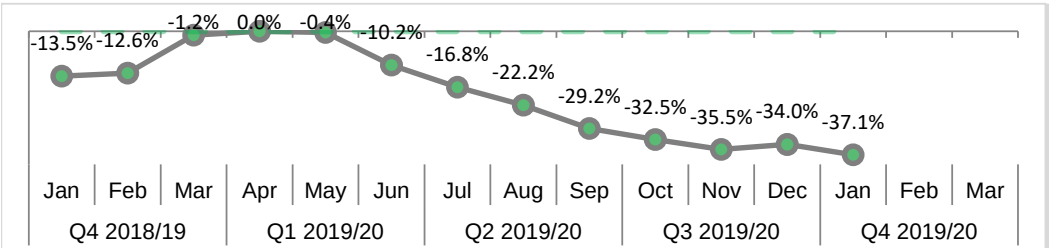


Actions
After ten months of the financial year the Trust has reported to NHS Improvement (NHSI) a loss of £5.5m, which is in line with the planned overall deficit and control total. To achieve this the Trust has released one-off items from the balance sheet as previously reported. This has enabled the Trust to qualify for £6.3m of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) contingent on delivery of the control total at Q3, and continue to improve the forecast out-turn position towards plan for the final quarter. PSF and FRF of a further £7.3m is directly linked to the Q4 position. The delivery of the financial position for the Trust is currently on the Trust risk register as a score of 20. The Trust has to assess what the level of mitigation from the balance sheet needs to be in order to provide protection against risk in 2020/21. The forecast cannot accommodate any further adverse movements in February or March 2020.

NHS Stockport NHS Foundation Trust

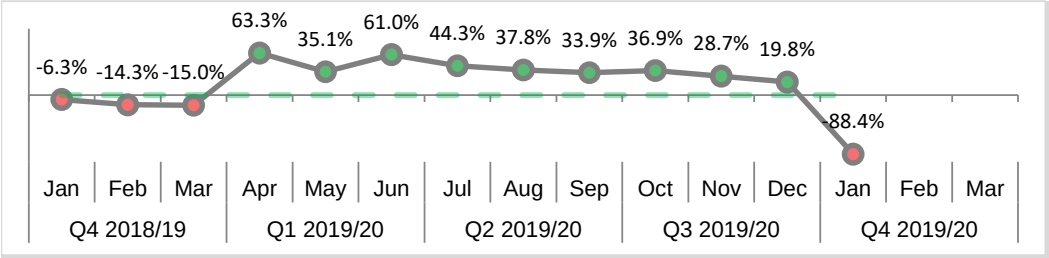
Indicator Detail

Jan-20	Cash
-37.1%	The percentage variance between planned borrowing-to-date and the actual borrowing-to-date.
Target	Cash in the bank on 31st January 2020 was £15.3m, which is £6.4m more than last month. This is linked to capital underspends of £2.4m against the profiled plan and outstanding invoices to NHS Property Services of more than £3.0m due to invoicing errors in their systems.
<= 0%	



Actions
The Trust has received £7.3m for Q1 and Q2 financial recovery fund (FRF) and provider sustainability fund (PSF), and has drawn down funds in advance for Q3. If the Trust fails to achieve the Q4 financial position then it would not qualify for £7.3m of external funding. 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. Any additional borrowing required will be treated as distressed funding, which is not guaranteed and will incur additional financing costs.

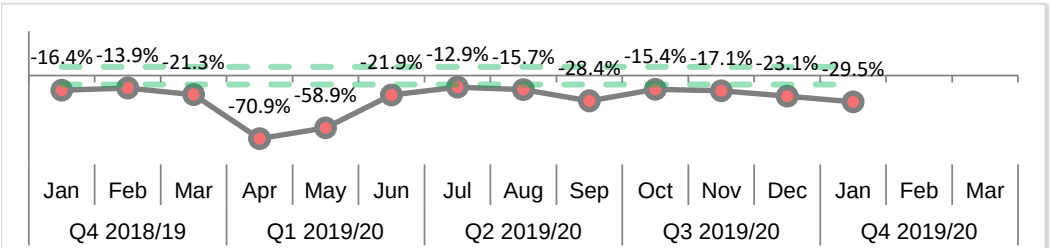
Jan-20	CIP Cumulative Achievement
-88.4%	The percentage variance between planned CIP achievement and the actual CIP achievement.
Target	The cost improvement plan (CIP) is £0.8m favourable to date after the months of the financial year, with £11.2m delivered against the £10.4m target. Of this £4.3m (38%) is technical/ corporate, with a further £3.6m (33%) non-recurrent vacancy factor.
>= 0%	



Actions
The Trust is £0.8m favourable to the profiled CIP plan to date, however this has been delivered through non-recurrent measures including £3.6m (33%) by non-recurrent vacancy factor (NRVF) and £4.3m (38%) is corporate or technical (non-cash) items from the balance sheet. In year the Trust has identified £12.3m of schemes. Recurrent CIP delivery is unchanged at £4.7m (33%), and so is £9.5m short of the recurrent requirement. This leaves a nearly £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 FRF allocation for 2020/21.

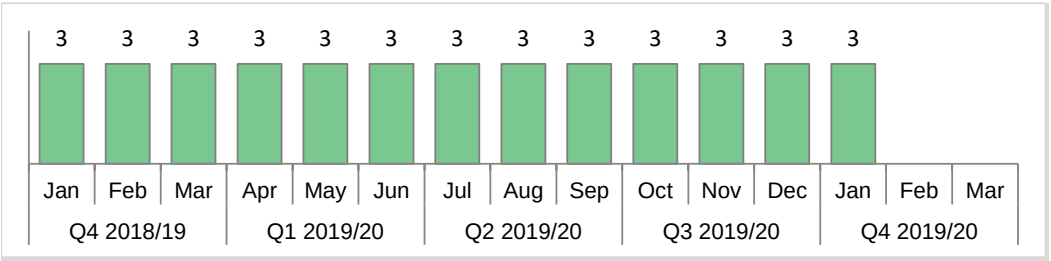
Indicator Detail

Jan-20	Capital Expenditure
-29.5%	The percentage variance between planned capital expenditure and the actual capital expenditure. Capital expenditure includes such things as buildings and equipment.
Target	Capital costs of £5.6m have been incurred to date in the financial year, against a plan of £8.0m and so is £2.4m behind plan.
+/- 10%	



Actions
This underspend is in the main due expenditure on the CT development compared to the original plan although works have now commenced. The other factor is lead times for some equipment albeit orders are in place. Actions have been put in place to maximise full use of internal capital available with a number of orders placed any outstanding equipment items and a significant IT backup replacement project being brought forward from the 2020/21 programme. At the end of November 2019, the Trust submitted an application for an emergency capital loan of £4.6m. This followed discussions earlier in the autumn at GM Directors of Finance group who were alerted to the fact that additional capital may be available this year.

Jan-20	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	The Trust's Use of Resources (UOR) score under the Single Oversight Framework is a 3, which is in line with plan.
<= 3	

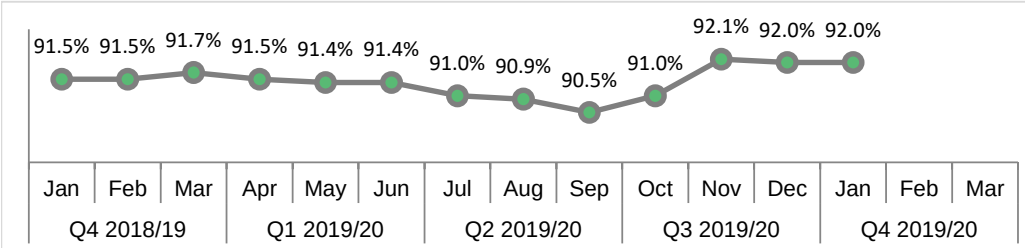


Actions
Individual scores under the Finance & Use of Resources Metrics are shown below: Capital service cover = 4 (worst) Liquidity = 4 (worst) I&E margin = 4 (worst) Variance from control total = 1 (best) Agency spend = 1 (best) For the Trust's overall score to improve to a 2 then the Trust cash balance and liquidity would need to improve. As these two metrics score 4 (worst) in operational plan and actual delivery, this triggers an over-ride in the overall Use of Resources metric and limits the overall score to a 3. If the Trust's forecast out-turn deteriorates by £6.5m excluding the loss of external support and the agency spend exceeded the ceiling by £2.6m (25%), then the Trust's overall score would deteriorate to a 4.

NHS Stockport NHS Foundation Trust

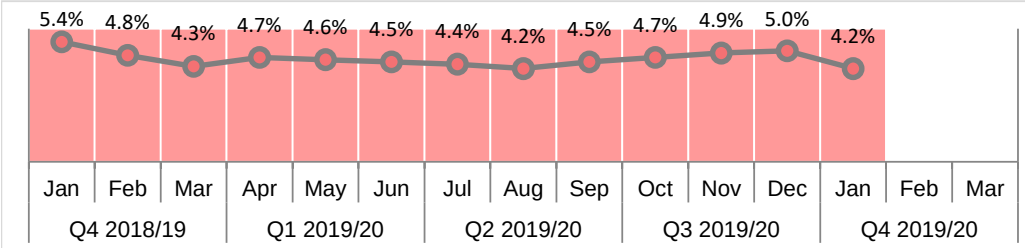
Indicator Detail

Jan-20	Substantive Staff-in-Post
92.0%	The percentage of whole time equivalent staff in post compared with the current establishment.
Target	The Trust staff in post figure for January 2020 is 92%. Actual FTE staff in post increased by 13.85, however, budgeted FTE also increased by 9.6.
>= 90%	



Actions
Whilst the staff in post figure presents a favourable position; work on hotspots continues and is driven ; particularly in relation to recruitment & retention initiatives.

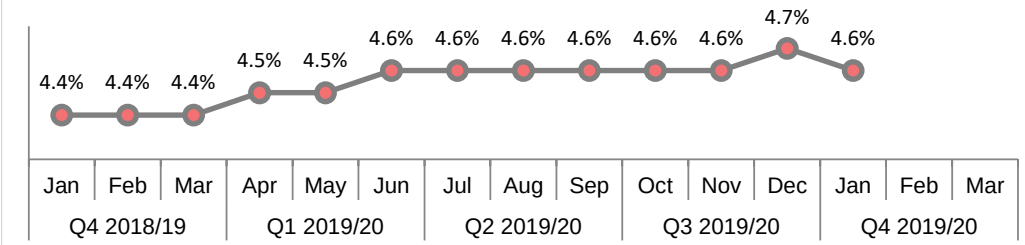
Jan-20	Sickness Absence: Monthly Rate (UoR)
4.2%	The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.
Target	The in-month unadjusted sickness absence figure 4.19%; a decrease of 0.77% compared to the adjusted previous month (4.96%). The unadjusted cost of sickness absence in month is £520K; a decrease of £105K from the adjusted figure in the previous month (NB excluding the cost to cover the absence).
<= 3.5%	



Actions
The highest reasons for sickness are Anxiety/Stress/ Depression, Back/Musculoskeletal Problems including Injury/ Fracture, Gastrointestinal Problems, and Cough/Cold/ Influenza respectively. Embedding the new policy across all areas of the Trust with the support of the HR team. The new Health & Well Being manager is now in post and has commenced a proactive programme of initiatives to support improvements in attendance.

Indicator Detail

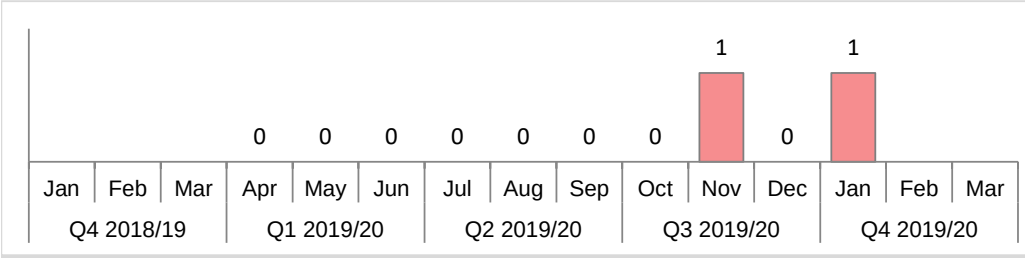
Jan-20	Sickness Absence: Rolling 12-Month Rate (UoR)
4.6%	The total number of staff on sickness absence, as a percentage of all staff-in-post whole time equivalent. Calculated as a 12-month rolling average.
Target	The 12-month rolling sickness percentage for the period February to January is 4.6%. The unadjusted short term sickness for this period is 1.26%. The long term sickness rate is 3.34%
<= 3.5%	



Actions

Ongoing dedicated HR support is provided to assist managers with the management of attendance.

Jan-20	Sickness Absence: Long-term
1	Number of staff who have been absent from work on sick leave for 365 days or more.
Target	There is 1 member of staff off sick whose absence has lasted more than 365 days.
<= 0	

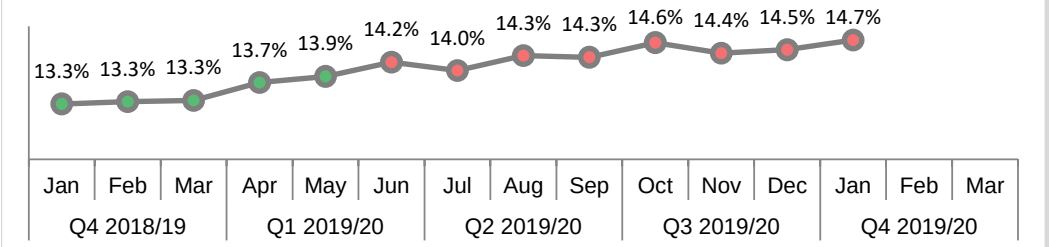


Actions

Appropriate action to resolve this complex case is underway.

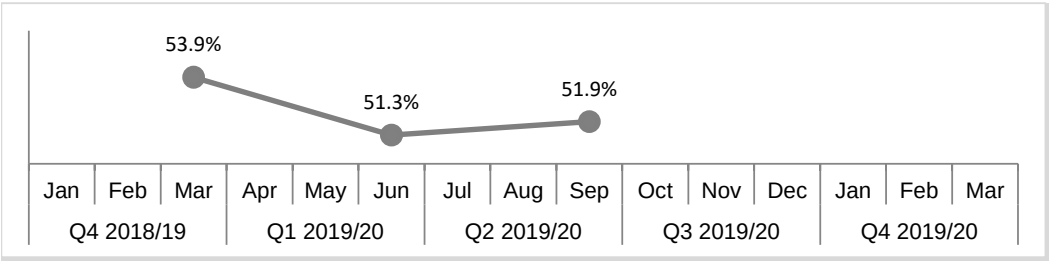
Indicator Detail

Jan-20	Workforce Turnover (UoR)
14.7%	The percentage of employees leaving the Trust and being replaced by new employees.
Target	The rolling 12-month unadjusted turnover figure is 14.69%, (adjusted figure is 13.13%). The top known leaving reasons remain: Work Life Balance together with Dependents (16.77%), Relocation (15.23%), Retirement (10.86%), and Promotion 9.45%).
<= 13.94%	



Actions
The Trust is commencing a piece of work to improve flexible working opportunities for clinical staff that reduce clinical turnover levels. This is in response to feedback from clinical staff leaving the Trust. Further roll-out of the sideways transfer scheme for nursing staff. Improvements to clinical inductions and preceptorship. Alternative recruitment sources to address staffing shortages which are contributing to increased levels of turnover in some clinical areas.

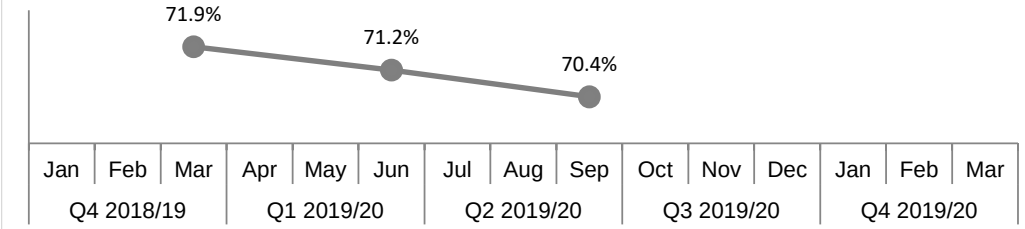
Sep-19	Staff Friends & Family Test: Recommend for Work
51.9%	The percentage of all surveyed staff who are extremely likely or likely to recommend the Trust as a place of work.
Target	The Staff Survey outcomes have been shared with the Trust so this supersedes this metric this month



Actions
Staff survey actions will be taken forwards

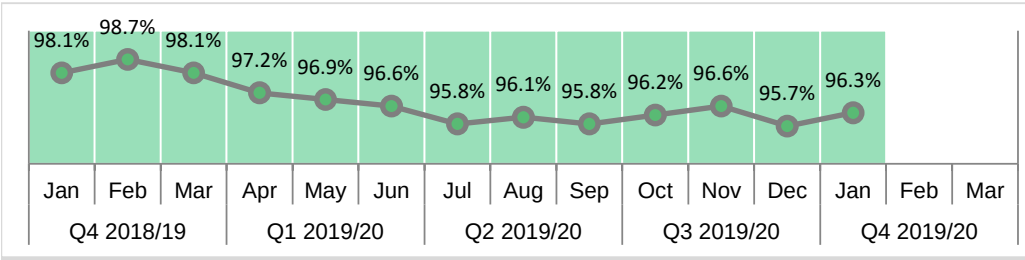
Indicator Detail

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	The Staff Survey outcomes have been shared with the Trust so this supersedes this metric this month



Actions
Staff survey actions will be taken forwards

	Appraisal Rate: Medical
96.3%	The percentage of medical staff that have been appraised within the last 15 months.
Target	There has been an in month increase in performance which remains above target.
>= 95%	

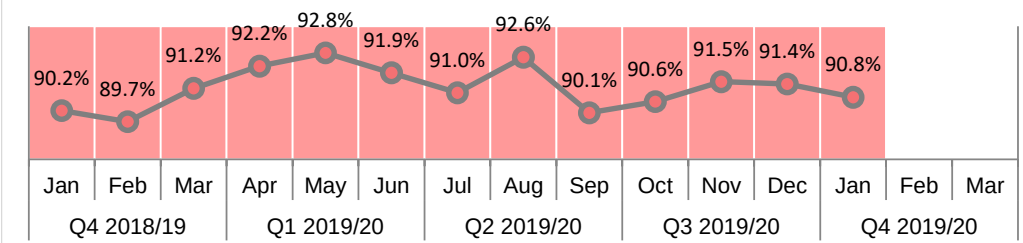


Actions
No action required.

NHS Stockport NHS Foundation Trust

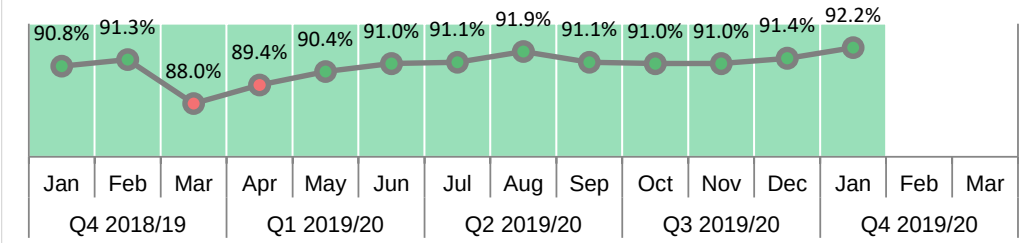
Indicator Detail

Jan-20	Appraisal Rate: Non-medical
90.8%	The percentage of non-medical staff that have been appraised within the last 15 months.
Target	The in month position has seen a further reduction from December's position; the main issues impacting on this decline are being investigated to understand whether this is due to the clinical pressures at the time, if there are any particular themes for areas within Business Groups, or whether it is as a result of administrative failings to submit the form online as the final stage following the appraisal. We expect to see an improved
>= 95%	



Actions
Following the introduction of revised appraisal documentation in August 2019 and audit to evaluate the new process is underway. Monthly reporting identifying areas that require additional support to ensure that all staff receive a meaningful and timely appraisal continues; this will be further supported by the introduction of new bitesize appraisal sessions for all staff groups.

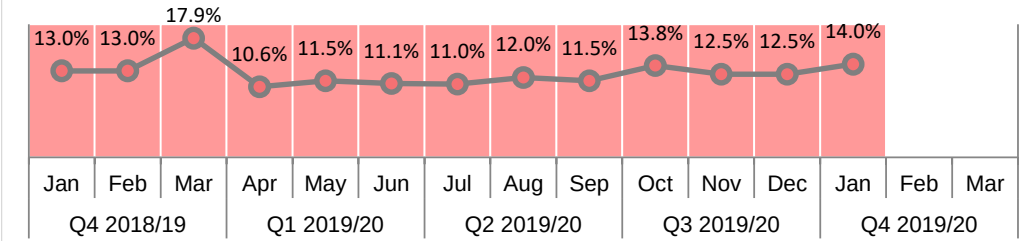
Jan-20	Statutory & Mandatory Training
92.2%	The percentage of statutory & mandatory training modules showing as compliant.
Target	The Statutory and Mandatory training increased this month to 91.5% (currently 92.2%). Additional sessions have been provided where face to face training is required. Continued support has been provided by the e-learning team to complete e-learning training.
>= 90%	



Actions
To continue a targeted approach to identify areas where additional support is required to improve compliance. To provide data in numbers as well as percentages in reports. RAG report to managers for each area. To review all topics in respect of the content and delivery.

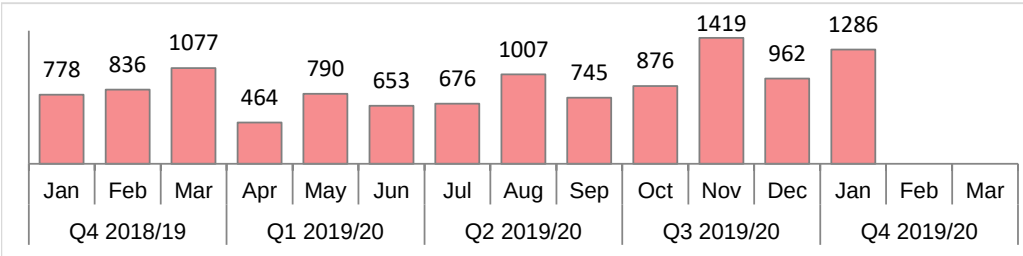
Indicator Detail

Jan-20	Bank & Agency Costs
14.0%	The total bank & agency cost as percentage of the total pay costs
Target	The total bank and agency spend in January was £2.5M, which represents 12.94% of the total pay bill within the month. the business groups with the highest bank & agency spend in January were M&CS (£975K) and Integrated Care (£732K).
<= 5%	



Actions
Winter incentive scheme for substantive staff Improvement rota management, particularly relating to medical staff Implementing and improving electronic rostering for all the workforce Enhanced controls on temporary staffing requests and approval Flexible working options Use of technology to ensure more staff are able to access and volunteer to work extra shifts Successful substantive recruitment from within the UK and overseas, for key medical and nursing vacancy hotspots Significant growth of the medical bank to reduce the reliance on agencies and avoid the commission payments Introduction of new roles, such as the Physician Associate, Nursing Associates and Advanced Clinical Practitioners Return to practice and conversion courses to registered practice A new process to reduce the longest standing agency nurses to either transfer to the bank or cover the vacant shifts differently

Jan-20	Agency Shifts Above Capped Rates
1286	Number of agency shifts above above the provider spend cap.
Target	There were a total of 1,286 agency shifts paid above the NHSI cap rate during the 5 week period from 30th Dec 2019 to 2nd Feb 2020; equating to an average of 257 shifts per week (an increase of 16 shifts per week last month & compared to the 195 shifts per week in January 2019).
<= 0	

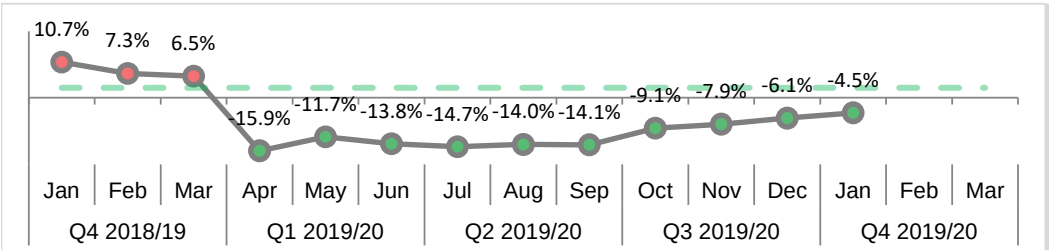


Actions
The highest number of agency breaches was in Medicine & Clinical Support with an average of 90 shifts per week, which is mainly attributed to medical shifts (58 per week). Within this period there were 135 cap breaches relating to non-framework agencies - Robinsons (116) and Thornberry (19). Corporate Nursing and Temporary Staffing leads are exploring the possibility of creating a 2nd tier of framework agencies to cascade NHSP shifts to in order to reduce the cost and risk of using non-framework agencies. The total number of agency shifts worked in this period, including shifts under cap, was 2,362 – an average of 472 per week. This is an average increase of 21 shifts per week compared to December. There were a total of 235 shifts paid at or above £100 per hour, which required Chief Executive approval, which is an average of 47 shifts per week, compared to 36 shifts per week in December.

NHS Stockport NHS Foundation Trust

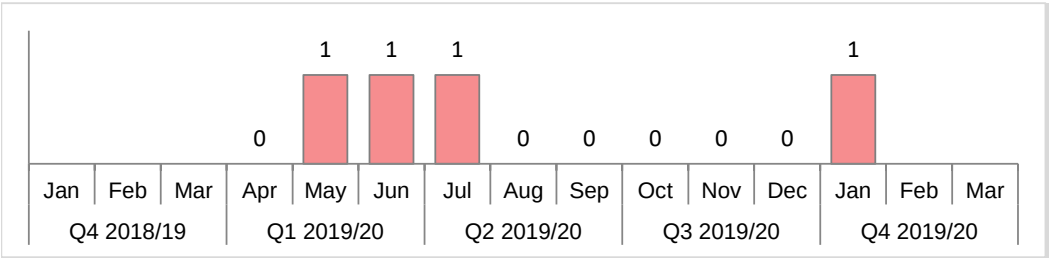
Indicator Detail

Jan-20	Agency Spend: Distance From Ceiling (UoR)
-4.5%	The percentage variance between Trusts expenditure on agency and external locums across all staff groups and the cap set by NHSi.
Jan-20	Trust agency spend in January was £928K, including £218K specifically on addition staff for winter pressures. Both December and January spend were below the forecast levels and the Trust is on target to achieve the target set for the agency ceiling.
<= 3%	



Actions
The following programmes continue to be in force to reduce agency spend: Winter incentive scheme for substantive staff Improved rota management, particularly relating to medical staff Implementing and improving electronic rostering for all the workforce Successful substantive recruitment from within the UK and overseas, for key medical and nursing vacancy hotspots Growth of the medical bank to reduce the reliance on agencies Introduction of new roles e.g. Physician Associate, Nurse Associates, ACPs Programme to transfer long serving agency workers to bank

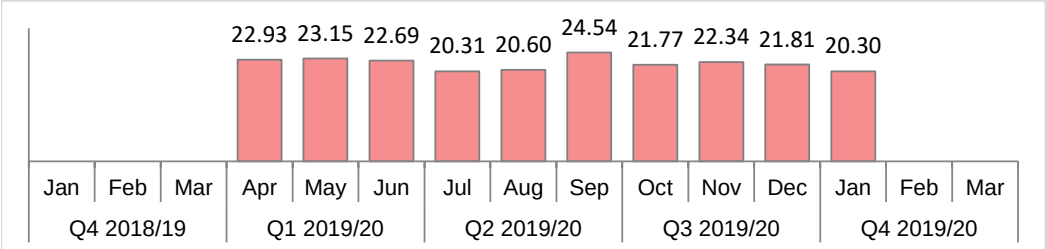
Jan-20	Staff Suspensions
1	Number of staff who have been suspended from work for 90 days or more.
Target	There is currently 1 member of staff who has been suspended for more than 90 days.
<= 0	



Actions
All suspensions are considered in accordance with the 'Just Culture' flowchart.

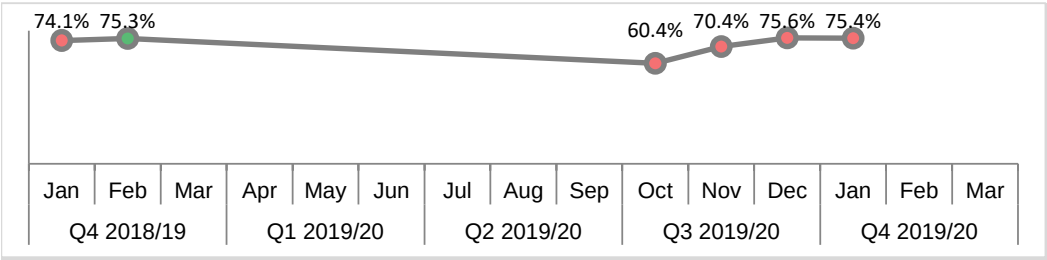
Indicator Detail

Jan-20	Recruitment Lead Time
20.30	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 20.3 days, which is an improvement from December's position (21.81). This is the time taken to complete all recruitment checks (conditional to unconditional offer).
<= 20	



Actions
Use of the Trac dashboard to ensure timely progress is made against successful candidates. Proactive communications by the Recruitment team. Ensuring managers have attended recent recruitment training.

Jan-20	Flu Vaccination Uptake
75.4%	The percentage of staff receiving the flu vaccination.
Target	At the end of January, 4,415 of staff have received the flu vaccine, which equates to over 75%. For frontline staff, the figure is 78%.
>= 80%	



Actions
Continual Flu campaign and promotion each week.

