Public Board Meeting

Thu 03 April 2025, 09:30 - 12:30

Pinewood House Education Centre

NHS Stockport NHS Foundation Trust

Agenda

09:30 - 09:30
0 min

1. Apologies for Absence

09:30 - 09:30
0 min

2. Declaration of Interests (Verbal)

09:30 - 09:35
5 min

3. Staff Story (Verbal)

Information *Amanda Bromley*

09:35 - 09:35
0 min

4. Minutes of Previous Meeting - held on 6 February 2025 (Paper)

Decision *David Wakefield*

04 - Public Board Minutes - 6 February 2025.pdf (14 pages)

09:35 - 09:40
5 min

5. Action Log (Paper)

Information *David Wakefield*

05 - Public Board Action Log - April 2025.pdf (1 pages)

09:40 - 09:50
10 min

6. Chair's Report (Paper)

Discussion *David Wakefield*

06 - Chairs Report - April 2025.pdf (3 pages)

09:50 - 10:00
10 min

7. Chief Executive's Report (Paper)

Discussion *Karen James*

07 - Chief Executive's Report - April 2025.pdf (4 pages)

FINANCE & PERFORMANCE

Curtis Soile 28/03/2025 14:07:34

10:00 - 10:05
5 min

8. Finance & Performance Committee Key Issues Report (Paper)

Information *Anthony Bell*

08a - Finance & Performance Committee AAA Report - Front Sheet.pdf (2 pages)

08b - Finance & Performance Committee AAA Report - Feb & March 2025.pdf (3 pages)

10:05 - 10:25
20 min

9. Integrated Performance Report (Paper)

Discussion *Executive Directors*

- 09a - Integrated Performance Report - Front Sheet.pdf (2 pages)
- 09b - Integrated Performance Report - Mar25 Final.pdf (22 pages)

10:25 - 10:40
15 min

10. Financial Position - Month 11 (Paper)

Discussion *John Graham*

- 10a - Financial Position Month 11 2024-25 - Front Sheet.pdf (3 pages)
- 10b - Financial Position Month 11 2024-25.pdf (20 pages)

10:40 - 10:50
10 min

11. Opening Budgets (Paper)

Decision *John Graham*

- 11 - Opening Budgets 2025-26 Update.pdf (3 pages)

10:50 - 11:05
15 min

12. Overarching Review of Impact of Outpatients B Closure (Incorporating quality, operational performance, people and finance) (Paper)

Discussion *Jackie McShane*

- 12a - Outpatient B Closure Report - Front Sheet.pdf (4 pages)
- 12b - Outpatient B Closure Report.pdf (15 pages)

QUALITY

11:05 - 11:10
5 min

13. Quality Committee Key Issues Report (Paper)

Information *Louise Sell*

- 13a - Quality Committee AAA Report - Front Sheet.pdf (2 pages)
- 13b - Quality Committee AAA Report - Feb 2025.pdf (3 pages)
- 13c - Quality Committee AAA report - March 2025.pdf (3 pages)

11:10 - 11:25
15 min

14. Place / Locality Provider Partnership Update (Paper)

Discussion *Paul Buckley*

- 14 - Stockport Locality Update - April 2025 (2).pdf (11 pages)

11:25 - 11:25
0 min

COMFORT BREAK

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PEOPLE

11:25 - 11:30
5 min

15. People Performance Committee Key Issues Report (Paper)

Information *Beatrice Fraenkel*

- 15a - People Performance Committee AAA Report - Front Sheet.pdf (2 pages)
- 15b - People Performance Committee AAA Report - March 2025.pdf (2 pages)

11:30 - 11:45
15 min

16. NHS Staff Survey 2024 (Paper)

Discussion *Amanda Bromley*

- 16 - NHS Staff Survey 2024.pdf (17 pages)

GOVERNANCE

11:45 - 11:50
5 min

17. Audit Committee Key Issues Report (Paper)

Information *David Hopewell*

- 17a - Audit Committee AAA Report - Front Sheet.pdf (2 pages)
- 17b - Audit Committee AAA Report - Feb 2025.pdf (2 pages)

11:50 - 12:00
10 min

18. Board Assurance Framework Q4 2024/25 (Paper)

Decision *Karen James*

- 18a - Board Assurance Framework Q4 2024-25 - Front Sheet.pdf (5 pages)
- 18b - Appendix 1 - Board Assurance Framework 2024-2025.pdf (22 pages)
- 18c - Appendix 2 - Significant Risk Register - March 2025.pdf (2 pages)

12:00 - 12:10
10 min

19. Annual Review of Board Committees including Terms of Reference & Work Plans (Paper)

Decision *Rebecca McCarthy*

- 19a - Annual Review of Board Committees Report 2024-25.pdf (4 pages)
- 19b - Appendix 1 - People Performance Committee Terms of Reference - April 2025.pdf (4 pages)
- 19c - Appendix 2 - People Performance Committee Work Plan 2025-26.pdf (2 pages)
- 19d - Appendix 3 - Finance & Performance Committee Terms of Reference - April 2025.pdf (5 pages)
- 19e - Appendix 4 - Finance & Performance Committee Work Plan 2025-26.pdf (3 pages)
- 19f - Appendix 5 - Quality Committee Terms of Reference - April 2025.pdf (5 pages)
- 19g - Appendix 6 - Quality Committee Work Plan 2025-26.pdf (3 pages)

12:10 - 12:15
5 min

20. Annual Trust Seal Report (Paper)

Information *Rebecca McCarthy*

- 20 - Annual Trust Seal Report 2024-25.pdf (3 pages)

CLOSING MATTERS

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12:15 - 12:15
0 min

21. Any Other Business (Verbal)

12:15 - 12:15

22. Board Work Plan & Attendance - For Information (Paper)

0 min

Information

- 22a - 2025-26 Board of Directors Annual Workplan.pdf (4 pages)
- 22b - Board of Directors 2024-25 Attendance.pdf (1 pages)

DATE, TIME & VENUE OF NEXT MEETING

12:15 - 12:15
0 min

23. Thursday 5 June 2025, 9.30am, Pinewood House Education Centre

12:15 - 12:15
0 min

24. 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".

Curtis Soile
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STOCKPORT NHS FOUNDATION TRUST
Minutes of a meeting of the Board of Directors held in public
Held on Thursday 6 February 2025, at 9.30am in Pinewood House Education Centre, Stepping Hill Hospital

Members Present:

Dr Marisa Logan-Ward	Interim Chair
Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People & OD
Mr Paul Buckley	Director of Strategy & Partnerships*
Mrs Nicola Firth	Chief Nurse
Mrs Beatrice Fraenkel	Non-Executive Director
Mr John Graham	Chief Finance Officer / Deputy Chief Executive
Mrs Karen James	Chief Executive
Dr Andrew Loughney	Medical Director
Mrs Jackie McShane	Director of Operations
Dr Louise Sell	Non-Executive Director

In attendance:

Mrs Soile Curtis	Deputy Trust Secretary
Mrs Rebecca McCarthy	Trust Secretary
Mr James Dyer	Consultant Urologist (for item 03/25)
Dr Peter Nuttall	Director of Informatics (for item 11/25)
Mr Paul Featherstone	Director of Estates & Facilities (for item 12/25)
Ms Nadia Walsh	Freedom to Speak Up Guardian (for item 13/25)
Dr Ugonna Chukwumaife	Guardian of Safe Working (for item 14/25)
Ms Janine Cartner	Divisional Director– Women & Children (for item 19/25)
Dr Lucy Tomlinson	Paediatric Consultant (for item 19/25)
Ms Rachael Whittington	Divisional Nurse Director – Women & Children (for item 19/25)
Ms Sharon Hyde	Divisional Director of Midwifery & Nursing (for item 19/25)

Apologies:

Dr Samira Anane	Non-Executive Director
Mr David Hopewell	Non-Executive Director
Mrs Mary Moore	Non-Executive Director

** indicates a non-voting member*

Quoracy:
To be quorate the meeting requires:
At least six voting Directors including not less than two Executive Directors (one of whom must be the Chief Executive, or another Executive Director nominated by the Chief Executive), and not less than two Non-Executive Directors (one of whom must be the Chair or the Deputy Chair of the Board of Directors)

Quorate: Yes

REF No/Yr.	ITEM	ACTION OWNER
01/25	**Apologies for Absence** The Interim Chair welcomed everyone to the meeting. Apologies for absence were noted as above.	
02/25	**Declarations of Interest** There were no declarations of interest.	

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03/25	**Patient Story** Mr James Dyer, Consultant Urologist and Trust's Cancer Lead, delivered a patient story presentation, highlighting a project undertaken by the Trust to reduce health inequalities regarding prostate cancer diagnosis, in partnership with primary care and public health. He advised that the project had led to an increased proportion of men coming forward for checks and treatment as required. The Board of Directors welcomed the positive outcomes of the project and recognised the importance of inclusivity. The Board acknowledged the transferable benefits of the project in other areas, noting that the approach taken could be used for other tumour groups. **The Board of Directors received and noted the Patient Story.**	
04/25	**Minutes of Previous Meeting** The minutes of the previous meeting held on 5 December 2024 were agreed as a true and accurate record.	
05/25	**Action Log** The action log was reviewed and annotated accordingly.	
06/25	**Chair's Report** The Interim Chair presented a report reflecting on recent activities within the Trust and the wider health and care system. The Board of Directors received an update on the following: - Reforming elective care for patients - Launch of Social Care Commission - The New Hospital Programme - NHS Pressures - NHS Greater Manchester - Trust Activities The Board of Directors thanked all staff for their hard work during the ongoing significant operational pressures. In response to a question from Mr Anthony Bell, Non-Executive Director, querying feedback received from Life Leisure regarding engagement with the Trust, the Interim Chair commented that there was a collective appreciation on how the locality has come together over the past few years and noted ongoing work with locality partners. She advised that the feedback from Life Leisure was generally positive, albeit more engagement would be welcomed, while being cognisant of time and resource pressures from both sides. Mrs Beatrice Fraenkel, Non-Executive Director, highlighted the importance of focusing on outcomes, particularly with everyone being under so much pressure, and the need to consider shared risk in collaborative working. The Interim Chair noted that the structures in place in locality were designed to be outcome focused, and the Chief Executive confirmed that outcomes were clearly articulated as part of collective working. Furthermore, the Director of Strategy & Partnerships advised that the Board of Directors receives a six-monthly report on collaboration, providing clear outcomes of Stockport priorities.	

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	The Board of Directors received and noted the Chair's Report.	
07/25	**Chief Executive's Report** The Chief Executive presented a report providing an update on local and national strategic and operational developments, including: - Reforming Elective Care for Patients - Greater Manchester Integrated Care System - Trust Operational Performance - Hospital Site / Estates Issues - Key Successes and Celebrations Mr Anthony Bell referred to the new multi-agency support in tackling patient homelessness, which included private sector support, and the Chief Executive advised that the joint project was driven by the locality. The Board of Directors congratulated the Trust for receiving a bronze award from the North West Black Asian and Minority Ethnic Assembly for the continued development of the anti-racist framework. **The Board of Directors received and noted the Chief Executive's Report.**	
08/25	**Integrated Performance Report** The Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note. **Quality** The Chief Nurse and Medical Director presented the quality section of the IPR and highlighted challenges and mitigating actions regarding sepsis, infection prevention & control (IPC), pressure ulcers, complaints, incidents and maternity due to under-achievement in month. The Medical Director advised that the SHMI mortality rates continued to be low, with Stockport reported with the lowest rates across GM. The Board heard that timely administration of antibiotics within the necessary timescales continued to be challenging and it was noted that the Transformation Team were providing support to enable further service improvement around sepsis. The Chief Nurse advised that reported infection rates for Clostridium Difficile (CDiff) had improved in month, with the Trust performing best in Greater Manchester (GM) in this area. The Board heard that performance regarding pressure ulcers had improved in month. **Operations** The Director of Operations presented the operational performance section of the IPR and highlighted challenges and mitigating actions regarding Emergency Department (ED) performance, patient flow, diagnostics, Referral to Treatment (RTT), community, outpatient efficiency, outpatient procedures and theatre efficiency metrics due to under-achievement in month. The Board heard that performance against the ED trajectory had shown a	

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	further improvement but remained outside the target thresholds. It was noted that the key drivers related to increased demand and acuity, suboptimal bed occupancy, high levels of No Criteria to Reside (NCTR) and delayed discharges. The Director of Operations reported positive performance against all cancer metrics in month. The Director of Operations advised that diagnostic performance remained challenging, with paediatric audiology a key risk to achieving the year-end target. The Board heard that significant improvements had been made to the Trust's RTT position in 52 and 65 week waits. Mrs Beatrice Fraenkel, Non-Executive Director, commented on the difficulty to get a sense of factors exacerbating risks, including impact of financial pressures, sickness, estate, population health and low vaccine uptake, noting the importance of understanding a shared responsibility with partners. In response to a question querying reporting in this area, the Interim Chair noted that the Board Assurance Framework addressed some of these issues and the Chief Executive highlighted the importance for locality partners to be clear around accountability and responsibilities. Dr Louise Sell, Non-Executive Director, noted partnership working regarding mental health presentations and queried how the Board could have visibility of the resources and performance of partners delivering the care for our patients arriving in ED. The Medical Director advised that work continued to strengthen partnership work in this area, including re-energising the Mental Health Board, and acknowledged Dr Sell's suggestion to introduce routine reporting via the Trust's systems and processes to enable joint visibility of resources and effectiveness of the overarching pathway. In response to a question from the Interim Chair regarding reporting requirements around corridor care, the Director of Operations advised that this formed part of daily urgent and emergency care sitrep reporting to NHS England (NHSE). The Director of Operations and Chief Nurse highlighted robust processes in place regarding pressurised services, including a full capacity protocol for ED and the organisation as a whole, noting positive assurance received from the GM Integrated Care Board (ICB) Quality Team following a visit to ED. Dr Louise Sell, Non-Executive Director, triangulated the issue of corridor care to the Learning from Deaths Report considered by the Quality Committee, which referred to an increased number of people dying in ED, and stressed the need to understand and mitigate harms occurring. The Medical Director noted a forthcoming research project which would explore how to best deliver corridor care while ensuring patient safety. Dr Louise Sell, Non-Executive Director, suggested that it would be helpful if the Finance & Performance Committee received a regular update on the Trust's OPEL escalation levels via the Operational Performance Report, and that the Non-Executive Directors are kept informed when the Trust is going into OPEL 4.	

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	In response to a question from Mr Anthony Bell, Non-Executive Director, querying approach to address high acuity in ED, the Director of Operations noted that the current ED footprint was not fit for purpose for the numbers of attendees and stated that the new Emergency & Urgent Care Centre would provide improved facilities and space to deal with the increased acuity and attendees. She briefed the Committee on risks around social care and discharges, however, and acknowledged that acuity would continue to be an issue given the ageing population. **People** The Director of People & Organisational Development (OD) presented the people section of the IPR and highlighted challenges and mitigating actions regarding sickness absence, appraisal rates and mandatory training due to under-achievement in month. She briefed the Board on mitigating actions, including the proposed establishment of a GM-wide Sickness Absence Group, refreshing of appraisal paperwork and actions being taken to improve mandatory training compliance. In response to a comment from Dr Louise Sell, Non-Executive Director, regarding sickness absence, the Director of People & OD briefed the Board on key drivers for long term absences, including safeguarding cases and cancer diagnosis, noting that the position continued to be closely monitored. **Finance** The Board received and noted the finance section of the IPR, noting that more detailed financial information was provided within the Finance Report. **The Board of Directors received and noted the Integrated Performance Report.**	
09/25	**Finance Report** The Chief Finance Officer presented a report providing an update on the financial performance for Month 9 2024/25. The Board heard that overall, the Trust position at Month 9 was a deficit of £3.2m, which was £1.8m adverse to plan. It was noted that at this point the forecast for year-end was a deficit of £2.5m, which was in line with the annual plan for 2024/25 following the receipt of system funding from Greater Manchester (GM). The Board heard that the adverse variance to date related to Elective Recovery Funding (ERF) underperformance, due to lost activity through industrial action, disruption caused by building work and a higher than expected target allocation. The Chief Finance Officer advised that the Trust had delivered profiled savings of £13.3m at Month 9, which was £0.1m ahead of profiled plan. It was noted that whilst the Trust was forecasting delivery of the full plan, there was a shortfall on recurrent savings of circa £3m. The Chief Finance Officer advised that agency costs had continued below the 3.2% target at 2.9% in December, after adjusting for the pay award arrears. It was noted that agency expenditure remained a key focus within the financial plan and performance was overseen by the Workforce Efficiency Group.	