Safer Staffing Report

Jan-20	Day				Night				Day		Night		Care Hours Per Patient Per Day (CHPPD)				Safety Thermometer				ACE Accreditation
	RNs / midwives		Care Staff		RNs / midwives		Care Staff														
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	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	
AMU	4,092	3,438	3,348	3,192	3,720	3,335	3,069	3,058	84.02%	95.34%	89.65%	99.64%	1,628	4.2	3.8	8.0	0	0	0	0	White
Clinical Decisions Unit	372	552	372	372	372	470	372	372	148.39%	100.00%	126.21%	100.00%	198	5.2	3.8	8.9	0	0	0	0	
D4	1,163	990	791	738	682	660	682	671	85.16%	93.36%	96.77%	98.39%	480	3.4	2.9	6.4	0	0	0	0	Silver
Bluebell Ward	1,209	1,089	2,077	2,023	682	634	682	682	90.07%	97.40%	92.96%	100.00%	753	2.3	3.6	5.9	0	0	0	0	White
Emergency Department	7,688	6,530	2,821	2,407	6,324	5,460	2,232	2,012	84.94%	85.32%	86.34%	90.14%									
Ambulatory Care Unit	2,326	2,004	2,326	2,311	0	0	0	0	86.17%	99.36%	na	na									
A3	1,442	1,292	977	924	1,023	869	682	682	89.63%	94.62%	84.95%	100.00%	747	2.9	2.1	5.0	0	0	0	0	Silver
A10	2,888	2,055	2,046	2,211	2,046	1,760	1,364	1,463	71.17%	108.06%	86.02%	107.26%	798	4.8	4.6	9.4	0	0	0	0	Silver
A11	1,581	1,491	1,628	1,445	682	682	682	836	94.31%	88.79%	100.00%	122.58%	775	2.8	2.9	5.7	0	0	0	0	Silver
B3	1,209	1,209	605	544	682	682	682	682	100.00%	90.06%	100.00%	100.00%	669	2.8	1.8	4.7	0	0	0	0	
B4	1,209	797	605	893	682	682	682	682	65.88%	147.64%	100.00%	100.00%	467	3.2	3.4	6.5	0	0	0	0	
B6	1,442	1,320	1,302	1,322	682	737	1,023	1,353	91.57%	101.50%	108.06%	132.26%	641	3.2	4.2	7.4	0	0	1	0	White
C3	1,674	1,382	868	883	682	682	682	715	82.53%	101.73%	100.00%	104.84%	432	4.8	3.7	8.5	0	0	0	0	White
C4	1,209	962	605	1,136	682	682	682	1,100	79.53%	187.84%	100.00%	161.29%	461	3.6	4.8	8.4	1	0	0	1	Gold
C6	1,209	1,149	1,209	1,191	1,116	1,091	1,116	1,138	95.04%	98.51%	97.72%	101.97%	721	3.1	3.2	6.3	0	0	0	0	Silver
Coronary Care Unit	837	783	465	368	682	660	341	319	93.55%	79.09%	96.77%	93.55%	160	9.0	4.3	13.3	0	0	0	0	
Devonshire Centre for Neuro-Rehabilitation	1,070	935	2,000	2,008	682	682	682	1,056	87.42%	100.43%	100.00%	154.84%	531	3.0	5.8	8.8	0	0	0	0	Silver
E1	1,952	1,540	2,310	1,826	1,023	991	1,364	1,386	78.89%	79.04%	96.90%	101.61%	1,020	2.5	3.1	5.6	0	0	0	0	Silver
E2	2,279	2,236	1,581	1,569	1,023	990	1,023	1,045	98.11%	99.21%	96.77%	102.15%	1,047	3.1	2.5	5.6	0	0	0	0	Silver
E3	2,279	2,244	1,581	1,559	1,023	1,023	1,023	1,628	98.49%	98.58%	100.00%	159.14%	1,044	3.1	3.1	6.2	0	0	0	0	Gold

Jan-20	Day				Night				Day		Night		Care Hours Per Patient Per Day (CHPPD)				Safety Thermometer				ACE Accreditation
	RNs / midwives		Care Staff		RNs / midwives		Care Staff														
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	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	
A1	1,395	1,323	1,209	1,058	1,023	941	682	847	**94.84%**	**87.47%**	**91.94%**	**124.19%**	974	2.3	2.0	4.3	1	0	0	0	Silver
B2	935	953	1,112	1,160	682	715	682	836	**101.93%**	**104.32%**	**104.84%**	**122.58%**	525	3.2	3.8	7.0	0	0	0	0	
D1	1,679	1,496	1,349	1,356	682	550	1,023	1,067	**89.10%**	**100.56%**	**80.65%**	**104.30%**	725	2.8	3.3	6.2	0	0	0	0	Silver
D2	1,634	1,325	1,442	1,718	682	594	682	974	**81.09%**	**119.15%**	**87.10%**	**142.82%**	648	3.0	4.2	7.1	0	0	0	0	Silver
D5	1,307	1,197	1,037	1,251	682	682	682	968	**91.62%**	**120.69%**	**100.00%**	**141.94%**	778	2.4	2.9	5.3	0	0	0	0	Bronze
D7 / Short Stay Surgical Unit	1,937	1,627	797	767	880	807	682	682	**83.99%**	**96.23%**	**91.70%**	**100.00%**	804	3.0	1.8	4.8	0	0	0	0	White
M4	1,241	1,147	977	944	682	671	594	583	**92.42%**	**96.62%**	**98.39%**	**98.15%**	435	4.2	3.5	7.7	0	0	0	0	Silver
SAU	1,851	1,661	729	676	1,023	851	682	616	**89.74%**	**92.79%**	**83.16%**	**90.32%**	500	5.0	2.6	7.6	0	0	0	0	Silver
ICU & HDU	4,697	3,920	372	74	4,092	4,092	341	341	**83.46%**	**19.89%**	**100.00%**	**100.00%**	339	23.6	1.2	24.9	0	0	0	0	
Birth Centre	930	445	465	465	620	218	310	215	**47.85%**	**100.00%**	**35.16%**	**69.35%**	9	73.7	75.6	149.2					
Delivery Suite	2,790	2,438	465	465	1,860	1,640	310	299	**87.37%**	**100.00%**	**88.17%**	**96.45%**	209	19.5	3.7	23.2					
Maternity 2	1,628	1,568	930	908	682	682	341	341	**96.31%**	**97.58%**	**100.00%**	**100.00%**	414	5.4	3.0	8.4					
Jasmine Ward	930	964	465	519	620	620	0	58	**103.66%**	**111.67%**	**100.00%**	na	247	6.4	2.3	8.7	0	0	0	0	Silver
Neonatal Unit	2,325	2,012	0	0	1,628	1,314	0	0	**86.55%**	na	**80.74%**	na	334	10.0	0.0	10.0	0	0	0	0	
Tree House	3,255	1,396	465	453	2,170	1,708	0	0	**42.87%**	**97.31%**	**78.71%**	na	664	4.7	0.7	5.4	0	0	0	0	
Trust Total	**67,657**	**57,464**	**41,324**	**40,730**	**42,498**	**38,856**	**26,076**	**28,707**	**84.94%**	**98.56%**	**91.43%**	**110.09%**	**20,177**	**4.8**	**3.4**	**8.2**	**2**	**0**	**1**	**1**	

Safer Staffing Report

BOARD PAPERS – Quality, Safety & Experience Section : January 2020			
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.**	84.9% of expected RN hours were achieved for day shifts. This is the 15th 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 which is a decrease of 3 from the previous month.	Jan 84.9% Dec 80.4% Nov 85.3%	In month the Treehouse children's ward reports sub-optimal day RN staffing levels with 42.9% RN levels against established levels, supported by 97.3% non-registered staff. Harm free metrics are optimal in month. Safe staffing levels were achieved and a nursing ratio of 1:6 was maintained following an assessment of patient acuity and dependency and remains in line with the agreed ratio for the GM network. At times of surge or peaks in clinical activity, Treehouse Ward follows an agreed bed management escalation process. This includes obtaining clinical support from specialist nurses, matrons and senior nurses. The management team are also working closely to review the planned hours data submitted that underpins this report to reflect the flexibility of allocation of RN staff across assessment, HDU and inpatient areas to support activity and acuity. It is anticipated that by March 20 rosters will be fully aligned with the planned hours. The Treehouse ward is also due to meet with the Deputy Chief Nurse to review planned hours and established nursing levels at the forthcoming strategic staffing review.
Registered Nurses: Monthly expected hours by shift versus actual monthly hours per shift. **Night time shifts only.**	92.3% of expected RN hours were achieved for night shifts. 10 areas report below 90% RN levels in month a decrease of 11 areas in the previous month.	Jan 92.3% Dec 88.9% Nov 93.5%	The lowest RM staffing levels during the night were on the Birth Centre at 35.2% supported by 69.4% non-registered staff. Staff are moved to areas within the midwifery business group and staffing is reviewed on a shift by shift basis. Staff are deployed to areas with the highest acuity to ensure safe staffing. In heightened escalation the business group considers maternity diverts to assure safety. The Roster Team are supporting the business group and have reviewed the establishment figures that are submitted which underpin the statistics that are reported to ensure that figures accurately reflect the staffing ratios. It is anticipated that by March 20 figures will be realigned

BOARD PAPERS – Quality, Safety & Experience Section : January 2020			
DESCRIPTION	**AGGREGATE POSITION**	**TREND**	**PERFORMANCE AGAINST PREVIOUS MONTH**
Non-registered staff: Monthly expected hours by shift versus actual monthly hours per shift. **Day time shifts only.**	99.5% of expected non-registered hours were achieved for day shifts. 4 areas report below 90% levels in month.	Jan 99.5% Dec 95.1% Nov 101.6%	The lowest non-registered staffing levels for day duty are on the ICU at 19.9% supported by 83.5% 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.
Non-registered staff: Monthly expected hours by shift versus actual monthly hours per shift. **Night time shifts only.**	112% 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. 1 area reported below 90% in month.	Jan 112% Dec 106.3% Nov 109.8%	The lowest non-registered staffing levels during the night was on the Birth Centre at 69.4% supported by 35.2 RM staff. Staff are moved to areas within the midwifery business group and staffing is reviewed on a shift by shift basis. Staff are deployed to areas with the highest acuity to ensure safe staffing. In heightened escalation the business group considers maternity diverts to assure safety. The Roster Team are supporting the business group to review the establishment figures that are submitted which underpin the statistics that are reported to ensure that figures accurately reflect the staffing ratios. It is anticipated that by March 20 there will be a re alignment of the figures. The maternity business group nurse leaders will meet with the Deputy Chief Nurse at the forthcoming strategic staffing meeting to review establishments, planned hours and roster compliance
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.	January RN rates indicate 198.6 WTE Filled	Trust variance from establishment WTE is 144.26 Of the RN 198.6 WTE (Demand 283.3 WTE) The fill rate overall is 70.1%of the shifts requested. 45.2% are NHSP and agency 24.9 %
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.	January Non registered rates indicate 171.2 WTE Filled	Trust variance from establishment WTE is 17.01 Of the non-registered 171.2 WTE (Demand 231.3 WTE) the fill rate is over all is 74.2% . 74% are NHSP and 0.2% agency

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 a summary of the confirmed 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 Final Position				
		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%	77%	£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**

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 27/02/2020		**Report of:** Quality Committee
Date of last meeting: 18/02/2020		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • IPR Quality Metrics • Reducing Days away from home • ED Quality and Safety Dashboard(presentation) • Paediatric Quality and Safety Dashboard (presentation) • Heat Map • CQC update • Sepsis Update • Quality Faculty Update • Monthly Clinical Governance Report • Learning from Deaths/Mortality Review Reports (Qtly) • CQUIN Update • Learning from Experience Report (qtly) incl presentation • Board Assurance Framework Update • Medicines Optimisation Group • Trust Risk Register
	Alert	The Committee wish to alert the Board to the following: • Notification of a patient death relating to C. Difficile infection • The Board will be receiving a re-forecast Risk Register • The Committee heard that pressure ulcers are recognised as key issue in ED, particularly with regards to the 12 hour breaches. Systems in place to review pressure ulcers developed in ED retrospective, but Committee agreed that a preventative system needed to be in place.
	Assurance	The Committee received assurance that the updated Sepsis action plan would improve performance on timely Sepsis identification and treatment implementing the 'Moving to Good Sepsis Safe Project'. The project milestones state 80% compliance on identification and treatment by December 2020.
	Advise	The Committee raised concerns around the ability to provide safe and high quality care for Mental Health patients. We are carrying all the risk despite not having the expertise in Mental Health. The Committee wish to advise the Board on the following: • Concerns around ability to provide psychological support for patients with eating disorders. Dr Wasson raised this with Stockport CCG in December

		but to date no confirmation on how this will be addressed. • Agreed that there was a potential serious issue around Adult and Paediatric Safeguarding in relation to mental health patients, Ms Lynch to review with the Safeguarding Team to identify and clearly articulate from a safeguarding perspective where we are failing to protect mental health patients. • Advise the implementation of a protocol for risk assessments of mental Health patients in ED and Paediatric care and the development of electronic dashboards. Whilst ED systems support this process well, Paediatrics will remain on paper based forms until IT systems are in place. • Advise the Board that they will receive an action plan relating to the 30 day, 60 day and 90 day action from the CQC Inspection.		
2.	Risks Identified	The Committee agreed that there was an increased risk against all but one (Development of Strategy) of the Strategic Objectives within the Board Assurance Framework		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*			
4.	Report Compiled by	Dr M Logan-Ward	Minutes available from:	Committee Secretary

Stockport NHS Foundation Trust

Board of Directors Key Issues Report

Report Date: 27/02/20		**Report of:** Finance & Performance Committee
Date of last meeting: 19/02/20		**Membership Numbers:** *The meeting was not quorate.*
1.	**Agenda**	The Committee considered an agenda which included the following: • Award of Hip and Knee Contract • Reducing Days Away from Home Programme • Operational Performance Report • Operational Performance Group – Key Issues Report • Digital Programmes Board Key Issues Report • Capital Programme Delivery Group Key Issues Report • Finance & Performance Risks • Registration Authority Annual Report • Financial Performance Report • Draft Operational Plan and Financial Strategy for 2020/21 • Update for Nurse Recruitment Business Case • Trust National Cost Collection Index for 2018/19 • Patient Level Costing Results for Q2 2019/20 • Agency Utilisation Report • Ratification of Information Governance Policies.
	Alert	• The Committee wished to alert the Board that the Trust would not achieve year-end compliance with regard to the Referral to Treatment (RTT), Diagnostics and Urgent Care targets. The Committee heard about associated mitigating actions to improve performance. • The Committee was alerted to external pressures regarding the delivery of the Emergency Care Campus, and to a potential consequent risk of misalignment between the clinical model and the estates build. • The Committee expressed concerns about the low proportion of recurrent Cost Improvement Programme (CIP) achieved in 2019/20, and emphasised the importance of improving performance in this area. • The Committee considered a report outlining the Trust's 2020/21 Financial

		Plan and recommended it for further discussion and approval by the Board of Directors.		
	Assurance	• The Committee received a report on agency utilisation which set out the month 10 agency usage for the Trust. The Committee took a medium level of assurance on delivering within the ceiling at the end of Q4, and noted ongoing work to drive the expenditure down further, with the introduction of a Temporary Staffing Manager post. • The Committee considered a Capital Programme update report and received assurance regarding year-end spend of the capital allocation. • The Committee took a medium level of assurance on the achievement of the year-end 2019/20 financial position.		
	Advise	• The Committee considered a report on the award of a contract for hip and knee prosthesis and made a recommendation for Board approval. The report will be considered in the Private Board meeting due to it being commercial in confidence. • The Committee received an update on the Reducing Days Away from Home Programme and echoed the view of the Quality Committee that there was a need to prioritise and identify key performance indicators to monitor on a daily/weekly basis. The Committee agreed to receive a further report regarding the prioritisation and consequence of the initiatives at the April meeting.		
2.	**Risks Identified**	• Operational Metrics: - RTT waiting list size (limited assurance) - Cancer (limited assurance).		
3.	**Report Compiled by**	Malcolm Sugden	Minutes available from:	Committee Secretary

Board of Directors' Key Issues Report

NHS Stockport NHS Foundation Trust

Report Date: 27/02/2020		**Report of:** People Performance Committee
Date of last meeting: 20/02/2020		**Membership Numbers:** Quorate
1.	**Agenda**	The Committee considered an agenda which included the following: • Director of Workforce & OD Briefing • EDI Strategy and Approval • Staff Survey Results & Action Plan • NHSI Culture Programme • BAME Leadership Development Approach • Stockport Leadership Model & Approach • Leadership Development • Essential Learning • Statutory & Mandatory Training Report • Statutory & Mandatory Annual Review Process • Agency Expenditure • People Strategy 2020-2025 • Heat Map • Nurse Recruitment Business Case (update) • Workforce IPR • Trust Risk Register – Workforce Risks • Financial Recovery Plan • Key Issues Report JCNC only • Policies for ratification
	Alert	The People Performance Committee wish to alert the Board to the following focus areas: • The Learning & Development team have actively engaged with the Safeguarding Children's team to ensure training data was available for the most recent CQC inspection. Compliance at Level 3 Safeguarding Children for the target staff groups (Nursing & Midwifery in Paediatrics, Maternity and Paediatric ED) was reported at 91.57% and 82.92% across all Nursing & Midwifery. This follows a focused approach to collating and reviewing compliance data, addressing individual queries and gathering evidence. • In priority order, following completion of the review of Safeguarding Children, the next topics to be reviewed will be Resuscitation and Safeguarding Adults.
	Assurance	The People Performance Committee were assured in relation to:

9.2

		• The Committee wish to assure the board that the Financial Recovery plan, Grip and Control workforce schemes are on track.		
	Advise	The People Performance Committee wish to advise the Board of Directors that: • The Gender Pay Gap data is recommended to the Board for publication • The Committee agreed the approaches to EDI strategy , BAME Leadership Development and Stockport Leadership Development and Talent Management and Succession • The Committee wish to advise the Board that the Statutory and Mandatory Training and Essentials Training processes are further being developed to strengthen compliance. • Regular reporting to the PPC has been agreed by the Committee for Statutory & Mandatory and Essentials Training.		
2.	Risks Identified	As per risk log		
3.	Actions to be considered at the *(insert appropriate place for actions to be considered)*	Board to approve Gender Pay Gap data for publication.		
4.	Report Compiled by	Ms C Barber-Brown	Minutes available from:	Committee Secretary

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date**:	27 February 2020
Subject:	Reducing Days Away From Home Update February 2020		
Report of:	Delivery Director	**Prepared by:** Delivery Director, Deputy Director of Nursing-CHC and Discharge, Business Change Manager	

REPORT FOR INFORMATION / ASSURANCE

Corporate objective ref:	**Summary of Report** The purpose of this paper is to provide an update to the Reducing Days Away From Home Programme. The below recommendations are developed from the themes and trend feedback from both the ward team and the ward rounds: 1- It is recommended to review the root cause of the issues identified to determine a priority in which they should be addressed 2- It is recommended that a review of the patients who were previously declared MOAT and then become unwell is completed to highlight lessons learned; this will include a review of any DATIX as per the new process 3- It is recommended that the patient choice policy amendment be approved and a system agreement is reached ASAP regarding transfer for all patients who are MOAT and require a placement into a temporary placement happens as routine as a ward transfer 4- It is recommended that EOL education and support is given to wards 5- It is recommended that the system develop a pathway for bariatric people to access BBIC 6- It is recommended that a case study between physical and mental health to identify lessons learned is completed 7- It is recommended that a SOP for Discharge planning and Best interest meetings be developed 8- It is recommended that a road map to social care is developed including an agreement over standards for delivery of activity and when it is appropriate to escalate 9- It is recommended that any issue not able to be resolved at the Partners' Round is escalated to Urgent and Emergency Care Delivery Board
Board Assurance Framework	
CQC Registration Standards	
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	☐ PPC ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. Purpose

The purpose of this paper is to provide an update to the Reducing Days Away From Home Programme.

2. Background

The Reducing Days Away From Home (RDAFH) collaborative Programme commenced 16.12.2019.

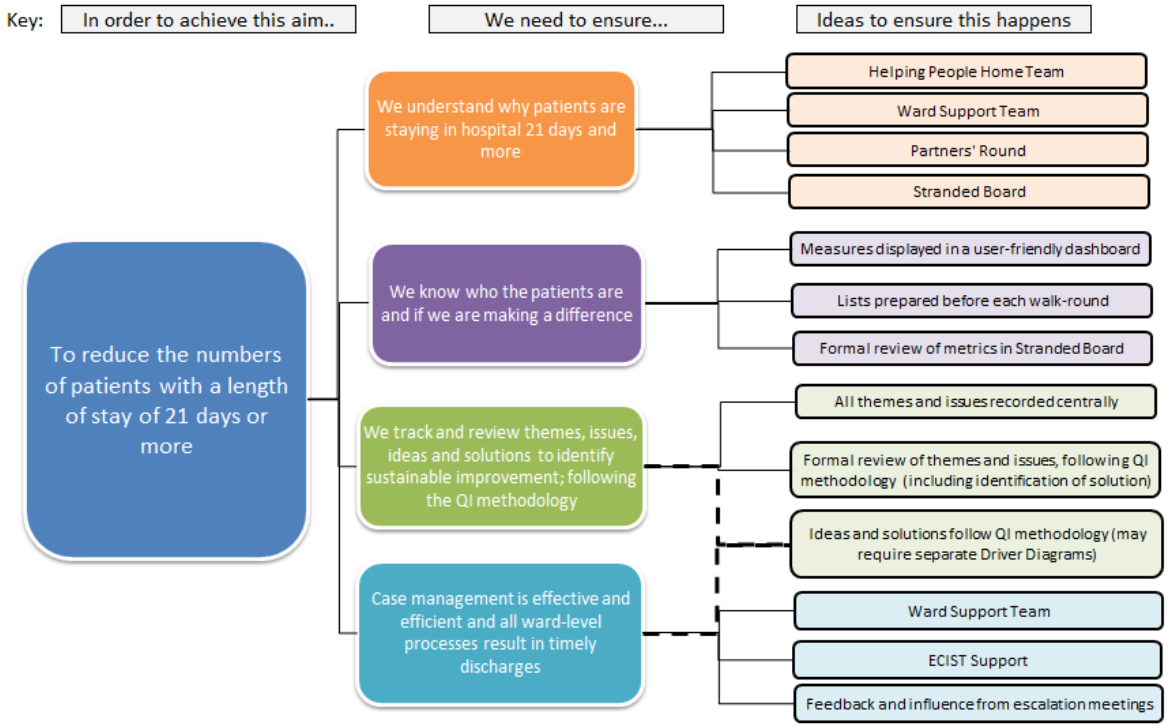
The aim is to reduce the number of patients with a length of stay of 21 days or more through a review and analysis of current data, an improvement programme targeting themes and trends, implementing effective case management and implementing effective and timely discharge processes on the wards.

As part of the Urgent Care winter plan Stockport CCG and Stockport Foundation Trust have collaborated to design a Helping People Home team who will support the system to reduce the numbers of patients staying in hospital for extended lengths of time.

3. Summary of the Programme

A driver diagram has been produced to summarise the scope, drivers and change ideas:

Diagram 1: Driver diagram



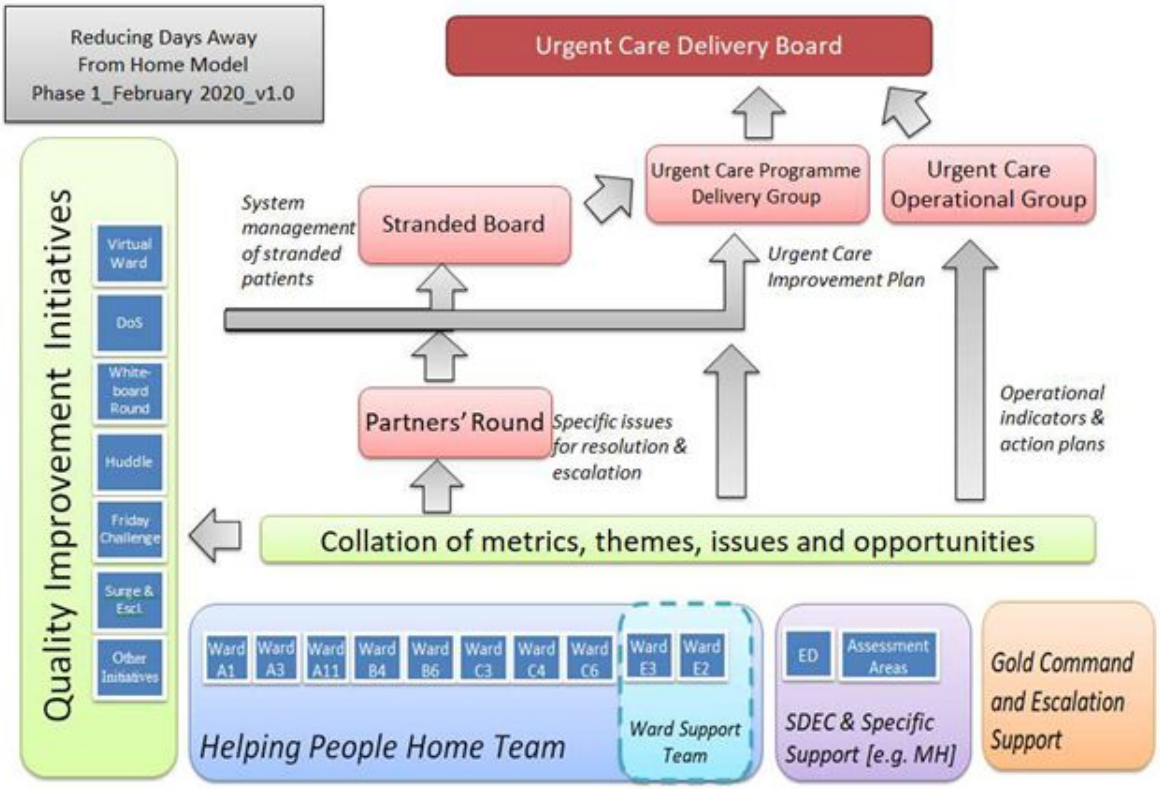
The driver diagram has been designed to be as straight forward as possible; however through the work undertaken through RDAFH, as themes, barriers and opportunities are identified, further quality improvement initiatives will be spun off this, which may be more complex.

The model for RDAFH combines the following:

- **Helping People Home Team** – The team is fully established and the three times a week walk-rounds started on 16th December 2019. The wards have engaged well with the teams and issues/themes are pulled out and reported into the Thursday afternoon weekly desktop Partners round.
- **Ward Support Team** – Intensive support is provided to specific wards to adopt discharge best practice. Due to recruitment issues, ward E2 is currently the only ward with dedicated support
- **Same Day Emergency Care and Front Door** – Focussing on opportunities at the earliest opportunity in the hospital
- **Partner's Round** – Meeting with system partners to resolve blockages and issues
- **Metrics and Measures** – Monitoring measures to track progress, identify opportunities and flagging risks at the earliest opportunity
- **Quality Improvement Initiatives** – Taking quality improvements forward in a structured manner, resolving the root cause of issues

This model is summarised in the below diagram

Diagram 2: Reducing Days Away From Home model



4. Progress to Date

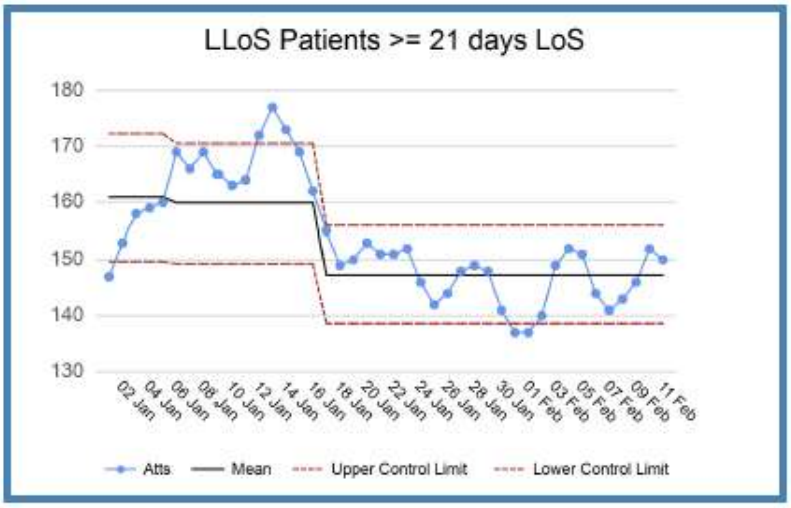
Helping People Home Team

The walk rounds run three times a week on Monday, Tuesday and Thursday have been running consistently since the beginning of January 2020. All patient waiting in hospital for 21 days or more are reviewed on the medical wards (excluding Stroke wards.)

A noticeable positive shift in engagement has been seen and discharge culture starting to shift from passivity to anticipatory. Ward areas are much more prepared with plans for patients and understand the urgency of proactive discharge planning from early on in the patient journey. There is still work to do regarding coaching, myth busting and education, but the rounds are proving to provide constructive coaching challenge, learning, support for complex discharge and role modelling to wards.

The following graph shows a clear step change in daily performance from the 16.01.2020.

Diagram 3: Patients with a length of stay over 21 days



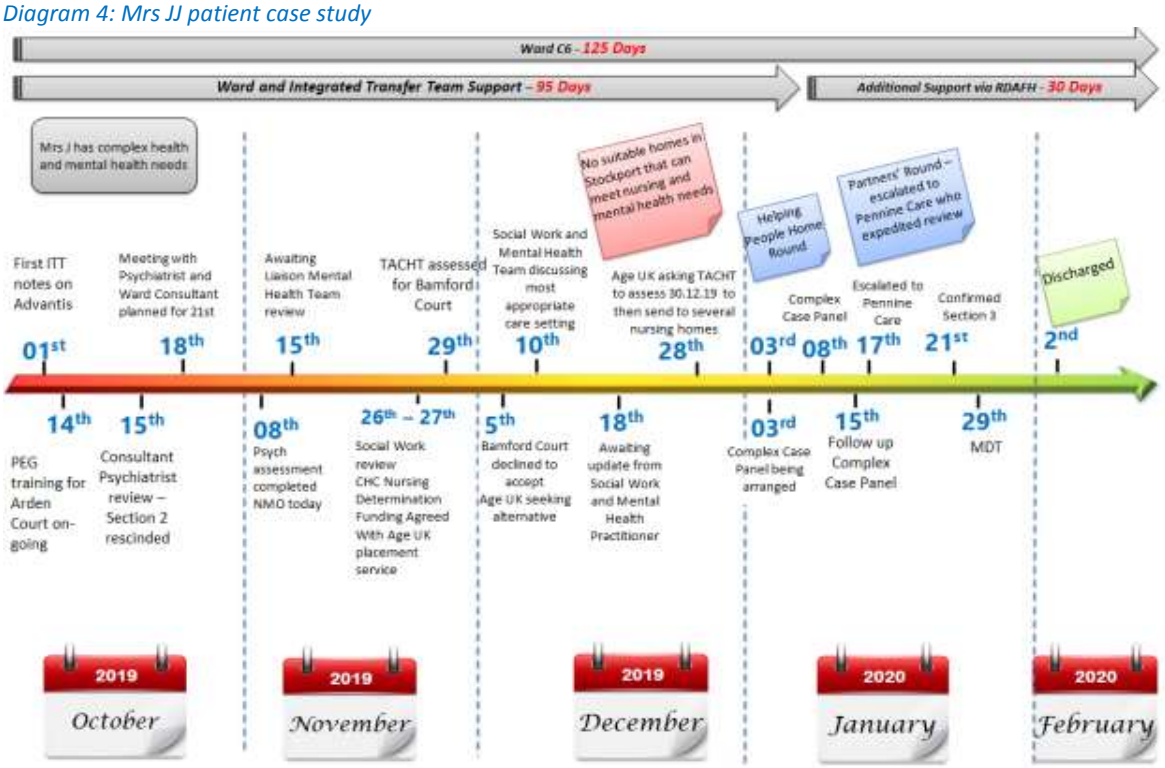
29 Jan	30 Jan	31 Jan	01 Feb	02 Feb	03 Feb	04 Feb	05 Feb	06 Feb	07 Feb	08 Feb	09 Feb	10 Feb	11 Feb
148	141	137	137	140	149	152	151	144	141	143	146	152	150

The following are highlights from the Helping People Home Team:

1- Since the start of January 2020 we have seen patients discharged who have been escalated to the grand round with a total of 998 days Length of stay
2- The longest Length of stays discharged were 170 days, 140, 125, 109 and 103 days
3- All of these patients were very complex and required additional support or advice from the grand round

The following patient case study summarises the challenges faced by wards and ITT, particularly when facilitated activity to safely discharge patients with complex health and mental health support needs and the value added by the Helping People Home Team and Partners' Round. Mrs J required coordination across a number of different specialities and was safely discharged on 02.02.2020.

Diagram 4: Mrs JJ patient case study

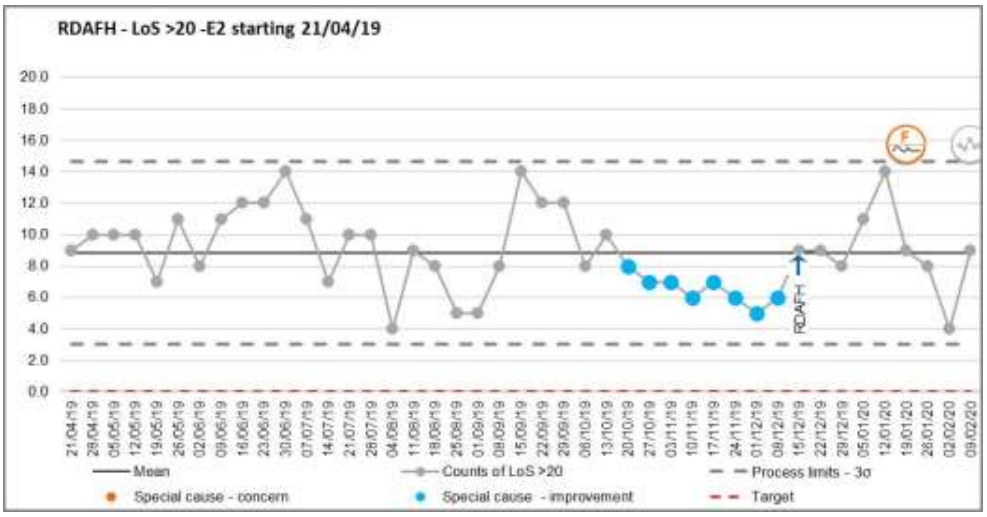


Ward Support Team

This team is intended to give focused support to identified wards regarding the white board round, red 2 green, EDD and CCD setting and complex discharge processes.

Two Quality Improvement Nurses commenced in January, based in E2 and E3. The Quality Improvement Nurses are supporting the wards with coaching around whiteboard practices, supporting proactive discharge planning and are feeding back themes and trends weekly from the wards. The QI nurses are working with quality improvement methodology to identify key areas for change. To date this has produced an improvement in EDD setting, Red 2 Green recording and an improvement in whiteboard practice. This has fed into a greater level of engagement in Helping People Home Rounds and an eagerness to discuss and reduce the length of time patients are staying in hospital.

Diagram 5: Ward E2 patients with a length of stay over 21 days



- Following a positive trend from 20.10.19 to 08.12.19, the numbers of super stranded patients increased, peaking close to the upper control limit at 14 patients
- The last 4 weeks have been steady around the average, with 02.02.20 being an exceptionally good week, achieving close to the lower control limit at 3 super stranded patients
- The graph indicates an unsteady process, meaning super stranded patients are likely to shift significantly week-to-week
- The data does not show any particular cause for concern of celebration just yet; however there are positive signs to be built on

Partners' Round

This is a weekly meeting with attendance from all of our system partners and out of area colleagues. Delays and barriers to discharge are escalated and discussed here with a view to work collaboratively to solve areas of delay.

The themes raised in the Partners' Round are collated and will be reviewed to explore further opportunities and to analyse the root cause of the issues and blockages.

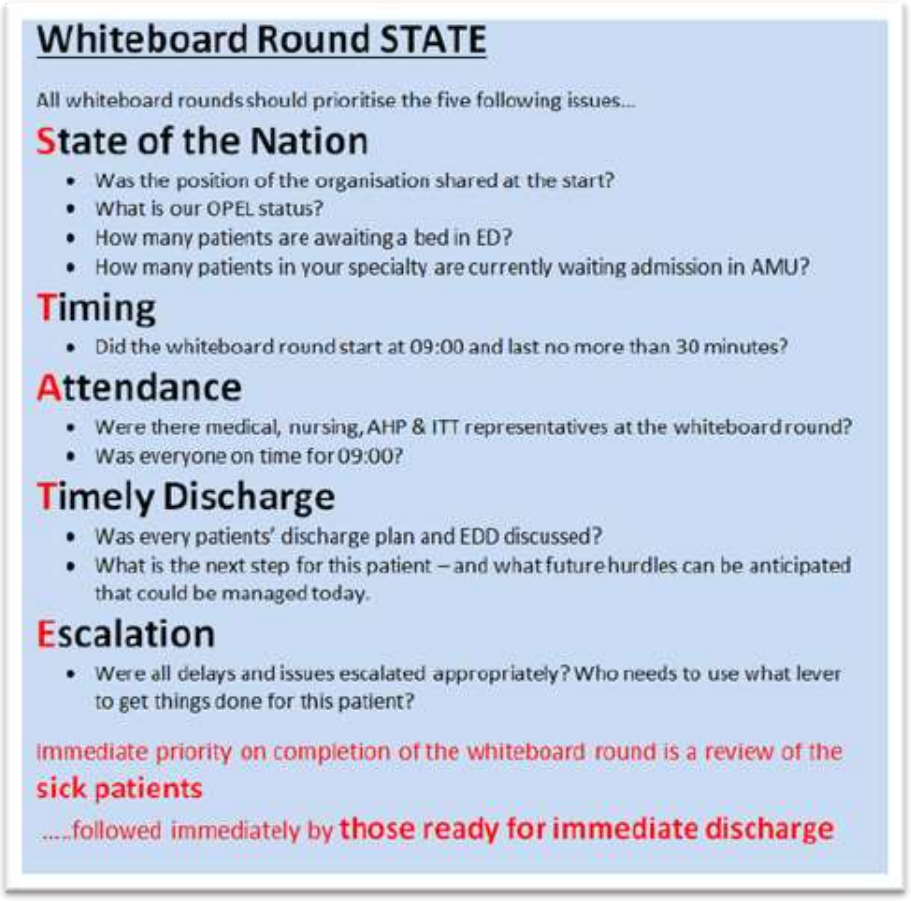
As a result of this meeting, specific blockages have been resolved and patients have been helped home. The following case study provides an example of the opportunities through system-wide working.