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	The Board heard that the Trust was forecasting to deliver the financial plan for 2024/25, subject to risks highlighted. The Chief Finance Officer advised that to date, the Trust had spent £24.7m against a Capital Plan of £25.4m, and highlighted expenditure relating to the Emergency & Urgent Care Campus, the MRI scheme and essential network cabinet refresh. It was noted that the current forecast was an overspend of £3.5m. In response to a question from the Interim Chair regarding funding allocations for digital diagnostics and potential impact on revenue, the Chief Finance Officer noted that the Trust had flagged issues relating to late capital allocations with the ICB and also noted challenges in understanding revenue consequences. He acknowledged the transformational benefits of digital solutions and highlighted the funding challenges, in the context of a challenging capital landscape. The Chief Executive referred to the LIMS system as an example enabler, noting that any revenue consequences should be addressed through the process. In response to a comment from Mr Anthony Bell, Non-Executive Director, regarding the Cost Improvement Programme (CIP) Internal Audit Report considered by the Finance & Performance Committee, the Chief Finance officer confirmed that the report had provided substantial assurance on the Trust's CIP process. **The Board of Directors received and noted the Finance Report.**	
10/25	**Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust Collaboration** The Director of Strategy & Partnerships presented a report providing an update on the corporate and clinical services collaborative work between Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (T&G). He briefed the Board on existing and future opportunities and plans to explore joint strategies. In response to a question from the Interim Chair regarding the benefits tracker, the Director of Strategy & Partnerships advised that this would be included in the next iteration of the report. In response to a question from Mrs Beatrice Fraenkel, Non-Executive Director, regarding timely progress against the collaborative aspirations, the Director of Strategy & Partnerships noted that some of the challenges regarding delivery of the Clinical Strategy related to capacity constraints. The Chief Executive reminded the Board about the need to collaborate at GM level and beyond, as well as with T&G, and advised that collaborative opportunities were being explored in GM. She acknowledged a comment made by Mrs Beatrice Fraenkel, Non-Executive Director, regarding the benefits of investing into technologies to enable capacity to be met at a faster pace, albeit noting that there was currently no additional funding available in this area. Dr Louise Sell, Non-Executive Director, noted the establishment of a Joint Executive Team meeting between SFT and T&G and expressed view that	

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	consideration should also be given to how Non-Executive Directors and Governors could collaborate across the two Trusts. The Interim Chair acknowledged the comment and noted that the opportunity to develop collaboration should be explored as part of the Joint Chair recruitment process. Furthermore, she asked Board members to think about how the collaboration could work in practice. The Director of People & OD commented that this could be explored through Board Development, and noted that consideration would be given to establishing a joint Board Development Programmed between the two Trusts. **The Board of Directors received and noted the Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust Collaboration Report.**	
11/25	**Digital Strategy Progress Report** The Director of Informatics presented a report providing a 6-monthly update on the delivery of the Trust's Digital Strategy, including outcome measures. Mr Anthony Bell, Non-Executive Director, advised that the report had also been considered by the Finance & Performance Committee. In response to a question from Dr Louise Sell, Non-Executive Director, regarding emerging issues, the Director of Informatics noted that a significant proportion of the Digital Team's workload related to the need to respond to unknown issues and opportunities. In response to a question from Dr Louise Sell, Non-Executive Director, regarding planning for the next iteration of the strategy, the Director of Informatics advised that planning was already underway, noting that implementation of the Electronic Patient Record (EPR) would be a key focus for the next three years. He stated that the strategy would continue to be prioritised according to the availability of resources. In response to a question from Dr Louise Sell, Non-Executive Director, the Director of Informatics confirmed that the chosen EPR system would link with GP systems, and he highlighted the importance of ensuring all future systems linked in with partners' systems. In response to a comment from Mrs Beatrice Fraenkel, Non-Executive Director, the Director of Informatics acknowledged the need for the next 5-year strategy to address the fast-paced digital transformation and associated opportunities. **The Board of Directors received and noted the Digital Strategy Progress Report.**	
12/25	**Site Development Strategy Progress Report** The Director of Estates & Facilities presented a report providing an update on the delivery of the Trust's short to medium term Site Development Strategy. He briefed the Board on the content of the report, highlighting progress made as well as factors that were adversely impacting the Trust's ability to deliver some aspects of the strategy. Dr Louise Sell, Non-Executive Director, highlighted the significant car parking	

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	issue on the hospital site and queried if staff, patients, governors and other service users would be provided engagement opportunities in the associated development work. The Director of Estates & Facilities confirmed engagement opportunities as part of the project and the Chief Executive confirmed that an Engagement Strategy has been delivered and the Communications Team were included in that process. In a response from a question from Mrs Beatrice Fraenkel, Non-Executive Director, the Chief Finance Officer stated that the Trust was exploring all available options to improve car parking, including liaison with private providers. The Chief Finance Officer highlighted the challenging estate and issues identified by a number of surveys on buildings and assets, and noted the significant challenges given the capital constrains. **The Board of Directors received and noted the Stepping Hill Site Development Strategy Progress Report.**	
13/25	**Freedom to Speak Up** The Freedom to Speak Up Guardian presented a report providing an overview of Freedom to Speak Up (FTSU) activities since the previous report. The Board noted ongoing work to raise the profile of speaking up, activities during the FTSU month, cases raised with the FTSU Guardian, and themes and trends observed. The FTSU Guardian highlighted increased reporting, and stated that FTSU was only one route for people to speak up and raise concerns. Mrs Beatrice Fraenkel, Non-Executive Director, expressed concern regarding racism which had been highlighted as a theme and an area of concern in the report. The Director of People & OD briefed the Board on mitigating actions being progressed through the consolidated Equality, Diversity & Inclusion action plan and the wider HR and organisational development agenda. Board members welcomed the work of the FTSU Guardian, including work to empower teams and promote psychological safety, and acknowledged positive assurance regarding the growth of the FTSU initiative and associated learning. **The Board of Directors received and noted the Freedom to Speak Up Report.**	
14/25	**Guardian of Safe Working Report** The Guardian of Safe Working presented a Guardian of Safe Working Report. She confirmed that no immediate safety concerns or patient harm had been identified during the reporting period, and highlighted a focus on raising the profile of exception reporting, including providing training for supervisors in this area. In response to a question from Dr Louise Sell, Non-Executive Director, seeking assurance that educational and clinical supervisors had sufficient time allocation and training to undertake those roles, the Medical Director highlighted work to ensure this was consistent across the Trust.	

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	The Board of Directors received and noted the Guardian of Safe Working Report.	
15/25	**Wellbeing Guardian Report** The Board received a verbal update from the Wellbeing Guardian (Non-Executive Director/Interim Chair). She highlighted the continued focus on health and wellbeing across the organisation and noted in particular the importance of the Staff Psychology and Wellbeing Support (SPAWS) service in supporting staff in this area. The Board heard that further opportunities for health and wellbeing partnership working continued to be explored. **The Board of Directors received and noted the verbal update from the Wellbeing Guardian.**	
16/25	**People & Organisational Development Plan Progress Report** The Director of People & Organisational Development (OD) presented a report providing a 6-monthly progress update against the People & OD Plan. She briefed the Board on the content of the report highlighting positive progress made against the following key priority areas: • Organisational development • Place based programmes • Collaboration • Medical staffing / agency expenditure • Sickness absence The Director of People & OD confirmed that the delivery of the People & OD priorities continued alongside the Equality, Diversity & Inclusion (EDI) Strategy and Health & Wellbeing Plan. In response to a question from Dr Louise Sell, Non-Executive Director, querying clinical representation in the development programme, the Medical Director noted positive clinical engagement and stated that the content of the People & OD Plan had been well received by clinicians. **The Board of Directors received and noted the People & Organisational Development Plan Progress Report.**	
17/25	**Safe Care (Staffing) Report** The Chief Nurse and Medical Director presented a report providing assurances and risks associated with safe staffing, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks. It was noted that the Trust was assessed on the compliance with the triangulated approach to deciding staffing requirements described in National Quality Board's guidance, combining evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. The Board acknowledged the ongoing high levels of operational demand within the acute and community services, which was having an impact on patient and staff experience. The Board noted positive assurance regarding staffing and recruitment,	

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	particularly following on from a successful recruitment event for healthcare assistants, and acknowledged the significant work ongoing in this area. **The Board of Directors received and noted the Safe Care (Staffing) Report.**	
18/25	**Annual Nursing & Midwifery Establishments** The Chief Nurse presented a report providing assurances and risks associated with safer nursing and midwifery staffing and outlining actions in progress to mitigate the risks associated with patient safety and quality, based on patients' needs, acuity, dependency and risks. The Chief Nurse briefed the Board on the content of the report and advised that the underlying nurse staffing position had remained consistent with a reduction in nursing and midwifery vacancies and a levelling out in turnover, acknowledging that the investment in nursing and midwifery staffing has provided the Trust with safe staffing establishments. She advised that a small number of identified areas required a further review, which would be completed within the divisions and in consideration with the Deputy Chief Nurse and Chief Nurse. The Board heard that systems were in progress to provide assurance that safer nursing and midwifery staffing across the organisation was a priority to maintain patient quality and safety, and that Safecare LIVE was used to determine safe staffing levels and enabled triangulation between patient acuity, the number of patients and the nursing staffing levels. **The Board of Directors received and noted the Annual Nursing & Midwifery Establishments Report.**	
19/25	**Maternity Services:** **Maternity Services Highlight Report** The Maternity Team presented the Maternity Services Highlight Report incorporating update on a number of the elements the service is currently working towards, including: • Saving Babies Lives Care Bundle V3 • Midwifery Continuity of Carer pathway (MCOC) • Three year delivery plan for maternity and neonatal services (2023) • Pregnancy Loss review (July 2023) • CQC 2024 The update also included an overview of Stockport's performance across Greater Manchester East Cheshire (GMEC) using the quality surveillance toolkit, ongoing work with the Maternity Voices Partnership (MVP), midwifery staffing, equality and equity plan, perinatal mental health, and maternity and perinatal safety champions. Dr Louise Sell, Non-Executive Director, noted that the Maternity Services Highlight Report was considered by the Quality Committee on a bi-monthly basis. **The Board of Directors received the Maternity Services Highlight Report, including progress against each programme, including action being taken to support compliance requirements.**	

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	Clinical Negligence Scheme for Trusts (CNST) Year 6 Maternity Incentive Scheme – Board Declaration The Divisional Director of Midwifery & Nursing presented a report detailing the position of the Trust's maternity service in relation to the ten Safety Actions required as part of the CNST Year 6 maternity incentive national scheme. The Divisional Director of Midwifery & Nursing confirmed that, on review of the standards and in line with the submission requirements of the Board Assurance Framework, the Trust will be compliant with ten out of ten safety actions. Furthermore, she advised that the submission was subject to the approval of action plans in relation to safety actions 4, 5 and 8, included within the report. The Board heard that while the Quality Committee meeting had been stood down in January 2025 due to operational pressures, Committee members had been provided opportunity to consider the submission, with no concerns or further queries raised. The Maternity Team provided an overview of the evidence for the Safety Actions, including: - Action Plan Safety Action 4c – Neonatal Medical Workforce - Action Plan Safety Action 5d – One to one care in labour - Action plan Safety Action 8 – Rotational medical staff multi-disciplinary training - CNST Year 6 Board declaration documentation The Board heard that the submission of the Trust Board declaration form of compliance for CNST was due on 3 March 2025. It was noted that following review of the CNST Year 6 Maternity Incentive Scheme submission and approval of the Board declaration form, the signature of the Chief Executive would be applied to the Board declaration form. Furthermore, the Chief Executive has ensured that the Accountable Officer for the Integrated Care Board is apprised of the Maternity Incentive Scheme safety actions' evidence and Board declaration form requirements. **The Board of Directors:** • **Received assurance that action plans are in place against safety action 4, 5 and 8.** • **Approved that the evidence provided meets the necessary sub requirements to be able to submit the Trust Board declaration.** • **Approved the submission of the Trust Board declaration form, to be signed by the Chief Executive, for the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS), noting compliance is demonstrated with ten out of ten safety actions. There are three safety actions that require action plans as part of the submission, which do not impact on achieving full compliance with the ten safety actions.**	
20/25	**Board Assurance Framework 2024/25 – Quarter 3** The Chief Executive presented the Board Assurance Framework (BAF) 2024/25 as at the end of Quarter 3, noting that all BAF risks were regularly reviewed by relevant Board Committees. She briefed the Board on the report and the principal risks and associated mitigations. Furthermore, a gap	

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	analysis between current and target risk score was provided. It was noted that Principal Risks 2.1, 3.1, 3.2, 3.3 and 5.1 were overseen by the Board of Directors due to the cross cutting nature of the risk and consideration of such matters via the Board of Directors. It was noted that the risk associated with the Trust's ageing estate remained the highest scoring risk on the BAF. The Board heard that other significant risks related to operational performance, specifically non-elective care; finance, including delivery of the annual financial plan and future financial sustainability; and quality of care. The Chief Executive advised that the Trust's significant risks from the corporate risk register were provided in the report to ensure alignment between operational and principal risks. Mr Anthony Bell, Non-Executive Director, briefed the Board on a discussion held at the Finance & Performance Committee, noting that the Committee had requested that the Risk Management Committee should review the approach to gaps in risks, in terms of where we are, where we want to be and risk appetite, for articulation in future Board Assurance Framework reports. Dr Louise Sell, Non-Executive Director, referred to Principal Risk 1.1: *There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards*. Dr Louise Sell advised that given the continued pressure and escalation of care areas featured in a number of papers considered by the Quality Committee, the Committee would keep the risk score and reviewing mitigations under close review. In response to a question from Mrs Beatrice Fraenkel, Non-Executive Director, querying impact of government policy on risks, the Chief Executive advised that this would be highlighted in the risk description. In response to a further question from Mrs Fraenkel regarding shared risk, the Chief Executive advised that she continued to raise this at system level, noting elective pathway and system working and where the risk sits as an example. **The Board of Directors reviewed and approved the Board Assurance Framework 2024/25 as at Quarter 3, including action proposed to mitigate risks.**	
21/25	**Board of Directors Standards of Business Conduct:** • **Non-Executive Director Independence** • **Board of Directors Declarations of Interest** • **Annual Fit & Proper Person Review** The Trust Secretary presented the Standards of Business Conduct reports providing detail regarding the independence of Non-Executive Directors in line with the NHS FT Code of Governance; declared interests of all Board members; and the Board's compliance with the Fit & Proper Person Framework, following an annual assessment of compliance completed in January 2025. **The Board of Directors:** • **Reviewed independence declarations and confirmed that it**	