The patient had complex needs as was from out of area, the patient had a total length of stay of 109 days and was awaiting an out of area placement, but also required a court of protection review. From the beginning of January (when the round began in earnest) the patients LOS was approx. 86 days. This gentleman was escalated to partner's rounds in early to mid-January and was discharged on 30/1/20, approx. 2 -3 weeks following escalation.

GOLD Command Meetings

On the 6th January 2020, twice daily Gold Command Structured meetings have been implemented at 8.00am and 4.00pm Monday to Friday. These meetings are led by the Medical Director supported by the Chief Operating Officer and Chief Nurse and its aim is to bring together key staff from across the organisation to ensure a robust response in escalation.

One of the outcomes of this meeting is that every whiteboard round has executive support using the "STATE" model for best practice whiteboard rounds to drive discharges across the hospital.



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5. Themes and Issues

The following are the main Red 2 Green codes which are causing long patient stays. These have been validated via the Helping People Home Team:

1- Undergoing Active Therapy (NMOAT)
2- Waiting for a discharge planning meeting
3- Waiting for Care Home (NH/RH) Identification / Placement
4- Active on-going rehabilitation
5- Waiting for Out of Area Placement

The following issues have been highlighted across the whole Programme, it is recommended to review the root cause of these issues and identify a priority in which they should be addressed:

- Access to Bed based rehabilitation for Bariatric patients
- End of life and capacity discussions not happening with patients and families in good time
- Patients waiting for placement- where families are looking for home of choice, or where homes have declined the patient
- Patients with mental health and physical needs often fall between the two and a coordinated plan for both is often difficult to develop
- Patients who were medically optimised becoming ill with an acquired infection and requiring active therapy
- Patients waiting long periods of time for discharge planning meetings to be arranged.
- Patients waiting for packages of care (especially those waiting for packages that are 4 times a day)

- Patients are not always referred to community specialists as early as possible
- Best interest meetings are not always run consistently
- Discharges are lower on weekends than on weekdays
- Principles of effective and efficient patient flow is not embedded into Surgery and Critical Care (Reducing Days Away From Home)
- Patients and families are not always actively involved in their discharge planning
- Social care support sometimes does not commence until the patient is medically optimised
- Whiteboard is not always effective or efficient
- The afternoon huddle is not always completed or effective or efficient
- Patients who are out of area often have longer lengths of stay
- Mental Health liaison is not always actioned in a timely way
- There are queries around the criteria for Devonshire and whether they accept patients who are out of area
- Queries around the pathways for Cavendish
- Issues with handover to MOAT wards when patients are moved from acute wards- referrals have not always been completed so delays happen as receiving ward is told they have been sent
- Delays for patients awaiting nutritional input or PEG

6. Recommendations

The below recommendations are developed from the themes and trend feedback from both the ward team and the ward rounds:

1- It is recommended to review the root cause of the issues identified to determine a priority in which they should be addressed
2- It is recommended that a review of the patients who were previously declared MOAT and then become unwell is completed to highlight lessons learned; this will include a review of any DATIX as per the new process
3- It is recommended that the patient choice policy amendment be approved and a system agreement is reached ASAP regarding transfer for all patients who are MOAT and require a placement into a temporary placement happens as routine as a ward transfer
4- It is recommended that EOL education and support is given to wards
5- It is recommended that the system develop a pathway for bariatric people to access BBIC
6- It is recommended that a case study between physical and mental health to identify lessons learned is completed
7- It is recommended that a SOP for Discharge planning and Best interest meetings be developed
8- It is recommended that a road map to social care is developed including an agreement over standards for delivery of activity and when it is appropriate to escalate
9- It is recommended that any issue not able to be resolved at the Partners' Round is escalated to Urgent and Emergency Care Delivery Board

Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	People Strategy Update		
Report of:	Director of Workforce & OD	**Prepared by:**	Deputy Director of Workforce & OD

REPORT FOR APPROVAL

Corporate objective ref:	6
Board Assurance Framework ref:	6
CQC Registration Standards ref:	E3, E4, E5, C2,WL1-8
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 review of the People Strategy. A review has been completed following approval of the Trust Strategy.

The update has refreshed the deliverable actions and revised the people strategy map to outline this year's (2020/21) priorities to delivering our people strategy.

In addition a number of enabling delivery plans have been developed and will be presented throughout the coming months to the committee for approval.

The People and Performance Committee members reviewed and approved the revised People Strategy. The Board of Directors are requested to note the revisions & approve the updated strategy.

Attachments:

People Strategy
People Strategy Map
People Strategy Equality Impact Assessment

This subject has previously been reported to:

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

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NHS Stockport NHS Foundation Trust

1. Introduction

The purpose of this report is to provide the Board of Directors with the updated revised People Strategy approved at the People and Performance Committee in February. A review has been completed following approval of the Trust Strategy.

The update has refreshed the deliverable actions and revised the people strategy map to outline this year's (2020/21) priorities to delivering our people strategy.

In addition a number of enabling delivery plans have been developed and will be presented throughout the coming months to the committee for approval.

2. Background

Following the approval of our People Strategy by the Board of Directors in October 2018 progress has been regularly reported to People Performance Committee; this has been supported by subject specific reports, including a review against the NHS People Plan to ensure that the People Strategy remains up to date.

3. People Strategy Review

The People Strategy has been reviewed and updated as follows:

- ✓ **Values and Behaviour Framework** refresh – updating the People Strategy to reflect revised arrangements.
- ✓ **Trust Strategy** approved at Board of Directors in January 2020 – updating the People Strategy to reflect revised arrangements.
- ✓ **Review of Equality Impact Assessment** – Following the revision of the People Strategy the EIA has been updated and approved.
- ✓ **Enabling Plans identified** - The People Strategy is underpinned by the following enabling plans which detail our approach to:

    - Equality, Diversity & Inclusion
    - Health & Wellbeing
    - Talent Management
    - Leadership Development
    - Organisational Development
    - Workforce Transformation

    The enabling plans are being developed and will be presented to the committee during Q4 of 2019/20 for approval. Each of these plans has a detailed action plan which will be presented to the People Strategy Implementation Group (PSIG) providing assurance and/or mitigation as appropriate to the delivery of the plan.

4. Recommendation

The People and Performance Committee members reviewed and approved the revised People Strategy. The Board of Directors are requested to note the revisions & approve the updated strategy.

Stockport NHS Foundation Trust

People Strategy

2020 – 2025

A Great Place to Work

‘Making a Difference Everyday’

Contents

Updated: January 2020

Introduction

Our people strategy describes how we will create the workforce we need to deliver our vision of how we **'make a difference everyday'**.

It sets out our strategic people priorities and the approach we will take to deliver them. Our strategy builds on our culture of innovation and continuous improvement, of openness and transparency, and of collaborative compassionate leadership, grounded in our values; **We Care, We Respect & We Listen**.

Our workforce and the needs of our patients are changing and so is the way we deliver care. Shortages of clinical staff nationally, an older workforce, and changes to education pathways means our workforce profile is evolving. Pressures in secondary and social care and the emergence of new ways of working as part of our commitment to excellent patient care each and every time require our staff to have new skills. There are opportunities to make best use of emerging technology and to support new models of working.

We value our people and recognise they are our greatest asset. Our overall aim is to develop our staff, give them clear career pathways, provide them with the leadership, skills and knowledge they need to deliver the care our patients need now and in the future, to support their wellbeing and to recognise and value their diversity.

Our People Strategy is underpinned by the following enabling plans which detail our approach to:

- Equality, Diversity & Inclusion
- Health & Wellbeing
- Talent Management
- Leadership Development
- Organisational Development
- Workforce Transformation

Vision, values & goals

The Trust's mission is to **'make a difference everyday'**; a health and care system that has excellent care at the heart of the community. To realise our vision we will remain true to our core values of We Care, We Listen & We Respect. To achieve our vision, the Board has set five strategic aims.

Mission

- Making A Difference Every Day

Strategic Aims

- A great place to work
- Always learning, continually improving
- Helping People live their best lives
- Investing for the future by using our resources well
- Working with others for our patients & communities

Values

- **We Care** about
  - Our patients and their families
  - The commuities we serve
  - The environment
- **We Respect**
  - Each other
  - Our patients and their families
  - Our partners
- **We Listen** to
  - Our patients and their families
  - Our partners

People Strategy Overview

Our people strategy is developed based on our five strategic priorities. Realising these priorities will ensure we achieve consistently well-led, appropriately resourced teams, where individuals' wellbeing and identity is nurtured, enhancing our care to patients.

Education & Practice Development	• *To invest in a well-educated workforce, developing skills and competences to support continuous improvement; enabling our staff to reach their full potential.*
Culture & Engagement	• *To offer a culture of innovation and continuous improvement, of openness and transparency, and of collaborative compassionate leadership, grounded in our values.*
Leadership Development	• *To offer support and development to our people so that they can lead well, creating a great place to work where our people flourish, and our patients receive the best possible care.*
Resourcing	• *To create a workplace that attracts and retains people with the right values, skills and commitment to providing high quality, safe care.*
High Performing	• *To provide the right systems, processes and environment to enable our workforce to be as efficient and effective as they can be.*

Education & Practice Development

- **Objective:** ***To invest in a well-educated workforce, developing skills and competences to support continuous improvement; enabling our staff to reach their potential***

Links to:

- **Quality Improvement:** Keeping our patients safe at all times.
- **KLOE-** Safe **WELL LED-** capacity and capability

Key Measures:

- **HEE & national Standards achieved**
- **Apprentice Levy utilisation.**
- **Statutory & Role Essential compliance**
- **Student numbers & attrition rates**

Where are we now?
1.1 All staff receives an induction that is streamlined to GM standards.
1.2 Students and Trainees are offered high quality placements Trust wide in partnership with all local Universities & HEE.
1.3 Education and training programmes are delivered as part of a competency led framework.
1.4 Year 1 of the Training Needs Analysis (TNA) met 98% of all training and development requests Trust wide.
1.5 Statutory and Mandatory Training is currently above compliance rate and staff are committed to the process.
1.6 Commitment to creating innovative apprenticeship opportunities across the organisation for staff at all levels.
1.7 Developing & embedding Nurse Associates
1.8 Development of a clinical competency framework.

Where do we want to be?
1.1 All staff will receive an excellent experience of corporate, clinical and local induction.
1.2 Trust is a placement of choice, more students/trainees are attracted to join/return based on our reputation for high quality placements.
1.3 Our education and training programmes underpin the delivery of excellent patient care and align with existing and emerging career frameworks.
1.4 Training & development requests approved, supporting innovation in education.
1.5 Our staff have ease of access routes to Statutory and Mandatory training.
1.6 We achieve our apprenticeship target and full utilisation of the levy.

How to get there…
1.1 Incorporation of clinical competences in clinical and local induction programmes.
1.2 Enhance student/trainee support by increasing the number of placements and recruitment of students.
1.3 In partnership with clinical services develop a competency framework for all clinical and professional roles.
1.4 Review and enhance the Training Needs Analysis (TNA) process to support career progression and mapped to individual personal development plans & our strategic priorities.
1.5 Offer a blended approach to learning through face to face, e-learning clinics. Review and refresh e-learning packages.
1.6 Continue with the current Apprenticeship plan and further engage with the workforce to design and develop new apprenticeships.

Culture & Engagement

Objective: ***To offer a culture of innovation and continuous improvement, of openness and transparency, and of collaborative compassionate leadership, grounded in our values.***

Links to:

- **Operational Performance:** Provide excellent patient experience & deliver expected outcomes.
- **Well Led:** Culture **KLOE:** Well led

Key Measures:

- **Staff Survey and Staff Friends & Family Test**
- **Appraisal**
- **Sickness Absence**

Where are we now?	Where do we want to be?	How to get there…
2.1 Staff survey completion rate of 55%.	2.1 On a trajectory to 70% with a 7% annual increase.	2.1 To engage with all staff areas and promote opportunities to give feedback.
2.2 Commitment to staff health and wellbeing through well managed interventions.	2.2 Staff are healthy and report that the Trust is proactive with its health & wellbeing agenda.	2.2 Health and wellbeing included in all Trust wide objectives and business plans.
2.3 Developed staff networks for BAME, LGBT, D-Ability & Carers	2.3 Open communication where diverse views are listened to and respected.	2.3 To map well led capability against required standards and hold leaders to account.
2.4 Culture & Engagement plan developing.	2.4 We retain staff who are happy and working resiliently to their optimum in challenging times. They feel valued across all services regardless of role and responsibility.	2.4 Fulfil all aspects of the Culture and Engagement plan following cultural assessment & diagnostic.
2.5 Culture Collective beginning the first phase of the Culture and Leadership Programme.	2.5 A Trust with a culture of collaborative and compassionate leadership.	2.5 Complete the Culture Programme with all diagnostics. Use of the findings to inform future leadership development aligning with the Culture and Engagement Plan.
2.6 Coaching network being developed.	2.6 A wider network of diverse coaches and a Trust wide coaching culture.	2.6 Current coaches to promote the role and train annual cohort.
2.7 Values refreshed and embedded into training, development and recruitment; underpinned by an updated behaviour framework.	Values integrated into all documentation and processes.	

Leadership & Development

- **Objective:** ***To offer support and development to our people so that they lead well, creating a great place to work where our people flourish and our patients receive the best possible care.***

Links to:

- **Corporate Objective**: Leadership Development
- **Well Led:** Leadership capacity and capability

Key Measures:

- **Staff Survey**
- **Leadership evaluation (Kirkpatrick)**

Where are we now?	Where do we want to be?	How to get there…
3.1 Developing consistent leadership capability for all leaders through our leadership programme.	3.1 A TM strategy that is measured, and fully represents the workforce we employ at all levels.	3.1 Developing the talent management process and ensure it is systematic across the organisation and aligns to national strategy.
3.2 Commenced Board development.	3.2 To fill future leadership pipelines with the right numbers of diverse, appropriately developed people.	3.2 Robustly manage the leadership programme and align to national and regional TM plan.
3.3 Senior leadership programme launched for Clinical Directors, Nursing and Allied Health Professionals.	3.3 Continuing to increase the effectiveness of the Board through our Board development programme.	3.3 Board development plan reviewed to include cultural assessment.
3.4 Quality Improvement (QI) OD plan developed to support leadership capability.	3.4 Leaders demonstrate 'civility' & inclusion in all their interactions. They develop their own and their staff's skills and capacity to improve health services.	3.4 Evaluate & develop the current leadership development offering.
3.5 WRES/ DWES data published.	3.5 All clinical and support service leaders to complete the Leadership development programme.	3.5 Work in partnership with AQuA to further develop QI offering.
3.6 Commitment to achievement of model employer BAME leadership representation levels	3.6 QI methodology and principles embedded in all interventions.	3.6 Targeted work to implement required actions via EDS2 & WRES/ WDES.
	3.7 Culture of holding to account Trust wide.	3.7 Staff Wellbeing & Engagement is a key component of all leadership development.
	3.8 Achievement of model employer BAME leadership representation levels	

Resourcing

- **Objective:** ***To create a workplace that attracts and retains people with the right skills, and commitment to providing high quality, safe care.***

Links to:

- **Financial Resilience:** Being a well-led & governed Trust with sound finances.
- **Well Led:** information

Key Measures:

- **Retention & Stability performance**
- **Staff Friends & Family Test**
- **Vacancy, turnover & temporary staffing metrics**

Where are we now?	
4.1	Workforce KPI metrics are sound and well used.
4.2	Workforce plan is incremental & based on the financial plan.
4.3	Robust governance of recruitment & use of temporary staffing.
4.4	New and flexible roles developed and embedded.
4.5	Lack of brand identity.
4.6	Membership of Greater Manchester Good Employment Charter

Where do we want to be?	
4.1	Workforce metrics as an integral part of the business planning approach.
4.2	A well-developed workforce plan reflecting demand, commissioning & design/supply factors.
4.3	Continued reduction of agency spend.
4.4	Ability to recruit to specialty posts.
4.5	Employer of choice with well-developed brand/identity.
4.6	Innovative and flexible work models are integrated into every service.

How to get there…	
4.1	Improved metrics for translating themes/trends into clear workforce data.
4.2	Granular work with business groups to develop plans & addressing ‘hot spots’
4.3	Implementing 24/7 services where appropriate.
4.4	Developing 'new' roles, through improved partnership working.
4.5	Development of employer brand within the overall development of the Trust identity/brand.

High Performing

- **Objective:** ***To provide the right systems and environment to enable our workforce to be as efficient and effective as they can be.***

Links to:

- **Well Led:** continuous improvement and innovation
- **Use of resources**

Key Measures:

- **Retention & Stability performance**
- **Staff Friends & Family Test**
- **Vacancy, turnover & temporary staffing metrics**

Where are we now?	
5.1	Well established policy development group.
5.2	Time to hire of 10 weeks & Trac system implemented.
5.3	Limited use of Model hospital data.
5.4	ESR SS roll out complete.
5.5	eRostering basic in deployment and functioning
5.6	Limited mediation capabilities.
5.7	Limited service performance data / approach.
5.8	'Traditional' flexible working.
5.9	'Just Culture' embedded into our procedures.
5.10	Shared payroll services
5.11	Mediation service launched

Where do we want to be?	
5.1	'Just Culture' (restorative justice) is embedded in to our leadership development approach.
5.2	Time to hire of 8 weeks.
5.3	Model hospital used to inform decision making.
5.4	ESR MSS full roll out.
5.5	Full eRostering roll out and use of all functions.
5.6	Early interventions prevent issues escalating.
5.7	An HR team with a reputation of getting it right first time (shared service).
5.8	Fully flexible/agile workforce.
5.9	Appraisal process is fully embedded and valued as an effective performance and development tool.

How to get there…	
5.1	Implementation of 'Just Culture' and new ways of working.
5.2	Improved metrics for performance.
5.3	Ensure benefits realisation for systems by rolling out all aspects of ESR.
5.4	Ensure benefits realisation for systems by rolling out all aspects of HealthRoster.
5.5	GIRFT HR accreditation process in place.
5.6	Implement mobile & agile working.
5.7	Robust Appraisal policy and process that is values led & well evaluated

Delivering this strategy

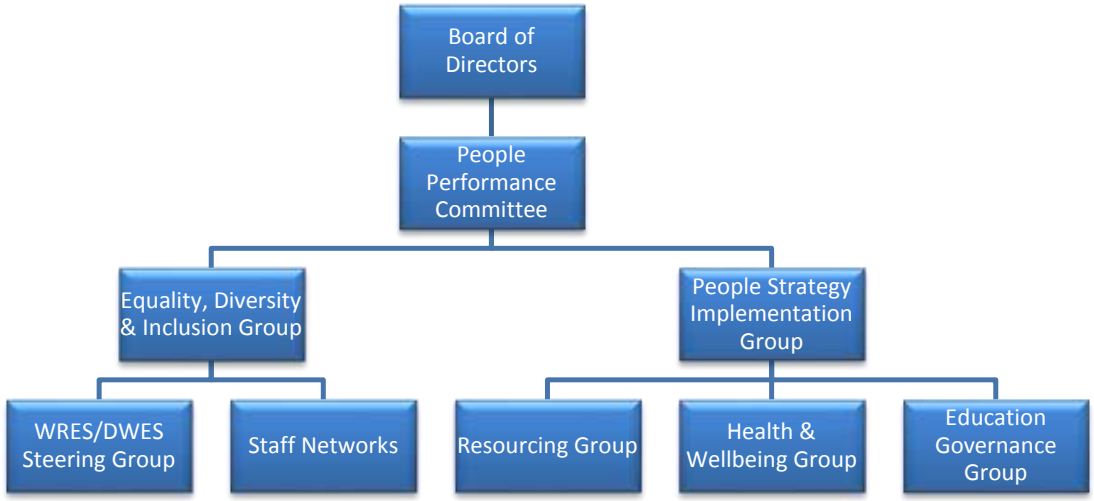
The six strategic priorities will be delivered through six delivery groups:

- The **Resourcing Steering group** will deliver the recruitment and retention and the temporary workforce priorities.
- The **People Strategy Implementation Group** will deliver the workforce transformation & strategy priorities.
- The **Health, Wellbeing and Engagement group** will deliver the wellbeing priority.
- The Education Governance Group will delivery our education & practice development priorities.
- The **Equality, Diversity & Inclusion Group** will provide strategic direction for promoting and maintaining EDI across the Trust in both workforce and service delivery, supported by the **WRES/DWES Steering Group** and **Staff Networks.**

Each group has clear Terms of Reference and an action plan and are chaired by the Deputy Director of Workforce & OD / Head of OD & Learning / Head of Workforce Delivery. Performance against plans will be managed by a robust strategy implementation framework.

Assurance on priorities and progress against the plans will be presented to the People Performance Committee & Board of Directors.

Key Performance Indicators are reported through the Integrated Performance Report (IPR) to the Board of Directors.



Risks to delivering this strategy

The delivery of the Workforce Strategy is dependent on the appropriate planning of future workforce needs and supply.

The greatest risks in delivering the strategy therefore are:

- We do not attract and retain sufficient numbers of staff to deliver services
- We do not develop and train our workforce to deliver the new models of care
- We do not make sufficient use of the apprenticeship opportunities to replace reduced funding for clinical development
- We do not develop our leaders and create a culture of coaching for improvement
- We do not invest sufficiently to ensure recruitment, retention, training and development can take place systematically and consistently
- We rely too much on temporary staff to provide our services

The risks will be continually reviewed and mitigations put in place to ensure that this strategy can be delivered.

Associated documents

Our People Strategy is underpinned by the following enabling plans which detail our approach to:

- Equality, Diversity & Inclusion
- Health & Wellbeing
- Talent Management
- Leadership Development
- Organisational Development

- Patient Experience Strategy
- Quality Improvement Plan
- Informatics Strategy
- Estates Strategy
- Facing Facts, Shaping the Future: A Health & Care Strategy for England to 2027
- Trust 5 year strategic plan
- Clinical Care Strategy
- Interim People Plan

People Strategy Map 2020/21

	Q1 (Apr – Jun)	Q2 (Jul – Sept)	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Culture & Engagement	• Implementation of the Outcomes of NHSI Culture Programme; development of a culture and engagement map • Delivery of staff survey action plan • Commencement of workforce wellbeing programme • Fully developed coaching framework & faculty established • Hold Annual Staff Awards Ceremony	• Delivery of staff survey action plan. • Embedded Talent Management approach aligning future Trust need & the aspirations of colleagues • Develop branding & increase communication of HWB programme • Receive Disability Confident Standard	• Evaluation of staff survey action plan & comms for 2020 survey. • Commencement of 2020 Flu vaccination programme • Monitor and evaluate HWB initiatives ensuring rolling programme of support is well publicised and accessible.	• Review of Culture Programme to reflect Staff Survey 2020. • Continue programme of 360 degree feedback and extend to Band 7 and above.
Education & Practice Development	• Embedding of the Core Competency Skills virtual framework • Commencement of Cohort 4 of Trainee Nurse Associate programme (once approved) • Increase of BLS training sessions • Undertake TNA	• Improve liaison & joint working with practice educators; developing a faculty approach. • Increase specialist manual handling training. Embed use of Supervisor Self-Service, Employee Self-Service to track compliance of stat training.	• Continue with innovative Apprenticeships aligned to Workforce Plan; achieving public sector target. • 2nd Year pre-preceptorship programme to be established. • Undertake TNA	• Increase student capacity through extending coaching models (e.g. Synergy). • Support career development pathways.
Resourcing	• Development of enhanced retention plans; commencement of international recruitment programme (once approved) • Develop workforce planning processes to support the implementation of the strategy & presentation of updated plan to PPC	• Continued development of new roles/working models to meet changing system priorities • Development of an Employer brand and reputation that attracts and retains a flexible and agile workforce	• Recruitment strategies are informed by robust workforce plans and attract a diverse workforce • Update workforce plans that include enhanced career pathways	• Development of alternative routes to clinical qualifications to address the shortages in supply
Leadership Development	• Commencement of revised leadership development offer; underpinned by OD approach & interventions • Design and implementation of EDI event calendar and promotional opportunities	• Equality advocate role developed & used to support proactive EDI. • Team Effectiveness & Development Programme established, including utilisation of Aston Tools, objective setting & building resilience.	• Revision of the Organisational Change Toolkit; including OD offering for organisational change.	• Increased use of ILM and other accredited programmes through Apprenticeship route.
High Performing	• Roll out of ERostering programme completed & commencement of ESR MSS roll out	• Self-service workforce metrics support leaders to maximise individual and team performance	• Systems support integrated workforce planning, development and performance management	• Developing processes appropriate for automation
	Getting it Right First Time			

Office Use Only	
Submission Date:	*January 2020*
Approved By:	*A Hussain*
Full EIA needed:	No

NHS Stockport NHS Foundation Trust

Equality Impact Assessment – Policies, SOP's and Services not undergoing re-design

1	**Name of the Policy/SOP/Service**	People Strategy
2	**Department/Business Group**	Workforce & Organisational Development
3	**Details of the Person responsible for the EIA**	**Name:** Emma Stimpson **Job Title:** Deputy Director of Workforce & OD **Contact Details:** 0161 419 5178
4	**What are the main aims and objectives of the Policy/SOP/Service?**	Our people strategy describes how we will create the workforce we need to deliver our vision of how we provide safe, high quality hospital and community services. It sets out our strategic workforce priorities and the approach we will take to deliver them. Our strategy builds on our culture of innovation and continuous improvement, of openness and transparency, and of collaborative compassionate leadership, grounded in our values.

For the following question, please use the EIA Guidance document for reference:

5	**A) IMPACT** **Is the policy/SOP/Service likely to have a differential impact on any of the protected characteristics? If so, is this impact likely to be positive or negative?** **Consider:** • Does the policy/SOP apply to all or does it exclude individuals with a particular protected characteristic e.g. females, older people etc? • What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. Are individuals from one particular group accessing the policy /SOP /Service more/less than expected?	**B) MITIGATION** **Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?** ✓ Think about reasonable adjustment and/or positive action ✓ Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. ✓ Assign a responsible lead. ✓ Designate a timescale to monitor the impacts. ✓ Re-visit after the designated time period to check for improvement.	**Lead**
Age	The strategy aims to have a positive impact on staff at all ages Our workforce data shows that we have a large workforce between the age of 45-54.	N/A	DHRD

Age Band	Percentage
16-24	4.72
25-34	20.98
35-44	23.27
45-54	27.53
55-64	21.41
65+	2.09

9.5

	The People Strategy also has a goal of 'Developing our people' with a commitment to maximising the use of the apprenticeship levy to develop existing employees and attract the right employees of the future. By utilising the apprenticeship levy, we are able to develop people of any age within the workforce. Apprenticeships are no longer just for young people starting their careers. Apprenticeships now give the opportunity for people to develop their skills, creativity and talent by either recruiting new staff at the rate for the job, or through maximising career development opportunities for current employees.		
Carers / People with caring responsibilities	Positive Impact. The strategy has a positive impact by having an oversight approach to drive the implementation of the Stockport and GM Carers charter; this will ensure that this group of staff are appropriately supported. The strategy commitment to supporting our employees includes revisiting policies and practices to support employees to genuinely feel they can be who they are and feel confident in a supportive environment. As such, this may include a review of the network groups across the organisation to include a carer's staff network.	N/A	DHRD
Disability	Positive Impact. Our workforce data shows that just under 3% of our staff has a disability. It is unlikely this figure is fully reflective of the workforce. More work needs to take place to ensure that the system data fully reflects the organisation's demographic. The Trust has published the Workforce Disability Equality Standard action plan and The People Strategy incorporates the significance of engagement with disabled staff via the staff network to ensure fairness in the workplace. Stockport Trust is committed to supporting those with disabilities, as an employer with Disability Confident status. We are seeking to progress to be inclusive of employees and applicants with a disability, by being a Disability Confident Employer. Over the next few years we want to be role models for Stockport employers by achieving Disability Confident Leader status.	N/A	DHRD
Race / Ethnicity	Positive Impact The BAME workforce is currently 12.3%. The strategy will consider the workforce race equality data and action plan and ensure that BAME staff are recruited, retained and developed and have positive experiences in the workplace. The Strategy supports engagement with BAME staff via the BAME staff network and has published the Workforce Race Equality Standard action plan.	N/A	DHRD
Gender	Positive Impact. The People Strategy also acknowledges the ambition to create a positive workplace culture, making the best use of our office accommodation to enable innovation, collaboration and flexibility. We recognise that there are areas where there is gender inequality and the people strategy will seek to recognise this and address any negative impacts of a gender-imbalanced environment, by encouraging a positive workplace culture around diversity.	N/A	DHRD

Gender Reassignment	Positive Impact. The People Strategy includes engagement with Trans staff through the LGBT staff network to ensure staff have a positive experience in the workplace and feel supported. The Trust participates in the Manchester Prides All Equals Charter this is a benchmarking tool for employers to understand how they are progressing in making a more inclusive workplace for those identifying as LGBTQ+.	N/A	DHRD
Marriage & Civil Partnership	Positive Impact. The People Strategy will be relevant equally to all employees, regardless of their marriage or civil partnership status.	N/A	DHRD
Pregnancy & Maternity	Positive Impact. The People Strategy also acknowledges the ambition to create a positive workplace culture. The ability to work in a more flexible way, consistently across the organisation, will mean that employees will be able to work in a way that can be mutually beneficial for both the organisation and the individual, within business capabilities. Therefore, equality of opportunity for pregnant employees, those on maternity leave and new parents will be key to ensuring we have a diverse workforce.	N/A	DHRD
Religion & Belief	Positive Impact. The strategy seeks to embed our core behaviours across the organisation. Respect is core behaviour, with an emphasis on ensuring we understand each of our differences and the values that contribute to our diverse organisation.	N/A	DHRD
Sexual Orientation	Positive Impact. Our data shows just under 2% of our staff are LGBT. The People Strategy includes engagement with LGBT staff through the LGBT staff network to ensure staff have a positive experience in the workplace. The Trust participates in the Manchester Prides All Equals Charter this is a benchmarking tool for employers to understand how they are progressing in making a more inclusive workplace for those identifying as LGBTQ+.	N/A	DHRD
General Comments across all equality strands	The People Strategy is developing appropriate initiatives to improve the organisational culture. The approach considers the needs of individuals with protected characteristics to ensure that their needs are met accordingly.	N/A	DHRD

EIA Sign-Off	**Your completed EIA should be sent to Equality Diversity & Inclusion Lead for approval and publication:** equality@stockport.nhs.uk **0161 419 4784**

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Our Approach to Equality, Diversity & Inclusion		
Report of:	Director of Workforce & OD	**Prepared by:**	Equality, Diversity & Inclusion Manager

REPORT FOR APPROVAL

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 present to the Board for approval the People Strategy Delivery Plan for Equality, Diversity & Inclusion. Our approach document was presented to and approved by the People Performance Committee in February.

As detailed in the People Strategy update paper a number of enabling plans have been developed to underpin the implementation of the People Strategy. Our approach to Equality, Diversity & Inclusion describes the delivery plan to ensure that the priorities of our people strategy are delivered. It sets out 3 strategic aims and describes the approach we will take to deliver them:

1. To nurture a culture where diversity is celebrated and where everyone feels valued and can bring their whole selves to work.
2. Ensuring all our patients, carers, families and visitors have equal access to services by ensuring we provide culturally appropriate, personally inclusive and responsive care.
3. We will achieve our ambitious challenge of ensuring wider representation of all our protected groups; including promotion for women and black and ethnic minority (BAME) representation at all levels of our workforce.

The People and Performance Committee members reviewed and approved Our Approach to Equality, Diversity & Inclusion. The Board of Directors are requested to note the contents of the approach & approve the updated strategy.

9.6

Attachments: People Strategy Delivery Plan: Our Approach to Equality, Diversity & Inclusion

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 - PSIG

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NHS
Stockport
NHS Foundation Trust

People Strategy Delivery Plan

‘Our Approach to Equality, Diversity & Inclusion’

A Great Place to Work

‘Making a Difference Everyday’

January 2020

Contents

Introduction

Our approach to Equality, Diversity & Inclusion describes the delivery plan to ensure that the priorities of our people strategy are delivered. It sets out our strategic aims and describes the approach we will take to deliver them.

A guiding principle for our approach to Equality, Diversity & inclusion is to embed our actions beyond compliance, providing evidence that we are being proactive and striving for best practice.

We strive to be in a position where equality, diversity and inclusion for all is evident in all that we do as a trust. Equality and inclusion matters to us because we know that every single person counts and everyone has the right to be treated with dignity and respect. It is our continuing aim to provide high quality, safe and caring health and care services as well as being the best place to work (and train) for staff and volunteers.

Diversity and inclusion leads to improved health and greater staff and patient experiences in the NHS. Our staff have a direct impact on clinical outcomes and the experience of our patients and we know that they are able to do this better when they are healthy and well.

Our Approach

We aim to promote equality, inclusion and diversity for both our staff and our patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment. We have therefore selected 3 key objectives we wish to develop and embed:

Inclusive Culture

- To nurture a culture where diversity is celebrated and where everyone feels valued and can bring their whole selves to work.