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	considered the Interim Chair and all Non-Executive Directors to be independent. • **Reviewed and confirmed the interests declared by the Board of Directors.** • **Endorsed the Interim Chair's annual assessment of the Fit & Proper Person requirements for the Board of Directors.**	
22/25	**Board of Directors: Chair Arrangements** The Interim Chair presented a report on Board Chairing Arrangements. The Board heard that the Interim Chair had confirmed a period of absence during February 2025, and while there were no scheduled meetings of the Board of Directors during this time, it was prudent to have in place arrangements should an extraordinary Board meeting, and/or matters requiring the powers of the Chair to be executive, be required. **The Board of Directors confirmed that Dr Louise Sell, Non-Executive Director/Senior Independent Director, be appointed to preside over any Board of Directors meetings, should the current Interim Chair (Deputy Chair) not be able to do so.**	
23/25	**Board Committees – Alert Advise and Assure (AAA) Reports** **People Performance Committee** The Chair of People Performance Committee (Mrs Beatrice Fraenkel, Non-Executive Director) presented the AAA Report from the People Performance Committee meeting held on 9 January 2025. She briefed the Board on the content of the report and detailed key people related issues considered. **The Board of Directors reviewed and confirmed the People Performance Committee AAA Report, including actions taken.** **Finance & Performance Committee** The Chair of Finance & Performance Committee (Mr Tony Bell, Non-Executive Director) presented the AAA report from the Finance & Performance Committee meeting held on 16 January 2025. He briefed the Board on the content of the report and detailed key financial and operational issues and associated key risks considered. **The Board of Directors reviewed and confirmed the Finance & Performance Committee AAA Report, including actions taken.** **Quality Committee** The Chair Designate of Quality Committee (Dr Louise Brown, Non-Executive Director) advised that the Quality Committee was stood down in January 2025 due to operational pressures. She presented a AAA Report which had been produced by the Chair of Quality Committee and Chair Designate, based on review of papers that had been shared in advance of the scheduled meeting. She briefed the Board on the content of the report and detailed key quality related issues considered. **The Board of Directors reviewed and confirmed the Quality Committee AAA Report, including actions taken.**	
24/25	**Any Other Business**	

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	There was no other business.	
25/25	**Board Work Plan & Attendance** The Board of Directors noted the Board Work Plan and Attendance for 2024/25.	
26/25	**Date and Time of Next Meeting** Thursday 3 April 2025, 9.30am, Pinewood House Education Centre.	
27/25	**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".*	

Signed:_____Date:_____

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BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Action Log Ref No/Yr.	Meeting Date	Minute Ref	Item	Action	Responsible	Status
03/24	3 October 2024	113/24	Estates & Facilities Update	In response to a question from Mr Anthony Bell, Non-Executive Director, querying when the effectiveness and appropriateness of the Estates & Facilities governance structure had last been audited, it was noted that the last audit had taken place 3-4 years ago and it was agreed to consider inclusion of a repeat audit in the 2025/26 Internal Audit Plan. The Chief Finance Officer suggested exploring an audit across both Stockport and Tameside to ensure consistency in approach. **Update December 2024** – Highlighted at Audit Committee, November 2024. To be considered further by the Audit Committee as part of draft Internal Audit Plan 2025/26 review. Action closed.	Chief Finance Officer / Mersey Internal Audit Agency	Closed
04/24	3 October 2024	113/24	Estates & Facilities Update	Overarching review of the impact of Outpatients B closure incorporating quality, operational performance, people and finance. **Update April 2025** – Report on agenda.	Director of Operations	On agenda

On agenda
Not due
Overdue
Closed

Closed actions will be removed from the Action Log once confirmed by the Committee/Group.

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Stockport NHS Foundation Trust

				Agenda No.	6
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Chair's Report				
Director Lead	David Wakefield, Chair	**Author**	David Wakefield, Chair		

Paper For:	**Information**	X	**Assurance**		**Decision**		
Recommendation:	The Board of Directors is asked to note the content of the report.						

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served

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	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This is the first report of the Joint Chair since commencing in role on 1st April, introducing the Joint Chair and key matters for the attention of the Board.

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1. Introduction

This is my first report to the Board since I commenced in the role of Joint Chair of Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G ICFT) on 1st April 2025.

I am proud to take up this position as Joint Chair representing the two organisations, and a key next step in strengthening collaboration in line with national NHS policy. While the trusts remain as separate organisations, the role will seek to maximise the potential for joint working for the benefit of the local population, patients and staff.

I would like thank Dr Marisa Logan-Ward for carrying out the role of Interim Chair at Stockport NHS Foundation Trust over the past year.

2. Changes to NHS England

On 13 March, the Prime Minister announced plans to abolish NHS England (NHSE) and integrate its functions with the Department of Health & Social Care (DHSC) within two years. The announcement came following confirmation of several changes to the NHSE leadership team including Amanda Pritchard standing down as Chief Executive Officer (CEO) at the end of the financial year and Sir James Mackey taking over as Transition CEO from 1st April.

Prior to the announcement, NHSE had published plans for a new operating model in 2025/26. The ambition was to see self-managing and improving systems, with top-performing organisations receiving increased autonomy than those requiring more central support. As a Board we must be prepared to navigate the changing governance landscape.

3. 2025/26

As part of my transition to the Joint Chair role, I met with several colleagues, including the Interim Chair, to ensure a smooth transition and handover from 1st April 2025. Key discussions, both internally and externally - including meetings with the NHSE - focussed on development of the Operational Plan 2025/26.

The 2025/26 fiscal year will be incredibly challenging across the NHS. We are all aware of the financial and operational challenges facing the NHS and the broader economic context we are working in. I look forward to meeting many new colleagues as we work together, striving to uphold the highest standards of care and treatment for all and developing ambitious plans to deliver sustainable care and transform the health of local people.

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NHS Stockport NHS Foundation Trust

				Agenda No.	7
Meeting date	3rd April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Chief Executive Officer's Report				
Director Lead	Karen James, Chief Executive	**Author**	Rebecca McCarthy, Trust Secretary Helen O'Brien, Head of Communications		

Paper For:	**Information**	X	**Assurance**		**Decision**		
Recommendation:	The Board of Directors is asked to note the content of the report.						

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

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		Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report provides an update on matters of interest, which have arisen since the last Board meeting including:

- NHS Greater Manchester
- Corporate Objectives & Outcome Measures 2025/26
- Operational Performance
- Trust Values Launched
- Acute Electronic Patient Record
- Hospital Site & Estate
- Success & Celebrations

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1. Purpose of the Report

The purpose of this report is to inform the Board of Directors of key strategic and operational developments, alongside recognition of key successes and celebrations.

2. NHS Greater Manchester

2.1 The Executive Directors and I continue to engage in several operational, tactical and strategic meetings as part of the GM Trust Provider Collaborative (TPC), with key discussions focussed on Operational Planning 2025/26. Provider Oversight Meetings also continue to take place monthly between the Trust and NHS GM.

The Chair referenced the changes taking place nationally regarding NHS England, with integrated care boards (ICBs) also reported to make significant cuts to their running costs.

Given the significant financial and operational challenges NHS GM has faced throughout 2024/25 and will continue to face in 2025/26, discussions are underway as part of GM TPC to develop a strategic delivery plan which will set out how GM Trusts will work together, the strategic priorities and outcomes for the next 3-5 years, alongside interactions with other parts of the health and social care system.

3. Trust

3.1 Corporate Objectives & Outcome Measures 2025/26

Each year, annual corporate objectives and the outcome measures are set to assist the Board in monitoring key programmes of work, enabling the Trust to meet its statutory obligations and deliver its strategic plans. Whilst the overarching Corporate Objectives are being carried forward for 2025/26, the outcome measures are being finalized to reflect national planning guidance and the operational plan submission for 2025/26. The outcome measures will be presented to the Trust Board in June 2025.

3.2 Operational Performance

As previously reported, the Stockport health and social care system continues to experience a high level of pressure. Albeit we are not achieving the Emergency Department national access standards and remain behind trajectory, performance is showing improvement, with February the best performance year to date and benchmarks positively in GM. Regarding elective care, the Trust continues to achieve cancer all cancer standards. We are not achieving national Referral to Treatment (RTT) standards; however, we continue to improve with significant improvement in overall wait times and 52 and 65-week breaches. With respect to diagnostics, MR and Audiology have seen deterioration. A mitigation plan for MR is under way, however audiology remains unmitigated and presents a challenge to the end of year position.

3.2 Trust Values Launched

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Following approval by the Board of Directors, our new values, which will work jointly across Stockport NHS FT (SFT) and Tameside & Glossop Integrated Care NHS FT (T&G ICFT) were launched in February.

The new values Compassion, Accountability, Respect & Excellence (CARE), were developed following engagement with around 500 colleagues from both organisations, across all staff groups and banding levels. Our values give us common purpose and set out our intentions so that we all have a clear idea of what

to expect from each other. You will start to see our new values across our organisation including on our website, corporate documents, social media platforms as well as many other places and locations.

3.3 Acute Electronic Patient Record Programme

The new Acute Electronic Patient Record (EPR) programme is now underway. The programme, a collaboration between SFT and T&G ICFT will support the implementation of both hospitals' main clinical and administrative IT systems. Four rounds of engagement with potential suppliers have been completed and the aim is for the programme to go out to procurement at the end of March. The Medical Directors from each Trust, Andrew Loughney and Dilraj Sandher, are joint leaders for the initiative.

3.4 Hospital Site / Estate

Work continues at pace on the modular build for our new Outpatient facility, with all modules now safely in place. Our Emergency and Urgent Care Campus is also progressing well with the next stage of the build handed over in early February, which fully opened our new clinical decision unit. The build is expected to complete by the end of Spring 2025, and we are looking forward to restoring this area of the site.

We are aware of the continued problems around on site parking with demand for hospital services increasing and our ongoing building work putting further pressure on parking spaces. Additionally, our decked car parks are nearing the end of their useful lives. We are considering a range of proposals to minimise the impact on patients and staff who need to park, with engagement sessions being held throughout March to gather colleagues views.

4. Successes & Celebrations

4.1 Children's Speech & Language Therapy – Best practice award

The Children's Speech & Language Therapy (SLT) team recently won the Special Educational Needs (SEND) Best Practice award from NHS England for their innovative work for neurodivergent children. Their identification tool helps identify neurodivergent children at a younger age so they can get the support they need Parents and carers have praised the team for the additional support this has meant for them and their young children.

4.2 New digital support for postnatal hypertension

The Trust's 'Digital Postnatal Hypertension Pathway' has been chosen as a finalist in the 'Improving Out of Hospital Care' category at this year's Health Service Journal (HSJ) Digital Awards. The new pathway uses the latest technology of digital tools, remote monitoring, and telemedicine so that new mothers with hypertension (high blood pressure) can be supported in the 'virtual ward' environment of their own home. The winners of the HSJ Digital Awards will be announced at a ceremony on 26th June.

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4.3 Over the last few years, we have held an iftar in the Staff Restaurant during the fasting month of Ramadan and I am delighted that we did so again this year. On 6th March, colleagues from across the Trust came together to break the fast. Thank you to our Catering Team for hosting a fantastic event.

NHS Stockport NHS Foundation Trust

				Agenda No.	8
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Finance & Performance Committee – Alert, Advise & Assure Report				
Director Lead	Anthony Bell, Chair of Finance & Performance Committee	**Author**	Anthony Bell, Chair of Finance & Performance Committee Soile Curtis, Deputy Company Secretary		

Paper For:	**Information**		**Assurance**	X	**Decision**	
Recommendation:	The Board of Directors is asked to note the report from the Finance & Performance Committee including matters for escalation to the Board of Directors.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

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		Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established the following Committees:

- People Performance
- Finance & Performance
- Quality
- Audit Committee

The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee held during February and March 2025, noting areas of alert, advice and assurance.

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Tony Bell, Non-Executive Director
Date of Meeting	20 February 2025 and 20 March 2025
Quorate	Yes

The Finance & Performance Committee draw the following key issues and matters to the Board of Directors' attention:

1.	**Agenda**	In February, the Committee considered an agenda which included the following: • Finance Report – Month 10 • PWC Drivers of the Deficit – Stockport Review • Operational Planning 2025/26 (including Capital Programme Update and GM Position Update) • Operational Performance Report – Month 10 • Recovery of Elective Services – Developing Sustainable Services Business Case • Car Parking Transformation Programme • Contracts for Approval • Key issues Reports: - Capital Programme Management Group - Digital & Informatics Group In March, the Committee considered an agenda which included the following: • Finance & Performance Committee Annual Review (inc. review of Terms of Reference and Work Plan 2025/26) • Operational Performance Report – Month 11 • Finance Report – Month 11 • PWC Drivers of the Deficit – Stockport Review • Post-Implementation Review of the Firewalls Capital Project • Contracts for Approval • Estates & Facilities Assurance Report • Board Assurance Framework & Aligned Significant Risks • Key issues Reports: - Capital Programme Management Group
2.	**Alert**	Non-delivery of recurrent Stockport Trust Efficiency Programme (STEP) / Cost Improvement Plan (CIP) target, recognising impact on next year's plan. Concerns regarding paediatric audiology and the consequent adverse impact on the diagnostic year-end target and future sustainability of the service.
3.	**Advise** Curtis Soile 28/03/2025 14:04:34	The Committee received the Finance Report for Month 11 and noted: • Overall, the Trust position at month 11 is a deficit of £1.9m which is £0.5m favourable to plan. At this point the forecast for year-end is a deficit of £2.1m, which is £0.4m favourable to plan for 2024/25 as agreed with the Greater Manchester Integrated Care System (GM ICS). The variance to date relates to Elective Recovery Fund (ERF) under-performance, pay award pressure and enhanced care, offset by additional activity related income and grip and

control actions.

- The STEP Plan for 2024/25 is £24.6m (£12.3m recurrent). STEP of £23.3m (94%) has been actioned against this in-year target and year to date STEP is £0.5m favourable to plan, however only £6.6m (54%) of the recurrent target has been delivered.
- The Trust has maintained sufficient cash to operate during February.
- The Capital forecast for 2024/25 is £38.4m, which is £0.7m favourable to plan.

The Committee received the Operational Planning 2025/26 report and recognised the financial challenges and discussion regarding CIP, reaffirming that the Board should not commit to plans if it was not assured that they can be delivered.

The Committee reviewed and supported the following business cases / contracts:

- Recovery of Elective Services – Developing Sustainable Services Business Case
- Endoscopy Scope Maintenance Contract
- Rostering System Contract
- Utilities Water Contract

The Committee received an update on the Car Parking Transformation Programme, noting associated plans and mitigating actions in place.

The Committee received the Operational Performance Report for Month 11, acknowledging the continued operational pressures and action being taken to improve performance.

The Committee heard that the Trust continued to perform below the national target against some of the core operating standards, whilst improvement was being sustained particularly around elective and cancer care.

Performance against the ED trajectory has improved with the best performance year to date. However performance remains behind trajectory but benchmarks well against GM.

The Committee received the final PWC Drivers of the Deficit Report and heard that an associated action plan would be created, which would align to the Trust's CIP Plan for 2025/26 and beyond.

The Committee received a report detailing a Post Implementation Review of a recent capital project focusing on the replacement of the Trust's firewalls to ensure maintenance of cyber security protection across the organisation.

The Committee received an Estates & Facilities Assurance Report and noted areas of success, as well as significant estate related risks and mitigating actions.

The Committee reviewed and approved the finance and performance related principal risks to be presented as part of the Board Assurance Framework 2024/25 to Board of Directors in April 2025.

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4.	**Assure**	The Committee noted positive assurance regarding the overarching year-end financial position.
5.	**Referral of Matters/Action to Board/Committee**	The Risk Management Committee to review the wide implication of the high ranking risk scores (20 and above) to ensure these have a Trust-wide focus, rather than focus on a specific element. The Audit Committee to review the approach to gaps in risks, in terms of where we are, where we want to be and risk appetite, for articulation in future Board Assurance Framework reports.
6.	**Report compiled by:**	**Anthony Bell, Non-Executive Director**
7.	**Minutes available from:**	**Soile Curtis, Deputy Company Secretary**

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				Agenda No.	9
Meeting date	3rd March 2025	**Public**	x	**Confidential**	
Meeting	Board of Directors				
Report Title	Integrated Performance Report				
Director Lead	Chief Executive	**Author**	Peter Nuttall, Director of Informatics		

Paper For:	**Information**	x	**Assurance**	x	**Decision**	x
Recommendation:	The Board is asked to note and discuss performance against the reported metrics. This includes the described issues that are affecting performance and any mitigating actions to improve performance that are described in the exception reports.					