Accesible Patient Experience

- Ensuring all our patients, carers, families and visitors have equal access to services by ensuring we provide culturally appropriate, personally inclusive and responsive care

Representation

- We will achieve our ambitious challenge of ensuring wider representation of all our protected groups; including promotion for women and black and ethnic minority (BAME) representation at all levels of our workforce.

These objectives sit within and respond to a developing legal and wider compliance framework (Appendix 1): general and specific duties of the Equality Act 2010, Equality Delivery System 2, Health and Social Care Act 2012, the NHS Constitution, Workforce Race & Disability Equality Standard and NHS Accessible Information Standard).

Delivering Our Approach

We have set a number of objectives, detailed above, to help us visualise how we wish to improve. There are a number of priorities which will be delivered, and a number of actions will require time to deliver change.

To nurture a culture where diversity is celebrated and where everyone feels valued and can bring their whole selves to work.	•Ongoing support for staff networks including encouragement to participate in mentoring, increased and wider engagement networks and national events; developing specific actions plans based on outcomes of staff & patient surveys. •Targeted recruitment to ensure composition accurately reflects staff and patient demographic addressing any gaps in representation. •We will role model diverse and inclusive people practices at all levels of Leadership; equipping our people to proactively manage equality, inclusion & diversity so that staff work in an inclusive environment regardless of their equality group. •We will ensure our policies; processes and systems are supportive to ensure the delivery of good practice. •Develop & identify bespoke and specific Equality, Diversity and Inclusion training e.g. Disability Awareness, Transgender Support.
Ensuring all our patients, carers, families and visitors have equal access to services by ensuring we provide culturally appropriate, personally inclusive and responsive care.	•We will ensure that the delivery of the best patient care is at the centre of what we in identifying key health needs and barriers to accessing services. •Work in close collaboration with the Corporate nursing matrons & Adult Safeguarding Team to secure a good cross-section of people reporting positive experiences about their care. •Deliver Community Outreach Sessions to regularly review our priorities through feedback; ensuring they are grounded in reality for patients, public, staff and volunteers. •Compliance with the Accessible Information Standard ensuring our patients are communicated with in a manner that is appropriate to their needs. We will identify how patients prefer us to communicate with them from the earliest point of contact. •Sharing & celebrating examples of improvements and changes made as a result of the feedback
We will achieve our ambitious challenge of ensuring wider representation of all our protected groups; including promotion for women and black and ethnic minority (BAME) representation at all levels of our workforce.	• Targeted promotion of recruitment opportunities for improved representation of BAME staff Trust wide; with Business Groups identifying & implementing actions to improve representation of senior BAME staff via Dashboard development. Development of internal leadership programme, coaching and recirpochal mentoring. • Identification of pay gaps where ethnicity or gender may be a factor, resulting in targeted action. • Evidence of recruiting managers writing inclusive job adverts, and of diverse talent pools applying for jobs; improved success rate at shortlisting and appointment leading to improved workforce diversity. • Improved access to Staff Network and recognition as part of BAME staff PDR

Implementation

Achievement of the aims and objectives and delivery of our equality objectives will be measured via progressive development towards 'achieving' and 'excelling' in the Equality Delivery System (EDS2) annual assessment. The plan will be developed with clear alignment to the development of other complementary strategies in the Trust such as Health and Wellbeing, Learning and OD and Patient Experience. The Equality, Diversity and Inclusion Lead will continue to work with the Head of Organisational and Learning Development to continue to progress training delivery including the development and implementation of Leadership programmes.

Progress against this document will be reported through the Equality, Diversity and Inclusion Steering Group and in line with the People Strategy delivery plan. Risks will be highlighted on the Key Issues Report and report into the People Performance Committee.

We will promote and review the objectives in the most meaningful ways to ensure it becomes real. This will include presenting the ambitions and commitments within the document in different formats including staff and patient case studies and stories to share experiences and as part of network events.

This document is a living document. It be will be reviewed on a regular basis to ensure it remains relevant to our aims and objectives. It will also be updated with any changes in National policy or local circumstances. It will be refreshed no later than January 2025.

Successful implementation of this document and delivery of our equality objectives will be measured as follows:

• Progressive development towards 'achieving' and 'excelling' in the Equality Delivery System (EDS2) annual assessment. • Improved patient and staff experience as measured by annual patient and staff surveys. • The use of recorded patient stories with Trust Board. • Evidence of equal access, experience and outcomes for all protected groups through better monitoring and use of data. • Progress in the WRES/WDES action plans. • Metrics including access to training opportunities, progression, appraisal rates and completion of appropriate training	• External Best Practice accreditations including Disability Confident Leader, Stonewall. • Improved community engagement held in conjunction with wider public engagement events the Trust undertakes. • Reduced reported levels of bullying and harassment. • We will benchmark our activities in line with best practice models & accreditations both internally and externally to the NHS. • We will work in partnership and collaboratively with stakeholders, partners and communities to take forward this document

Measures will be monitored via the EDI Steering Group, WRDES Steering Group, People Performance Committee and measured through the Trust Board. This approach demonstrates commitment to inclusion and diversity and enables issues to be escalated from the services to the Board. All measures will be included in the EDS2 Action Plan once completed and will underpin this document. .

APPENDICIES

Appendix 1 – Legal Duties

The legal duties placed on us apply to both the population we serve and our workforce specifically in relation to the nine protected characteristics outlined in the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (employment only)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The Act also makes it clear that it protects those who may be affected by association, so for instance, people who look after a person with a disability.

Equality Delivery System EDS2

We have been using the NHS Equality Delivery System (EDS2) to help us comply with the requirements of the Act. This contains 18 outcomes derived from the Care Quality Commission (CQC) Essential Standards and the NHS Constitution. We assess our performance by using community and staff panels of experts, community leaders and voluntary sector and staff representatives to provide us with an objective review.

Health and Social Care Act 2012

Under the Health and Social Care Act 2012 NHS England and Clinical Commissioning Groups (CCGs) must have regard to the need to (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. We are indirectly affected by these provisions.

The NHS Workforce Race Equality Standard (WRES)

In 2014, NHS England introduced the Workforce Race Equality Standard and in 2015/16 this was included in the NHS Standard Contract for NHS Providers. Therefore all NHS trusts and CCGs are required to comply with reporting and action planning each year in 9 key indicator areas. This covers BME recruitment relative likelihoods, workforce diversity, career development, disciplinarians, responses to the national staff survey on equal opportunities in career development, experiences of harassment, bullying and discrimination, and Board diversity. NHS England published the national results giving trust by trust comparisons for each sector in May 2016.

The NHS Workforce Disability Equality Standard (WDES)

In 2018, NHS England introduced the Workforce Race Disability Standard and in 2018/19 this was included in the NHS Standard Contract for NHS Providers. Therefore all NHS trusts and CCGs are required to comply with reporting and action planning each year in 9 key indicator areas similar to those of the WRES.

Our WDES performance will be considered on an annual basis by the Trust Board, alongside our progress in implementation of this document.

NHS Accessible Information Standard/code of practice on Autism

The NHS Accessible Information Standard was introduced in 2016. This is designed to capture the communication needs of disabled people accessing services and provide information in formats that are accessible to them. The code of practice on Autism was introduced in 2015.

National recommendations from regulators, research and other policy guidance

Finally, our action plans will take into consideration national policy concerns and recommendations from regulators as well as good practice as it is released.

Public Sector Equality Duty

As a public sector organisation, Stockport Trust is also required to meet the Public Sector Equality Duty (PSED). In summary this means we must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Appendix 2 – Glossary of Terms

BAME: Black and Asian Minority Ethnic.

Equality: 'Equality is the fundamental part of a fair society in which everyone can have the best possible chance to succeed in life' (Discrimination Law Review, 2007).

Equality Impact Assessment: A practical assessment of a policy, procedure or project to ensure people are not disadvantaged in terms of their protected characteristics, and to ensure opportunities are taken to promote equality of opportunity.

Diversity: or the acknowledgement and respect of differences between and within individuals and groups can result from a cohesive approach to inclusion.

Inclusion: A sense of belonging and feeling respected. Inclusion involves responding flexibly to individuals, being open to difference and what it can add to the organisation. Inclusion is about making sure that each and every person feels welcome and that their unique needs and work and learning styles are responded to and valued.

LGBT: Lesbian, Gay, Bisexual, Transgender.

Protected Characteristics: The nine traits specified in the Equality Act which the legislation provides protection from discrimination, harassment and victimisation and for advancement of equality of opportunity (Age, Disability, Gender, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation).

Action Plan – Delivering Our Approach to Equality, Diversity & Inclusion

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Annela Hussein
Position:	EDI Manager
Tel:	
Email:	Anneal.hussein@stockport.nhs.uk
Address:	Aspen House, Stepping Hill Hospital

Version	Date
1	*Jan 2020*

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Aim	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1	To nurture a culture where diversity is celebrated and where everyone feels valued and can bring their whole selves to work.	a) Ongoing support for staff networks including encouragement to participate in mentoring, increased and wider engagement networks and national events; developing specific actions plans based on outcomes of staff & patient surveys. b) Targeted recruitment to ensure composition accurately reflects staff and patient demographic addressing any gaps in representation. c) We will role model diverse and inclusive people practices at all levels of Leadership; equipping our people to proactively manage equality, inclusion & diversity so that staff work in an inclusive environment regardless of their equality group. d) We will ensure our policies; processes and systems are supportive to ensure the	Recruitment/ EDI Lead	Sept 2020		

		delivery of good practice. e) Develop & identify bespoke and specific Equality, Diversity and Inclusion training e.g. Disability Awareness, Transgender Support.				
2.	Ensuring all our patients, carers, families and visitors have equal access to services by ensuring we provide culturally appropriate, personally inclusive and responsive care.	a) We will ensure that the delivery of the best patient care is at the centre of what we in identifying key health needs and barriers to accessing services. b) Work in close collaboration with the Corporate nursing matrons & Adult Safeguarding Team to secure a good cross-section of people reporting positive experiences about their care. c) Deliver Community Outreach Sessions to regularly review our priorities through feedback; ensuring they are grounded in reality for patients, public, staff and volunteers. d) Compliance with the Accessible Information Standard ensuring our patients are communicated with in a manner that is appropriate to their needs. We will identify how patients prefer us to communicate with them from the earliest point of contact. e) Sharing & celebrating examples of improvements and changes made as a result of the feedback	Patient Experience Group	Jan 2021		
3.	We will achieve our ambitious challenge of ensuring wider representation of all our protected groups; including promotion for women and	a) Targeted promotion of recruitment opportunities for improved representation of BAME staff Trust wide; with b) Development of internal leadership programme,	Recruitment/ EDI Lead Head of Learning & OD	Apr 2021		

	black and ethnic minority (BAME) representation at all levels of our workforce.	coaching and reciprocal mentoring. c) Business Groups identifying & implementing actions to improve representation of senior BAME staff via Dashboard development. d) Identification of pay gaps where ethnicity or gender may be a factor, resulting in targeted action. e) Evidence of recruiting managers writing inclusive job adverts, and of diverse talent pools applying for jobs; improved success rate at shortlisting and appointment leading to improved workforce diversity. f) Improved access to Staff Network and recognition as part of BAME staff PDR				

Action Plan Sign Off

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27th February 2020
Subject:	2019 NHS Staff Survey Results		
Report of:	Director of Workforce & Organisational Development	**Prepared by:**	Head of Learning & Organisational Development

REPORT FOR APPROVAL

Corporate objective ref:	SO6
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 with an initial analysis of the results of the 2019 NHS Staff Survey results.

The NHS Staff Survey was published on 18th February 2020.

The report provides a benchmark of our previous year's results and will inform the Board of the plans for delivery and progress in relation to our response to the results of the 2019 Staff Survey.

The report provides the findings of the 2019 benchmarked results for each of the 11 Themes. It shows the interventions that have been implemented since the 2018 staff survey.

The Board are requested to consider the initial analysis and approve the proposed next steps & actions.

9.7

Attachments: Appendix 1

This subject has previously been reported to:

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

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1. INTRODUCTION

1.1 It is a requirement of all NHS Organisations to undertake the NHS Staff Survey. This is an essential means in which organisations can measure staff satisfaction and engagement. It provides us with the opportunity to recognise areas of excellence and areas requiring improvement.

1.2 The purpose of this report is to provide an initial analysis of the findings of the 2019 NHS Staff Survey results and associated proposed next steps. The report provides a benchmark of our previous year's results and will inform the plans for delivery and progress in relation to our response to the results of the 2019 Staff Survey.

1.3 The report provides an update on the actions following last year's survey findings including benchmarking data and the actions proposed in response to the areas where the Trust performance is below average.

1.4 The 2019 Staff Survey has now been published nationally and we are able to benchmark against other similar organisations as well as against Trusts within Greater Manchester.

2. BACKGROUND – 2018 NHS Staff Survey Results

2.1 In 2018 the staff survey was delivered to a sample size of 2000 staff. The response return rate was 30.07%, which was below the national average of 41.8% for Combined Acute and Community Trusts (Survey Coordination Centre 2019).

2.2 The themed responses for our survey in 2018 were the same or better than the national average in 3 themes Equality, Diversity and Inclusion; Safe Environment (bullying and harassment, and Safe Environment (violence). Our Trust was rated as less than the national average for 7 themes (Health and Wellbeing, Immediate Managers, Morale, Quality of Appraisals, Quality of Care, Safety Culture and Staff Engagement).

3. CURRENT POSITION – 2019 NHS Staff Survey Results

3.1 The 2019 NHS Staff Survey was delivered to 5101 staff across our Trust and yielded a response rate of 55% (Table 1). The median response rate of other organisations within the group (Combined Acute and Community Trusts) was 46%. (Survey Coordination Centre 2020). The achievement of 9% above the national average response rate and 25% increase on last year's result was attributed to a targeted and focused approach by the Executive Team, Workforce and OD, and the Communication Team to generate increased engagement of all staff across our Trust.

3.2 Individual Business Groups have received their individual reports to share within their Business Groups at every level. They were requested at Senior Leadership Group in January to share their first cut of results with their teams and prepare their actions in response to the findings. Feedback will be provided at the Senior Leaders Group on 9th March 2020; these actions will be described in business group specific action plans; where progress will be reported to the Board on a regular basis and the cumulative action themes will be responded to by the Organisational Development Team to ensure appropriate support and interventions are provided and implemented.

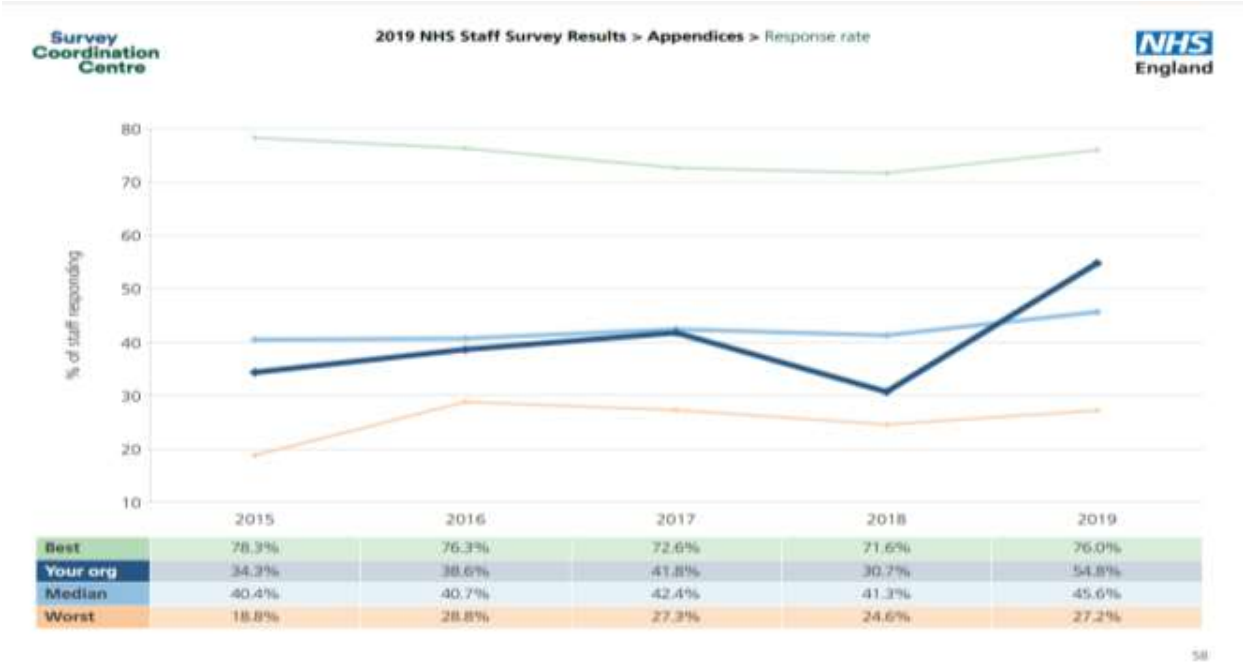
3.3 Culture Engagement Programme

The staff survey 2019 results will be used as part of the diagnostic phase of the NHSI Culture Engagement Programme which has been reported to Board previously.

This programme is still in Phase 1 and is collating data by various methods other than the Staff Survey. These include Board Interviews, Behavioural Surveys, Focus Groups, Patient Friends and Family, etc. This phase is on track to complete at the end of March 2020.

In Phases 2 and 3 of the programme the findings will be analysed and recommendations made. These will be reported to Board in April 2020.

Table 1 – Response Rate – 2015-2019 Performance



4. BENCHMARKED RESULTS

4.1 Whilst we increased the response rate to the Staff Survey for our Trust in 2019 the outcomes were relatively unchanged from 2018 (Table 2 below).

Table 2 – Our Staff Survey Results for 2018 and 2019

Survey Coordination Centre

2019 NHS Staff Survey Results > Appendices > Significance testing – 2018 v 2019 theme results

NHS England

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2019 score is significantly higher than last year's, whereas ↓ indicates that the 2019 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year you will see 'N/A'.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.1**	601	**9.2**	2711	Not significant
Health & wellbeing	**5.6**	605	**5.6**	2728	Not significant
Immediate managers	**6.7**	604	**6.8**	2729	Not significant
Morale	**6.0**	599	**6.0**	2664	Not significant
Quality of appraisals	**5.3**	517	**5.5**	2249	Not significant
Quality of care	**7.2**	498	**7.2**	2415	Not significant
Safe environment - Bullying & harassment	**8.2**	598	**8.1**	2679	Not significant
Safe environment - Violence	**9.5**	599	**9.4**	2696	Not significant
Safety culture	**6.6**	598	**6.6**	2693	Not significant
Staff engagement	**6.9**	611	**6.9**	2763	Not significant
Team working	**6.5**	603	**6.5**	2713	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

4.2 The themed results for our Trust have shown that we are average in comparison to other Trusts within our group (Table 3). The results trends from 2015 – 2019 have shown little difference, these statistics will be available in the Summary Benchmark Report.

Table 3. Staff Survey 2019 - Overview of Themed Results & benchmarking

5.0 SUMMARY OF FINDINGS

5.1 Health and Wellbeing

Although this remains below the national average we have continued to offer support for staff in this area through a number of initiatives.

Actions Delivered since the 2018 Staff Survey:

- The Trust has appointed a Health and Wellbeing and Engagement Facilitator to support staff and the Trust's approach to Health and Wellbeing. (Commenced in post January 2020).
- Healthy eating and nutrition support is provided for staff. Salad Bars and Healthy options have been reintroduced in the staff restaurant.
- Physical activity (walking, running club, yoga, Zumba, Pilates, cycle to work scheme)
- Facilitators of Mindfulness sessions are being trained to deliver in-house sessions; 34 Mental Health First Aiders and 32 Mental Health Champions have been trained. Resilience and self-care sessions have been provided. Counseling is offered through Occupational Health; Stress Assessments & Menopause Workshops
- Coaching opportunities & Mediation scheme launched
- Complementary Therapies offered at reduced rates for staff; Smoking cessation/alcohol support/weight management; Gym memberships; Podiatry services; Access to physiotherapy for Musco-Skeletal, and other injuries.
- Pharmacy shop with staff discount.
- Flexible and Agile working.
- Financial Wellbeing Scheme & Salary Sacrifice Schemes

5.2 Immediate Managers

We remain 0.1 (6.8) below the national average of 6.9 but have increased by 0.1 on last year's score of 6.7.

Actions delivered since the 2018 survey:

- Development of our approach to Leadership– Levels 1 – 4 for all professions and levels through a blended mode of delivery to support current and aspirant managers and leaders.
- Matron Development Programme.

- Coaching Programmes to increase our Coaching Faculty– blended learning opportunities for staff.
- Development of our approach to Talent Management & Succession planning - to identify, develop and retain staff within our Trust which is aligned to local and national strategies (The People Strategy, NHS Interim People Plan 2019).
- Reciprocal mentorship programme.
- New appraisal documentation introduced in August 2019, following feedback from the 2018 NHS staff survey, will be audited February 2020 to evaluate the changes that were introduced and staff satisfaction with the appraisal documentation and process.
- 360 Feedback Facilitation through NHS Leadership Academy, additional facilitators are also being trained within the Organisation.

5.3 **Staff Engagement**

Staff recommending our Trust as a place to work has increased from 54.5% to 54.9% with the national average being 64%. However in terms of recommending our Trust as a place to receive treatment has fallen by 2.4% from our position in 2018 to 61.8% against the national average of 71%.

Actions delivered since the 2018 survey:

- Cultural Ambassadors continue to promote key activities/initiatives within the Trust and the local community projects.
- Appointment of OD Practitioner and OD Administrator to increase resources.
- NHSI Culture & Engagement Programme commenced in 2019 to develop and embed good cultural and organisational practice over a twelve month period and beyond. The programme will engage with teams to gather data through focus groups, board interviews, staff survey, and workforce analysis. This programme is underway and findings will be reported in Q3 2020.
- Staff networks including EDI, LGBT, BAME, and Disability Networks.
- Schwartz Rounds – Programme of full and mini rounds offered. Increased number of facilitators in training to support the ongoing programme.

5.4 **Bullying and Harassment**

There has been an increase of 2.2% to 18.8% of staff experiencing harassment or bullying from other colleagues. This is compared to the national average of 18%. However there has been a 1.5% decrease in the number of staff reporting harassment and bullying from their managers.

Actions delivered since the 2018 survey:

- Freedom to Speak Up Guardian attending staff feedback sessions and focus groups with staff.
- Engagement with Staff Governors who have attended staff feedback sessions.
- Support from HR Business Partners and Managers – confidential support and advice.
- Conflict Resolution sessions.
- Safe holding and Breakaway training delivered.
- Mediation scheme in place.
- Values and Behaviours – engagement by the whole Trust.
- Behaviour Framework – how we live our values launched December 2019, this is embedded within the Appraisal process and Recruitment.

5.5 **Team Working**

Although this theme has reduced by 2.2% in terms of teams reporting that they know their shared objectives. There has been an increase of 2.2% in staff meeting to discuss the team's effectiveness.

Actions delivered since the 2018 survey:

- Team Development Days supported by the OD Team.
- Team effectiveness sessions supported by the OD Team.
- Service Improvement projects working alongside the Trust Transformation Team.
- Aqua and Human Factors Training opportunities.

5.6 **Equality, Diversity and Inclusion**

This theme has continued to improve since 2018 survey although remains at 9.2 overall. There was a significant rise in the number of staff reporting adequate adjustments to enable them to continue at work from 51.9% in 2018 to 69.2% in 2019.

There was also recognition of the organisation acting fairly regardless of background, gender, disability to age which increased by 2.1% from the previous year.

Actions delivered since the 2018 survey:

- Improved staff access to Networks with increased engagement locally and nationally
- Reciprocal coaching and mentoring

5.7 **Quality of Appraisals**

This remains matched with the national average of 5.5 but has increased by 0.2 since the 2018 survey. All questions were answered positively including values being discussed, helping to set clear objectives, and staff feeling valued following the appraisal.

Actions delivered since the 2018 survey:

- Review of the appraisal documentation with a Task and Finish Group.
- Simplified appraisal documentation implemented as a result of the review.
- The new process will be audited by the end of quarter 4 2020 and findings reported to Board.

5.8 **Quality of Care**

This theme has seen a reduction in the level of care staff feel that they can deliver or aspire to, dropping marginally by 0.4%. However this has been a trend over the last five years and an overall reduction of 4% for these three questions. It should however be noted that staff did respond positively that they are satisfied with the level of care their patients received with an increase of 0.6% on last year's results.

Actions delivered since the 2018 survey:

- Increased number of ACE accreditation awards
- Key trainers for BLS training introduced to deliver in situ training
- Practice Based Educators in Medicine and Integrated Care
- Increased student capacity with students delivering care under direct supervision.

5.9 **Safety Culture**

This theme has improved since the last survey with staff reporting improvement in being treated fairly when involved in an error or near miss, the response of the organisation to take action, and that they receive feedback about errors, or near misses they have reported.

Actions delivered since the 2018 survey:

- Datix system provides feedback to those reporting incidents.
- Regular weekly review of all incidents and actions taken, lessons learned.
- Patient stories and feedback provided to Board and Staff.
- Just culture & learning culture checklist implemented for all employee relation matters

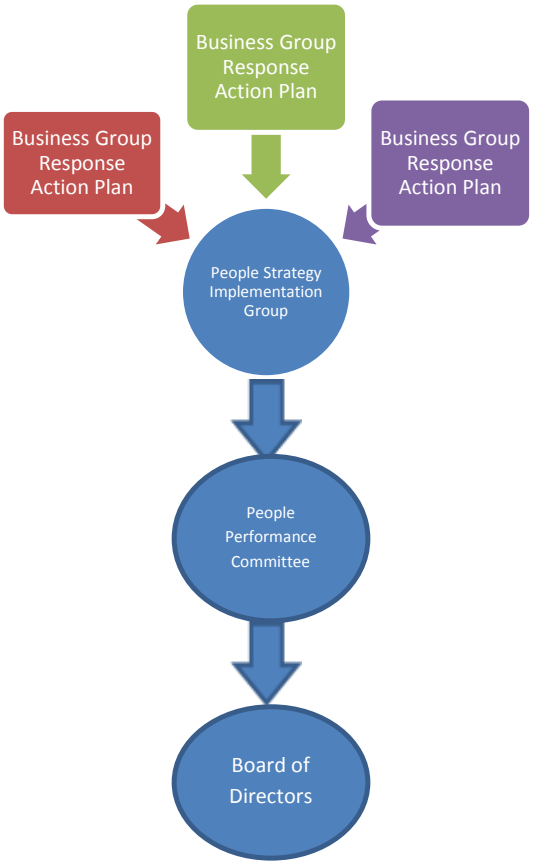
6.0 CORPORATE ACTIONS

The Trust-wide approach proposed in response to the findings of our 2019 NHS Staff Survey will be shared with all staff groups. The survey findings, response and action plans will be reported through the governance structure in Figure 1 below. The Workforce and OD teams will provide support to Business Groups in order to assist them with the interpretation of the results and help them to develop and implement action plans to support improvements required for their teams and patients.

7.0 LOCAL ACTIONS

Each Business Group has received the benchmarked report. Analysis of the data will be supported by the Workforce and OD Teams. Each Business Group has been allocated a point of contact from the OD/Workforce team who will support them with the formulation and delivery of their action plans. Progress reports will be provided by the OD and Workforce Teams.

Figure 1 – Governance



8.0 MONITORING

-

The monitoring of progress as detailed in the attached 2019 Staff Survey Action Plan (Appendix 1) against the above actions will be the responsibility of the Head of Learning and OD. Progress will also be monitored by reporting through the governance process as shown in Figure 1 above through PSIG, feeding into People Performance Committee through key issue reporting and to the Board of Directors.

9.0 CONCLUSION

Our Trust recognises that the satisfaction and engagement of its workforce is crucial to delivering high quality, value based and person centred care improving not only patient outcomes but the experience of staff.

Business Groups who engage with their teams at every level and share and acknowledge the findings of the Staff Survey for 2019 will demonstrate their commitment and ambition to improve our Trust as it continues on its journey of improvement.

Business Groups will be held to account in respect of the delivery of their action plans and will report their progress to the Senior Leaders Group and through the Governance Structure in Figure 1 above.

10. RECOMMENDATIONS

The Board is requested to consider the report and assurance provided in respect of the progress in sharing the findings, analysing the data and supporting the Business Groups to prepare and deliver their action plans.

APPENDIX 1

Action Plan – NHS Staff Survey 2019

Organisation:	Stockport NHS Foundation Trust
Lead Officer:	Jo Martin
Position:	Head of Learning and OD
Tel:	Ext 4681
Email:	joanne.martin@stockport.nhs.uk
Address:	Pinewood House

Version	Date
1	*February 2020*

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 2 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

Ref	Aim	Key Actions	Lead Officer	Deadline for action	Progress Update Please provide supporting evidence (document or hyperlink)	Current Status 1 2 3 4
1.	Health and Wellbeing • Enabling our Trust to be a Great Place to Work. • Helping people live their best lives.	a) We will work closely with managers to enable staff to attend engagement and focus groups. b) There will be a targeted approach for the promotion of Health and Wellbeing initiatives. c) There will be an increase in the Coaching faculty with supportive training and supervision for current and aspirant coaches within our Trust. d) Increase the number of mental health champions and mental health first aiders within our Trust. e) Offer mindfulness sessions to all staff.	**OD Lead/ H&WB Lead**	June 2020		

2.	Immediate Managers	a) Access to the Leadership Programme will be offered for all levels of staff within our Trust. b) Aspirant Director and Senior Leader programmes will be supported. c) 360 Feedback will be provided where required. d) Team Effectiveness and Development will be reviewed and support offered. e) Support for managers/leaders to understand and take full advantage of Talent Management and Succession Planning. f) Access to coaching programmes for all staff within our Trust. g) Access to opportunities for personal development. h) Promotion of Apprenticeship programmes and opportunities for all levels of our staff.	**OD Team/OD Lead**	March 2020		
3.	Morale and Staff Engagement Recommending the Trust as a Great Place to work.	a) Continue with the NHSi culture collective programme to analyse our current culture, triangulating with the NHS Staff Survey and other diagnostics to inform change within our Trust. b) Ensure that all staff have opportunities for personal development. c) Support staff with access to staff networks. d) Increase the accessibility to	**OD Team/OD Lead**	March 2020		

		Schwarz Rounds through mini rounds and training more facilitators. e) Staff Awards – launch in Q1 2020. f) Share and celebrate good practice. g) Support staff to access mediation services.				
4.	Quality of Appraisals	a) Audit and review of the revised documentation and process for Appraisals will continue. b) Bitesize training sessions for appraisers and appraises to improve the staff experience. c) Monthly Appraisal reports to identify areas requiring support.	**OD Lead**	March 2020		
5.	Quality of Care	a) Development of Clinical Skills Training. b) Support of international recruitment programme, OSCE training. c) Increased numbers of key trainers for manual handling and BLS. d) Lead Resus Officer to review provision of training and undertake gap analysis. e) Develop and embed improved student placement models (Synergy). f) Team Effectiveness sessions.	**Clinical Skills Lead** **Lead Resus Officer** **Lead PEF** **OD Lead**	April 2020 April 2020 April 2020		
6.	Safety Culture	a) Human Factor training will be embedded within all training programmes. b) Lessons learned will be used to inform and develop training programmes.	**OD/Clinical Skills**	May 2020		

7.	Safe Environment – Bullying and Harassment and Violence	a) Working collaboratively with the Freedom to Speak Up Guardian to deliver sessions and increase awareness/ access through feedback and focus groups. b) Ensure that all our programmes reflect the values and behaviours of our Trust. c) Collaborate with our partners in the community and other organisations to deliver training and development in respect of Civility.	**OD Lead/OD Team**	March 2020		
8.	Team Working	a) Support individual teams with team effectiveness sessions (Aston model). b) Collaborate and work with the Transformation Team to support team and service improvements. c) Our Trust will fully utilise the membership benefits of Aqua, Leadership Academy and other professional organisations to support team development. d) Increase the number of 360 Feedback facilitators. e) We will raise awareness across our Trust of the supportive opportunities available to all staff.	**OD Lead/OD Team**	March 2020		

Action Plan Sign Off

Name: … …… **Date**: ……..

Stockport NHS
NHS Foundation Trust

Report to:	Board of Directors	**Date**:	27 February 2020
Subject:	Board Assurance Framework		
Report of:	Chief Nurse & Director of Quality Governance	**Prepared by:**	Deputy Director of Quality Governance

REPORT FOR APPROVAL

Corporate objective ref:	N/A
Board Assurance Framework ref:	SO 5
CQC Registration Standards ref:	10,17,18
Equality Impact Assessment:	☐ Completed X Not required

Summary of Report

The purpose of this report is to present the Quarter 3 summary of risks associated with the delivery of the strategic objectives outlined in the Board Assurance Framework for discussion at the Board of Directors.

The principal risks against each strategic objective have been reviewed and risk scoring reflects the current position. The Quarter 3 summary has also been completed.

The Board are asked to note risk ratings assessed against each objective year to date:

Q 19/10	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5	Objective 6	Objective 7
Q1	16	15	16	20	20	12	20
Q2	12	20	16	20	20	16	20
Q3	8	20	16	20	20	16	20

Members of the Board of Directors are asked to note the contents of the report, and to discuss the level of assurance that can be taken from the controls in place.

Attachments: nil

This subject has previously been reported to:

- ☐ Board of Directors
- ☐ Council of Governors
- ☐ Audit Committee
- ☐ Executive Team
- ☒ Quality Committee
- ☐ F&P Committee
- ☐ PP Committee
- ☐ SD Committee
- ☐ Charitable Funds Committee
- ☐ Nominations Committee
- ☐ Remuneration Committee
- ☐ Joint Negotiating Council
- x Other

9.8

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1. INTRODUCTION

1.1 The purpose of this report is to present the Quarter 3 summary of risks associated with the delivery of the strategic objectives outlined in the Board Assurance Framework.