This paper relates to the following Annual Corporate Objectives

x	1	Deliver personalised, safe and caring services
x	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
x	5	Drive service improvement through high quality research, innovation and transformation
x	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

x	Safe	x	Effective
x	Caring	x	Responsive
x	Well-Led	x	Use of Resources

This paper relates to the following Board Assurance Framework risks

x	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
x	PR1.2	There is a risk that patient flow across the locality is not effective
x	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
x	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
x	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

Curtis Sayle 28/03/2025 14:04:37

x	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
x	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
x	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
x	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
x	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	Highlight section and Finance exception report
Regulatory and legal compliance	All sections
Sustainability (including environmental impacts)	

Executive Summary

This report provides an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a scorecard that incorporates metrics from the Single Oversight Framework, as well as other high priority metrics.

The scorecard details the in-month and year- to- date performance for each metric along with an indicative forecast for next month and summary indicator of performance trend.

Exception reports are included for each metric group that is not currently achieving target thresholds and includes metric descriptions, in-month performance and target thresholds, as well SPC charts clearly showing performance trends. Exception reports also include detailed narrative from the relevant services detailing key issues affecting performance, and mitigating actions of note.

Please see introduction page of the report, which includes summary highlights for each section.

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BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting period

February 2025

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Introduction
This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month, and year- to- date performance for each metric along with an indicative forecast for next month.

Quality Highlight

Exception reports included this month relate to performance against Sepsis, Infection Prevention Control, Falls, Pressure Ulcers, and Maternity.

- SHMI Mortality rates continue to be low, with Stockport reported with the lowest rates across GM.
- The Trust continues to perform well against the Sepsis timely recognition target. Antibiotic administration 12-month rolling performance remains consistently below target, however, in-month performance for December shows 91% of audited patients received IV antibiotics within agreed timescales. Transformation team are now supporting to enable further service improvement.
- Reported infection rates for C. diff and MRSA show strong deterioration in performance for February, with an additional 7 C. diff cases, and 2 MRSA cases reported.
- Most falls are showing a deterioration in performance, with a strong deterioration in falls causing moderate harm and above.
- The number of hospital-acquired category 3&4 pressure ulcers show sign of improvement, with none reported in February 2025. Numbers of community-acquired category 2 pressures ulcers do show strong increase in numbers.
- The Trust written complaints rate has not changed significantly, although the last 6 months have seen rates increasing. Timely response to complaints has improved for December, achieving the 95% target for the first time since July 2024.
- Smoking during pregnancy performance has not changed significantly, and although performance is reported above the target threshold for February 2025, the 4% target is national ambition by the end of 2028. A new improvement trajectory is in development to allow more effective measurement in the future.

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Operations Highlight

Exception reports included this month relate to performance against Emergency Department, Patient Flow, Diagnostics, Cancer, RTT, Community, Outpatient Efficiencies, Outpatient Procedures, and Theatres.

- Performance against the ED 4-hour standard shows improvement in February, and the department saw a significant decrease in the number of 12-hour waits in ED.
- The number of patients with “No criteria to reside” remain above the trajectory level, with no significant changes since March 2024.
- Adult G&A bed occupancy has reported as below average levels since June 2024. Despite a steady increase reported since August, we are still below our trajectory.
- Diagnostic performance remains challenging, with Audiology a key risk to achieving the 5% target by the end of March 2025.
- Most reported cancer standards have achieved targets for February 2024, with 62-day performance just below the trajectory.
- There have been no significant changes to the number of patients over 52-weeks for treatment since October 2024, but the overall waiting list size has decreased.
- Virtual ward utilisation reported just above the 80% threshold in December 2024 but has deteriorated to 85.5% for February 2025.
- Outpatient efficiencies in PIFU and Clinic Utilisation continue to perform well with both achieving their targets in October. DNA rates remain above the target threshold but does show signs of improvement.
- There have been no significant changes to performance in theatre capped touch time utilisation. EUCC construction continues to disrupt theatre sessions. Challenges with pre-op capacity to supply patients for surgery.

Introduction
This report provides the Trust Board with an overview of the Trust's performance across a range of Quality, Operational, Workforce and Financial metrics. The report includes a dashboard that incorporates metrics from the Single Oversight Framework. The dashboard details the in-month, and year- to- date performance for each metric along with an indicative forecast for next month.

Workforce Highlight

Exception reports included this month relate to performance against Sickness Absence, Appraisal rates, and Mandatory training.

- Monthly sickness absence rates remain above the target threshold. The primary reasons for absence remain consistent, with anxiety, stress, depression, colds, coughs, flu, and musculoskeletal (MSK) problems being the most prevalent.
- Agency costs continue to show an improved position compared with earlier in the year, with the latest position for February 2025 is the lowest percentage of PAY costs across the reporting period.
- Workforce turnover has shown a steady improvement month to month since September 2024 and shows strong improvement for January and February 2025.
- Appraisal rates show strong deterioration for January and February 2025. Rates may be impacted due to the new appraisal process being brought in from April 2025 as some appraisals are delayed to align with the new cascading approach.
- Mandatory training rates are showing a strong deterioration in performance, with a below average trend seen over the last several months.

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Finance Highlight

Overall, the Trust position at month 11 is a deficit of £1.9m which is £0.5m favourable to plan.

- At this point the forecast for year-end is a deficit of £2.1m, which is £0.4m favourable to plan for 2024-25 as agreed with GMICS. The adverse variance to date relates to ERF underperformance, pay award pressure and enhanced care offset by additional activity related income and grip and control actions.
- The STEP plan for 2024-25 is £24.6m (£12.3m recurrent). STEP of £23.3m (94%) has been actioned against this in-year target, and year to date STEP is £0.5m ahead of the efficiency plan.
- The Trust has maintained sufficient cash to operate during February and is forecasting sufficient through to year-end.
- The Capital forecast for 2024-25 is £38.4m, which is £0.7m favourable to plan.

Integrated Performance Report
Scorecard

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: SHMI	Dec-23 to Nov-24	≤ 100		↑	93	●	●
Sepsis: Antibiotic administration	Jan-24 to Dec-24	≥ 90%		→	76.6%	▲	▲
Sepsis: Timely recognition	Jan-24 to Dec-24	≥ 90%		↑	97.9%	●	●
C.diff infection rate	Mar-24 to Feb-25	≤ 32.75		↓	42.96	▲	▲
Covid-19 infection rate	Mar-24 to Feb-25			→	1.26		
E. coli infection rate	Mar-24 to Feb-25	≤ 31.41		→	34.74	▲	▲
MRSA infection rate	Mar-24 to Feb-25	≤ 0		↓	0.91	▲	▲
Stroke: Overall SSNAP Level	Sep-24	≥ C		→	A	●	●
Falls causing moderate+ harm	Feb-25	≤ 22	4	↓	2	▲	●
Falls due to lapses in care	Feb-25	≤ 425	174	↘	18	●	●
Falls rate	Feb-25	≤ 3.51	2.82	↘	3.06	●	●
Pressure Ulcers: Community, Cat 2	Feb-25	≤ 114	119	↓	20	▲	▲
Pressure Ulcers: Community, Cat 3&4	Feb-25	≤ 38	52	→	7	▲	▲
Pressure Ulcers: Hospital, Cat 2	Feb-25	≤ 79	54	→	3	●	●
Pressure Ulcers: Hospital, Cat 3&4	Feb-25	≤ 8	16	↗	0	●	▲
Complaints: Timely response	Feb-25	≥ 95%	93.7%	↗	96.9%	●	●
Complaints: Written Complaints Rate	Feb-25	≤ 7.9	9.27	→	7.71	●	●
Never Event Incidence	Feb-25	≤ 0	1	→	0	●	●
Patient Safety Alerts	Feb-25	≤ 0	14	↑	0	●	●
Patient Safety Incident Investigatio..	Feb-25		26	→	3		
Patient Safety Incident Rate	Sep-24 to Feb-25			↘	93.68		
Early Neonatal Deaths	Feb-25	≤ 0	2	→	0	●	●
Maternity Diverts	Feb-25	≤ 0	4	→	0	●	●
Registrable Stillbirth Rate	Feb-25	≤ 0	4	→	4.69	▲	▲
Registrable Stillbirths	Feb-25	≤ 0	10	→	1	▲	▲
Smoking In Pregnancy	Feb-25	≤ 4%	4.5%	→	5.8%	▲	▲

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Legend

1-month Forecast

The 1-month Forecast is an informed prediction of the next month's performance, which may be based on part-month data, operational intelligence, or historical trends.

Current Period

- ● target achieved
- ▲ target not achieved

6-month Trend

- ↑ strong improvement
- ↗ improvement
- → no significant change
- ↘ deterioration
- ↓ strong deterioration

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
4hr Standard	Feb-25	≥ 72.7%	63.2%	↗	69.5%	▲	▲
Patients in department over 12hrs	Feb-25	≤ 2%	12.3%	→	10%	▲	▲
No criteria to reside (NCTR)	Feb-25	≤ 45	804	↘	84	▲	▲
Adult G&A Bed Occupancy	Feb-25	≤ 96.2%	94.2%	↘	94.9%	●	●
Diagnostics: 6 Week Standard	Feb-25	≤ 8.1%	19.5%	↘	21.2%	▲	▲
62-day standard	Feb-25	≥ 71.1%	71.5%	→	68.8%	▲	▲
Patients waiting 63 days and over	Feb-25	≤ 49		↑	44	●	●
28-day standard (FDS)	Feb-25	≥ 76.2%	78.8%	→	81.4%	●	●
14-day standard (2WW)	Feb-25	≥ 93%	97.3%	→	98.1%	●	●
Incomplete pathways 18-week %	Feb-25	≥ 92%		→	54.3%	▲	▲
52-week breaches	Feb-25	≤ 960		→	1637	▲	▲
65-week breaches	Feb-25	≤ 0		↗	35	▲	▲
Virtual Ward Utilisation	Feb-25	≥ 80%	76.8%	↘	58.5%	▲	▲
Urgent Community Response	Jan-25	≥ 70%		→	97.6%	●	●
Outpatient DNA rate	Feb-25	≤ 6.3%	7.8%	↗	7.3%	▲	▲
Outpatient clinic utilisation	Feb-25	≥ 90%	94.2%	↗	96.1%	●	●
Patient initiated follow up (PIFU)	Feb-25	≥ 4.3%	5.1%	↗	5.4%	●	●
Capped Touch Time Utilisation	Feb-25	≥ 85%	76.9%	→	77.8%	▲	▲
OP First Attend and Procedure	Feb-25	≥ 43.8%	43.3%	↘	42.8%	▲	▲
Workforce Scorecard							
Substantive Staff-in-Post	Feb-25	≥ 90%	93%	↗	94.3%	●	●
Sickness Absence: Monthly Rate	Feb-25	≤ 5.5%	5.9%	↘	6%	▲	▲
Workforce Turnover	Feb-25	≤ 12.7%	12.5%	↑	12%	●	●
Staff Retention Rate	Feb-25		99%	↗	99.3%		
Appraisal Rate: Overall	Feb-25	≥ 95%	89.9%	↓	88.4%	▲	▲
Mandatory Training	Feb-25	≥ 95%	94.7%	↓	94.2%	▲	▲
Agency Costs %	Feb-25	≤ 3.2%	2.7%	↗	1.9%	●	●
Finance Scorecard							
Capital Expenditure	Feb-25	≤ 10%		→	-18.7%	●	●
Cash Balance	Feb-25			↗	31		
CIP Cumulative Achievement	Feb-25	≥ 0%		↘	3%	●	●
Financial Controls: I&E Position	Feb-25	≤ 0%		↗	-21.9%	●	●

Quality **Sepsis**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Sepsis: Timely recognition	The number of patients who are screened for sepsis, as a percentage of those eligible patients audited.	>= 90%	97.9%	↑	● ● ● ● ● ●	●
Sepsis: Antibiotic administration	The number of patients who received IV antibiotics within agreed timescales for sepsis patients, as a percentage of eligible patients audited and found to have sepsis.	>= 90%	76.6%	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Performance is based on an audit sample of patients, and is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

Antibiotic administration

- 91% Timely Antibiotic Administration in December.
- 12 month rolling figure now 76.7%, below trust target of 90%.
- 31/34 patients screened for sepsis received antibiotics in accordance with trust guidelines.
- All 3 fails involved red flag triggers and occurred out of hours. 2222 utilised in 2/3 incidents.
- 2 fail within Division of Surgery and 1 fail within Medicine
- Antibiotic delays: 12min, 22 min, 541 min (average= 192)
- Themes:
  - Delayed prescribing in 2/3 incidents; prescribing antibiotics as scheduled dose in one of the incidents compounded significant delay in administration.
  - Delayed nurse administration was evident in 1 incident due to patient was out of the ward.
- Time to administer from prescribing: 8 min, 21 min, 172 min (average= 67)
- Sepsis6 not completed by clinician in all 3 incidents.
- In December Sepsis6 was finalised by clinician in 23% forms. 12 month rolling figure is 24%.

Key Events/ Ongoing Issues

- Sepsis link nurse meeting 08/01/25
- Sepsis star of the month awarded to MSEC and B4.
- Transformation team now involved in Sepsis. Monthly Transformation meeting from 16/1/24.
- New senior sepsis practitioner will be in post from March 2025.

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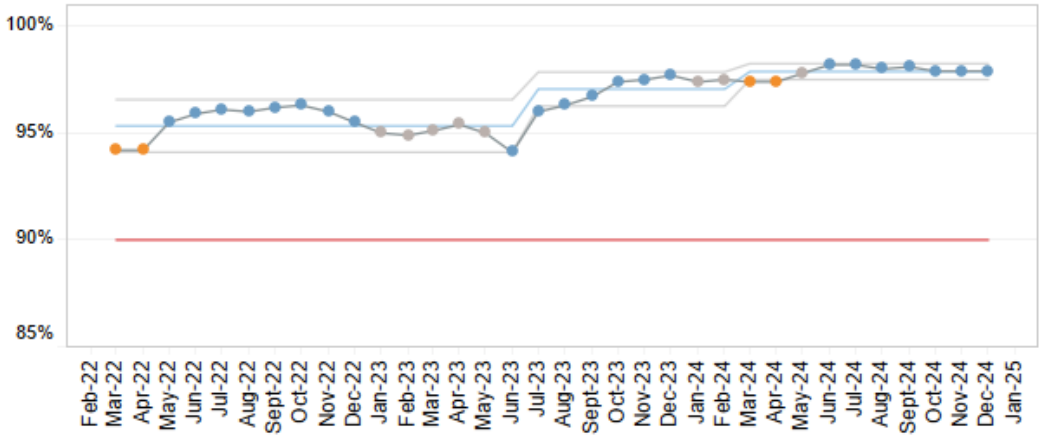
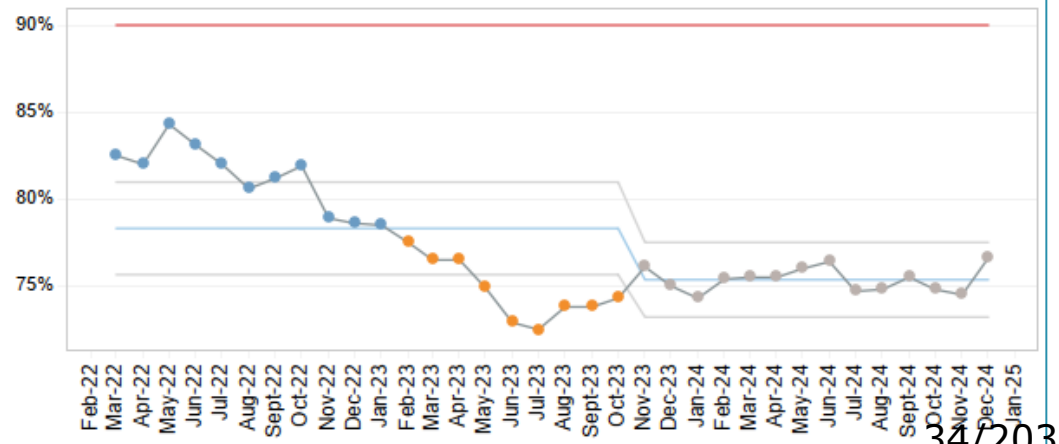
Please note: No Sepsis data for January or February is available at the time of report production. Current slide is based on the December position.

Update provided by	Annmaria John
Executive Lead	Andrew Loughney

Performance for Sepsis: Timely recognition



Performance for Sepsis: Antibiotic administration



Quality **Infection Prevention & Control**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
C.diff infection rate	The number of hospital-onset Clostridioides Difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older.	<= 32.75	42.96	↓	▲ ▲ ▲ ▲ ▲ ▲	▲
MRSA infection rate	The number of hospital-onset Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections per 100,000 bed days.	<= 0	0.91	↓	▲ ▲ ▲ ▲ ▲ ▲	▲
E. coli infection rate	The number of Escherichia Coli (E. coli) bacteraemia infections per 100,000 bed days.	<= 31.41	34.74	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Performance is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

C.diff infection rate

- There were 4 HOHA and 3 COHA cases in February, totalling 86 YTD. The Trust is over the projected threshold of 66.9 for the end of February and over the projected threshold of 73 for 2024-25.
- 80 cases have been presented to the HCAI Panel; 6 cases are scheduled for review during March. The most common themes for learning remain ensuring appropriate antibiotics are prescribed, reviewed and stopped in a timely manner and embedding IPC standard practices across the Trust.
- The latest National figures (December 2024) rates Stockport second out of the seven GM Trusts which is worse than the previous month. Out of the 42 ICB's across the UK, GM is ranked 39th which is the same as the previous month.

MRSA infection rate

- The Trust had 2 COHA cases of MRSA Bacteraemia in February against a zero-tolerance threshold.
- The latest National figures (December 2024) rank Stockport second out of the seven GM Trusts which is the same as the previous month.

E. coli infection rate

- There were 6 HOHA and 1 COHA cases in February totalling 70 cases YTD. The Trust is over the projected threshold of 64.2 for the end of February.
- The latest National figures (December 2024) rank Stockport fourth out of the seven GM Trusts which is the same as the previous month.
- The task and finish group continues to review and finalise documentation around the care and management of urinary catheters to support practice.

COVID-19

- The Trust had 9 new COVID-19 positive cases in February of which 1 was nosocomial. This is a decrease of 3 positive cases and 1 nosocomial case numbers on last month.
- The Trust currently has a HOC rate of 11% which is a decrease of 6% from last month.
- There has been a recent surge in Respiratory PCR testing and positive influenza A cases which has necessitated the opening of a positive ward as part of the agreed escalation plan.

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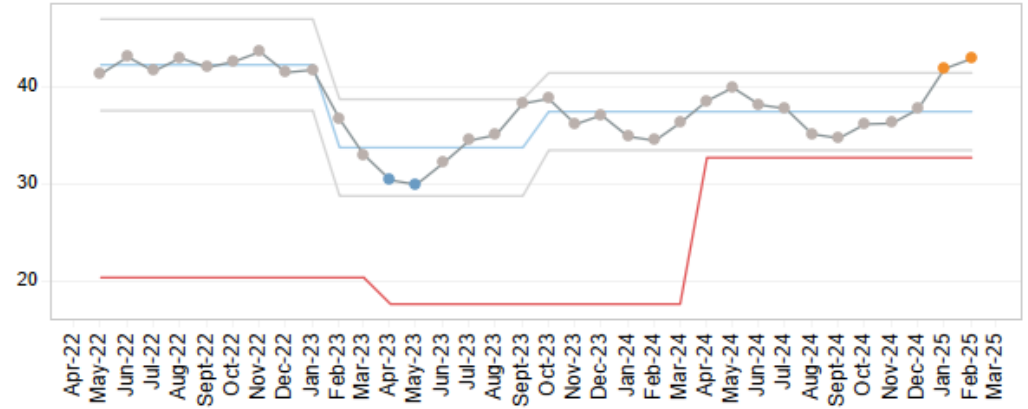
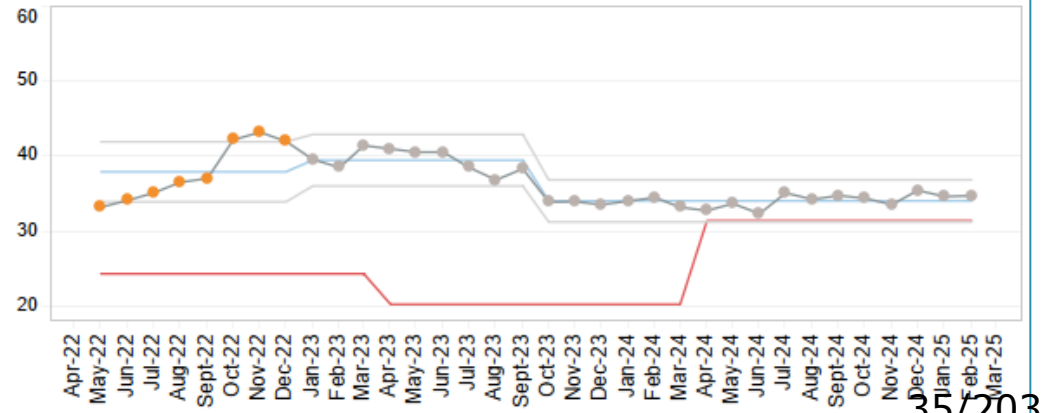
Performance for C.diff infection rate



Performance for E. coli infection rate



Update provided by	Nesta Featherstone
Executive Lead	Nic Firth

Quality & Safety report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Falls**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Falls rate	The total number of all inpatient falls, calculated as a rate per 1000 bed days. Excludes any patient falls in the emergency department.	<= 3.51	3.06	↘	● ● ● ● ● ●	●
Falls due to lapses in care	Total number falls as a result of lapses in care or areas of concern.	<= 35	18	↘	● ● ● ● ● ●	●
Falls causing moderate+ harm	Total number of falls causing moderate harm and above. Excludes any patient falls in emergency department	<= 1	2	↓	● ● ● ● ● ▲	●

Summary

- Trust Quality Improvement target for 2024/2025 is a 5% reduction in the overall number of falls, and moderate and above harm falls to remain the same or below. We will also measure 5% reduction in lapses of care/areas of concern. We will measure these as a rate per 1000 attenders.
- Local monitoring of 10% reduction in ED falls and lapses in care/areas of concerns, rate to be measured by 1000 bed days.
- The Division continue to focus of assessing patients correctly under the Bay Nursing Standard Operating Procedure and the Enhanced Supervision Policy to make sure our patients get the correct supervision they require.

Ongoing actions

- Weekly Falls Review Panel takes place, and all falls are discussed with the Ward
- Each area has Fall Champions
- Medication review
- Falls microsite is updated regularly
- Falls risk assessment on Patientrack
- Safety Cross Boards
- Tabards for Bay nursing to individualise the staff member
- Falls pro-forma
- Falls leaflet.
- BI team have implemented a dashboard for all divisions to view their data on CIS.
- Delivering training to nursing home staff in Stockport area
- Slipper socks
- 0 fall recognition
- MDT approach with falls steering group and part of Stockport falls network group to share the work we have done in reducing falls.

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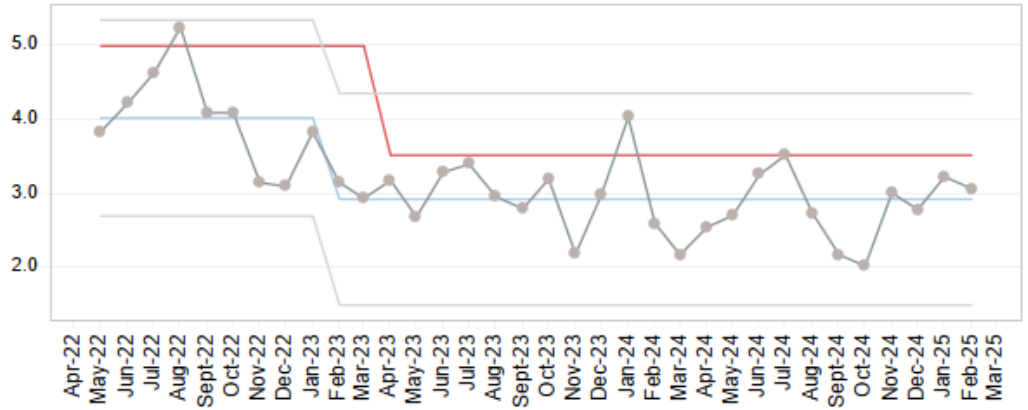
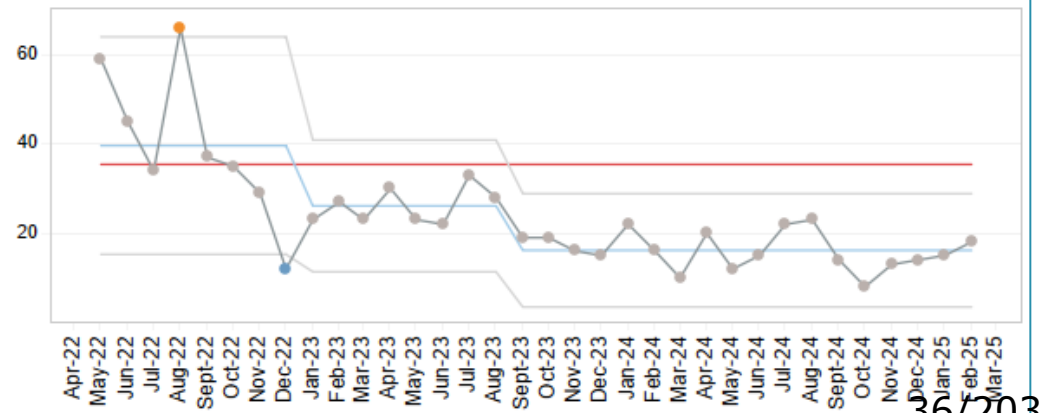
Performance for Falls rate



Performance for Falls due to lapses in care



Signed off by	Mamoona Hood
Executive Lead	Nic Firth

Quality **Pressure Ulcers**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Hospital, Category 2	Total number of category 2 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	<= 6	3	→	●●▲●●●●	●
Hospital, Category 3&4	Total number of category 3 and category 4 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	<= 0	0	↗	●●●▲▲▲●	▲
Community, Cat 2	Total number of category 2 pressure ulcers in a community setting.	<= 9	20	↓	●▲●▲●▲▲	▲
Community, Category 3&4	Total number of category 3 and category 4 pressure ulcers in a community setting - includes device-related pressure ulcers.	<= 3	7	→	●●▲▲●●▲	▲

Hospital Acquired

- The Trust has set a target to reduce the number of hospital acquired pressure ulcers caused by a lapse in care. The Trust has also set targets around the time frame for investigation of pressure ulcer incidents with a focus on learning from incidents according to the PSIR framework.
- This month (February data) we have had 3 Category 2 pressure ulcers reported: 0 were as a result of a medical device. All pressure ulcer incidents are investigated for any lapses in care where learning and improvement can be identified.
- The number of pressure ulcer incidents this month has reduced and February (alongside September) has seen the lowest number of pressure ulcer incidents this year.
- Ongoing pressure ulcer reduction and improvement strategies are in place; we are currently planning the annual pressure ulcer collaborative event which will take place in April. The pressure ulcer prevention policy is due to be updated, which will provide opportunity to re-launch.
- The Trust is aiming to achieve no hospital acquired Category 3 or 4 pressure ulcers as a result of a lapse in care. This month (February data) there have been 0 Category 3 or 4 pressure ulcers in the hospital.

Community Acquired

- This month (February data) we have had 20 Category 2 pressure ulcers reported. All pressure ulcer incidents are investigated for any areas of lapses in care where learning and improvement can be identified.
- This month there has been an increase in the number of incidents; however all of the incidents that have been investigated so far have not been as a result of a lapse in care.
- Each incident of a Category 3 or 4 pressure ulcer is investigated and reviewed to identify any learning or lapses in care. All of the February incidents are currently awaiting their investigations. There continues a multi-disciplinary working group addressing common themes in pressure ulcer incidents in the community.

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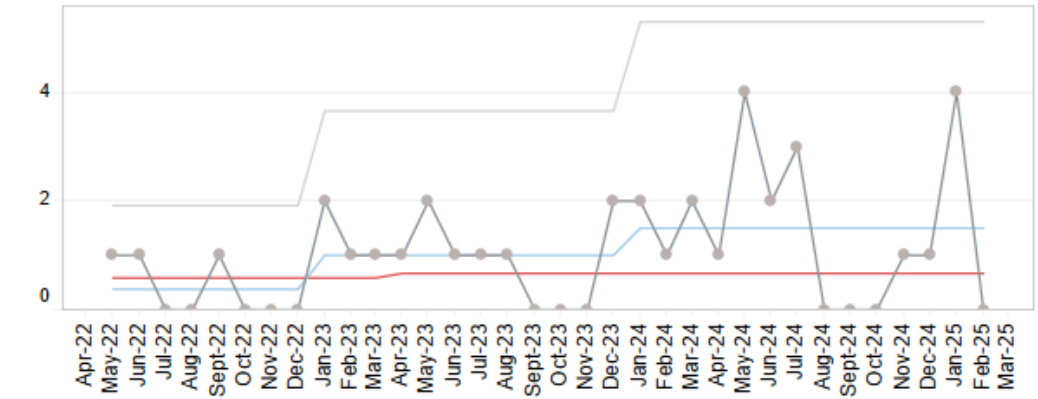
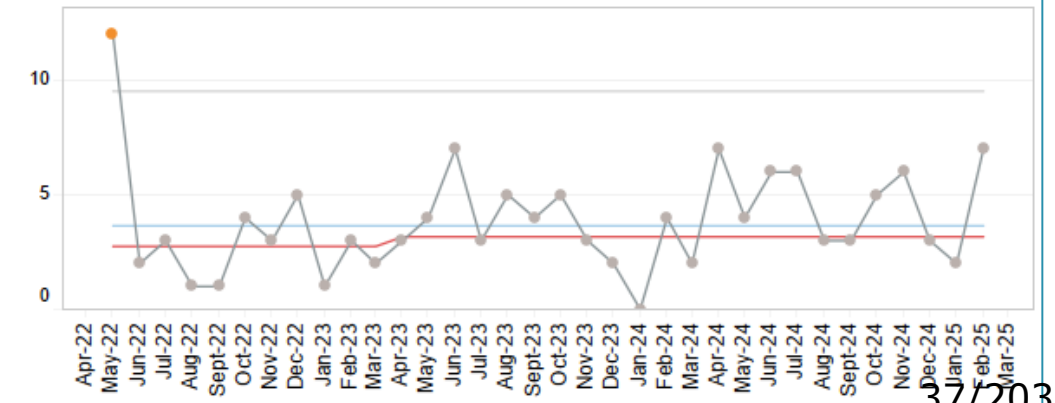
Performance for Pressure Ulcers: Hospital, Cat 3&4



Performance for Pressure Ulcers: Community, Cat 3&4



Update provided by	Stephanie Mulcahy
Executive Lead	Nic Firth

Quality **Maternity**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Early Neonatal Deaths	The number of babies born with signs of life, that have died with within the first 7 completed days of life.	<= 0	0	→	● ▲ ● ● ● ●	●
Registrable Stillbirths	The number of babies born without signs of life due to stillbirth or termination of pregnancy that occurs after a gestation of 24 weeks (168 days) or more.	<= 0	1	→	▲ ▲ ▲ ● ● ▲	▲
Registrable Stillbirth Rate	Calculated as a rate per 1000 registrable births.	<= 0	4.69	→	▲ ▲ ▲ ● ● ▲	▲
Smoking In Pregnancy	The number of women known to be smokers at the time of delivery, as a percentage of all deliveries in the month.	<= 4%	5.8%	→	▲ ▲ ● ▲ ● ▲	▲
Maternity Diverts	The total number of occasions the maternity unit has been unable to admit women during the reporting period.	<= 0	0	→	● ● ● ▲ ● ●	●

Smoking in Pregnancy: This metric excludes women whose smoking status was not known at the time of delivery, and only includes women initially booked with us who then delivered with us. Women known to be smokers at the time of delivery are defined as pregnant women who self-reported that they were smokers. This includes any cigarettes or tobacco at all, but excludes non-combustible nicotine products, such as e-cigarettes or other nicotine containing products. If a woman intends to give up smoking after the delivery, but was a smoker up until the delivery date they are included in this count.