2. BACKGROUND

2.1 The Stockport NHS Foundation Trust Board Assurance Framework identifies the strategic objectives and the principal risks facing the organisation in achieving them.

2.2 The format of the current Board Assurance Framework was introduced in April 2018 alongside the Risk Management Framework. It is updated at the end of each quarter by the executive director responsible for the delivery of each strategic objective. The document included at Annex A represents the current position of the Board Assurance Framework.

3. CURRENT SITUATION

3.1 The current Board Assurance Framework, which is included for reference at Annex A of the report, has been reviewed by the relevant risk owners and updated accordingly.

3.2 At the end of Quarter 3, the risk scoring for the 7 principal risks remains the same.

3.2.1 Strategic objective 1: To achieve full implementation of the Trust's refreshed strategy

- Risk: There is a risk that the strategy will not be implemented during 19/20 which may lead to a detrimental score in a well led review
- Initial rating 16: Current rating 8: Target rating 4
- Movement in quarter: Improved
- The mitigated score relates to a review of the strategy content and further engagement with all staff groups and partners
- Quarter 3 commentary: Board of Directors approved the new Strategy in January 2020. Delivery plan in progress.

3.2.2 Strategic Objective 2: To deliver outstanding clinical quality and patient experience

- Risk: There is a risk that the Trust will fail to achieve the 2019/20 developments set out in the Quality Improvement Plan, resulting in not consistently providing the safest highest quality care to patients, their families and carers
- Initial rating 25: Current rating 20: Target rating 10
- Movement in quarter: Remains the same
- The mitigated risk score is 20 relates to increased demand and activity in Quarter 2 with additional pressure of staffing vacancies, turnover and sickness across the trust. This impacts on the capacity to deliver the quality improvement plan.
- Quarter 3 commentary: Although some actions implemented have decreased the risk score of some risks associated with this objective, demand has exceeded capacity especially in Emergency and Maternity services. The Safety Heatmap and Quality Metrics Dashboards have been established. A gap has emerged with sustained absence in a key role affecting capacity in Quality Governance. There is some mitigation in place with identified potential support from external source. Quality, Safety Leadership meetings are held twice a day, with a number of key metrics relating to safeguarding, infection prevention and control, environment, information governance and harms is in place with executive oversight.

3.2.3 Strategic Objective 3: To strive to achieve financial sustainability

- Risk: There is a risk that the Trust will fail to meet its financial control total for 2019/20 which may impact on the Trust's compliance with the NHS Improvement Provider Licence and impact on the safe and effective care for patients
- Initial rating 20: Current rating 16: Target rating 8
- Movement in quarter: Remains the same
- The mitigated risk score relates to the actions that the Trust has enacted in order to deliver the financial plan.
- Quarter 3 commentary: The recovery plan has been presented and approved with monthly updates on progress to the Finance & Performance Committee. Discussions have commenced with the Senior Finance Leaders at NHS Improvement to assist in aspects of the delivery of the recovery plan

3.2.4 Strategic Objective 4: To achieve the best outcomes for patients through full and effective participation in local strategic partnership programmes including Stockport Health Partnership / Stockport Neighbourhood Care / Integrated Service Solution

- Risk: There is a risk that the best outcomes for patients will not be achieved due to financial pressure, changing relationships and partnerships , and potential transition from neighbourhoods to Primary Care Networks, and balancing partner interest versus system interest
- Initial rating 20: Current rating 20: Target rating 12
- Movement in quarter: Remains the same
- The risk score has been assessed at this rating as there is currently a gap in the finance and a changing landscape of partners.
- Quarter 3 commentary: The financial pressures remain unresolved. However, relationships are strengthening through direct clinical engagement between the senior medial leaders in the Trusts and the PCN medical leads. Quality Impact Assessment is in preparation.

3.2.5 Strategic Objective 5: To secure full compliance with the requirements of the NHS Provider Licence through fit for purpose governance arrangements

- Risk: There is a risk of not delivering the NHS Improvement Single Oversight Framework Operational Performance Metrics impacting on the quality of care we provide, patient and staff experience and the Trust's provider licence.
- Initial rating 20: Current rating 20: Target rating 10
- Movement in quarter: Remains the same
- The risk is assessed at this rating due to the ED performance not sustaining its trajectory for quarter 4

Quarter 3 commentary: The 4 hour emergency department standard remains below trajectory. Winter schemes are all in place across the system and the Reducing Days Away from Home programme continues to mature with senior clinical medical leadership, including executive involvement from partner organisations. RTT performance remains challenging, focussed recovery plans are in place with in challenged specialities being supported by the performance team and executive oversight.

3.2.6 Strategic Objective 6: To develop and maintain an engaged workforce with the right skills, motivation and leadership

- Risk: There is a risk that the trust fails to recruit, develop and retain suitably skilled and motivated workforce which will impact on quality and safety of services and financial sustainability

- Initial rating 16: Current rating 16: Target rating 8
- Movement in quarter: Remains the same
- Current mitigation includes recruitment and retention strategy, comprehensive 3-5 year People Strategy, comprehensive leadership and skills training and development programmes in place and emerging culture and engagement work. The risk rating has increased as vacancy pressures have changed from Quarter 1.
- Quarter 3 commentary: Nurse staffing remains a significant challenge. Good progress around retention has plateaued. Sickness levels have remained static. The opening of additional early Winter capacity has placed increased pressure in staffing, particularly nursing and HCA – this is reflected in the Q3 risk assessment. Board level discussions took place in December regarding a medium term solution to registered nurse recruitment position.

3.2.7 Strategic Objective 7: To create an environment that maximises the use of resources to improve efficiency, patient experience and clinical quality

- Risk: There is a risk that compliance to statutory and mandatory guidance is not adhered to.
- Initial rating 20: Current rating 20: Target rating 10
- Movement in quarter: Remains the same
- The trust has commissioned an external review which has identified areas of focus. Good progress continues against plan
  Quarter 3 commentary: Good progress continues with the operations and maintenance position within Estates, particularly compliance. Compliance team are in place. Backlog maintenance position remains challenging. The digital optimisation schemes are on all track.

4. NEXT STEPS

4.1 During 2019/20 the Board Assurance Framework will be refreshed in line with the recommendations from the recent governance review.

5. RECOMMENDATIONS

5.1 Members of the Board of Directors are asked to note the contents of the report and support the proposed developments.

BAF - Board Assurance Framework (January 2020)

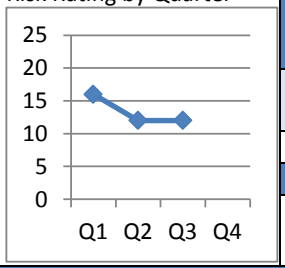
NHS Stockport NHS Foundation Trust

Strategic Objective 1:
To achieve full implementation of the Trusts refreshed strategy

Principal risk	There is a risk that the strategy will not be implemented during 19/20 which may lead to a detrimental score in a well led review

Initial Date	Date of Update	Next Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 2019	January 20	March 2020	Well Led NHSI – Use of Resources	Director of Strategy, Planning and Partnerships	Board of Directors	Finance and Performance

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	4	16	4	2	8	4	1	4	March 2020

Executive commentary for the Current Risk Score

The mitigated score relates to a review of the strategy content and further engagement with all staff groups and partners

Corporate objectives

Links to other Strategic Objectives:	SO2, SO3, SO4, SO5, SO6, SO7
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	Work has begun on reviewing the vision and values which will be incorporated into the refreshed strategy.
Quarter 2 Commentary:	Over 850 staff have been engaged in the values and behaviours consultation which will be fed into the refreshed strategy. The plan is to that it will be submitted to the Board of Directors during Quarter 3
Quarter 3 Commentary:	Board of Directors have approved the new Strategy in January 2020. Delivery plan in progress.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
	No risks identified above 15						

SO2								
Key Controls / Influences Established (What are we currently doing about the risk?)		**Key Controls / Influences (What additional controls should we seek?)**	**Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)**			**Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)**	**Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)**	
			Local Management (1st Line of Defence	**Corporate Oversight (2nd Line of Defence)**	**Independent / External (3rd Line of Defence)**			
1	2018- 20 Strategy in place	• Timescales for delivery of refreshed Strategy	• 1:1s • Team meetings • Stakeholder events	• Executive Management Group • Board of Directors • EMG minutes • Board minutes	• NHSI Oversight	• Monitoring of Strategy and annual review	• Strategy review in progress • Communication Plan in place	
2	Work to define the visions and values of the organisation	• Vision and values defined and agreed	• Task and finish group	• Executive team • Finance and performance	• Trust Board	Agreed and finalised strategy	• Task and finish group to progress	

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

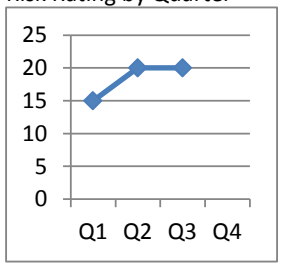
NHS Stockport NHS Foundation Trust

Strategic Objective 2:
To deliver outstanding clinical quality and patient experience

Principal risk	There is a risk that the Trust will fail to achieve the 2019/20 developments set out in the Quality Improvement Plan resulting in not consistently providing the safest, highest quality care to patients, their families and carers.

Initial Date	Date of Update	Next Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 2019	January 20	March 2020	Safe, Effective, Responsive, Caring & Well Led NHSI – Quality Metrics	Chief Nurse & Director of Quality Governance Medical Director	Quality Governance Group Patient Experience Group Safeguarding Group Medicines Management Group Infection Prevention and Control Group	Quality Committee

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	5	25	5	4	20	5	5	10	March 2020

Executive commentary for the Current Risk Score

The mitigated risk score is 20 relates to increased demand and activity in Quarter 3 with additional pressure of staffing vacancies, turnover and sickness across the trust. This impacts on the capacity to deliver the quality improvement plan.

Corporate objectives

Links to other Strategic Objectives:	SO3, SO4, SO5, SO7
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	Work continues against plan and baselines established that help to identify additional controls required. The Clinical Services Review on the 9th July will identify further areas of focus.
Quarter 2 Commentary:	The Clinical Services Review was completed in July which identified areas of improvement. However continued focus is required in safeguarding, information governance, documentation, infection prevention and control, signage and general tidiness of the environment.

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

Quarter 3 Commentary:	Although some actions implemented have decreased the risk score of some risks associated with this objective, demand has exceeded capacity especially in Emergency and Maternity services. The Safety Heatmap and Quality Metrics Dashboards have been established. A gap has emerged with sustained absence in a key role affecting capacity in Quality Governance. There is some mitigation in place with identified potential support from external source. Quality, Safety Leadership meetings are held twice a day, with a number of key metrics relating to safeguarding, infection prevention and control, environment, information governance and harms is in place with executive oversight.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
505	The risk of the lack of capacity in cellular pathology on turn round times and patient pathways	20	02/07/2018	↑20	↔20	Closed	
457	There is a risk to patient safety due to a lack of Haematology/ Transfusion Staff in Post	20	19/04/2018	↑20	↔20	↓12	
989	There is a risk of Delaying Treatment Especially Cancer Patients With the Removal of Fax Machines	16	17/04/2019	New	↔16	↔16	
991	There is a risk that the current safeguarding structure does not meet required national standards	16	18/04/2019		New	↓9	
872	There is a risk to patient experience and safety due to endoscopy capacity	16	04/12/2018	↔16	↔16	↔16	
934	There is a risk of reduced critical care capacity due to staffing shortages	16	28/01/2019	↔16	↔16	↓12	
1015	There is a risk that patient care and flow may be compromised due to significant staffing shortages within ACU	16	20/05/2019		New	↓12	
183	Failure to meet the 62 day Cancer target standards	16	20/04/2010	↔16	↔16	↔16	
429	Inadequate capacity to meet demand in Paediatric ADHD Services	16	14/02/2018	↔16	↔16	↓12	
618	There is a risk of a failure to recognise and adequately treat sepsis within our organisation	16	14/08/2018	↔16	↔16	↓12	
50	Risk of maternity diverts and clinical incidents related to unsafe staffing levels in maternity.	16	11/03/2015	↔16	↔16	↔16	
686	There is a risk that patient care may be compromised due to significant staffing shortages within AMU	16	05/10/2018	↔16	↔16	↔16	
125	Medical staff vacancies in Emergency Department	16	10/05/2016	↔16	↔16	↔16	
67	There is a risk to service delivery due to the lack of Consultant Microbiologist Cover	16	18/07/2017	↔16	↑20	↓8	
1069	There is a risk of POCT management failure due to the pressure on the staff and limitations of resources	16	23/05/2019		New	↔16	
1138	There is a risk that patient care is compromised due to significant nurse staffing shortages within the ED	16	10/09/2019		New	↔16	

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

407	There is a risk to patient safety due to the number and length of the Respiratory Overdue Waiting List (non-confirmed cancer)	15	04/03/2018	↔15	↔15	↔15	
576	There is a risk to patient safety due to the long wait of time to be seen by the Respiratory Team for new patients	15	01/06/2018	↔15	↔15	↓12	
916	There is a risk that due to gaps in Orthodontic medics we are unable to meet demand for the service	15	10/01/2019	↔15	↔15	↔15	

SO2

Key Controls / Influences Established (What are we currently doing about the risk?)		Key Controls / Influences (What additional controls should we seek?)	Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)			Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
			Local Management (1st Line of Defence	Corporate Oversight (2nd Line of Defence)	Independent / External (3rd Line of Defence)		
1	Quality Governance & Risk Management Frameworks in place 2018/2020	• Revised monthly governance reports • Revised quarterly risk register reports at business group/corporate level in development. • Well-Led / Use of Resources initial review required (NHSI Framework).	• 1:1 Meetings • Team Meetings • Monthly Business Group Quality Boards • Monthly Performance Meetings • Patient Quality Summit	• Quality Governance Group • QG and sub-groups key issues reports (KIR) • Quality Committee • QC KIR • Integrated Performance Report • Board of Directors • Alliance Provider Board • Quarterly BAF /	• Quality Account • CQC rating RI in October 2017 • NHSI Improvement Board • Annual Governance Statement-April 2018 • Quarterly Review Meetings with NHSI • MIAA Review of Committees Report: Partial	Mock CQC inspection June 2018 Externally facilitated Developmental Review NHSI Well Led Framework required in 2018	Reports to Quality Committee from December 2017 with quarterly monitoring Well-Led / Use of Resources Initial Review April 2018
2	Governance Teams in place	• Review of Governance Team					• Complete and progress Governance Team review

Assurance Ratings:	Significant Assurance	Significant Assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

3	Systems in place to address external clinical alerts			Risk Register Report • Well-Led Review *(Please note the above oversight structure will be referred to as Quality Governance oversight throughout the document)*	Assurance • CQC insights report • Internal Audit Programme • MIAA Risk Management & Corporate Governance Report: Partial Assurance		
4	Infection Prevention & Control (IPC) Team and supporting strategies & policies	• MRSA Bacteraemia x 2 • Business case relating to IPC Service	• 1:1 / Team Meetings • Harm Free Care Panels • Monthly Business Group Quality Boards • Monthly Performance Meetings	• Infection Prevention and Control Group • IPCG KIR • Monthly MESS data return • Account-April 2018 • *Quality Governance oversight*	• CQC RI rating-October 2017 • CCG Contract meetings monthly • CCG Quality Visits • NHSE/NHSI Feedback • Single Oversight Framework Segmentation • Quality Account-April 2019		• Business Case being progressed
5	Maternity Dashboard	• MMBRACE	• Maternity champion meetings • 1:1 meetings • Labour ward forum • Maternity Performance meeting • Women's and Children's Quality	• *Quality Governance oversight*	• GM Maternity transformation Board • Board of Directors		Bi-monthly maternity champions meetings

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

			Board				
6	Quality Improvement Strategy 2018/2019 implementation	• Data access & collective intelligence • Quarterly CQUIN reports	• 1:1 Meetings • Monthly Business Group Quality Boards • Monthly CQUIN report • Monthly Performance Meetings	• Professional Advisory Group • Quality Safety and Improvement Strategy Group • *Quality Governance oversight*	• CQC RI rating-October 2017 • CCG contract meetings monthly • CCG Quality Visits • NHSI Improvement Board • Monthly QIS reports • CQC Inpatient Survey-March 2019 • Internal Audit Programme • Quality Account-April 2019		• Quarterly review to commence June 2018 • Development of reports / data collection in progress including Model Hospital data.
7	Processes in place to deliver the CQUINs & Quality Schedule	• Data access & collective intelligence Quarterly CQUIN reports					
8	Safety Team established with objectives and associated policies & procedures	• Data access & collective intelligence. • Dashboards by CQC Domains • Accreditation for Continued Excellence (ACE) • Quarterly Quality Reviews • Business Case to support Quality improvements completed •					• Progress Business Case
9	Patient & Public Involvement Strategy implementation	• PPI Strategy • Patient Experience Strategy • Carers Strategy • Equality and Diversity Strategy	• 1:1 / Team Meetings	• Patient Experience Action Group • Patient Experience Group • People and Performance Committee • PPC KIR • Alliance Provider Board • *Quality Governance*	• CQC RI rating-October 2017 • CCG contract meetings monthly • CCG Quality Visits • Monthly QIS reports • CQC Inpatient Survey-March 2019 • Internal Audit Programme	• There is no current PPI, Patient Experience or Carers Strategy • An E&D strategy is in place	• Strategies to be developed and in place by Q4 2018/19

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

				oversight	• Quality Account- April 2019 •		
10	Quality Impact Assessment (QIA) Process	• QIA process in place – requires overarching document from May 2018.	• Programme/ Project Team in place	• Medical Director & Chief Nurse reviews • Finance Improvement Group • FIG KIR • Finance and Performance Committee • F&P KIR • *Quality Governance oversight*	• Single Oversight Framework Segmentation • NHSI Improvement Board • CQC Good rating- January 2015 • CQC RI rating- October 2017 • Quality Account- April 2019 • Quarterly Review Meetings with NHSI	• Strengthen reporting and monitoring of QIA process	• Revised QIA Procedure to be implemented
11	Adult & Child Safeguarding Team & policies & procedures.		• 1:1 Meetings • Patient Safety Summit • Patient Quality Summit • Monthly Business Group Quality Boards • Monthly Performance Meetings	• Safeguarding Group • SG KIR • *Quality Governance oversight*	• Local Safeguarding Adult's Board • Local Safeguarding Children's Board		
12	Nursing, Midwifery and Allied Health Professionals Strategy	• Annual Strategic Staffing Reviews	• 1:1 Meetings	• Nurse Leadership walkarounds • Professional Advisory Group • *Quality Governance*	• Single Oversight Framework Segmentation • NHSI Improvement Board		

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

				oversight	• CQC Good rating- January 2015 • CQC RI rating- October 2017 • Quality Account- April 2019 • Quarterly Review Meetings with NHSI		
13	Learning from Deaths Policy & Mortality Review Process	Report to Quality Committee	• Mortality and Morbidity Reviews • Learning from Deaths Process • 1:1 Meetings • Patient Safety Summit • Patient Quality Summit • Monthly Business Group Quality Boards • Monthly Performance Meetings	• Trust Mortality Reduction Group • CHKS and BIU data & reports • *Quality Governance oversight* • Quarterly Learning from Deaths Report from December 2017 • Quality Account- April 2019	• CQC RI rating- October 2017 • NHS Improvement data • CCG Contract meetings monthly • CCG Quality Visits • CQC Outlier Alert process • Nationally benchmarked mortality data • Advancing Quality Quarterly Safety Reports • Internal Audit Programme:	• Mortality data / reporting systems • Lack of triangulation	• Triangulated learning from deaths report • Mortality review structured assessment process • Deteriorating Patient Group eastablished
14	7 Day Clinical Services	Clinical Directors Forum	1:1 / Team meetings Business Group Quality Boards Monthly Performance Meetings	• Quality Governance Group			

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

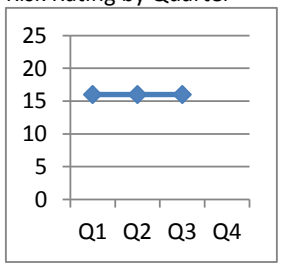
NHS Stockport NHS Foundation Trust

Strategic Objective 3:
To strive to achieve financial sustainability

Principal risk	There is a risk that the Trust will fail to meet its financial control total for 2019/20 which may impact on the Trust's compliance with the NHS Improvement Provider Licence and impact on the safe and effective care for patients

Initial Date	Date of Update	Next Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 2019	January 20	March 2020	Well led NHSI -Finance and use of resources	Director of Finance	Executive Team	Finance and Performance Committee

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20	4	4	16	4	2	8	31/03/2020

Executive commentary for the Current Risk Score

The mitigated risk score relates to the actions that the Trust has enacted in order to deliver the financial plan.

Corporate objectives

Links to other Strategic Objectives:	SO1
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	The current actions include a full review of all CIP schemes being undertaken. External support has been commissioned to assist with this work. Review of year end forecasts and has been completed.
Quarter 2 Commentary:	Issues in respect of the trusts operational and financial performance were discussed at the September Board. Further actions are to be undertaken post meeting. A recovery plan is being developed and will be submitted to the Finance & Performance Committee and Executive Team for approval.
Quarter 3 Commentary:	The recovery plan has been presented and approved with monthly updates on progress to the Finance & Performance Committee. Discussions

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

	have commenced with the Senior Finance Leaders at NHS Improvement to assist in aspects of the delivery of the recovery plan.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
586	There is a risk due to the significant estate backlog in maintenance	20	21/06/2018	↔20	↔20	↔20	
978	There is a risk that the Trust will not deliver its 2019/20 financial performance	20	01/04/2019		↔20	↔20	
78	There is a risk to patient safety and BG finances due to the excessive registered nursing staffing deficit within Medicine & CS	16	21/11/2016	↔16	↔16	↔16	
127	There is a risk that the Medicine & CS BG overspends due to agency costs	16	22/06/2017	↔16	↔16	↓12	
1030	There is a risk the Integrated Care BG will not meet the CSEP target of £2.4m	16	06/06/2019		New	↔16	

SO2

Key Controls / Influences Established (What are we currently doing about the risk?)		Key Controls / Influences (What additional controls should we seek?)	Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)			Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
			Local Management (1st Line of Defence	Corporate Oversight (2nd Line of Defence)	Independent / External (3rd Line of Defence)		
1	Annual Plan & delegated budgets	• Availability / access to capital funding • Agency spending – medical & nursing • Long term health economy with clear governance structure	• 1:1 / Team Meetings • Business Group Accountants 1:1s • Bi-weekly Exec-BG finance meetings • Quality Impact Assessments	• Monthly Performance Meetings • Finance & Performance Committee • Internal Audit Reports to Audit Committee • Board of Directors • Board of Directors minutes • F&P Minutes/KIR	• Internal Audit Programme • NHSI / NHSE financial oversight meetings • External interim CIP support • Executive contract Group with CCG	• Use of Resources metric assessment • Routine use of Model Hospital	• Transformation projects • Cost Improvement Plan • CCG contract in place.
2	Identified CIP schemes	• Well-Led / Use of Resources initial review required (NHSI Framework).					
3	Monthly finance & activity review meetings	• Review of financial /activity delivery					
4	Performance	• Review of delivery and					

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

	management reporting systems	identification of improvement plan		• Annual budget/planning • Monthly Integrated Performance Report Contracting and activity finance group Quality Governance Committee			
5	Job descriptions contain financial responsibilities	• Clear accountability	Recruitment process				
6	CCG Contract	Review performance and agree improvement trajectories	Monthly CCG meetings				
7	CQUIN Schemes & process to deliver	Monthly meetings to ensure compliance	Monthly CCG meetings				
8	Monthly Performance Report	Identify any variance to plan or changes to forecast	• 1:1 / Team Meetings • Business Group Accountants 1:1s • Weekly CIP development meetings chaired by COO • Operational performance group to hold Business Group directors to account				

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

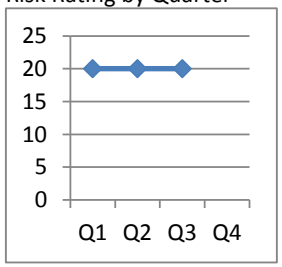
NHS Stockport NHS Foundation Trust

Strategic Objective 4:
To achieve the best outcomes for patients through full and effective participation in local strategic partnership programmes including Stockport Health Partnership / Stockport Neighbourhood Care / Integrated Service Solution

Principal risk	**There is a risk that the best outcomes for patients will not be achieved due to financial pressure, changing relationships and partnerships , and potential transition from neighbourhoods to Primary Care Networks, and balancing partner interest versus system interest**

Initial Date	Date of Update	Nest Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 2019	January 20	March 2020	Safe, effective, responsive and well led NHSI – Quality of care, operational performance, strategic change	Chief Operating Officer	Executive team	F&P Stockport Health Partnership Board

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20	4	5	20	4	3	12	31/03/2020

Executive commentary for the Current Risk Score

The risk score has been assessed at this rating as there is currently a gap in the finance and a changing landscape of partners.

Corporate objectives

Links to other Strategic Objectives:	
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	The introduction Primary Care Networks and their impact is not yet understood. The solution to the financial gap has not yet been identified
Quarter 2 Commentary:	Stockport Health Partnership Board has not concluded the process to identify the appropriate cost reduction. Stockport NHSFT is re-evaluation the extent of the cost pressure.

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

Quarter 3 Commentary:	The financial pressures remain unresolved. However, relationships are strengthening through direct clinical engagement between the senior medial leaders in the Trusts and the PCN medical leads. Quality Impact Assessment is in preparation.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
	No risk on trust risk register						

SO2

Key Controls / Influences Established (What are we currently doing about the risk?)		Key Controls / Influences (What additional controls should we seek?)	Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)			Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
			Local Management (1st Line of Defence	Corporate Oversight (2nd Line of Defence)	Independent / External (3rd Line of Defence)		
	Continued engagement with Stockport Neighbourhood care triumphant working	• Impact assessment of the potential removal of some of the services	• SNC meetings • 1:1 s • Integrated Care BG Board • Performance meetings	• Executive team • Board of directors •	• Board of directors • Stockport Health Partnership Board	• Scale & pace of change • Relationship building with key partners • Governance Arrangements	
1	Engagement in Stockport Health Partnership Board	• Trust Strategy	• 1:1's • Team meetings	• Executive Team • Board of Directors	• Greater Manchester Combined Authority	• Scale & pace of change • Relationship building with key partners • Governance Arrangements	

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

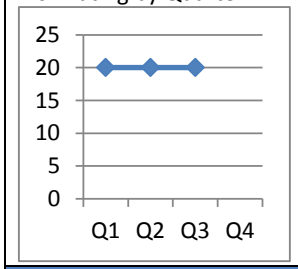
NHS Stockport NHS Foundation Trust

Strategic Objective 5:
To secure full compliance with the requirements of the NHS Provider Licence through fit for purpose governance arrangements

Principal risk	There is a risk of not delivering the NHS Improvement Single Oversight Framework Operational Performance Metrics impacting on the quality of care we provide, patient and staff experience and the Trust's provider licence.

Initial Date	Date of Update	Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 2019	January 20	March 2020	Well led, safe NHSI Leadership and improvement capability	Chief Operating Officer	Urgent Care Ops Group Safer Board Business Group Performance Meetings	Finance & Performance Committee

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	5	20	4	5	20	5	2	10	31/10/2018

Executive commentary for the Current Risk Score

The risk is assessed at this rating due to the ED performance not sustaining its trajectory for quarter 3

Corporate objectives

Links to other Strategic Objectives:	
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	Emergency department performance has not sustained its trajectory for the first quarter . RTT diagnostics and cancer pathways are on trajectory but not meeting the national standards. Diagnostics will be on plan at the end of Q1
Quarter 2 Commentary:	The emergency department continues to fail to meet the 4 hour standard improvement trajectory. Winter schemes have been expedited without realising improvements in performance. There is concern for Quarter 3 as increased pressure is expected during the winter months. RTT remains off trajectory, whilst cancer pathways met the trajectory at the end of quarter 2. Same risk exists giving limited assurance of improvement against trajectory. Diagnostics did not meet their trajectory on August and September due to endoscopy capacity.

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

Quarter 3 Commentary:	The 4 hour emergency department standard remains below trajectory. Winter schemes are all in place across the system and the Reducing Days Away from Home programme continues to mature with senior clinical medical leadership, including executive involvement from partner organisations. RTT performance remains challenging, focussed recovery plans are in place with in challenged specialities being supported by the performance team and executive oversight.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
505	The risk of the lack of capacity in cellular pathology on turn round times and patient pathways	20	02/07/2018	↔20	↔20	Closed	
183	Failure to meet the 62 day Cancer target standards	16	28/04/2010	↔16	↔16	↔16	
599	There is a risk to the timely delivery of ECDS (new contract data set for A&E)	16	25/07/2018	New	↔16	Closed	
407	There is a risk to patient safety due to the number and length of the Respiratory Overdue Waiting List (non confirmed cancer)	15	04/03/2018	↔15	↔15	↔15	
576	There is a risk to Patient safety due to the long wait of time to be seen by the respiratory team for new patients.	15	01/06/2018	↔15	↔15	↓12	
1112	There is a risk to the organisation due to noncompliance with BSQ Regulations due to Loss of Traceability of blood components	16	06/08/2019		New	↔16	

SO2

		Key Controls / Influences Established (What are we currently doing about the risk?)	Key Controls / Influences (What additional controls should we seek?)	Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)			Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
				Local Management (1st Line of Defence	Corporate Oversight (2nd Line of Defence)	Independent / External (3rd Line of Defence)		
1	Monthly Performance Reports	• External influences on medically fit for discharge patients • Insufficient out of hospital capacity		• 1:1/ 2:1 meetings • Team Meetings • Monthly Senior Management Team Meetings • Monthly BG Boards • Monthly	• Finance & Performance Committee • F&P minutes and KIR • Board of Directors • Executive Team • Urgent care	• CQC rating overall • NHSI Quarterly Review Meetings • Cancer Peer Review • Monthly CCG Contract Meetings	•	

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

			• Performance Review Meetings • Weekly performance wall	operational group	• Urgent and Emergency Care Delivery Board • Internal Audit Programme:		
2	Improving patient flow programme	• Staff engagement • Transformation support • Finance support • Winning hearts and Minds • Changing culture • Embedded new practice	• 1:1/ 2:1 meetings • Team Meetings • Monthly Senior Management Team Meetings • Monthly BG Boards • Monthly Performance Management Group Meetings • Finance improvement Group • Operational Performance Group • OPG minutes and KIR	• Finance & Performance Committee • F&P minutes and KIR • Board of Directors • Executive Team	• CQC rating overall • NHSI Quarterly Review Meetings • Cancer Peer Review • Monthly CCG Contract Meetings • Urgent and Emergency Care Delivery Board • Internal Audit Programme:		
3	Quality Impact Assessment Process	• Development of overarching document • Completing the Quality Impact Assessments •	• 1:1/ 2:1 meetings • Team Meetings • Monthly Senior Management Team Meetings • Monthly BG Boards	• Medical Director and Chief Nurse & Director of Quality Governance approval of QIAs • F&P Committee • Board of Directors	• CQC rating Monthly CCG meetings • NHSI Oversight	• Strengthen reporting and monitoring of QIA process	

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

			• Monthly Performance Management Group Meetings • Financial Improvement Group (FIG)				
4	Emergency Planning (EP) & Business Continuity	•	• 1:1 meetings • Desktop exercises	• Emergency Planning Group • Board of Directors • NHSE Emergency Preparedness, Resilience and Response Self-Assessment Substantial Assurance Return-October 2017 – did that go in	• Emergency Preparedness, Resilience and Response NHS England submitted-when did we submit?		
5	Non elective performance	Capacity and demand oversight Analysis reports Data and KPI Performance monitoring	• Urgent care operational group • Programme development group	• Urgent care delivery Board • Executive Team • Finance and performance committee	• CQC • NHSI • GMCA		
6	Elective performance	Business Group PTL's Trust wide PTL's RTT and Cancer Monitoring OWL Clinical pathways Staff training	• Cancer Board	• Executive Team • Finance and performance committee	• CQC • NHSI • GMCA		

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

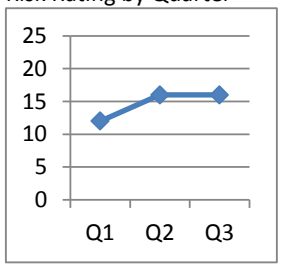
NHS Stockport NHS Foundation Trust

Strategic Objective 6:
To develop and maintain an engaged workforce with the right skills, motivation and leadership

Principal risk	There is a risk that the trust fails to recruit, develop and retain suitably skilled and motivated workforce which will impact on quality and safety of services and financial sustainability

Initial Date	Date of Update	Next Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 19	January 20	March 2020	Safe, effective responsive caring NHSI – use of resources	Director of Workforce & Organisational Development	Workforce Efficiency Group Culture and Engagement Group Executive team	People and Performance Committee

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
4	4	16	4	5	20	4	2	8	31/03/2020

Executive commentary for the Current Risk Score

Current mitigation includes recruitment and retention strategy, comprehensive 3-5 year People Strategy, comprehensive leadership and skills training and development programmes in place and emerging culture and engagement work. The risk rating has increased as vacancy pressures have changed from Quarter 1

Corporate objectives

Links to other Strategic Objectives:	SO2, SO3
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	Nurse recruitment having positive outcomes. Medical and other registered professionals require further attention and focus. Quarter 2 will see the launch of the engagement of staff and stakeholders to shape trust values and behaviours
Quarter 2 Commentary:	Nurse vacancy levels have increased over the last quarter, although there has significant activity to address this has been undertaken. Medical vacancies in some specialities continue to be very hard to fill. Over 850 staff have been engaged in the values and behaviours work across the Trust
Quarter 3 Commentary:	Nurse staffing remains a significant challenge. Good progress around retention has plateaued. Sickness levels have remained static. The opening of additional early Winter capacity has placed increased pressure in staffing, particularly nursing and HCA – this is reflected in the Q3 risk assessment. Board level discussions took place in December regarding a medium term solution to registered nurse recruitment position.