Registerable stillbirths

The service has had 1 stillbirth in February. This was a 39+2 week intrapartum stillbirth reported to the MNSI for investigation.

Smoking in pregnancy

The percentage of women (who had initially booked with our service and progressed to deliver with the service) who were smoking at time of delivery in February was 5.8%, an increase from January and above the Trust target.

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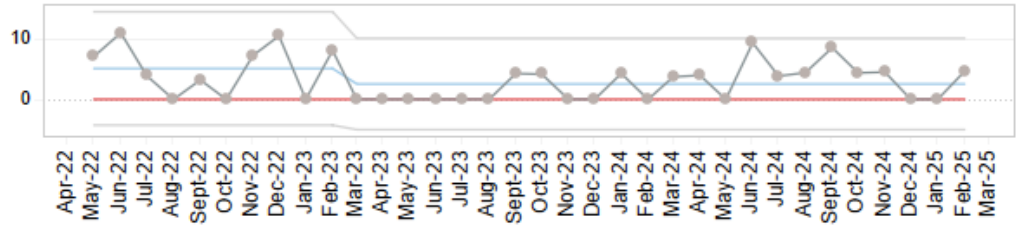
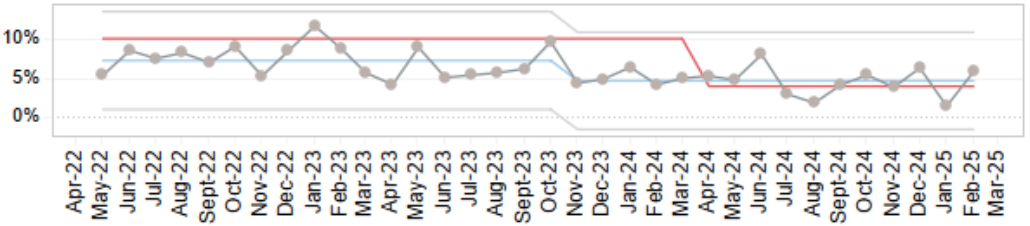
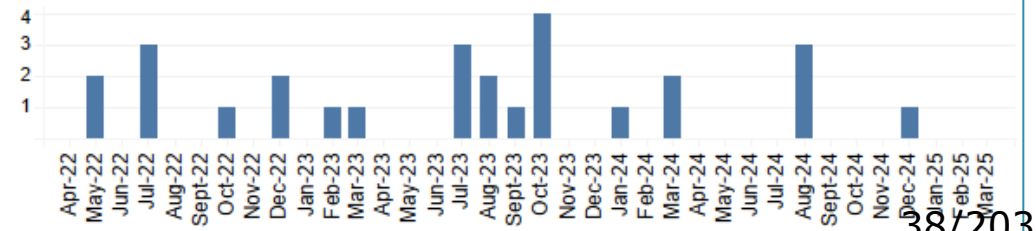
Performance for Registrable Stillbirth Rate



Performance for Smoking In Pregnancy



Performance for Maternity Diverts



Signed off by	Sharon Hyde
Executive Lead	Nic Firth

Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Emergency Department**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
4hr Standard	The number of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival, as a percentage of all patients attending A&E.	>= 72.7%	69.5%			
Patients in department over 12 hours	The number of type-1 patients spending 12 hours or more in department, as a percentage of all type-1 patients attending the emergency department.	<= 2%	10%			

Performance Summary

- February 2025 performance against the UEC 4hr standard saw an increase from 60.6% in January to 69.5%. February 2025 saw attendances drop to 8183, this also reflects the shorter month.
- Admissions to hospital from ED remained static at 92 per day, 31.6% conversion rate, this does include admissions to the SDEC pathways. Excluding SDEC admissions, the conversion rate was 25.4%.
- February saw a significant decrease in 12 hour waits in ED to 714 compared to 1268 in January 2024.

Risks and Issues

- EUCC estate changes continue to impact on operational flow of the department
- Reduced escalation space to manage ambulance patients when the department is full
- Nurse staffing challenges

Actions and Mitigations

- Weekly Trust 4hr clinical standards performance group is in place with full specialty representation with actions to improve position
- Transformation programme re-scoped to confirm next year's improvement priorities
- UTC service will be shortly on DoS with fully bookable slots
- Senior Decision Maker at the front door to see and treat and reduce waiting times
- Streamlining diagnostic tests to support early decision making
- Partnership work with NWAS to improve current handover process and manage the relationship during our most challenging period
- Internal UTC
- MSDEC streams with increased patient numbers from ED
- New CDU facility successfully opened with significant impact on the patient journey during February
- Preparation for the handover of the next phase of EUCC in March

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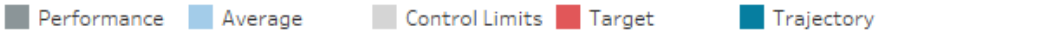
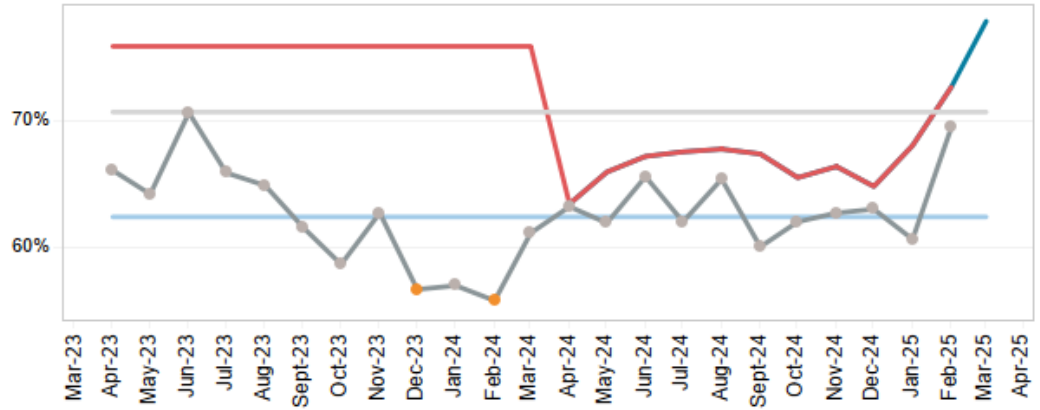
Please note: Data for this metric has now been updated to show performance for type-1 attendances only, which is in line with national reporting

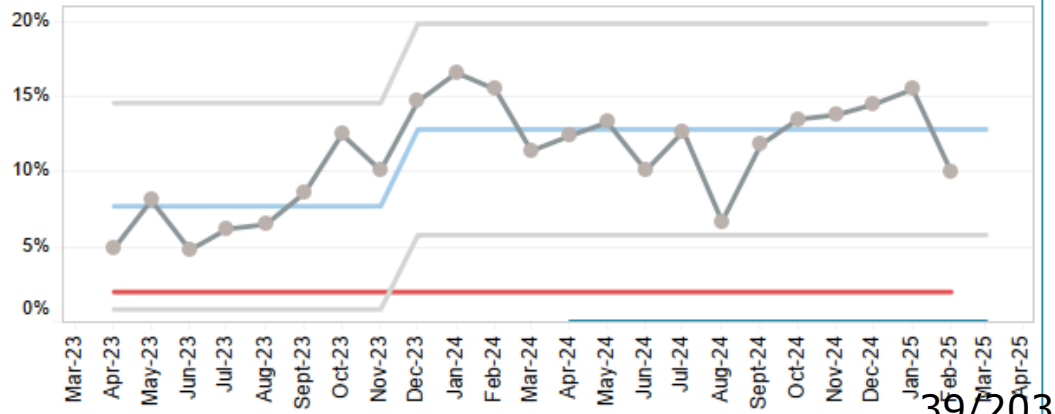
Signed off by	Ruth Sefton
Executive Lead	Jackie McShane



Performance for 4hr Standard



Performance for Patients in department over 12hrs



Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Patient Flow**

		Target	Actual	6-month trend	Previous Performance						1-month Forecast
No criteria to reside (NCTR)	Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.	<= 45	84	↘	▲	▲	▲	▲	▲	▲	▲
Adult G&A Bed Occupancy	The total number of occupied adult general & acute bed days, as a percentage of all available adult general & acute beds.	<= 96.2%	94.9%	↘	●	●	●	●	●	●	●

Performance Summary

- The average number of patients with a No Criteria to Reside increased again in February to 84 (from 81 in January) which equates to 14.6% of adult occupied beds. This remains above the planned level of 61.
- Adult G&A bed occupancy in February was 94.9%, which is above the 92% NHSE target.
- Medical bed occupancy on the Stepping Hill Site reduced but was still high at 98.3%.
- The average number of patients with a length of stay of 21+ days increased slightly in February to 125 or 21% of occupied adult G&A beds. The national ambition is to get to 12%.

Risks and Issues

- Community capacity in Pathways 2 - 3, for Stockport.
- Community capacity in Pathways 1 - 3, for Derbyshire, East Cheshire and other areas.
- Ambulance availability for patients who cannot return to the community any other way.
- HCRs completed too late in the patient's stay, which then impacts on medication availability.
- Delays resulting from recently introduced greater commissioner scrutiny regarding the use of unmet need Pathway 2/3 beds when the commissioned D2A beds are occupied.

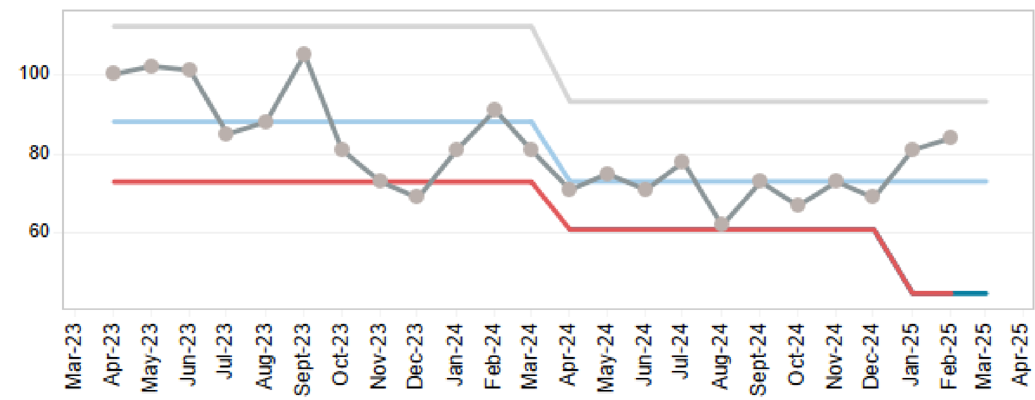
Actions and Mitigations

- System Sprint meetings in March with a concerted focus on the patients on the NCtR list to understand delays and escalate effectively - this includes OOA patients whereby locality colleagues (ICB and ASC) also own the delays.
- System T&F Group established with Pennine Care and Mental Health Liaison now working more closely with ITT to improve utilisation and flow through Saffron ward.
- ASC REaCH (the Reablement team) taking some patients directly on discharge from hospital releasing the D2A team to accept other patients and increasing capacity for P1 discharges.
- Recruiting to the Transfer of Care Hub to operate 08:00 - 20:00 (Mon – Fri) to enable later triaging and discharge planning for patients with complex discharges
- Ward Trackers based on two 'high discharging wards' to strengthen MDT working
- Working with AMU and AFU in the Medicine Division to promote criteria-led discharges at a weekend.
- Transport improvement plan underway.
- HCRs have been reviewed and changes made to the document to support streamlining.
- Senior ITT presence at a weekend to work with Discharging medics and eTask Co-ordinators to facilitate increased complex discharges
- Greater ITT support to the LLoS Work Programme
- Continuing with a restart of packages of care for patients whose needs have not changed who have been in hospital for >10 days to reduce dependence on D2A support team to facilitate discharge.
- Pathway 2/3 system partner meetings twice a week with Neighbourhood Social Work Manager and Continuing Health Care representative.
- Planning training in April with B7 Ward Managers in Medicine and Surgery to promote Discharge Services, using QR codes to access microsite information on a range of services.

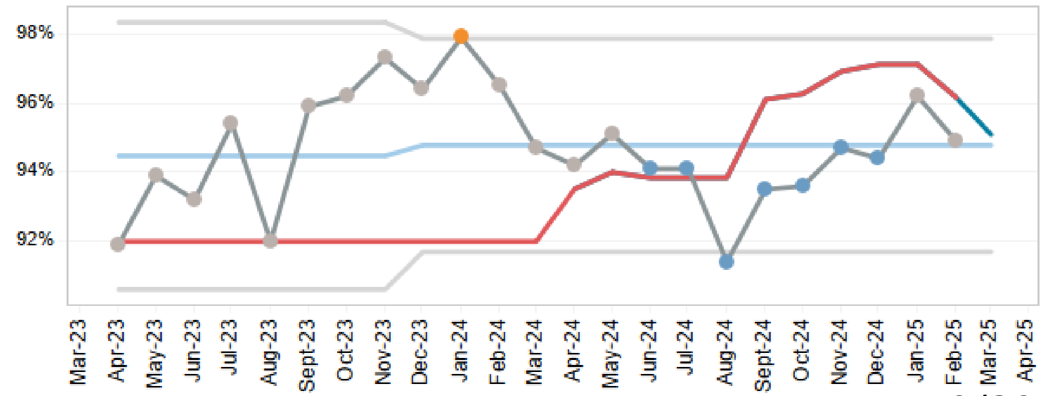
Signed off by	Jane Ankrett
Executive Lead	Jackie McShane

Performance | Average | Control Limits | target | Trajectory

Performance for No criteria to reside (NCTR)



Performance for Adult G&A Bed Occupancy



Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Diagnostics**

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
Diagnostics: 6 Week Standard — The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	<= 8.1%	21.2%			

Audiology

Risks and Issues

- Paediatric (17 years and under) service has been paused – DM01 position will continue to decline as a result of this
- Look back commenced in November 2024 - resulting in further lost capacity for patients within the backlog

Key Actions

- Ongoing Strategy Meetings with ICB, Executive Team and Division
- A Service Development Proposal has been submitted in relation to workforce and Estate
- Tinnitus pathway (adult only) starting towards the end of March– this will free around 25 ENT slots

Echo

Risks and Issues

- DNA rates for Stress Echo's are significantly high at 25%.
- Reduced appetite for Stress Echo WLI's from the consultant team
- X1 Physiologist on long term sickness meaning a reduction in valve clinic capacity by 16 slots per week also will impact Echo capacity but this shouldn't impact on breaches due to CDC capacity

Key Actions

- 4x WLI's in place to support the backlog for stress echo, 28 additional planned slots currently for March 2025 – Potential to increase depending on consultant availability
- 4x WLI's picked up by SHH substantive physiologists equating to 32 slots – Potential to increase depending on physiologist availability
- T&F set up with Patient Access Team to look at ways of implementing digital letters being sent to patients as well as Text/Call reminder – Meeting update from the 5th March is that CSS are writing up a business case to implement text reminder and digital letters for Radiology and Cardiology diagnostic services, and this is planned to be ready for submission within the next month.
- Volunteer in place now supporting with call reminders which should reduce DNA rates

MR

Risks and Issues

- Ongoing high levels of cancer and inpatient demand for MR imaging
- Relocation of Canon scanner required a level of downtime

Key Actions

- CDC 6-week dedicated use for Stockport to increase activity and improve backlog
- Additional MR mobile provision onsite to improve position funded by 65ww slippage
- Improvement for CDC patient booking and utilisation with 7-day pre appointment phone call

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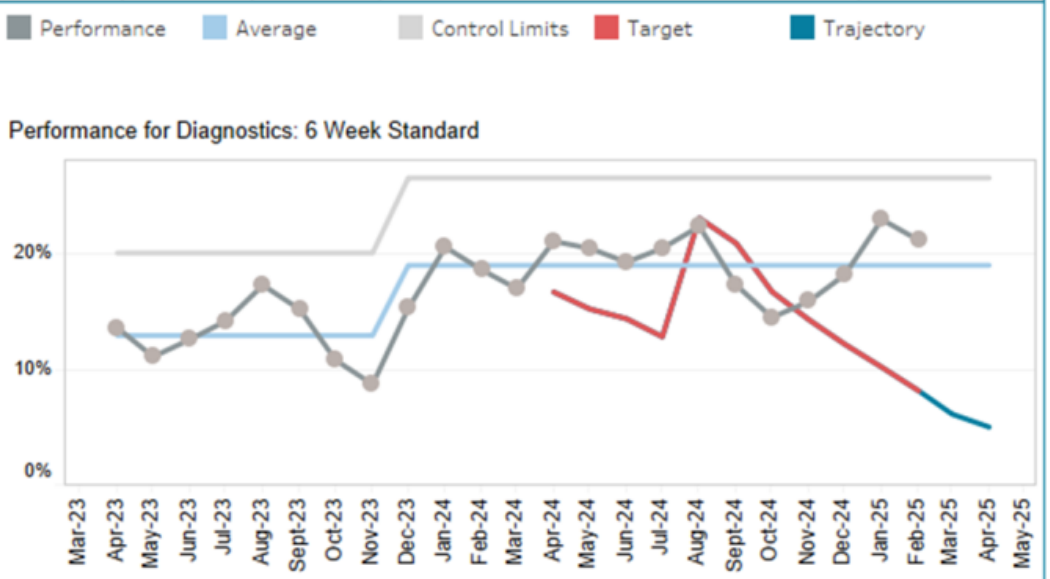


Signed off by	Karen Hatchell / Ruth Sefton / Mike Allison
Executive Lead	Jackie McShane

Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Cancer**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
62-day standard	The percentage of patients on any type of cancer pathway that have received their first treatment within 62 days of upgrade or GP referral. Includes two-we..	>= 71.1%	68.8%	→	● ● ● ● ● ▲	▲
Patients waiting 63 days and over	The number of patients on a cancer pathway waiting 63 days and over, split by Two Week Wait, Screening, and Upgrade.	<= 49	44	↑	● ● ● ● ● ●	●
28-day standard (FDS)	The percentage of patients that are notified whether or not they have cancer within 28 days from the date of referral.	>= 76.2%	81.4%	→	● ● ● ● ● ●	●
14-day standard (2WW)	The percentage of patients on a cancer pathway that have attended their first outpatient appointment within 14 days of their GP referral.	>= 93%	98%	→	● ● ● ● ● ●	●

Performance Summary

- The final 62-day performance for January is 67.6 % which is above the trajectory target of 66.02%. The latest performance for February is 68.8%, and we are again forecast to achieve trajectory.
- The Trust continues to achieve the 28-day FDS target with performance at 75.2% in January.
- The 63+ backlog was 44 at the end of February, achieving the target level.

Risks and Issues

- Oncology capacity deficit leading to extended appointment waits.
- Robotic theatre capacity insufficient for demand.
- Delays for patients requiring CPEX testing at UHSM, particularly affecting the Colorectal pathway.
- Reduced staffing levels are impacting timely access to preoperative assessments.
- Extended turnaround times from request to report for some Radiological examinations, particularly MR and CT Urograms.
- A significant increase in suspected cancer referrals in ENT and Urology with Prostate referrals up 30% year to date.
- Risks remain around sustained delivery of performance once temporary funding of key posts supported by GM Alliance come to an end.

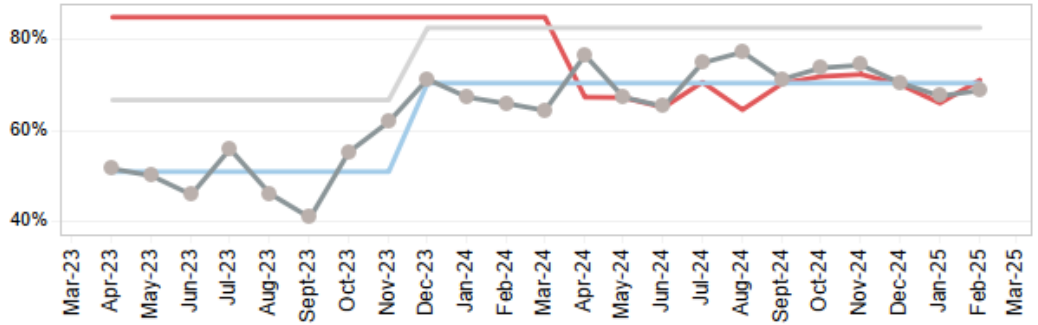
Actions and Mitigations

- Additional Oncology clinics have been secured for future months, and the Christie are looking to recruit an additional Urology Oncologist.
- Junior Doctors in the Colorectal team now supporting with initial triage and step-down reviews
- Service Development Plan for in-house CPEX testing being considered.
- Radiology Task & Finish group ongoing with capacity and demand exercise underway.
- Review of Bone Scan nuclear medicine protocol to potentially increase throughput
- Implementing a risk stratification surgical booking process for high risk bladder cancer patients
- Additional Urology Consultant in-training to undertake robotic prostatectomies with weekend and evening sessions being held to help meet demand.
- Ongoing GM-wide engagement to introduce single queue for prostate biopsies
- Haematology disease group mapping to streamline the pathway and protect slots for priority follow-up appointments.
- Service Development Plans have been developed to support the substantive funding for some of the GM Alliance funded posts.

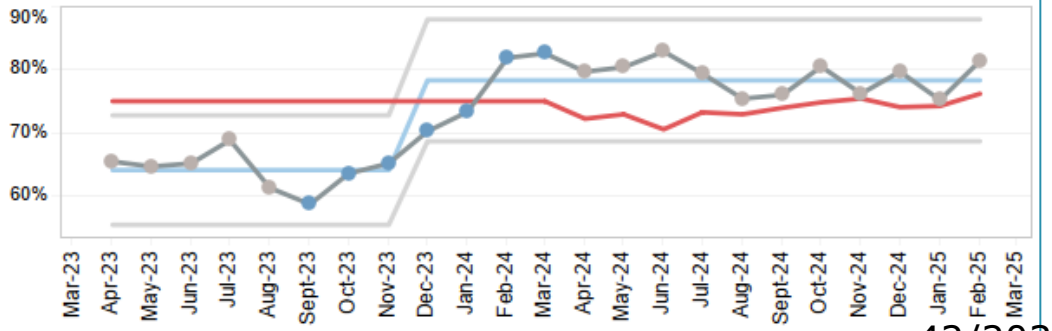
Signed off by	Andrew Tunnicliffe
Executive Lead	Jackie McShane

Performance | Average | Control Limits | target | Trajectory

Performance for 62-day standard



Performance for 28-day standard (FDS)



Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Referral to Treatment (RTT)**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Incomplete pathways 18-week %	Referral to treatment, the number of patients on an open pathway, whose clock period is less than 18 weeks, as a percentage of all patients on an open pathway.	>= 92%	54.3%	→	▲ ▲ ▲ ▲ ▲ ▲	▲
52-week breaches	Referral to treatment, the total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.	<= 960	1637	→	● ● ▲ ▲ ▲ ▲	▲
65-week breaches	Referral to treatment, the total number of patients whose pathway is still open and their clock period is greater than 65 weeks at month end.	<= 0	35	↗	● ▲ ▲ ▲ ▲ ▲	▲

Performance Summary

- The Trust continued to report zero patients waiting >78 weeks at the end of February.
- For 65ww, the trust ended February with 35 patients; an improvement on the January position of 48.
- Services continue to work towards a forecasted zero 65ww patients by end of March-25, however there are risks to delivery of this.
- For 52ww, the number of patients decreased slightly from 1692 at the end of January to 1637 at the end of February.
- Trust 18-week performance remains fairly static at 54.3% for February, however the overall RTT waiting list has decreased in February.

Risks and Issues

- Pause on paediatric audiology activity impacting on ENT 65ww breaches as hearing tests required for some patients prior to progressing ENT pathway
- Pathway delays due to complex diagnostics referred externally (Cardiology, Gastroenterology, & Surgery)
- Complex elective patients >65 weeks requiring surgery late in their pathway.
- Long wait times for 1st appointment remains a challenge across several specialties

Actions & Mitigations

- Multiple schemes to expand elective capacity in year across several specialties using additional IPT funding. Includes additional locum consultants & use of outsourcing/insourcing.
- Slippage on IPT funding spend identified, & further additional capacity plans being mobilised for March.
- Additional RTT performance PTLs remain in place to maintain rigor & drive performance.
- Additional validation work to cleanse the waiting list & reduce the total waiting list size.
- Internal and external escalation processes for diagnostic long wait delays remain in place.
- Continued utilisation of independent sector capacity to support ENT, Ophthalmology, General Surgery, Orthopaedics & Gastroenterology.
- Service development plans for expanding elective capacity for 25/26 being progressed and will support reduction of 52ww's & improvement of RTT performance.

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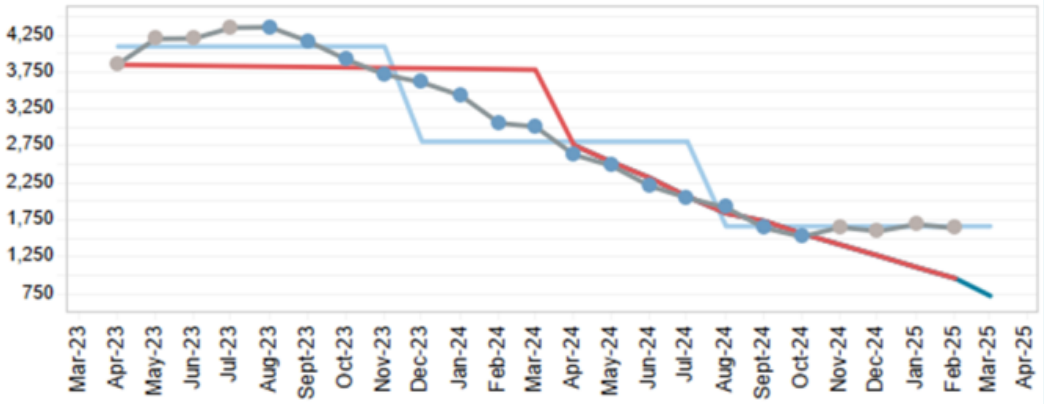
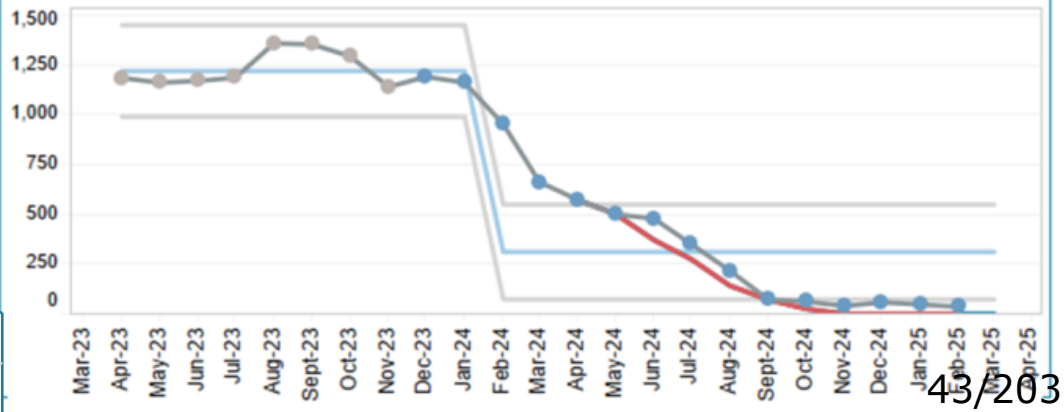
Performance target Trajectory Average

Performance for 52-week breaches



Performance for 65-week breaches



Signed off by	Andrew Tunnicliffe
Executive Lead	Jackie McShane

Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Community**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Virtual Ward Utilisation	The number of occupied bed days in the virtual ward service, as a percentage of the available bed days in the virtual ward service.	>= 80%	58.5%	↘	▲ ▲ ▲ ● ▲ ▲	▲
Urgent Community Response	The total number of Urgent Community Response referrals assessed within 2 hours of referral acceptance, as a percentage of all Urgent Community Response referral..	>= 70%	97.6%	→	● ● ● ● ●	●

Virtual Ward

Performance Summary

- The number of admissions to the virtual ward dropped in February to 173 (January was 219) , the proportion of patients admitted on a step-down pathway reduced to 22.5% (January was 26.5%).

Risks and Issues

- Currently not consistently meeting the 80% trajectory
- Lack of substantive medical cover 7/7 (weekend cover)
- 2025/26 commissioned value of the service significantly reducing; requiring a review of the operational model

Actions and Mitigations

- Access now via the recently launched Integrated Care Co-ordination service (operating in collaboration with Tameside Digi team). Comms sent to primary care colleagues and socialised at the GP Master Class.
- Enhanced Comms to patients to promote Step Down Pathways launched as part of Community MADE in February: patients being given to VW leaflet as part of the D2A 'Meet and Greet' initiative.
- Clinical Pathways to be added to the Professional Standards and Agreed Pathway Disposition information to be circulated to medical colleagues
- Scoping additional Step-down pathways, including Respiratory, Asthma, and Heart Failure.
- Launch of new VTE pathway confirmed with MSDEC for housebound patients and patients in residential care.
- Working with Surgical SDEC to develop Step Down clinical pathways.
- Finalising a new Urinary Retention Clinical Pathway for admission avoidance.
- Working with the Trust Antibiotic-lead to scope opportunities for early supported discharge utilising the Baxter Infusor Ambulatory System to replace the need for TDS and QDS in-patient IV antibiotics.
- Weekly performance meetings implemented to target areas where referrals have dropped.
- BI and Operational Deep Dive into data reporting continues

Urgent Community Response

Risks and Issues

- Staffing, vacancies and capacity

Actions and Mitigations

- Recommencing Adult Social Care presence at Mon – Fri Huddles
- REaCH Manager partnering to improve the LoS and flow of patients through the service.

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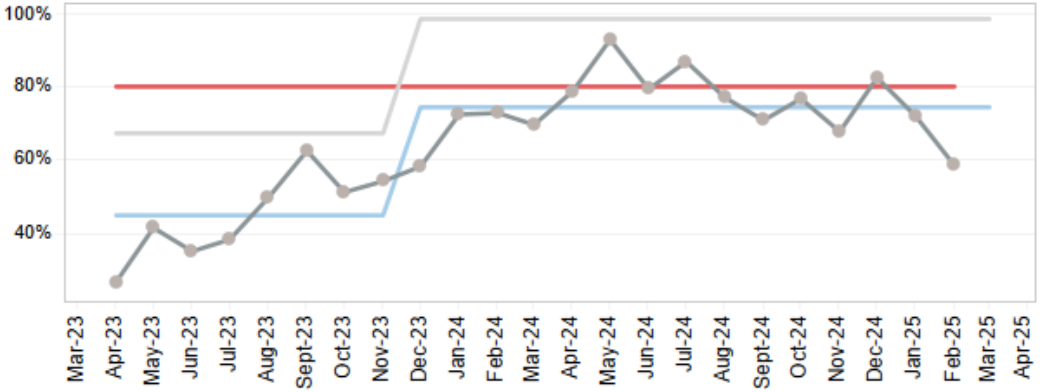
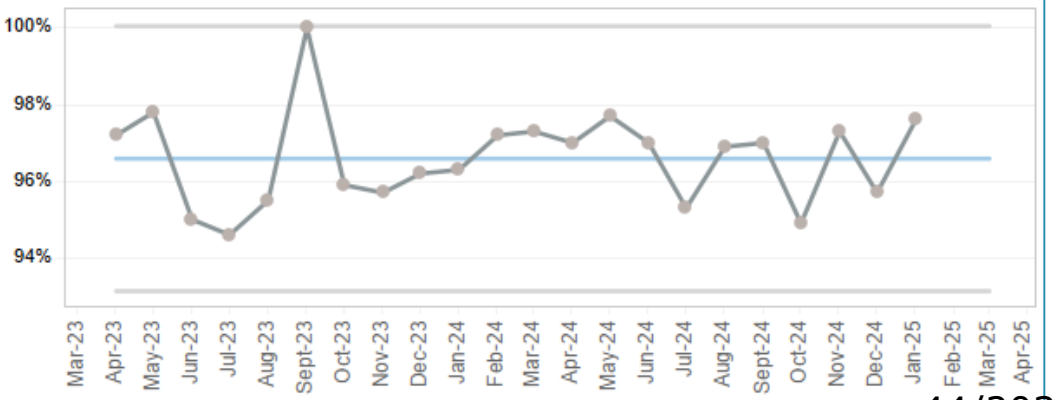
Performance Average Control Limits Target

Performance for Virtual Ward Utilisation



Performance for Urgent Community Response



Signed off by	Jane Ankrett
Executive Lead	Jackie McShane

Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Outpatient Efficiencies**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Outpatient DNA rate	The number of appointments where the patient did not attend, as a percentage of all booked appointments.	<= 6.3%	7.3%			
Outpatient clinic utilisation	The number of outpatient appointment slots booked, as a percentage of all outpatient appointment slots planned. Excludes cancelled clinic templates.	>= 90%	96.1%			
Patient initiated follow up (PIFU)	The number of patients moved to a PIFU pathway as a result of an outpatient attendance, as a percentage of all outpatient attendances.	>= 4.3%	5.4%			

Utilisation has improved in February to 96.1% following improvements in Central Booking Team processes and the work of Task and Finish Groups with key specialities.