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

	Stockport Shortage Occupation list has been established and successfully applied to enable recruitment in key medical specialties.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
457	There is a risk to patient safety due to a lack of Haematology/ Transfusion Staff in Post	20	19/04/2018	↑20	↔20	↓12	
125	Medical staff vacancies in Emergency Department	16	10/05/2016	↔16	↔16	↔16	
50	Risk of maternity diverts and clinical incidents related to unsafe staffing levels in maternity.	16	11/03/2015	↔16	↔16	↔16	
686	There is a risk that patient care may be compromised due to significant staffing shortages within AMU	16	05/10/2018	↔16	↔16	↔16	
934	There is a risk of reduced critical care capacity due to staffing shortages	16	28/01/2019	New	↔16	↓12	
991	There is a risk that the current safeguarding structure does not meet required national standards	16	18/04/2019		New	↓9	
1015	There is a risk that patient care and flow may be compromised due to significant staffing shortages within ACU	20	20/05/2019	New	↓16	↓12	
67	There is a risk to service delivery due to the lack of Consultant Microbiologist Cover	16	18/07/2017	↔16	↔16	↓8	
1069	There is a risk of POCT management failure due to the pressure on the staff and limitations of resources	16	23/05/2019	New	↔16	↔16	
1138	There is a risk that patient care is compromised due to significant nurse staffing shortages within the ED	16	10/09/2019		New	↔16	
916	There is a risk that due to gaps in Orthodontic medics we are unable to meet demand for the service	15	11/01/2019	↔15	↔15	↔15	
825	There is a risk to loss of activity due to staffing levels in theatre	15	14/11/2018	↔15	Closed		
587	There is a risk to the operation of the Trust electronic systems due to the need to recruit senior IT Technical support	15	25/05/2018	↔15	↔15	↔15	

SO2						
Key Controls / Influences Established (What are we currently doing about the risk?)	**Key Controls / Influences (What additional controls should we seek?)**	**Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)**			**Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)**	**Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)**
		Local Management (1st Line of Defence	**Corporate Oversight (2nd Line of**	**Independent / External (3rd Line of**		

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

				Defence)	Defence)		
1	Recruitment and retention strategy: Building line manager capability Using reward in recruitment and retention Targeted recruitment campaigns	• GM theme 3 – employer banding and streamlining • Develop guidance on job design for managers • Undertake a review of all vacancies that are not filled and those that are vacated in a year to ensure jobs are designed well • Include benefit and reward information in recruitment campaign for applicants and the induction process for new starters • Implement 'refer a friend' scheme for difficult to fill posts • Benchmark with other Trusts in Greater Manchester and identify associated costs - Prepare proposal paper. • Run focussed campaigns for areas with high vacancy rate to include: • National advertising • Development of recruitment microsite • Vacancy and business group	• WEG • CEG • Staff survey • Workforce reports • Staff friends and family • Workforce KPI's • Temporary staff meetings • JLMC • JNC • Training needs analysis • Schwartz rounds	• People and performance Committee • Executive management board • Trust Board	• Greater Manchester Combined authority • NHSI • CQC	• Employment market – key skills shortage • Building leadership skills to support change and improvement	• Workforce remodelling • Proactive workforce plan • Just culture programme

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

	Socially responsible employer Develop the organisation as a socially inclusive employer Maintaining links with Jobcentre Plus Induction Development and career planning	specific recruitment literature • Ensuring a Trust presence at profession specific events • Open days for specific professions • Target under represented age group (16-24) within the Trust • Work with local community to engage with school leavers • Raise awareness of employment opportunities within the Trust to attract a more diverse workforce. • Work with Job Centre Plus to utilise employment schemes to recruit the long term unemployed to suitable positions and/or target job seekers who may wish to work within the Trust. • Graduate nurse programme • HCA secondment to nursing/midwifery degrees • Identify difficult to fill roles which can be provided as developmental opportunities					

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

	Staff involvement and engagement	• Develop well defined career pathways to contribute to improved retention rates • Develop the Talent Management strategy to reflect the local, GM and national plans • Support flexible working • Improve the physical working environment for staff • Continue to ensure staff feel safe in the workplace • Undertake an audit of stress within the organisation and develop a strategy to address causes of work related stress • Regularly monitor sickness absence and ill health retirement to identify underlying causes • Use national staff survey data to benchmark against other Trusts and address concerns and issues raised by staff					

2	Culture and engagement programme	• NHSI culture programme
		  ○ Culture dashboard
		  ○ Diagnostic
		  ○ Focus groups
		  ○ Action planning
		• Triumvirate leadership programme
		• Ongoing coaching and development and support					

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

3	People strategy: Education & Practice Development Culture & Engagement Leadership Development Resourcing High Performing	• Signed off strategy • Develop skills & competencies to ensure the highest levels of patient care • Fully developed coaching framework that offers skilful coaching support to individuals and teams • Equality advocate role developed to support EDS2/WRES/WDES, and used to develop proactive EDI approach • Develop enhanced retention plans • Develop workforce planning processes to support the implementation of the strategy • Continued development of new roles/working models to meet changing system priorities • Design and commence the NHSI culture programme • Scoping of sharing services / collaboration opportunities • Implementation of the TRAC recruitment system • Appraisal process includes					

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

		strengthened career planning and progression for colleagues • Full e-Rostering roll-out and consistent use of all functions • Implementation of the 'Just Culture' approach to restorative practice, learning and support					
4	Operational plan	• Delivery of plan					

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

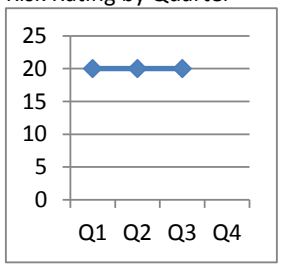
NHS Stockport NHS Foundation Trust

Strategic Objective 7:
To create an environment that maximises the use of resources to improve efficiency, patient experience and clinical quality

Principal risk	There is a risk that compliance to statutory and mandatory guidance is not adhered to

Initial Date	Date of Update	Next Review Date	Care Quality Commission Domain / NHS Improvement Oversight Framework	Accountable Executive Director	Executive Management Group	Designated Board Committee
July 2019	January 20	March 2020	Well led NHSI finance and use of resources	Director of Strategy, Planning and Partnerships	Executive Team	Finance & Performance Committee

Risk Rating by Quarter



Initial Risk Rating (Unmitigated)			Current Risk Rating (Mitigated)			Target Risk Rating (Tolerance / Risk Appetite)			
Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Consequence	Likelihood	Risk Rating	Target Date
5	4	20	5	4	20	5	2	10	30/03/2020

Executive commentary for the Current Risk Score

The trust commissioned an external review which identified areas of focus. Good progress continues against plan

Corporate objectives

Links to other Strategic Objectives:	
Adequacy of Assurance (Level of Confidence)	
Overall Assessment of Assurance	
Quarter 1 Commentary:	The trust took the decision to stand down the implementation of the EPR and has embarked upon an optimisation programme bringing the existing systems up to date. The trust is focusing on the estates operational and maintenance programme with particular focus on statutory compliance
Quarter 2 Commentary:	The funding has been agreed to support the optimisation programme of the existing electronic systems. The first optimisation board is taking place on the 14 October Good progress continues against the estates operational and maintenance programme the team is now looking at issues that extend beyond the external report.

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

BAF - Board Assurance Framework (January 2020)

NHS Stockport NHS Foundation Trust

Quarter 3 Commentary:	Good progress continues with the operations and maintenance position within Estates, particularly compliance. Compliance team are in place. Backlog maintenance position remains challenging. The digital optimisation schemes are on all track.
Quarter 4 Commentary:	

Links to the Trust Risk Register (Current Risk Rating 15 & above)

Risk ID	Risk Title	Risk Rating	Date of Initial Assessment	Q1 19/20	Q2 19/20	Q3 20/21	Q4 20/21
586	There is a risk due to the significant estate backlog in maintenance	20	21/06/2018	↔20	↔20	↔20	
1004	There is a risk of significant breaches of the Regulatory Reform (fire safety) Order 2005	20	08/05/2019		New	↓16	
765	There is a risk to the delivery of the CT service and patient safety due to a delay in installing 3rd CT scanner	16	25/10/2018	↔16	↔16	↔16	
1046	There is a risk the Trust is non-compliant with statutory H&S legislation due to non appointment to statutory positions	16	30/05/2019		New	↔16	
905	There is a risk of severe service disruption if we have failures of flexible endoscopes	15	10/01/2019	↔15	Closed		
957	There is a risk to patient care if the Laboratory Information Management System (Telepath) Fails	15	07/03/2019	New	↔15	↔15	
1006	There is a risk to Health and Safety if CL3 facility is not functioning properly	15	15/05/2019		New	↓9	
86	There is a risk of the Trust's Telephony System failing due to aged telephone technology/infrastructure	15	09/08/2017		↑15	↔15	

SO2

Key Controls / Influences Established (What are we currently doing about the risk?)		Key Controls / Influences (What additional controls should we seek?)	Assurance Providers 2018 / 2019 (How do we know if the things we are doing are having an impact?)			Gaps in Assurance on Controls / Influences (What additional assurances should we seek?)	Agreed Actions for Gaps in Controls / Influences or Assurances (What more should we do, including timescales for delivery)
			Local Management (1st Line of Defence	Corporate Oversight (2nd Line of Defence)	Independent / External (3rd Line of Defence)		
1	Risk assessment for each area	Further review on all risks	• CPDG	• Executive management Group • Finance and performance committee	• Greater Manchester CA		
2	Signed off capital	Review when changed	• CPDG	• Executive	• Greater		

Assurance Ratings:	*Significant Assurance*	*Significant Assurance with minor improvement opportunities*	*Partial assurance with improvements required*	*No assurance*

	programme for 18/19 operational plan	information		management Group • Finance and performance committee	Manchester CA		
3	External reports identify areas focus	Oversight of progress	• Weekly operational meeting • Formal update to ET fortnightly	• Monthly to Trust Board	• GM FRS		

Assurance Ratings:	Significant Assurance	Significant Assurance with minor improvement opportunities	Partial assurance with improvements required	No assurance

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Trust Risk Register		
Report of:	Chief Nurse & Director Quality Governance	**Prepared by:**	Risk & Safety Team Lead

REPORT FOR INFORMATION

Corporate objective ref:	2a, 3a, 3b
Board Assurance Framework ref:	SO2,SO3, SO5, SO6
CQC Registration Standards ref:	17
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report.
The data for this report was collated on 21/01/2020

This paper provides an overview of the current Trust Risk Register.

The top risks with a current risk rating of 20 are associated with:

- Finance: Risk 978; current risk of 20
- Estate backlog maintenance: Risk 586; current risk of 20
- Eating Disorders Support: Risk 1331; current risk of 20
- Winter Planning: Risk 1309; Current risk of 20
- Recruitment of Staffing: Risk 1253; current risk of 20
- Patient Safety due to opening of additional capacity: Risk 1167; current risk of 20
- Emergency Department overcrowding due to demand: Risk 126; Current risk of 20

The top risks assessed as having a catastrophic consequence that is possible to occur are:-

- Finance: Risk 978; current risk of 20, consequence of 5
- Failure of telepath system: Risk 957; current risk of 15 consequence of 5
- Staffing to support IT network: Risk 587; current risk of 15 consequence of 5

There are 33 risks rated 15 or above on the Trust Risk Register with corporate approval. This is 6 more than last month.

Members are asked to note the risks and the identified actions to mitigate those risks.

Attachments:

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☒ Quality Committee ☒ Finance & Performance Committee	☒ People Performance Committee ☐ Charitable Funds Committee ☐ Exec Management Group ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

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1. Introduction

1.1 There are 569 approved risk records in the Business Group approval status. This consists of 396 business group risk records, 57 business group approved generic hazard inventory forms, 48 business group approved ligature assessment forms, 45 approved risk assessments, 12 approved equipment trial records, 9 approved strategic risk records and 2 equipment for clinical research study risk assessments.

1.2 There are 126 risk records awaiting Business Group approval; of these 47 are ligature point risk assessments, 36 are risk assessments, 33 are business group risks, 3 equipment trial assessments, 4 are general hazard inventory records and 3 strategic risk records .

1.3 There are 2 risk records awaiting trust risk register approval at the time of preparing the report.

2. Top Risks

2.1 The top risks with a current risk rating of 20 are associated with:

- Finance: Risk 978; current risk of 20
- Estate backlog maintenance: Risk 586; current risk of 20
- Eating Disorders Support: Risk 1331; current risk of 20
- Winter Planning: Risk 1309; Current risk of 20
- Recruitment of Staffing: Risk 1253; current risk of 20
- Patient Safety due to opening of additional capacity: Risk 1167; current risk of 20
- Emergency Department overcrowding due to demand: Risk 126; Current risk of 20

2.2 The top risks assessed as having a catastrophic consequence that is possible to occur are:

- Finance: Risk 978; current risk of 20, consequence of 5.
- Failure of telepath system: Risk 957; current risk of 15, consequence of 5.
- Staffing to support IT network: Risk 587; current risk of 15, consequence of 5.

2.3 Details of the risks can be found in Appendix 1.

3. Risk Trends

3.1 The risk register is presented in order of current rating.

3.2 Across the 33 risks rated 15 or higher that have been corporately approved;

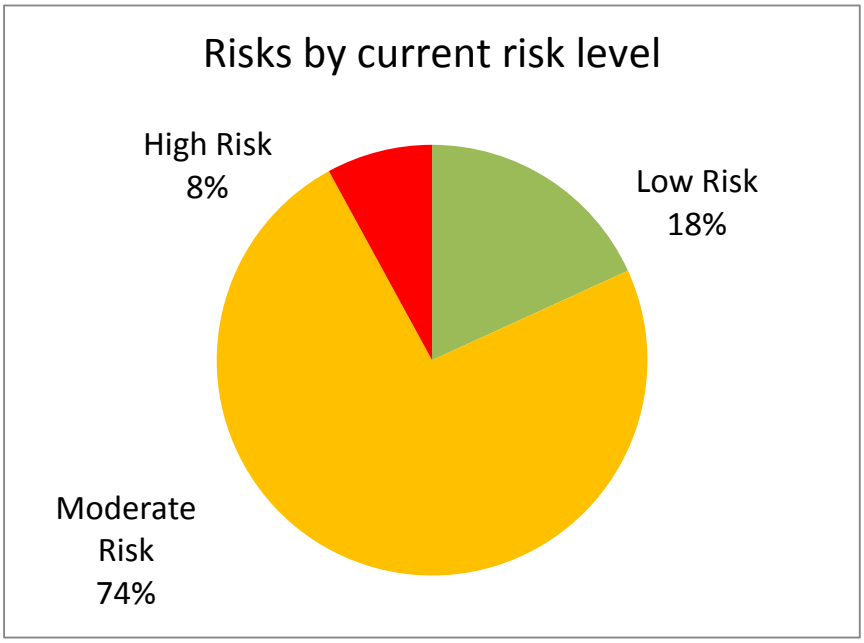
- 9 risks are associated with staffing issues: (50, 78, 125, 686, 916, 1138, 1167, 1253, 1310)
- 7 risks are associated with compliance (with standards/mandatory or legislative: (99, 400, 586, 1004, 1046 and 1112, 1331)
- 4 risks are associated with capacity issues or increase in demand: (183, 407, 872 and 1069)
- 3 risks are associated with financial issues (978, 1030,and 1224)
- 2 risk is associated with Documentation – (996 and 1153)
- 2 risks are associated with IT systems (587 and 957)
- 2 risks are associated with Equipment (86 and 989)
- 2 risk3 is associated with Resilience, Emergency Planning & Business Continuity (765 and 1039)
- 1 risk is associated with clinical procedures (130)
- 1 risk is associated with the environment (126)

4. Risk Profile

4.1 The trust wide distribution of risks is shown below of approved risks.

	Low				Significant			High			Very High		Severe	Unacceptable
Rating	**1**	**2**	**3**	**4**	**5**	**6**	**8**	**9**	**10**	**12**	**15**	**16**	**20**	**25**
Number of risks	5	10	14	52	2	69	45	73	19	116	9	19	7	0

4.2 The risk level distribution is shown below



4.3 The corporately approved risks that are on the trust risk register are distributed across the Business Groups as detailed below:-

Business Group	Risk Score 15	Risk Score 16	Risk Score 20	Risk Score 25	Total
Corporate	2	3	4	0	9
Integrated Care	0	6	1	0	7
Medicine and Clinical Support	4	1	1	0	6
Surgery, GI and Critical Care	0	2	1	0	3
Women's and Children and Diagnostic	3	5	0	0	8

4.4 The table below shows the movement of risks that are on the trust risk register at 31st December

Risk number	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	
99											15			N
126											20			N
1167											20			N
1224											16			N
1253											20			N
1310											16			N
1331											20			N
586	20	20	20	20	20	20	20	20	20	20	20			↔
978			20	20	20	20	20	20	20	20	20			↔
1309										20	20			↔
50	16	16	16	16	16	16	16	16	16	16	16			↔
78	16	16	16	16	16	16	12	16	16	16	16			↔
125	16	16	16	16	16	16	16	16	16	16	16			↔
130	20	20	12	12	12	12	16	16	16	16	16			↔
183	16	16	16	16	16	16	16	16	16	16	16			↔
686				16	16	16	16	16	16	16	16			↔
765	16	16	16	16	16	16	16	16	16	16	16			↔
872	16	16	16	16	16	16	16	16	16	16	16			↔
989				16	16	16	16	16	16	16	16			↔
1004				20	20	20	20	20	20	16	16			↔
1046						16	16	16	16	16	16			↔
1069						16	16	16	16	16	16			↔
1112						16	16	16	16	16	16			↔
1030							16	16	16	16	16			↔
1138							16	16	16	16	16			↔
86					15	15	15	15	15	15	15			↔
400									15	15	15			↔
407	15	15	15	15	15	15	15	15	15	15	15			↔
587	15	15	15	15	15	15	15	15	15	15	15			↔
916					15	15	15	15	15	15	15			↔
957		15	15	15	15	15	15	15	15	15	15			↔
996					15	15	15	15	15	15	15			↔
1153									15	15	15			↔

Key	
↓	Risk rating reduced in month
↑	Risk rating increased in month
↔	Risk rating stayed the same in month
C	Risk closed in month
N	New risk in month

4.5 The table below shows when the risks have been removed from the Trust risk register.

Risk number	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
46	20	C											
67	16	16	8	8	8	20	16	16	16	8	4		
124	20	12	9	9	9	9	9	9	9	9	9		
127	16	16	16	16	16	16	16	16	12	12	12		
231	15	15	15	15	12	12	9	9	9	9	9		
355	15	C											
363	15	15	15	C									
408	15	12	12	12	12	12	12	12	12	12	9		
429	16	16	16	16	16	16	16	16	16	12	12		
457	20	20	20	20	20	20	20	20	20	12	12		
461	16	C											
466	16	C											
469	15	10	C										
476	15	15	C										
499	15	12	9	9	9	9	9	9	9	9	9		
513	15	9	C										
505	20	20	20	20	20	20	20	20	20	C			
576	15	15	15	15	15	15	15	15	12	12	12		
599	16	16	16	16	16	16	C						
618	16	16	16	16	16	16	16	16	12	12	12		
686	16	16	12	12	12	12	12	12	12	12	12		
816	16	12	12	12	12	12	12	C					
825	15	15	15	15	15	15	C						
869	16	16	12	8	8	8	8	8	8	8	8		
905				C									
934	16	16	16	16	16	16	16	16	12	12	12		
938				16	16	4	C						
991				16	16	16	16	16	9	9	9		
1015				20	16	16	16	16	12	12	12		
1031				16	12	9	9	9	9	9	9		
1124				16									

5. Risk Movement

5.1 There are 33 risks on the trust risk register; six more than the last report.

5.2 There were 6 new risks approved at the Safety & Risk Group in December (99, 126, 1224, 1253, 1310 and 1331)

6. Summary

6.1 Members are asked to note the risks and the identified actions to mitigate those risks.

RISK ASSESSMENT SCORING/RATING MATRIX

LIKELIHOOD OF HAZARD

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

The risk factor = severity x likelihood

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

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

QUALITATIVE MEASURE OF CONSEQUENCE

Impact Score	1	2	3	4	5
Domains / Description	**NEGLIGIBLE / LOW**	**MINOR**	**MODERATE**	**MAJOR**	**CATASTROPHIC**
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for <7 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 7-14 days Increase in length of hospital stay by 4-15 days RIDDOR / agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity / disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects Fatality Multiple permanent injuries/irreversible health effects	An event which impacts on a large number of patients Multiple Fatalities
Quality / complaints / audit	Peripheral element of treatment or service suboptimal Informal complaint / inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report Inquest / ombudsman negative finding	Totally unacceptable level or quality of treatment / service Gross failure of patient safety if findings not acted on Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective / service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory / key training	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory / key training	Non-delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis
Statutory duty / inspections	No or minimal impact or breech of guidance / statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations / improvement notice Register concern	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / reputation	Local Press >1 Potential for public concern	Local media coverage >1 Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. Full Public Inquiry MP concerned (questions in the House) Total loss of public confidence
Business objectives / projects	Insignificant cost increase / schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims / cost	Small loss Risk of claim remote < £2k	Loss of 0.1–0.25 per cent of Trust budget Claim / cost less than £2- 20k	Loss of 0.25–0.5 per cent of Trust budget Claim(s) / cost between £20k -£1M	Uncertain delivery of key objective / Loss of 0.5–1.0 per cent of Trust budget Claim(s) / cost between £1m and £5m Purchasers failing to pay on time	Non-delivery of key objective / Loss of >5 per cent of Trust budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£5 million
Service / business interruption Environmental impact	Loss / interruption of >1 hour Minimal or no impact on the environment	Loss / interruption of >8 hours Minor impact on environment	Loss / interruption of >1 day Moderate impact on environment	Loss / interruption of >1 week Major impact on environment in more than one critical area	Permanent loss of service or facility Catastrophic impact on environment
Project related	Insignificant impact on planned benefits	Variance on planned benefits <5% and <£50k	Variance on planned benefits >5% or >£50k	Variance on planned benefits >10% or >£500k	Variance on planned benefits >25% or >£1m

Trust Risk Register 13 February 2020

Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
126	11/05/2016	Integrated Care Business Group	There is a risk of Emergency Department Overcrowding due to capacity not meeting demand	20	The above controls are the departmental measures to ensure early identification of the most unwell and safe management of the most vulnerable e.g. frail patients Trusts and System measures to be activated	4	5	20	Paper re CDU Utilisation - Paper prepared for submission to SMT and ET, regarding improved utilisation of CDU to improve de-congestion of the ED	31/01/2020	31/01/2020	8
185	02/05/2017	Women Children and Diagnostics Business Group	This is a risk of no provision for reporting complex and non complex neurological radiology CTA, CTV and MR brain	20	•Out to Locum agency for fixed term post and short term cover at the same time •Advertise for substantive post holder •Work with Salford FT to discuss interim cover, especially for reporting of Stroke patients •Use outsourced specialist provider to report where we can. •CDs have raised with Medical Director today and asked for support with Salford discussions.	4	5	20	External Service Provider Guidence Protocol	27/03/2020 27/03/2020	27/03/2020	4
586	21/06/2018	Estates and Facilities	There is a risk of deterioration of the hospital site due to a significant increase in Estate Backlog Maintenance	20	Prioritisation of high and significant risk areas identified within the 5 facet survey and individually risk assessed. Ensuring areas with associated statutory requirements are prioritised. Planned Preventative Maintenance (PPM) schedule of works. Regular walkrounds/visual checks undertaken by Estates Staff. Estates Helpdesk: Facility to report jobs. On-going review & monitoring of DATIX Incidents & appropriate remedial action.	4	5	20	Risk Review Due Mapping Exercise - Significant Risks	31/03/2020 31/03/2020	31/03/2020	8
978	01/04/2019	Finance	There is a risk that the Trust will not deliver its 2019/20 financial performance	20	A number of controls are in place including strong performance management via monthly BG meetings, weekly performance wall, fortnightly financial reporting to EMG and weekly CIP monitoring	5	4	20	Agreement of the Performance Management Framework Fortnightly reporting of CIP to NHSI Further develop recovery plan	31/03/2020 31/03/2020 31/03/2020	31/03/2020	5
1167	02/10/2019	Medicine and Clinical Support	There is a risk of patient harm arising from opening of extra capacity without adequate substantive staff	16	Opening of a ward SOP in place -to be followed to ensure MOAT patients are within the escalation wards Close support of roster development and daily review of staffing Requests to other business groups to support Early identification of gaps for shifts to put out onto NHSP. Staffing equalised across the Business Group and the Trust to ensure safety across all wards. A review of non ward based Nurses is being undertaken and availability scoped support the wards. High intensive visits, support and monitoring by Matrons for safety and acuity. Education teams supporting training of agency nurses to optimise skills for staff for our wards Medical cover being reviewed on a daily basis with Associate Medical Director. Incentives introduced to encourage staff to support winter	4	5	20	Recruitment and retention stratgey Review risk assessment support the timely discharge of patients to enable the additioanl capacity can be closed	13/03/2020 10/04/2020 27/03/2020	10/04/2020	8

Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
1253	21/10/2019	Human Resources	There is a risk that the Trust will not be able to recruit and retain sufficient staff to ensure delivery of safe high quality care	20	Recruitment and retention incentives International recruitment Establishment Control Panel to approve agency requests	4	5	20	International nursing recruitment	28/02/2020	28/02/2020	9
1309	22/11/2019	Corporate Nursing	There is a risk that the System Winter Plan will not provide the required resilence to meet the demands of the winter period	20	Grand Ward Rounds with partners taking place weekly Focus in ED on admission avoidance Integrated Transfer Team operating a Activation Centre to expedite discharge of Complex Patients with introduction of Super Tuesday focused complex review.	4	5	20	Launch Reducing Days Away From Home Initiative	16/12/2019	16/12/2019	8
1331	03/12/2019	Surgery GI and Critical Care	This is a risk assessment regarding lack of timely psychiatric support for eating disorders	20	Internal guideline written NICE guidance for eating disorders	4	5	20	Review agreement with Penine	01/04/2020	01/04/2020	8
1359	09/12/2019	Women Children and Diagnostics Business Group	There is risk of non compliance with LOLER regulations	20	Risk assessment to highlight concerns and take action High risk children have M&H plans Equipment checked visually before each use.	4	5	20	LOLER CHECKS	28/02/2020	28/02/2020	8
1360	10/12/2019	Medicine and Clinical Support	There is a risk of clinical harm due to no regular access to breast metastatic MDT to advise treatment plans	16	Patients being reviewed ad hoc by SHH radiologists but this is not sustainable. Christie radiologist to support where possible though they do not have access to all SHH documentation. A paper to be drafted for EMT for options appraisal.	4	4	16	Escalation to Medical Director due to clinical concerns. A paper to be drafted for EMT for options appraisal.	25/02/2020 25/02/2020	25/02/2020 25/02/2015	8
1310	22/11/2019	Integrated Care Business Group	There is a risk that pt care is compromised on CDU when staffing does not meet required levels for an inpt escalaton area	16	Continued recruitment to vacancies. NHSP working to fill shifts through bank and agencies via the trust agreed agency cascade Cancellation of non-clinical shifts Cancellation of training as required Daily review of staffing across the directorate Senior team written paper around usage of CDU for Exec approval	4	4	16	Review of CDU use	31/01/2020	31/01/2020	8
1224	16/10/2019	Surgery GI and Critical Care	This is a risk assessment agains tthe impact of lost activity and income due to patient flow pressures across the hospital	12	System - wide winter plan in place. Business Group- focus on stranded and MOAT patients. Daily bed manager within the business group to work closely with clinical site coordination team.	4	4	16	To support the delivery of elective activity during times of peak pressure	04/03/2020	04/03/2020	8
1004	08/05/2019	Estates and Facilities	There is a risk of significant breaches of the Regulatory Reform (Fire Safety) Order 2005	20	Action Plan agreed with GMFRS. Monthly Meetings with GMFRS to monitor progress against action plan.	4	4	16	Risk Review Due Fire Safety Training	31/03/2020 02/09/2020	02/09/2020	8

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Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
									Fire Safety Training Records	02/09/2020		
									Stand alone Fire Risk Assessment for Theatres	02/09/2020		
									Fire Stopping - Maternity Block	02/04/2020		
									Compartmentation Sizing	29/05/2020		
									Principles of Prevention to be covered in annual Fire Safety Training	02/09/2020		
									Review Fire Evacuation Plans	02/09/2020		
									Annual programme of fire drills in the form of a "Walkthrough" to be undertaken	02/09/2020		
1030	06/06/2019	Integrated Care Business Group	There is a risk the BG will not meet the CSEP target of £2.4m	16	BG has escalated concerns to Executive Team Completed impact assessment across all affected areas Communicated the position to BG service leads to ensure awareness and engagement BG continuing to engage in the trust CSEP and weekly track progress using the delivery tool BG management Team meet weekly with Finance, HR and Transformation colleagues	4	4	16	Overview of BG services	28/02/2020	28/02/2020	12
1046	29/05/2019	Estates and Facilities	There is a risk the Trust is non-compliant with statutory H&S legislation due to non appointment to statutory positions	20	Gap Analysis undertaken & Statutory Compliance Tracker created External Review of Estates Function Estates Statutory Compliance Work Plan produced & establishment of E&F Task & Finish Group to monitor progress against the action plan. Fortnightly reporting to Trust Exec Team. Development of a 'Professional Structure' detailing Designated Persons Roles & Responsibilities.	4	4	16	Risk Review Due	31/12/2019	31/03/2020	8
									Statutory Compliance Tracker - Progress Monitoring	31/03/2020		
1069	23/05/2019	Women Children and Diagnostics Business Group	There is a risk of POCT management failure due to the pressure on the staff and limitations of resources	16	Ketone Vtrust meters - not meeting specification for full connectivity, any results out of the analytical range give the same error whether high or low and are not transmitted to the patients electronic record. Any insufficient samples display the same error. 2 risk assessments with actions in place. INR meters - End of life - quote received from company Urisys1100 dipstick readers - All negative results require manual confirmation negating the purpose of the meter. Quality governance guidance in place to visually read all	4	4	16	Contract KPIs negotiation	01/04/2020	27/07/2020	8
									Address, action and document UFSN	29/03/2020		
									Business case for increase in establishment for POCT	28/02/2020		
									ADT feed for Cobas IT	24/02/2020		
									Procure replacement Ketone solution	28/02/2020		
									Scope peer to peer training for OOH trouble shooting	13/07/2020		

Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
					negative, if discrepant this is referred to senior staff and Datix'd. Procedure and documentation put into place to mitigate risk and monitor staff compliance with additional actions required.				Gap analysis to ISO accreditation	27/07/2020		
1112	06/08/2019	Women Children and Diagnostics Business Group	There is a risk to the organisation due to noncompliance with BSQRegulations due to Loss of Traceability of blood components	16	All the policies and SOPs in place are to comply with the Blood Safety & Quality Regulations.	4	4	16	Observe activity on wards during transfusion (RCA)	31/01/2020	28/02/2020	4
									Create poster for traceability Returns process for wards	31/01/2020		
									Explore "Empty pockets at handover" policy	28/02/2020		
									Explore feasibility of electronic system	24/01/2020		
									Increase awareness of training video on microsite for bedside check	28/02/2020		
									Safety Collaborative meeting	24/01/2020		
1138	10/09/2019	Integrated Care Business Group	There is a risk that patient care is compromised due to significant nurse staffing shortages within the ED	16	Continued recruitment to vacancies. NHSP working to fill shifts through bank and agencies via the trust agreed agency cascade Cancellation of non-clinical shifts Cancellation of training as required Daily review of staffing across the directorate	4	4	16	Recruitment of International Nursing	06/01/2020	06/01/2020	8
									Recruitment of Nurses	16/12/2019		
									Retention of Staff	16/12/2019		
989	17/04/2019	Women Children and Diagnostics Business Group	There is a risk of delaying treatment especially cancer patients with the removal of fax machines	16	The areas that have been affected by the removal of fax machines will need to set up an nhs.net account as this is encrypted. The reports can then be sent out with a prompt to the referrer that this has happened. This is a timely arrangement as all departments, GP Practices and other Trust will need this setting up. This can only be a temporary solution.	4	4	16	Internal e-mail system	28/02/2020	28/02/2020	4
									Review of Service	28/02/2020		
686	05/10/2018	Integrated Care Business Group	There is a risk that patient care may be compromised due to significant staffing shortages within AMU	20	NHSP working to fill shifts through bank and agencies via the trust agreed agency cascade. Continued recruitment to vacancies Cancellation of non-clinical shifts Cancellation of training as required Daily review by Business Group senior management team	4	4	16	Recruitment of medication administration pharmacy technicians	16/12/2019	16/12/2019	8

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Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
765	25/10/2018	Women Children and Diagnostics Business Group	There is a risk to the delivery of the CT service and patient safety due to a delay in installing 3rd CT scanner	16	Due to the increase in workload another 2 CT scanners are required. This has been planned for. Mobile CT scanner is being used to maintain waiting list times but this isn't cost effective. 2 new extra CT scanners to be purchased and installed. MR service is also at contract end with the need for MR scanner replacements. Monitoring of timings is crucial as this could impact using a mobile CT scanner.	4	4	16	Replacement Programme for CT/MR	18/03/2020	18/03/2020	4
872	04/12/2018	Surgery GI and Critical Care	There is a risk that patients may be harmed due to a deficit in endoscopy capacity against demand	16	The capacity and demand business case demonstrates that there is a need for more capacity compared to the demand. Therefore we are proposing a 4th room build which will reduce the cost associated with the insourced Alliance Lists and WLI sessions.	4	4	16	Schedule patients into additional insourced lists with Alliance	14/02/2020	14/02/2020	1
125	10/05/2016	Integrated Care Business Group	There is a risk that patients care could be compromised due to insufficient Emergency Department Medical Staffing	12	Dependant on internal cover and locum bookings	4	4	16	Discuss opportunities with upcoming CCT holders	06/01/2020	06/01/2020	8
130	01/09/2017	Integrated Care Business Group	There is a risk that the ED 4 Hour Standard will not meet its required monthly trajectory	16	Combined oversight of PGD into UCDB looking at full system solutions to poor flow and other root causes of poor performance	4	4	16	Please refer to actions of the Programme Delivery Group (PGD)	17/01/2020	17/01/2020	10
183	28/04/2010	Executive teams	Failure to meet the 62 day Cancer target standards	12	Monthly Cancer Board. Tracking team review all patients on pathway. Cancer Services Manager reviews patients using "Predictor" tool. Patients discussed at weekly tumour specific PTL meetings, Business Group meetings and Trust-wide PTL. Escalation policy in use	4	4	16	Diagnostic waits negatively impacting on cancer performance	29/06/2020	29/06/2020	8
									Awaiting outcome of discussions on potential loss of Urology cancer activity and impact on Trust 62 day Cancer performance, this is dependent on the future service model design. (scenario paper produced by Performance Team)	01/12/2019		
									Faster Diagnosis action plan will have positive effect on achieving 62 day target	01/12/2019		

Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
50		Women Children and Diagnostics Business Group	Risk to maternity service continuity and safety due to midwifery staffing levels	16	- Birth Rate Plus staffing review undertaken June 2017 - Business case collated and submitted August 2017 - additional staff recruited. - Midwife to Birth Ratio reviewed on a monthly basis and reported on dashboard - Evaluation of maternity service diverts undertaken June 2018 - Escalation of concern reports formally submitted to Quality Board, Quality Governance Committee and People and Performance Committee as appropriate (see documents) - Ongoing recruitment taking place to address any long term deficits. - Maternity leave tracked and recorded to highlight staffing deficit. - RM staff 8.0wte employed in excess of funded establishment to cover maternity leave and deficit highlighted by Birth Rate Plus review following submission of a business case in August 2017.	4	4	16	Resubmit outline business case	30/04/2020	30/04/2020	8
78	21/11/2016	Medicine and Clinical Support	There is a risk to patient safety due to the registered nursing staffing deficit within Medicine & CS	20	Twice daily assessment of staffing across the Business Group Band 7 on each ward to regularly monitor off duty for changes, ensure accurate numbers, significant gaps to be escalated to Matrons Staff re-deployed to balance the risk across the Business Group	4	4	16			10/01/2020	8
86	09/08/2017	Estates and Facilities	There is a risk of the Trust's Telephony System failing due to aged telephone technology/infrastructure	12	Day-to-Day Management by Facilities Team Maintenance Contract with GE-Tronics with confirmation of on-going support until 2022 Establishment of a Replacement Program Task & Finish Group to oversee the system replacement. Business Continuity Plans for all services accross the Trust.	3	5	15	Risk Review Due Project Board	31/01/2020 04/12/2020	04/12/2020	15
99	23/03/2017	Medicine and Clinical Support	There is a risk of patient harm due to lack of capacity in the max fax service	15	WLI sessions Clinical validation Prioritisation of urgent cases meet with MFT to set and review SLA	3	5	15	review of service provision in line with SLA recruitment of SFT based staff insource service	04/03/2020 09/03/2020 02/03/2020	09/03/2020	6

Trust Risk Register 13 February 2020

Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
587	25/05/2018	Information and IT	There is a risk to Trust IT infrastructure due to reliance on 1 Senior IT Technical Lead for essential upgrades	15	Advertising 2 key post; in interim attempting to recruit agency to be in place until substantive recruitment successful. Substantive recruitment of 2 keys posts completed and staff in post. Senior IT technical architect and IT Systems Manager both in post and complex knowledge transfer process underway from Asst Director IT -Infrastructure. Process anticipated to be completed by 31.12.19. Progress reviewed on monthly basis to assess status of current risk.	5	3	15	To complete all training and handover to Senior IT Technical Architect	31/03/2020	31/03/2020	10
400	27/02/2018	Women Children and Diagnostics Business Group	There is a risk to 18 week targets and compliance with NICE guidance.	15	1) Local offer defines the limitations on the provision for different parts of the service 2) The service has requested a review by the CCG to re-define priorities and re-define the local offer to aim to increase capacity and improve access times for assessment. AS part of this each area of service is listing the capacity required to meet the need.	3	5	15	Clarity of provision and assurance the service can meet the contract	31/03/2020	31/03/2020	9
407	04/03/2018	Medicine and Clinical Support	There is a risk to patient safety due to the number and length of the Respiratory Overdue Waiting List (non confirmed cancer)	12	- Urgent OWL codes used to identify patients who need to be prioritised for urgent Follow Up. - Consultants doing some validation of longest waiting patients to see if may be better managed in Primary Care. - monitoring of OWL in Trust performance meetings. - Capacity and Demand work underway. - Admin and clerical navigator role to be piloted to arrange surveillance chest x-rays for patients on surveillance for lung nodules (that may avoid some OP attendances).	3	5	15	Monthly monitoring of reduction of pateints on the waiting list.	13/01/2020	13/03/2020	6
916	11/01/2019	Medicine and Clinical Support	There is a risk that due to gaps in Orthodontic medics we are unable to meet demand for the service which could result in harm	15	- recruit both temporarily and permanently. - attempts to secure locum - clinical priorities of patients	3	5	15	Options paper for orthodontics	19/05/2020	19/05/2020	3
957	07/03/2019	Women Children and Diagnostics Business Group	There is a risk to patient care if the Laboratory Information Management System (Telepath) Fails	15	To have contingency plans in place and documented. To put in place a new system that would mitigate the risk of the system failing and not being retrievable.	5	3	15	Create Project / Action plan for procurement	28/02/2020	28/02/2020	10
996	25/04/2019	Medicine and Clinical Support	This is a risk of the Trust not achieving a 7 day target for Clinical Correspondence	8	Internal review of KPI. Internal review of capacity and demand. Internal review of resource ic clinicians Internal review of technology efficiencies. Outsourcing	3	5	15	Digital delivery of clinical correspondence Review risk	28/02/2020 19/03/2020	19/03/2020	6

Risk ID	Date Risk Identified	Business Group	Risk Title	Rating (initial)	Summary of Controls	Consequence (current)	Likelihood (current)	Rating (current)	Mitigating Actions in Place	Action Due Date	Expected Target Date	Rating (Target)
					Outsourcing. Monitor TAT's on report Develop a prediction tool				To review staffing resource in correspondence hub.	28/02/2020		
1153	19/09/2019	Women Children and Diagnostics Business Group	There is a risk to patient safety when children and young people (CYP) are under the care of both Pennine Care & Stockport NHSFT	15	Meetings with HYMS teams requesting access to their documentation. Developing link nurses to liaise with the HYMS team. Encouragement of HYMS staff to document in more detail and in a timely manner any assessment/plans for care	3	5	15	Develop a link nurse role Meet with Pennine Care to discuss documentation and/or access to their records	19/02/2020 19/02/2020	19/02/2020	6

NHS England and NHS Improvement

Pauline.Philip@nhs.net

16 September 2019

To:
Chief Executive

CC:
Chair

Healthcare worker flu vaccination

The vaccination of healthcare workers against seasonal flu is a key action to help protect patients, staff and their families. Provider flu plans for 2018/19 saw a national uptake rate amongst front line staff of 70.3%, with some organisations vaccinating over 90% of staff. Our ambition is to improve on this through the actions outlined in this letter.

In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, the egg and cell-base Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s, the adjuvanted trivalent influence vaccine (aTIV) as well as QIVc.

Today, we are writing to ask you to tell us how you plan to ensure that all of your frontline staff are offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Background

Healthcare workers with direct patient contact need to be vaccinated because:

a) Flu contributes to unnecessary morbidity and mortality in vulnerable patients

b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues

c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence

d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated

Whilst overall uptake levels have increased every year since 2015/16, there is significant variation in the uptake rates achieved as some trusts have developed excellent flu programmes that deliver very high level of vaccination coverage, however others have not made the same progress.

An evaluation of last year's flu season showed that trusts that have developed a multicomponent approach have achieved higher uptake levels. Innovative methods to reach staff, going ward-to-ward, holding static and remote drop-in clinics and encouraging staff to contact vaccinators directly have been established. Trusts also used incentives to encourage staff, and even small incentives, such as badge stickers, worked to reinforce positive messages. Above all, board and ward leadership are critically important to promote vaccination to staff, providing visibility and transparency.

In order to ensure your organisation is doing everything possible as an employer to protect staff and patients from flu, we would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce. You can also access resources including National Institute for Health and Care Excellence (NICE) guidelines: https://www.nice.org.uk/guidance/ng103 and Public Health England's Campaign Resource Centre: https://campaignresources.phe.gov.uk/resources/campaigns/92-healthcare-workers-flu-immunisation-

We are now asking that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of December 2019. Your regional lead will also work with you to share best practice approaches to help support an improvement in your uptake rates.

It is important that we can track trusts' overall progress towards the 100% ambition and all trusts will be expected to report uptake monthly during the vaccination season via 'ImmForm'.

As discussed, there is variation of uptake rates between trusts. Many trusts have made successful progress and have achieved near full participation, whilst other trusts are not increasing uptake rates quickly enough to protect staff and patients. It is important that improvements are made in those trusts. To support this, the healthcare worker flu vaccination CQUIN is in place again this year. New thresholds for payment have been set at 60% (minimum) and 80% (maximum).

We are also increasing requirements for trusts who have had low uptake rates. Each trust that was in the bottom quartile for vaccination uptake (at 61.7% or below) in the published data (Immform in 2018/19) will be required to buddy with a higher uptake trust. Working with them will provide an opportunity to learn how to prepare, implement and deliver a successful vaccination programme.

For trusts in this quartile progress will be reviewed weekly during the flu season by regional teams in addition to the monthly reporting that is provided to PHE via Immform.

Organisations should use the Written Instruction for the administration of seasonal 'flu vaccination developed by The Specialist Pharmacy Service. NHS trusts vaccinating their own staff may consider that a PGD is more appropriate if it offers a benefit to service delivery e.g. provision by healthcare practitioners other than nurses, who may legally operate under a PGD. Health and social care workers should be offered either the egg or cell-based quadrivalent influenza vaccine. For the small number of healthcare workers aged 65 and over, if you are unable to offer the cell-based flu vaccine, these staff should ask their GP or pharmacy for an adjuvanted trivalent influenza vaccine (aTIV) which is preferable to the non-adjuvanted egg-based flu vaccine particularly if they are in an at risk group.

Finally, we are pleased to confirm that NHS England and Improvement this year is offering the vaccine to social care and hospice workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely,

Pauline Philip
National Director of Emergency and Elective Care
NHS England and NHS Improvement

Ruth May
Chief Nursing Officer
NHS England and NHS Improvement

Stephen Powis
National Medical Director
NHS England and NHS Improvement

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	**Committed leadership** (number in brackets relates to references listed below the table)	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Yes
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Yes
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	Yes
A4	Agree on a board champion for flu campaign	Yes – Director of Workforce & OD
A5	All board members receive flu vaccination and publicise this	Yes
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Yes
A7	Flu team to meet regularly from September 2019	Yes
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Yes
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Yes – drop in clinics at OH and Pharmacy Shop plus targeted clinics in most areas across the Trust
B3	Board and senior managers having their vaccinations to be publicised	Yes
B4	Flu vaccination programme and access to vaccination on induction programmes	Yes
B5	Programme to be publicised on screensavers, posters and social media	Yes
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Yes
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Yes
C2	Schedule for easy access drop in clinics agreed	Yes
C3	Schedule for 24 hour mobile vaccinations to be agreed	Yes – early and late sessions set up for staff
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	Yes – prizes

		for teams, Costa Coffee vouchers
D2	Success to be celebrated weekly	Yes – Weekly Update

Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Gender Pay Gap Reporting		
Report of:	Director of Workforce & OD	**Prepared by:**	Equality, Diversity & Inclusion Manager

REPORT FOR APPROVAL

Corporate objective ref:	6
Board Assurance Framework ref:	6
CQC Registration Standards ref:	-----
Equality Impact Assessment:	☐ Completed ☒ Not required

Summary of Report

The attached report was presented to and approved by the People Performance Committee in February. The highlights of our Gender Pay Report for 2019 are:

- The gender pay gap has marginally increased from last year
- The median pay gap shows a marginal increase in the difference between men and women.
- The gap between men and women receiving bonus payments has marginally decreased thus maintain a minimal gap.
- The percentage of women in the top quartile is lower than the Trust average of 80%.

The People Performance Committee have noted the contents of this report and confirmed its recommendation for the report to be presented to the Board of Directors for approval to publish our gender pay gap 2019 report on the government website and the Trust's internet page in accordance with the Equalities Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

11.2

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 - PSIG

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Gender Pay Gap Report

1. Introduction

In 2018 the government made gender pay gap (GPG) reporting mandatory by amending the Equalities Act 2010 (Specific Duties and Public Authorities) Regulations 2017 so that all public sector employers with more than 250 employees are required annually to measure and publish their gender pay gap prominently on the government website and their own. The Equality and Human Rights Commission (EHRC) is responsible for monitoring how public bodies are complying with the GPG reporting requirements and can take enforcement action.

This year, the figures from the snapshot date of 31 March 2019 must be reported on no later than 30 March 2020.

The gender pay gap shows the difference between the **average** (mean or median) earnings of men and women.

Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

Employers must follow the rules in the regulations to calculate the following information: The

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males receiving a bonus payment
- proportion of females receiving a bonus payment
- proportion of males and females in each quartile pay band

A **mean** average involves adding up all of the numbers and dividing the result by how many numbers were in the list. A **median** average involves listing all of the numbers in numerical order. If there are an odd number of values, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.

This report includes the statutory requirements of the Gender Pay Gap legislation but also provides further context to demonstrate our commitment to equality.

2. Gender Profile of the Organisation

The Trust's workforce comprises of 80% Women and 20% Men.

Gender	Headcount	%
Female	4375	76.43
Male	1115	19.48
Grand Total	5490	100

3. Gender Profile by Banding

The figures show the Gender Profile by Banding for the Trust. The Trust workforce comprises of a female workforce across all bandings apart from Medical & Consultant where 4.64% are male in comparison to 2.62% female.

Gender Profile by Banding	Trust Headcount	Trust Headcount %	Female	Female%	Male	Male%
Band 1	331	6.03	185	4.23	146	13.09
Band 2	1170	21.31	957	21.87	213	19.10
Band 3	517	9.42	439	10.03	78	7.00
Band 4	378	6.89	331	7.57	47	4.22
Band 5	1092	19.89	945	21.60	147	13.18
Band 6	846	15.41	757	17.30	89	7.98
Band 7	473	8.62	405	9.26	68	6.10
Band 8 and Above	267	4.86	200	4.57	67	6.01
Ad Hoc	17	0.31	12	0.27	5	0.45
Medical & Consultant	399	7.27	144	3.29	255	22.87
Grand Total	**5490**	**100.00**	**4375**	**79.69**	**1115**	**20.31**

4. Gender Pay Gap

The figures show the Mean Gender Pay Gap for the Trust is 23.92% and the Median Gender Pay Gap is 3.94%. This shows that gender pay gap has slightly increased from last year's Mean figure of 22.2% to 23.9%. This shows that for every pound men are earning, women are earning just over 76 pence (2 pence decrease from last year.)

Gender	Avg. Hourly Rate 2019/20	Avg. Hourly Rate 2018/19	Median Hourly Rate 2019/20	Median Hourly Rate 2018/19
Male	20.00	19.20	14.34	13.55
Female	15.21	14.93	13.78	13.40
Difference	4.78	4.27	0.56	0.15
Pay Gap %	23.92	22.23	3.94	1.08

5. Bonus Pay Gap

Bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards. Under the national Medical & Dental terms and conditions Consultants are eligible to apply for Clinical Excellence Awards (CEA). This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The calculations below include both local and national CEA's.

Bonus Pay Gap by Gender	Avg. Pay	Median Pay
Male	10,372.31	6,032.04
Female	4,873.96	3,015.96
Difference	5,498.35	3,016.08
Pay Gap %	53.01	50.00

The average bonus pay gap is 53.01% and the median is 50%. There is a significant difference between male and female bonus pay gap.

Table 1 Consultant by Gender

Consultant by Gender	Count of FTE	%
Female	65	31.10
Male	144	68.90
Grand Total	**209**	**100**

Table 2 Consultant Gender Profile with percentage of eligibility and applications

Gender	No of Applicants	No Shortlisted	Successful Appointment
Female	93.00	31	14
Male	25.00	13	3

Table 3 Proportion of Males and Females receiving a Bonus Payment

Gender	Employees Paid Bonus	Total Consultant	Total Consultant%
Female	25.00	63	39.68%
Male	64.00	145	44.14%

Although there has been an increase in the number of female Consultants, there has been a slight decrease in the percentage of female and male Consultants receiving a Bonus Payment.

The figures show that the proportion of Women receiving a CEA is **39.68%** and the proportion of men **44.14%,** a minimal difference of **4.46%** which is still a slight increase from last year.

6. Proportion of males and Females in each quartile band

Quartile	Female	Male	Female %	Female % 2018	Male %	Male % 2018
1	1019.00	249.00	80.36	79.13	19.64	20.87
2	1054.00	265.00	79.91	80.63	20.09	19.37
3	1078.00	201.00	84.28	85.17	15.72	14.83
4	966.00	342.00	73.85	74.01	26.15	25.99

All female staff and all male staff are ranked separately according to their pay. They are then put in to four quartiles with quartile 1 being lowest paid staff, 2 being lower middle, 3 being upper middle and 4 being highest paid staff. The figures show that, compared to our workforce of 80% women and 20% men, women are over represented in quartile 3 and under-represented in quartile 4**.** There is a very slight improvement in quartile 1 for women and in quartiles 2, 3 and 4 there is an overall increase for men as can be seen from last year's figures.

7. Proportion of Doctors by Ethnicity, Disability and Age

Table 1 Doctors by Ethnicity

Trust	Headcount	%	Doctors	Headcount	%
White	4509	82.13%	White	181	45.36%
Mixed	66	1.20%	Mixed	10	2.51%
Asian	463	8.43%	Asian	149	37.34%
Black	191	3.48%	Black	19	4.76%
Other	92	1.68%	Other	29	7.27%
Not Stated	169	3.08%	Not Stated	11	2.76%
Total	**5490**		**Total**	**399**	

Table 2 Doctors by Disability

Trust	Headcount	%	Doctors	Headcount	%
No	4519	82.31%	No	312	78.20%
Not Declared	785	14.30%	Not Declared	83	20.80%
Prefer Not To Answer	7	0.13%	Yes	4	1.00%
Unspecified	1	0.02%			
Yes	178	3.24%			
Total	**5490**		**Total**	**399**	

Table 3 Doctors by Age

Trust Age	Headcount	%	Doctors Age	Headcount	%
<=20 Years	51	0.93%			
>=71 Years	24	0.44%	>=71 Years	2	0.50%
21-25	321	5.85%	21-25	31	7.77%
26-30	583	10.62%	26-30	55	13.78%
31-35	591	10.77%	31-35	37	9.27%
36-40	642	11.69%	36-40	64	16.04%
41-45	610	11.11%	41-45	51	12.78%
46-50	756	13.77%	46-50	64	16.04%
51-55	824	15.01%	51-55	48	12.03%
56-60	667	12.15%	56-60	32	8.02%
61-65	355	6.47%	61-65	12	3.01%
66-70	66	1.20%	66-70	3	0.75%
Total	**5490**		**Total**	**399**	

8. Gender pay gap Comparison

The mean gender pay gap for the whole of the Public Sector economy (according to the October 2019 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.3%, the national figure continues to decline. At 23.92 % the Trust's mean gender pay gap is therefore, above that for the wider public sector and has increased since last year's figures due to an increase in employment the increase is not viewed to be significant. The mean gender pay gap is reflective of the pattern from the wider UK healthcare economy; traditionally the NHS has a higher female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in Medical & Dental professions.

9. Reducing the Gender Pay Gap

One reason for the much higher mean pay rates than median pay rates, especially for male staff, may be the relatively high numbers of staff paid at VSM or higher non-Agenda for Change rates.

Further analysis for staff paid at the higher non-Agenda for Change rates have been provided in regards to Ethnicity, Disability and Age. Doctors with a Disability are significantly unrepresented with only 1% self-reporting a disability. The Trust has one BAME VSM; the percentage of Doctors from an ethnic minority background is proportionate to those of a white background. The data shows that the majority of doctors are predominately aged 46 – 55.

The following are some areas that will be discussed at the EDI steering group meeting, with a view to developing and monitoring an action plan going forward.

- Explore with the Trust's EDI steering to promote positive discussion and develop further awareness of the issues around the Gender Pay Gap and how the report should be shared widely with the organisation.
- Further data analysis including Ethnicity Pay Gap Report and median pay gap further investigations.
- Identify if there are any barriers to training and development opportunities for women, ensure the internal Leadership development programme, coaching and mentoring opportunities are inclusive of women.
- Ensure that recruitment and selection practices are inclusive in attracting men to apply for entry-level positions and inclusive for staff and prospective applicants regardless of gender.
- Analysis of recruitment and selection data and use improvement methodologies in R&S processes to develop /promote flexible working options, such as, part-time work, remote working, job sharing or compressed hours for senior roles.
- Attracting women to take on higher-banded positions, by offering maternity/paternity and returner's scheme support packages.
- Nurture a culture that enables staff to succeed regardless of gender
- Ensuring senior managers continue to promote and encourage Agile working across the Trust for both men and women to work flexibly, support childcare and other caring responsibilities.
- To work with other Trusts to gather intelligence on good practice.
- Examine gender issues experienced by staff to improve the staff experience and increase retention via staff surveys, Cultural Ambassadors network or develop a Gender Staff Network

10. Conclusion

In summary the report highlights that our gender pay gap has slightly increased form last year but not significantly. Our median pay gap shows that there has been a marginal increase which we anticipate is a consequence of the assimilation process of Bands 1 and 2; further data analysis will be completed to clarify this position. In addition, there has been a decrease in men and women receiving bonus payments maintaining a minimal gap. The percentage of women in the top quartile is lower than the Trust average of 80%. (74.1).

The preponderance of women in the lowest pay quartile suggests that there is work to do in upskilling and attracting women to take on higher-banded positions, and in attracting men to apply for entry-level positions.

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Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Registration Authority Annual Report 2019/2020		
Report of:	Hugh Mullen Deputy CEO/Executive Director of Strategy, Planning and Partnerships/SIRO	**Prepared by:**	S. Raisbeck Registration Authority Manager

REPORT FOR BOARD APPROVAL

Corporate objective ref:	N/A	**Summary of Report** Contents of this report demonstrate compliance with the requirements against the Data Security and Protection Toolkit (DSPT) and National Registration Authority (RA) Policy. National Registration Authority Policy states: "The Board/EMT individual must report to the Board annually on RA activity and must sign off on RA DSP Toolkit submissions." Trust compliance is submitted in March as part of the DSP Toolkit. Stockport FT is required to complete the Registration Authority DSPT Requirements for RA and Smartcards. These requirements ensure that organisational processes and procedures are in place to meet an organisation's responsibility to be a Registration Authority and to ensure that NHS Smartcard users comply with the Terms and Conditions of use. The Registration Authority Annual Report is required to be reviewed by the Trust Board. The report is presented to the Trust Board, having been approved by the Finance & Performance Committee. Board members are requested to; • Note the content of this report for reporting year 2019 to 2020.
Board Assurance Framework ref:	N/A	
CQC Registration Standards ref:	N/A	
Equality Impact Assessment:	☐ Completed ☒ Not required	

Attachments:	Appendix A – Access Positions Appendix B – RA Sponsor Log Appendix C – Summary of Sponsor Audit 2019 Appendix D– Summary of Individual User Audit 2019
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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Registration Authority Annual Report 2019/2020

1. INTRODUCTION

The Registration Authority (RA) manages Smartcards and the registration and access control processes. The role of the RA is to ensure all users of National Programme applications are provided with the appropriate levels of access through the Smartcard system and have their identity rigorously checked.

2. BACKGROUND

The registration process applies nationally and must meet the current Government requirements.

The Executive Director of Support Services is the Board level individual who has overall accountability in Stockport NHS Foundation Trust for RA activity; and in line with national policy must report annually to the organisation on this activity. This report has been submitted to also meet evidence requirements of the DSP toolkit.

3. CURRENT SITUATION

3.1 NHS Digital published a revised National Registration Authority (RA) Policy 02/09/2014 in preparation for the new Smartcard registration system in 2015, Care Identity Service (CIS). Stockport NHS Foundation Trust's local policy has subsequently been reviewed and updated in line with the National RA Policy and is available on the Intranet.

3.2 The Registration Authority comprises of the RA Manager, Agents, ID checkers and Sponsors.

3.3 This Trust operates under Position Based Access Control (PBAC). PBAC simplifies how access rights are granted to a user and builds on the existing Role Based Access Control (RBAC) security model. This provides access to NHS CRS (Care Records Service) compliant systems appropriate to the job that staff have been employed to do.

3.4 Access positions are under constant review and any changes are agreed with Caldicott Guardian, Information Governance lead and RA Manager with sign off at board/ET level in this report. There are currently 35 Access positions in the Trust and details are shown in Appendix A. The inclusion of this appendix is a requirement of the DSP Toolkit.

3.5 There are currently 207 registered sponsors in the Trust and it is mandatory that they all **must** complete RA Sponsor training when registered. Sponsors are set at a senior level to authorise correct access to systems. The Training for Sponsors is via the Registration Authority Manager in accordance with National Policy requirements. Sponsor details are shown In Appendix B. The inclusion of this appendix is a requirement of the DSP Toolkit.

In Summary, currently Trust Sponsors are Split across the Business Groups as follows:

- 60 in Integrated care
- 41 in Surgical GI and Critical Care
- 19 in Corporate Services
- 36 in Women Children & Diagnostic Services
- 51 in Medicine & Clinical Support

3.6 Integration with HR **–** There is a robust, assured process in place within HR to ensure all new starters are RA ID checked and registered when they present their documents to the recruitment team. All HR ID Checkers are trained and complete RA e-learning.

3.7 Introduction of new systems and applications:
Due to the closure of the Hospital EPR – TrakCare programme. The RA team are continuing to remove the staffs' access to TrakCare. Staff still require a basic access to use ESR via their cards including e-learning and access to payslips. The RA Manager is collaborating with workforce to automate basic access to all staff on the ESR system. Staff are also being made aware of National Applications that may be appropriate to them such as the Spine Patient Demographic System (PDS) and Summary Care Records access (SCR).

3.8 Two annual audits have been conducted. The first was sent to a selection of individuals and the second was the Sponsor Audit. Summary details are shown in Appendix C & D. The inclusion of these Appendices is a requirement of the DSP Toolkit.

3.9 Statistics:
Currently maintain smartcards and access for 4766 users.

526 new registrations to *e-GIF level 3 in last 12 months (this includes HR registrations for some staff that have yet to have cards printed)

972 smartcards issued in the last 12 months (includes re-issues)

495 smartcards erased and refreshed by RA in last 12 months

2829 users registered for self-service unlocking (smartcard passcodes lock after 3 incorrect code attempts).

- ***e-GIF stands for e-government interoperability framework. It is a set of policies and standards to enable information to flow seamlessly across the public sector. As part of the framework, four confidentiality levels were set (zero to three) representing degrees of impact of disclosure of private information. The levels are layered according to the severity of consequences that might arise. Level 3 which imposes the most stringent security requirements around confidentiality has been adopted for the NHS CRS.***

4. RISK & ASSURANCE

The Board can be assured that our existing processes and procedures are comprehensive and robust. Our detailed approach to the management of RA meets the requirements of national standards surrounding registration and ID checking to the government standard e-GIF level 3.

5. CONCLUSION

As the majority of staff are issued with NHS Smartcards and detailed access control, the continued support of RA by the Trust Board and all registered sponsors is intrinsically important. Some changes to local processes may be required but always within the set boundaries required by the DSP toolkit and National Policy.

6. RECOMMENDATIONS

That the content of this report be noted.

APPENDIX A

Position name	Position description
1. Acceptance of Terms and Conditions	Temporary Job Role to allow smartcard user to accept terms and conditions before sponsor approval of required PBAC.
Caldicott Guardian	Restricted access for Caldicott Guardian only
Child Protection Information Sharing (CP-IS) in SCRa	Allows staff in unscheduled care, Summary Care Records access - can check if a Child Protection Plan is in place or are classed as Looked After by Local Authorities. Used to check the status of children and pregnant mothers due to give birth
CSC Cluster System Administrator	Access for CSC to support upgrades and deal with service calls.
Data Management Team	Restricted Specialist Role allowing access to SCR (Summary Care Record) and PDS
Emergency Department Sponsor	Sponsor with access to CP-IS in SCRa - can check if a Child Protection Plan is in place or are classed as Looked After by Local Authorities. Used to check the status of children and pregnant mothers due to give birth.
EMIS Device Manager - Restricted	A restricted access level to be authorised by the Performance and Information Manager and closely monitored. The access is required to enable/configure mobile devices for use in the community on the EMIS Web system.
EMIS Web Admin Authorised To Manage Appointment Slots - Restricted	Restricted access authorised by the Information Team to manage appointment slots - includes the standard EMIS Web Administrator access
EMIS Web Administrator	Emis Web access for Community Admin staff including NHS e-referral codes
EMIS Web Call Handler	Limited access for Mastercall call handlers to add referrals and activate inactive patients.
EMIS Web Clinician	Emis Web access for Community Clinicians
EMIS Web Service Lead	Emis Web access for Community Clinician Managers with reporting rights.
Emis Web System Admin - Restricted	Restricted position for EMIS Web System Admin only
e-RS Admin	NHS e-Referral Service access for Call Centre Staff
e-RS Admin Manager	NHS e-Referral Service access for e-RS Admin Managers
e-RS Consultant	Choose and Book access enabling Consultants to receive referrals
e-RS Information Analyst	Restricted Access for Business Information Team retrieving the A&G data from e-RS
e-RS Medical Records	NHS e-Referral Service access for Medical Records staff
e-RS Referring Clinician	Access for referring clinicians allowing triage of referrals and to read directly in e-RS
General User	Allows the user to access ESR, MOM, E-Learning, ORMIS and SSO (the user also requires a profile to be created on the appropriate system).
Local Smartcard Administrator	General user access with the ability to unlock smartcards and renew certificates for non RA staff.

Midwife Sponsor	Access to PDS Birth Notifications Application (Maternity) with rights to Sponsor staff
Operational RA Manager	RA Manager access including predecessor access to 5F7 to enable position management for community staff
Ormis Admin	Administrator access in the ORMIS system with the right to unlock users cards
Overseas Visitor Management	Restricted access to verify the surcharge status of overseas visitors in SCRa used by the overseas visitor management team only.
Patient Demographics view only access (PDS)	User with access to Personal Demographic Service can view patient demographic information and check patients NHS numbers and registered GP.
PDS Birth Notification Application - Restricted	Access to PDS Birth Notifications Application (Maternity)
Position name	**Position description**
RA Agent	This is a standard position for RA Agents. Able to assign R8008 for acceptance of T's and C's only.
RA Agent ID Checker	HR staff able to check ID, upload photos and register details for smartcards. No other RA activities included cannot grant access or issue cards.
RA Manager & Privacy Officer	Restricted to RA Manager and authorised Privacy Officer.
RA Sponsor	Allows the user to access & Sponsor staff for ESR, MOM, E-Learning, ORMIS and SSO (the user also requires a profile on the appropriate system & must be authorised to use the system).
Senior Information Analyst SUS access	Restricted Specialist role allowing access to SUS and SCR/PDS
Sponsor with access to SCRa	View only access in Summary Care Record application (SCRa) with rights to Sponsor staff.
Summary Care Record application view only access	View only access in Summary Care Record application (SCRa)
CLOSURE IN PROGRESS - TrakCare Nurses Access	Nurses and HCA's access to perform non clinical functions move and discharge a patient; request case notes request a bed in case of admitted patients; View clinics and book appointments. Additionally add nursing details .

APPENDIX B

Trust Sponsors

Staff Group	Job Title	Area of Sponsorship	Business Group
SFT	Clinical Director	Anaesthetics and Critical Care	Surgery GI & Critical Care
SFT	Medical Day Case Unit (MDCU) Manager & Specialist Nurse	MDCU C5	Medicine & Clinical Support
SFT	Senior Sister	A1	Medicine & Clinical Support
SFT	Ward Manager	A11	Medicine & Clinical Support
SFT	Acting Ward Manager	A11	Medicine & Clinical Support
SFT	Lead Nurse	A12	Medicine & Clinical Support
SFT	Ward Manager	A12 (was A11)	Medicine & Clinical Support
SFT	Matron	A12,A3,CCU,B6,Cath Lab,ECG/EEG,Cardiac Rehab, Cardiac CNS,Cardiology Nurse consultants	Medicine & Clinical Support
SFT	Ward Manager	A3 & Coronary Care (CCU)	Medicine & Clinical Support
SFT	Acting Ward Manager	A3 & Coronary Care (CCU)	Medicine & Clinical Support
CHS & SFT	Active Recovery Team manager	Active Recovery (Community Therapies) -previously Adult Community Therapy Team	Integrated Care
SFT	Ward Manager	ACU	Medicine & Clinical Support
SFT	Acute Childrens Community Team Lead	Acute Childrens Community Team	Women, Children & Diagnostics
SFT	Clinical Director & Consultant	Acute Medicine Doctors	Integrated Care
SFT	Clinical Director & Consultant	Acute Medicine Doctors	Integrated Care
SFT	Business Manager - Theatres and Critical Care	Admin/Rota team in Critical Care	Surgery GI & Critical Care
SFT	Advanced Clinical Practitioner in ED	Advanced Clinical Practitioners in ED	Medicine & Clinical Support
SFT	Senior Operating theatre practitioner	Anaesthetics & Recovery (Theatres)	surgery GI & Critical Care
SFT	Senior Sister	B3	Surgery GI & Critical Care
SFT	Acting Ward Manager	B4	Medicine & Clinical Support
SFT	Ward Manager	B5 Cheshire Suite	Medicine & Clinical Support
SFT	Ward Manager	B6	Medicine & Clinical Support
SFT	Ward Manager	Bluebell/Meadows	Medicine & Clinical Support
SFT	Assistant Business Manager	Booking/Health RecordsClinical Cancer Services/Haem	Medicine & Clinical Support
CHS	Head of Performance and Business Development	Business Unit and Community Admin	Integrated Care

SFT	Ward Manager	C4	Medicine & Clinical Support
SFT	Ward Manager	C6	Surgery GI & Critical Care
SFT	Cancer Services Manager	Cancer Services	Women, Children & Diagnostics
SFT	Cardiac rehab Team Lead	Cardiac rehab team	Medicine & Clinical Support
SFT	Clinical Director & Consultant	Cardiology	Medicine & Clinical Support
SFT	Matron for Patient Experience & Quality	Chaplains/PALS(Complaints team)/Voluntary Services	Corporate Services
SFT	Business Manager	Child & Family Services	Women, Children & Diagnostics
SFT	Associate Nursing Director	Childrens Nursing (including Community, Neonatel,Therapies & Safeguarding)	Women, Children & Diagnostics
CHS	Childrens Occupational Therapy Team Lead	Childrens Occupational Therapy	Integrated Care
CHS	Physiotherapy Team Lead	Childrens Physio	Integrated Care
CHS	Specialist SALT	Children's Speech And Language Therapy	Integrated Care
CHS	Childrens Therapy Manager	Children's therapies + Early attachment service	Integrated Care
CHS	Childrens Speech & Language Therapist TL	Childrens Therapy services	Integrated Care
CHS	Speech & Language Therapist TL	Childrens Therapy services	Integrated Care
SFT	Deputy Matron Childrens Unit	Childrens Unit TreeHouse	Women, Children & Diagnostics
SFT	Business Manager	Clerical - Audiology/ENT/Urology	Surgery GI & Critical Care
SFT	Head of Outcomes and Assurance	Clinical Audit	Corporate Services
SFT	Clinical Coding Manager	Clinical Coding Team	Corporate Services
SFT	Associate Medical Director & Consultant	Clinical Directors	Women, Children & Diagnostics
SFT	Associate Medical Director	Clinical Directors	Medicine & Clinical Support
CHS	Business Support Manager	Community admin staff	Integrated Care
CHS	Nutrition and Dietetics Service Lead	Community Dietetics	Integrated Care
CHS	Head of Borough Wide Services	Community Services	Integrated Care
CHS	Team Leader	Community Therapies- Adult Community Therapy Team	Integrated Care
SFT	Clinical Director	Complex Care & LTC	Medicine & Clinical Support
CHS	Continence Service Lead	Continence Service	Integrated Care
CHS	COPD Specialist Nursing Service Lead	COPD & HF teams	Integrated Care
SFT	EPR clinical Project Lead-Nursing	Corporate Nursing	Corporate Services
SFT	Assistant Director of Nursing	Corporate Nursing	Corporate Services
CHS	CRT Lead	Crisis Response	Integrated Care
SFT	Ward Manager	D1	Surgery GI & Critical Care
SFT	Ward Manager	D2	Surgery GI & Critical Care
SFT	Ward Manager	D5	Surgery GI & Critical Care

SFT	Ward Manager	D6	surgery GI & Critical Care
SFT	data Manager	Data Management Team	Corporate Services
SFT	Acting Ward Manager	Devonshire Suite	Medicine & Clinical Support
SFT	Ward Manager	Devonshire Suite	Medicine & Clinical Support
CHS	Diabetes Service Lead	Diabetes Team	Integrated Care
CHS	Diabetes Specialist Nurse	Diabetes Team	Integrated Care
SFT	Gov & Quality Manager	Diagnostic and Clinical Support	Women, Children & Diagnostics
CHS	Pathway Lead Community Nursing DN's	District Nursing	Integrated Care
CHS	Locality Lead for District Nursing	District Nursing	Integrated Care
CHS	District Nurse Team Lead (Cheadle Gatley Heald Green)	District Nursing	Integrated Care
CHS	Locality Lead for District Nursing	District Nursing	Integrated Care
CHS	District Nurse Team Lead Marple & Treatment Rooms	District Nursing	Integrated Care
CHS	District Nurse Team Lead (Heatons)	District Nursing	Integrated Care
CHS	Locality Lead for District Nursing	District Nursing	Integrated Care
CHS	Pathway Lead Community Nursing DN's	District Nursing	Integrated Care
CHS	District Nurse Team Lead Marple & Treatment Rooms	District Nursing	Integrated Care
CHS	District Nurse Team Lead (Victoria)	District Nursing	Integrated Care
CHS	Team Leader ENS/ ONS	District Nursing Evening and Over Night services	Integrated Care
CHS	Locality Lead Marple/Werneth DN's	District Nursing Werneth	Integrated Care
SFT	Clinical Director & Consultant	Doctors, DMOP, Rheumatology, Rehab medicine	Medicine & Clinical Support
SFT	Clinical Director & Consultant	Drs Head & Neck	Surgery GI & Critical Care
SFT	Clincal Director & Consultant	Drs Optalmology & dental	Medicine & Clinical Support
SFT	Ward Manager	E1	Medicine & Clinical Support
SFT	Ward Manager	E1	Medicine & Clinical Support
SFT	Ward Manager	E2	Medicine & Clinical Support
SFT	Ward Manager	E3	Medicine & Clinical Support
CHS	Early Years team Leader	Early Years team/Health Visitors	Integrated Care
SFT	Deputy Matron Integrated Care	ED/ACU/SSOP/AMU	Integrated Care
SFT	Associate Medical Director & Consultant	ED/Acute Medicine	Integrated Care
SFT	Consultant Advanced Clinical Practitioner	Emergency Dept	Integrated Care
SFT	Emergency Department Matron	Emergency Dept	Integrated Care
SFT	Clinical Director & Consultant	Emergency Dept	Medicine & Clinical Support

SFT	Clinical Director & Consultant	Endocrinology, Respiratory,Heamatology Doctors	Medicine & Clinical Support
SFT	Endoscopy Manager	Endoscopy Unit	Women, Children & Diagnostics
SFT	Head of EPR Technical Deployment	EPR Project team	Corporate Services
SFT	Head of EPR Clinical Deployment	EPR Project team	Corporate Services
CHS	Family Nurse Supervisor	Family Nurse partnership	Integrated Care
SFT	Business Accountant	Finance	Corporate Services
SFT	Clinical Director & Consultant	Gastro	Surgery GI & Critical Care
SFT	Clinical Director & Consultant	General Surgery	Surgery GI & Critical Care
SFT	Assistant Business Manager - SCC business group	General Surgery Medical Secs, Waiting list teams	Surgery GI & Critical Care
CHS	Advanced Physiotherapist and Physiotherapy Team Leader	GP Direct Access Physiotherapy	Integrated Care
CHS	Advanced Physiotherapist and Physiotherapy Team Leader	GP Direct Access Physiotherapy	Integrated Care
SFT	Ward Manager	HASU-Ward B2 & C2 - now moved to A10	Medicine & Clinical Support
SFT	Patient Access Manager	Health records and Booking office/call centre	Medicine & Clinical Support
CHS	Early Years Team Leader	Health Visiting Cheadle , Bramhall & Marple	Integrated Care
CHS	Early Years Team Leader	Health Visiting Gatley & Werneth	Integrated Care
CHS	Integrated Childrens Services -Team leader	Health Visiting Heatons and Tame Valley Locality	Integrated Care
CHS	Health Visitor Team Lead	Health Visiting Service	Integrated Care
CHS	Health Visiting Team Lead	Health Visiting Stepping Hill & Victoria	Integrated Care
CHS	Integrated Childrens Services Manager	Health Visiting, School Nursing	Integrated Care
CHS	Service Manager	Health Visiting, School Nursing	Integrated Care
CHS	QA & Governance Lead	Health Visiting, School Nursing	Integrated Care
SFT	Recruitment Manager	HR	Corporate Services
SFT	Workforce Team Leader	HR	Corporate Services
SFT	Nursing Manager	ICU	Surgery GI & Critical Care
SFT	Ward Manager	ICU	Surgery GI & Critical Care
SFT	Clinical Director & Consultant	ICU	Surgery GI & Critical Care
SFT	Matron - ICU	ICU	Surgery GI & Critical Care
SFT	Nurse Team Manager	ICU/HDU/Critical care	Surgery GI & Critical Care
SFT	Senior Infection Prevention Nurse	Infection Prevention Team	Corporate Services
SFT	AD of information	Information	Corporate Services
SFT	Assistant Director of Information – Information Governance & IT Security	Information Governance	Corporate Services

CHS	Information and Performance Manager	Information Team	Integrated Care
SFT	Dietetics Professional Lead	In-Patient Dieticians	Integrated Care
SFT	Team Leader	In-Patient Therapies	Women, Children & Diagnostics
SFT	Therapy Manager	In-patient Therapies	Women, Children & Diagnostics
SFT	Physiotherapist Team lead	In-Patient Therapies T & O Team	Women, Children & Diagnostics
SFT	Assistant Business Manager	Integrated Care BG	Medicine & Clinical Support
SFT	Acting Assistant Director of IM&T	IT	Corporate Services
SFT	Service Manager	IT	Corporate Services
SFT	Ward Manager	M4	Surgery GI & Critical Care
SFT	Macmillan Lead Cancer Nurse	Macmillan Cancer Team	Medicine & Clinical Support
SFT	Unit Manager	Marjory Warren Unit	Medicine & Clinical Support
CHS	HV Team Lead	Marple Health Visiting team	Integrated Care
SFT	Practice Educator Facilitator (Maternity)	Maternity	Women, Children & Diagnostics
SFT	Head of Midwifery & Woman's Health	Maternity	Women, Children & Diagnostics
SFT	In Patient Matron	Maternity	Women, Children & Diagnostics
SFT	Assistant Business Manager	Medicine	Medicine & Clinical Support
SFT	Acute Services Manager	Medicine	Medicine & Clinical Support
SFT	Business Manager	Medicine & Clinical Support - Admin Staff	Medicine & Clinical Support
SFT	Assistant Business Manager	Medicine & Clinical Support - General Surgery, Gastroenterology and Endoscopy	Medicine & Clinical Support
SFT	CCIO	Medicine BG Consultants	Medicine & Clinical Support
SFT	Assistant Business Manager	Medicine Business Group - Gastroenterology, Diabetes & Endocrinology	Medicine & Clinical Support
SFT	EPR Clinical Lead AHP	Medicine for Older People Therapy Team	Women, Children & Diagnostics
SFT	EPR Clinical Lead AHP	Medicine for Older People Therapy Team	Women, Children & Diagnostics
SFT	Clinical Neo Natal Nurse Matron	Neonatal Unit	Women, Children & Diagnostics
SFT	Senior Occupational Therapist	Neuro Rehab team - In-patient Therapies	Women, Children & Diagnostics
SFT	Associate Nursing Director	Nursing - Surgery GI & Critical Care	Surgery GI & Critical Care
SFT	Clinical Director & Consultant	Obs & Gynae	Women, Children & Diagnostics
SFT	Business Manager	Occupational Health	Women, Children & Diagnostics
SFT	Head of Learning and OD	OD & E-Learning Teams	Corporate Services
SFT	Research & Innovation Manager	Oncology Research	Women, Children & Diagnostics
SFT	Sister	Ophthalmology	Surgery GI & Critical Care
SFT	Eye Centre Manager	Ophthalmology	Surgery GI & Critical Care

SFT	Head Orthoptist	Orthoptics	Surgery GI & Critical Care
SFT	MSK Outpatients Team Lead	outpatient Therapies	Women, Children & Diagnostics
SFT	Physiotherapist Team Lead	outpatient Therapies	Women, Children & Diagnostics
SFT	Outpatients Manager	Outpatients Department	Women, Children & Diagnostics
SFT	Clinical Director	Paediatric Doctors	Women, Children & Diagnostics
CHS	Head of Palliative Care	Palliative Care Team	Corporate Services
CHS	Parenting Team Leader	Parenting Team	Integrated Care
SFT	Technical Head of Blood Sciences	Path Lab	Women, Children & Diagnostics
SFT	Consultant Histopathologist & Clinical Director	Pathology	Women, Children & Diagnostics
SFT	Lead Nurse - Clinical Site Co-ordination	Patient Flow	Integrated Care
SFT	Principal Pharmacist - Clinical	Pharmacists	Medicine & Clinical Support
SFT	Lead Pharmacist	Pharmacists	Medicine & Clinical Support
SFT	Chief Technician	Pharmacy	Women, Children & Diagnostics
CHS	Borough Wide Operational Pathway Lead	Podiatry (Orthotics & Diabetes)	Integrated Care
SFT	Pre-op Service Manager	Pre-op (Magnolia Suite)	Surgery GI & Critical Care
SFT	Radiology Systems Manager	Radiology	Women, Children & Diagnostics
SFT	Acting AMD & Consultant	Radiology & Lab Med CD"s and doctors	Medicine & Clinical Support
SFT	Clinical Director	Radiology Doctors	Women, Children & Diagnostics
SFT	Clinical Director	Radiology Doctors	Women, Children & Diagnostics
SFT	Clinical Research Nurse Lead	Research and Innovation Team	Medicine & Clinical Support
SFT	Assistant Business Manager	Respiratory, Rheumatology, Oral/Max Fax, Outpatients	Medicine & Clinical Support
SFT	Associate Nursing Director/Head of Quality Governance (Interim)	Risk & Customer Services	Corporate Services
CHS	Name Nurse LAC	Safeguarding children Stockport	Integrated Care
CHS	School Nursing Service Lead	School Nursing	Integrated Care
SFT	Acting Ward Manager	Short stay Older People (SSOP) - D4	Medicine & Clinical Support
SFT	Ward Manager	SSOP D4	Integrated Care
SFT	Ward Manager	SSSU	Surgery GI & Critical Care
CHS	District Nurse Team Leader	Stepping HILL, Victoria and Eve DN service	Integrated Care
SFT	Assistant Business Manager	Strategic planning Admin	Trust planning
SFT	Clinical Director & Consultant	Stroke Medicine	Medicine & Clinical Support
SFT	Stroke Therapy Team Lead	Stroke Therapy Team	Women, Children & Diagnostics
SFT	Associate Medical Director & Consultant	Surgery	Surgery GI & Critical Care

SFT	Ward Manager - Matron (secondment July2018)	Surgery and Urology (SAU) C3	Surgery GI & Critical Care
SFT	(Secondment) Matron	Surgery GI & CC	Surgery GI & Critical Care
SFT	Matron	surgery GI & Critical Care	Surgery GI & Critical Care
SFT	Matron	Surgical & Critical Care	Surgery GI & Critical Care
SFT	Medical Director/Consultant	Surgical & Critical Care	Surgery GI & Critical Care
SFT	Senior Sister	Surgical Assessment Unit (SAU)	Surgery GI & Critical Care
SFT	Children's Complex Needs Co-Ordinator	Swanbourne Gardens	Women, Children & Diagnostics
SFT	Nurse Manager	Swanbourne Gardens	Women, Children & Diagnostics
SFT	Matron Operating Theatres	Theatres	Surgery GI & Critical Care
SFT	Senior Sister T&O Theatres	Theatres	Surgery GI & Critical Care
CHS	Integrated Tissue Viability Lead	Tissue Viability Service	Integrated Care
SFT	Clinical Director & Consultant	Trauma and Orthopaedic Services	Surgery GI & Critical Care
SFT	Business Manager	Trauma and Orthopaedic Services	Surgery GI & Critical Care
SFT	Matron - Paediatrics	Tree House	Women, Children & Diagnostics
SFT	Ward Manager	Tree House Paediatrics	Women, Children & Diagnostics
SFT	Sister	Urology	Surgery GI & Critical Care
SFT	Sister	Urology	Surgery GI & Critical Care
SFT	Assistant Business Manager - SCC business group	Urology	Surgery GI & Critical Care
SFT	Clinical Director, Urology	Urology doctors	Surgery GI & Critical Care
SFT	Business Manager	Women, Children & Diagnostics	Women, Children & Diagnostics

Appendix C **SUMMARY of Sponsor Audit 2019**

Registration Authority Smartcard Usage Monitoring

The Data Security and Protection Toolkit (DSPT) requires the Trust to put monitoring and enforcement procedures in place to ensure that NHS Smartcard users comply with the terms and conditions of use.

This form is to be completed by the Registration Authority Manager, Sponsors or Agents to document that checks have been carried out on the appropriate use of Smartcards and associated applications.

Where non compliance with the Terms & Conditions or other Stockport NHS Foundation Trust polices is identified a formal incident report should be completed on the Datix Risk Management System. The results of any spot checks undertaken should also be submitted to the Information Governance Team.

Action must be taken in line with the Trust's disciplinary procedures where any re-occurring issues are identified; where serious breaches are identified criminal prosecution may also be taken against the individual concerned.

Completed by:

Name:	Sue Raisbeck

UUID:	61574076030

Date:	Nov 2019

Location details:

Directorate / Business Group	Information Governance
Department:	Registration Authority
Location:	Cedar House
Area Uses Smartcards? Yes/No	Yes

Checklist (Part One):

Physical Security Checks				
Question		**No. of users / pc's checked (min 5)**	**Yes**	**No**
1. Are there any Smartcards left unattended in the readers?	Normal Working Hours	488	4	484
	Out of Normal Working Hours	331		331
2. Are there any Smartcards left unattended elsewhere?	Normal Working Hours	490	1	489
	Out of Normal Working Hours	337		337
3. Ask the user to show you their Smartcard to confirm that it has not been lost / stolen.		473	472	1

4. Ask the user to confirm that when not in use their Smartcard is stored securely i.e. kept in a locked draw / handled like bank/credit cards.	473	473	
5. Ask the user if their name remains the same as that printed on the card?	473	472	1
6. Is the user using their own Smartcard?	472	472	
7. Are there any notes/stickers on the Smartcard or surrounding work station that show the users passcode?	469		469
8. Has the Smartcard been altered, defaced, tampered with or otherwise manipulated?	469		469

Issues and Actions:

These details must be recorded for any issues identified:

Name	UUID	Question Number	Datix Incident Reference	Action Taken
P**** R****	5*********7	3	3***9	Staff member been on long term sick and has misplaced card
M**** B****	56******** 07	2	3***7	Card given to line manager to hold securely and return to staff member – discuss protocol.
Not disclosed	Unknown	1	Not recorded on DATIX - The sponsor has advised they will speak directly with individual staff and will reinforce information wider again via team meetings / 1:1's	The SMART cards noted to have been left in smart readers/laptops are in offices where a team of 6-8 staff work. Health Visitor's now use their SMART cards on a daily basis to input on emis. They report that if another member of staff is in the office and they have to leave the office to use the toilet etc they will leave their SMART card in the reader/device and report that taking it out would wipe any detail in records /reports that they were in the middle of. If no one is left in the office the door is always locked.
S***** M*****	562******1 07	5	N/A	SM advised to request a new card with the correct name.

Additional Comments / Observations:

Excellent results of audit – 100% compliance within OH Department.
1 staff member did not know that a datix had to be completed if card lost/stolen . They have been informed of the procedure should this happen.

No concerns seen, all SMART cards being stored safely and being used correctly.
All smartcards being used appropriately and if staff not carrying on their person (as don't require it for day to day access) they are being kept securely in lockers and purses.
One staff member advised me that they had a break in at home and their smart card was stolen along with her credit cards. This happened at the end of August 2019. Staff member reported it at the time and completed a Datix form and informed the Smart card team
School nursing service went paperlite on 11th September and smartcards are in daily use so I have been monitoring use and not noted any smartcards left unattended or staff being unable to identify where their smartcards are.
At Kingsgate House staff do occasionally leave SMART cards in computers when treating patients in a separate treatment room. The computers are not in the treatment rooms. The computers are locked during this treatment session. This is due to the IT issues in the community and the fact logging off and onto EMIS after every patient is time consuming and not feasible.**
some staff lock them away at night in the office , others due to working in different bases take them home but ensure they are secured securely.
Since the recent upgrade of the computers in the department, many do not now support the use of Smartcards and this has been problematic. Some people needed to have an appointment to rectify this but with others, the problem was solved by using a USB reader.

Note:
**This practice was raised in the individual audit – the computers are in a secure area accessed by staff and due to practicalities around patient care the cards are left in but computers locked as the staff were in and out of the clinic room. There are also plans progressing for the clinicians to have lap tops so they can log in with their cards in the clinic room so this practice doesn't continue. The Sponsor was emailed and asked to raise awareness of the responsibility on users and this was complied with.

Summary

In summary, this was a positive annual audit which demonstrated general good practice across the Trust.
Any/All issues addressed and/or resolved – checked completed by S. Raisbeck, RA Manager.

Appendix D

SUMMARY Individual User Audit 2019

Registration Authority Smartcard Usage Monitoring

The Data Security and Protection Toolkit (DSPT) requires the Trust to put monitoring and enforcement procedures in place to ensure that NHS Smartcard users comply with the terms and conditions of use.

This form is to be completed by the Smartcard User to document that checks have been carried out on the appropriate use of Smartcards and associated applications.

Where noncompliance with the Terms & Conditions or other Stockport NHS Foundation Trust polices is identified a formal incident report should be completed on the Datix Risk Management System. The results of any spot checks undertaken should also be submitted to the Information Governance Team.

Action must be taken in line with the Trust's disciplinary procedures where any re-occurring issues are identified; where serious breaches are identified criminal prosecution may also be taken against the individual concerned.

Name:	Sue Raisbeck, RA Manager

UUID:	615744076030

Date:	Oct 2019

Location details:

Directorate / Business Group	Medicine, Women, Children's and diagnostics, Integrated Care, Surgical GI Critical Care, Corporate Services, Pharmacy, Corporate, IM&T
Departments:	Chest Clinic, Governance, Community Admin, Childrens Safeguarding, Obstetrics and Gynaecology, Gynaecology Waiting List, Tissue Viability, Pharmacy, Jasmine Ward, Human Resources, Treehouse, Health Visiting , Pre-operative assessment, ECG, Cancer Services, Transfer Hub, Inpatient therapies, Community Nursing, Clinical Audit, Diabetic and Endocrinology, Victoria District Nursing, Heath Records, Radiology, Physiotherapy, IT, Ante-natal, specialist palliative care, Steady in Stockport, Diabetes, Neuro-rehabilitation, Crisis Response Team, Ophthalmology, Stockport Eye Centre / OPD B, Maternity, Corporate Nursing, MSK Physiotherapy, Research, Chaplaincy, Acute Medicine, Endoscopy, School nursing, Pathology Blood Sciences , Urology outpatient, Anaesthesia/Critical Care, Maxillofacial, Neonatal Unit, General Surgery Colorectal, Main Operating Theatres, Podiatry, Borough wide services, Orthoptics

Locations:	Chest Clinic, 6th Floor Women's Unit, Marple DNs – Hollins House, Upper Ground Floor Central House, G29, Ground Floor, Women's Unit, Maple Suite, SHH, Pharmacy, 5th floor women's unit, Aspen House, Treehouse Ward, Reddish Vale Start Well Satellite, Magnolia Suite, Cedar House, Brinnington Health Centre, A14, Bramhall HC, Ward C3, Stopford House, Laundry, Ash House, X Ray B, OP physiotherapy dept, Beech House, Lilac suite & women's unit, Willow House, Regent House, Kingsgate House, Devonshire Centre, Stopford house, Jasmine Suite, Delivery Suite, Birch House, C2, Chaplaincy, CCU, Path Lab, Basquill House, AMU pharmacy room, D Block Main Theatres, Heald Green HC, Pinewood House, Reddish Vale Start Well Satellite Centre, Woodley Health Centre, Ward A10, ED reception, OPB
System accessed with smartcards	e-Referral Service (ERS), NHS Digital Birth Notifications, EMIS Web Community System, e-Learning, Electronic Staff Records (ESR), ORMIS Theatre System, Summary Care Records (SCR),

Checklist (Part One):

Question	
1. Where do you keep your smartcard when it's not in use?	• In my bag that I use for work • Desk drawer in locked office • In its holder around my neck. When at home it is in my workbag. • My handbag which is in locker • Locked in a filing cabinet drawer • Locked Drawer in office • On my badge holder • On my person • Attached to identification tag during working hours and in locked locker at night • My purse • In my uniform pocket • In a locked cupboard at home – I do not have a solo work station in the office, so I do not have a safe and secure drawer/locker at work to keep it in– I work 2 days a week and desk share.
2. Do you leave your smartcard unattended at any time?	• No • If it is in my computer and I go into a clinic room, yes.
3. Do you use another person's smartcard?	• No
4. What must you do if your smartcard is lost or stolen?	• Report it and get a new one • Report it on trust incident reporting system, inform RA manager.

	• Report it to my manager and do a datix • I would report it to the trust smartcard dept • Report to Manager, RA sponsor, IG & Police • Report the loss to RA Department and complete a Datix report form • Report it to line manager and registration authority • Report it to registration authorities department and complete Datix • Inform Line Manager and IT team, Block the Card • Inform care services
5. Do you allow anyone to share your smartcard?	• No
6. What must you do if your name changes?	• Update my details on the card and other systems • Contact the smart card people to implement the changes and collect a replacement • Inform the trust of the change via smartcard office • Inform IT • Report to RA Sponsor with proof of name change • Contact IT and HR • Notify my manager • Inform Line Manager and HR • Update it with the IT team
7. Are there any notes/stickers on your Smartcard or surrounding work station that show the passcode?	• No
8. Has the Smartcard been altered, defaced, tampered with or otherwise manipulated?	• No
9. Can smartcards be used for ID?	• No • Yes • Yes, but I don't use it as ID • Don't know • Yes in certain places • Not officially • Yes – to receive discounts etc.
10. Does the photo on the smartcard clearly bear a true likeness to you and is the smartcard number clear?	• Yes • Yes, but it poor quality and gets easily scratch and fades away the colour from the picture.

Additional Comments:
None

SUMMARY

In one answer to Q2 Do you leave your smartcard unattended at any time? One User stated •If it is in my computer and I go into a clinic room, yes.
This was checked with their line manager and Sponsor and clarified that the clinician's card and computer was in a secure area accessed by staff and due to practicalities around patient care the cards were left in but computers locked as the staff were in and out of the clinic room. There are also plans progressing for the clinicians to have lap tops so they can log in with their cards in the clinic room so this practice doesn't continue. The Sponsor was asked to raise awareness of the responsibility on users and the user was emailed and advised of the Policies and terms and conditions.

10% of users were either unsure or thought the smartcards can be used for ID. All of those users were advised by email that the cards are not to be used for ID. The Red rules were also posted on the intranet as a reminder to all users.

Overall the 2019 audit has shown good user awareness across the Trust.

----------END----------

NHS Stockport NHS Foundation Trust

Report to:	Board of Directors	**Date:**	27 February 2020
Subject:	Register of Directors' Interests – Annual Review		
Report of:	Director of Communications & Corporate Affairs	**Prepared by:**	Mrs C Parnell

REPORT FOR APPROVAL

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

Attachments: Annex A: Register of Directors' Interests

This subject has previously been reported to:	☐ Board of Directors ☐ Council of Governors ☐ Audit Committee ☐ Executive Team ☐ Quality Committee ☐ Finance & Performance Committee	☐ People Performance Committee ☐ Charitable Funds Committee ☐ Nominations Committee ☐ Remuneration Committee ☐ Joint Negotiating Council ☐ Other

11.4

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1. INTRODUCTION

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

2. BACKGROUND

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

3. CURRENT SITUATION

3.1 The Register of Directors' Interests is maintained by the Director of Communications & Corporate Affairs and is updated to reflect any amendments which may from time to time be declared during the normal course of business. In this way, an up to date register should always be available.

3.2 The current Register of Directors' Interests is included for reference at Annex A to this report. Board members are requested to review the Register and confirm that current content is accurate and up to date.

4. LEGAL IMPLICATIONS

4.1 There are no direct legal implications associated with the content of this report.

5. RECOMMENDATIONS

5.1 The Board of Directors is recommended to:

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

Date Declared	Interest Type	Employee	Date Incurred	Role	Decision Making Groups	Interest Description (Abbreviated)	Provider
25/10/2019	Loyalty Interests	Adrian Belton	01/01/2017	Trust Chairman	Board of Directors,	Wife	Helen Phillips - Chair Chesterfield NHS Foundation Trust
25/10/2019	Outside Employment	Adrian Belton	01/01/2017	Trust Chairman	Board of Directors,	Lay Member	Sheffield University Council
25/10/2019	Outside Employment	Adrian Belton	01/01/2017	Trust Chairman	Board of Directors,	Chair	Sefence Science & Technoogy Laboratory
09/10/2019	Outside Employment	Caroline Parnell	01/04/2018	Other	Board of Directors,	Founding partner of a communications consultancy specialising in crisis communications and supporting organisations with major change programmes	Sentry PR
15/10/2019	Loyalty Interests	Catherine Anderson	15/10/2019	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Chair	North West Region - Institute of Hospitality
29/10/2019	Outside Employment	Catherine Anderson	01/08/2014	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Partner in Management Consultancy Business	Anderson Power Consulting
29/10/2019	Outside Employment	Catherine Anderson	18/01/2010	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Chair and Trustee	South Liverpool Education trust
29/10/2019	Outside Employment	Catherine Anderson	01/08/2014	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Partner and Director of Building Construction Company	Birchenough Construction
29/10/2019	Outside Employment	Catherine Anderson	04/07/2017	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Director and Hon Secretary	Lake District Boat Club
29/10/2019	Outside Employment	Catherine Anderson	14/09/2019	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Director	Emmaus Catholic Academy Trust
29/10/2019	Outside Employment	Catherine Anderson	11/10/2019	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Director	St Teresa of Calcutta Catholic Academy Trust
29/10/2019	Outside Employment	Catherine Anderson	29/10/2019	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Director	Emmaus Catholic Academy Trust
23/10/2019	Outside Employment	Catherine Barber-Brown	02/04/2016	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Director and Joint Founder, Consultancy business working with public and private sector clients	Barber-Brown Strategic Consulting Limited
23/10/2019	Outside Employment	Catherine Barber-Brown	01/06/2018	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Peer Associate, reviewing health systems as part of a peer review team	Local Government Association

23/10/2019	Outside Employment	Catherine Barber-Brown	03/09/2018	Non Executive Director	Board of Directors,, Audit and Risk Committee,	Associate with this consultancy doing OD work in public and private sector	Prospect Business Consulting
14/10/2019	Clinical Private Practice	Colin Wasson	15/10/2002	Medical Director	Board of Directors,	Anaesthesia. General and regional anaesthesia that fully aligns with my NHS practice.	wasson medical services
14/10/2019	Shareholdings and other ownership interests	Colin Wasson	09/09/2014	Medical Director	Board of Directors,	50 shares	wasson medical services
30/10/2019	Nil Declaration	David Hopewell	30/10/2019	Non Executive Director	Board of Directors,, Audit and Risk Committee,		
07/10/2019	End of Year Nil Declaration	Gillian Burrows	31/03/2019	Consultant	Board of Directors,		
09/10/2019	Loyalty Interests	Gregory Moores	03/06/2019	Director Of Workforce & Organisational Development	Board of Directors,	Chartered Fellow	Chartered Institute of Personnel and Development (CIPD)
30/10/2019	Nil Declaration	Hugh Mullen	30/10/2019	Director of Support Services/ Deputy Chief Executive	Board of Directors,		
14/10/2019	Nil Declaration	John Graham	14/10/2019	Director of Finance	Board of Directors,		
14/10/2019	Loyalty Interests	John Graham	20/05/2019	Director of Finance	Board of Directors,	Have recorded the4se from the date I started substantively with the Trust - I have served on these for a number of years Lydiate Learning Trust - I am chair of the Multi School Academy Trust - Schools in Liverpool I Chair CIMAs NW Area and am a member of CIMAs Council	Lydiate Learning Trust & CIMA
11/11/2019	Outside Employment	John Graham	20/05/2019	Director of Finance	Board of Directors,	Have entered date from when I started at Stockport I sit on the Management Committee of Las Calas, Lanzarote - who get management services from RSL - this is unpaid - expenses only reimbursed	Resort Solutions Limited
26/11/2019	Nil Declaration	Louise Robson	31/10/2019	Chief Executive	Board of Directors,		
24/02/2020	Outside Employment	Marisa Logan-Ward	01/07/2019	Non Executive Director	Board of Directors,	Management Consultancy	Kingsbridge Health Ltd
08/11/2019	Outside Employment	Mark Beaton	31/03/2019	Non Executive Director	Board of Directors,	Non-Executive Director	Blackpool NHS Foundation Trust

08/11/2019	Shareholdings and other ownership interests	Mark Beaton	01/01/2001	Non Executive Director	Board of Directors,	Restricted Stock Units issued between 2001 and 2018. Approximately 32,000 shares (varies as they vest regularly)	Accenture plc
04/11/2019	Outside Employment	Mike Cheshire	04/06/2017	Non Executive Director	Board of Directors,	Charity trustee, unpaid	The Beth Johnson Foundation
11/11/2019	Outside Employment	Mike Cheshire	11/11/2019	Non Executive Director	Board of Directors,	Charity trustee, unpaid	The Beth Johnson Foundation
11/11/2019	Outside Employment	Mike Cheshire	01/06/2010	Non Executive Director	Board of Directors,	charity to support people with ME. I am a Patron of the trust. The appointment date is approximate, I do not know the exact date.	The ME Trust
18/10/2019	Nil Declaration	Susan Toal	18/10/2019	Chief Operating Officer	Board of Directors,		