Key actions taken:
- Reported weekly to the CSS Access meeting
- Paediatric booking Task and Finish group
- Review of 'Booked under instruction' clinics

The DNA rate for February was 7.3%, maintaining the improved trajectory seen in January.

Key actions taken:
- A small pilot of calls to Paediatrics patients with prevalent factors for DNAs has commenced
- T&F group work with Medicine & Paediatrics remains in place
- Review with HCC of the text reminder reporting system

The PIFU rate was 5.4% in February maintaining the position of the Trust above the national target of 5%.

Key actions taken:
- Specialties continue to engage with the GIRFT Further Faster initiative, which is led by the Deputy Medical Director. This continues to help teams look at opportunities to increase the use of PIFU. This work is ongoing to support further improvements.

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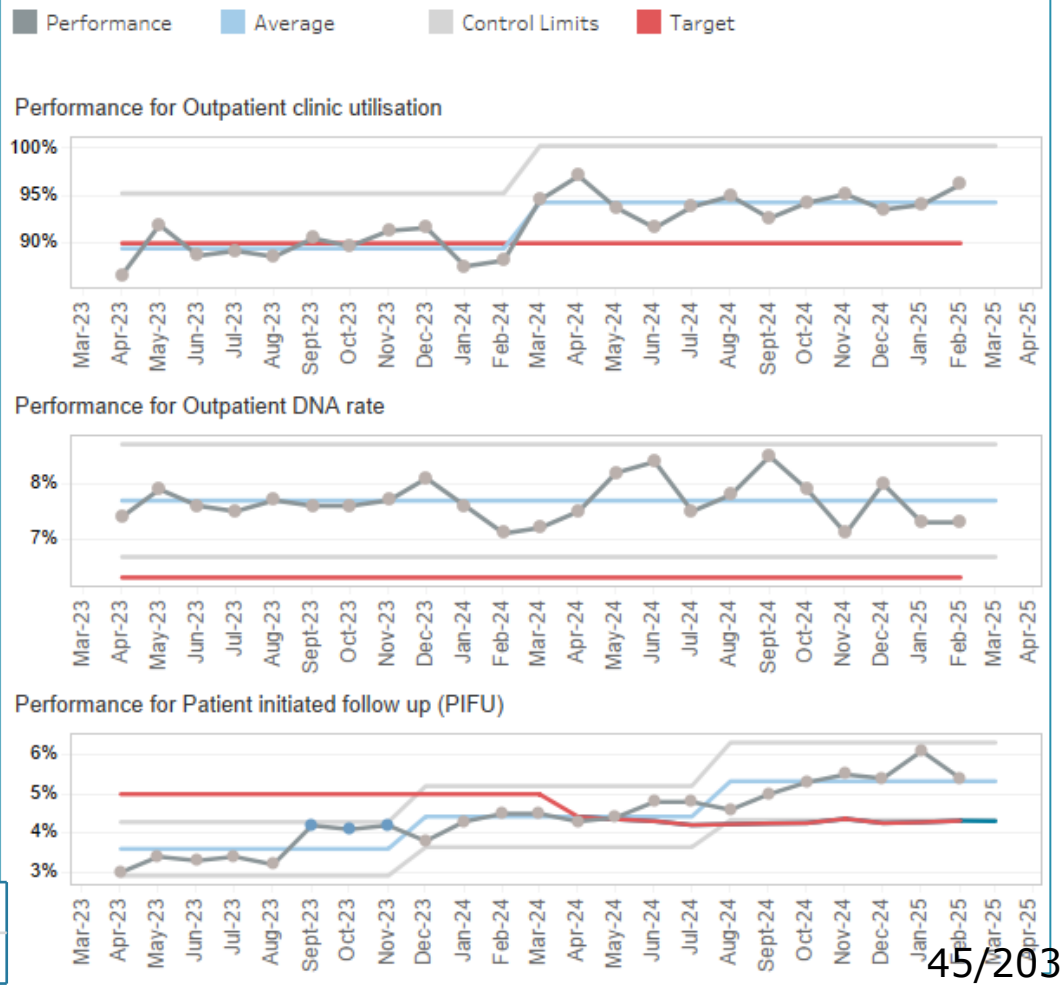


Signed off by	Mike Allison
Executive Lead	Jackie McShane

Operational Performance report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Theatres**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Capped Touch Time Utilisation	The overall time spent operating, calculated as a percentage of the overall planned session time. Session overrun time is excluded.	>= 85%	77.8%	→	▲ ▲ ▲ ▲ ▲ ▲	▲

Performance Summary

- Key activities in February:
  - Ongoing workstreams of the Theatres Improvement Programme.
  - In particular are streams within the Division to improve Maple Suite performance and a deep dive in to late starts
  - On the day cancellation (OTD) cancellations reduced in February by 35% compared to January reportable OTD cancellations also decreased compared to January. The top 3 reasons for cancellations in month was Medically unfit, Surgeon sickness and Lack of time
  - The average late start time increased to 45 mins in February. Deep dive being undertaken to understand and address this
  - Booked utilisation remained unchanged at 104% in February

- Performance is based on the latest Trust tableau dashboard which feeds into Model Hospital, refreshed on 04/03/2025. For '*Capped Elective Theatre Utilisation*':
  - Trust performance in February was 77.8%. This was an improvement from Jan (75.3%) but below the national standard. There has been a 2.5% increase compared to the previous reference period in Model Health
  - Specialities that performed better at the same level or better than their peers for 'capped elective theatre utilisation' in February are General Surgery (85.4%) and Gynaecology (83.4%).
  - Ophthalmology, Spinal, T&O and Oral Surgery saw improved performance in February compared to January however there is still scope to improve performance in these areas.
  - ENT and Urology saw a decline in performance in February

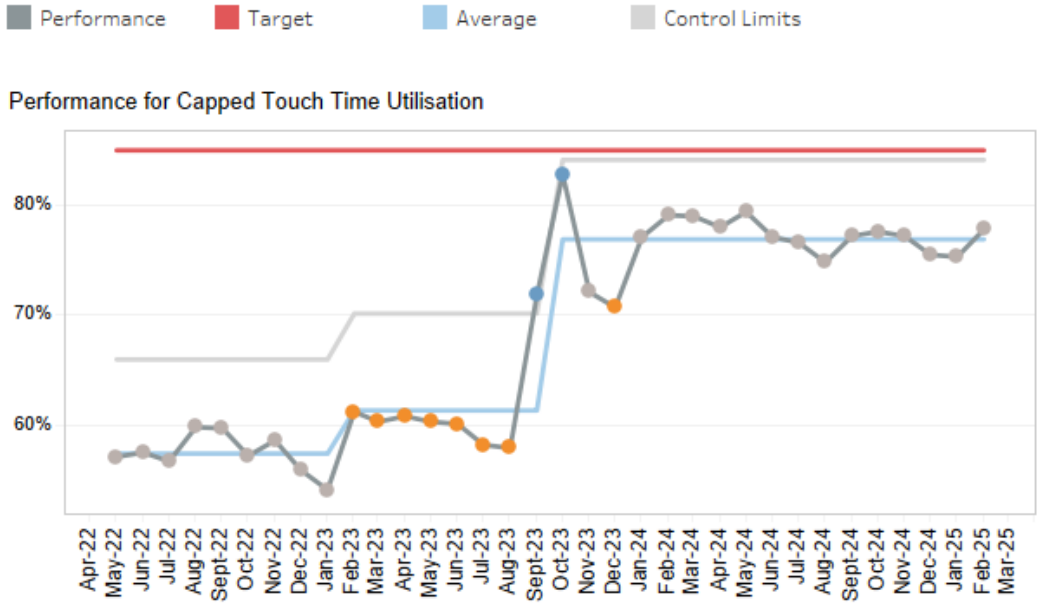
Key Risks/Issues

- Late starts and early finishes
- Pre-Op vacancies/sickness and capacity to supply patients for surgery (including standby patients)
- IP/DC activity plan underachievement particularly for T&O
- EUCC impacted less on theatre activity

Key Actions/Priorities

- Deep dive/Audit on late starts to resolve any themes
- Theatres Improvement Programme to continue
- Daily theatre meetings continue to support analysis, peer challenge and drive improvements
- Ophthalmology pilot call reminder service 3 days ahead of TCIs to Stockport Eye Centre
- Text reminder prepared

Jackie Scoble 26/03/2025 14:04:34



Signed off by	Karen Hatchell
Executive Lead	Jackie McShane

Operations **Outpatient First and Procedures**

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
OP First Attend and Procedure — The total number of outpatient attendances that are a first-attendance, or are an outpatient procedure, as a percentage of all outpatient attendances.	>= 43.8%	42.8%			

To support the recovery of core services and to continue to shift the balance of outpatient activity towards clock-stopping the NHS Operational Planning Framework for 2024/25 introduced a new metric to measure the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff.

The national ambition is to achieve 46% across 2024/25, the Trust submitted an improvement plan to achieve 44%.

Performance Summary

- The current year-to-date position has improved, primarily through validation work.
- The year-to-date position is 43.3%. February is currently 42.8% but this will increase once all outstanding appointments are outcomed and coded on PAS.

Risks and Issues

- Poor engagement by clinicians recording the procedures being undertaken in outpatient clinics. (either via paper RTT forms or within the new digital electronic outcome form (CLIO).
- Transcription errors by administrative staff who transcribe the data into Patient Centre.

Actions and Mitigations

- Continue validations and engagement with administrative staff about correct recording processes on PAS..
- Benchmarking procedure coding by speciality to identify areas of opportunity.
- Work with divisions to highlight procedures being undertaken in clinics which are not captured on CLIO.
- Development to CLIO to add the additional procedures so they can be captured.
- Data quality reports highlighting mismatches in procedure transcribing onto PAS developed and share with teams.

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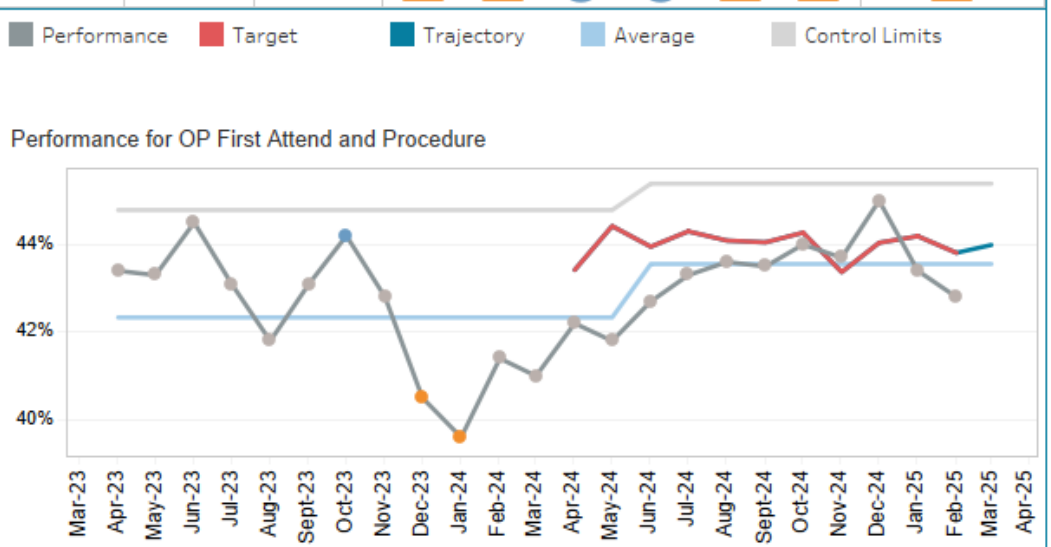


Updated provided by	Debbie Hope
Executive Lead	Jackie McShane

Workforce **Sickness Absence**

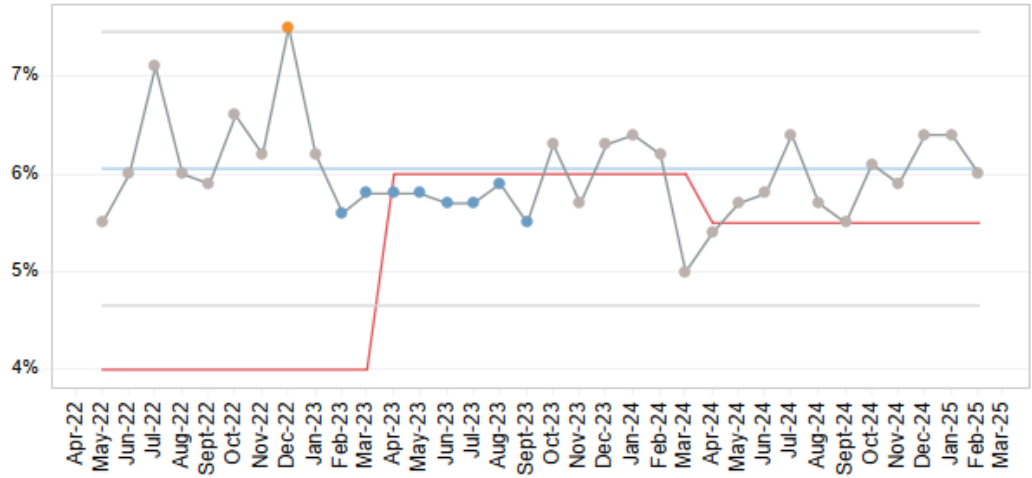
	Target	Actual	6-month trend	Previous Performance	1-month Forecast
Sickness Absence: Monthly Rate — The total number of staff on sickness absence, calculated as a percentage of all staff-in-post whole time equivalent.	<= 5.5%	6%	↘	● ▲ ▲ ▲ ▲ ▲	▲

In February, the Trust's overall absence level decreased marginally by 0.38%, to 6.01%. This reduction is attributed to a decline in both short-term and long-term absences. The short-term rolling 12-month sickness rate decreased to 2.29%, while the long-term rolling 12-month sickness rate increased to 3.72%.
Monthly Divisional Sickness oversight reviews, conducted by the Head of HR and the Deputy Director of People & OD, continue to prioritise a person-centered approach to effectively manage staff with persistent or long-term absences. These reviews focus on supporting employees in their return from absence.
The primary reasons for absence remain consistent, with anxiety, stress, depression, colds, coughs, flu, and musculoskeletal (MSK) problems being the most prevalent.

In collaboration with our health and wellbeing colleagues, Stress Awareness Month in April will be promoted across the Trust. This initiative will include information, tips, and support resources specifically tailored to the challenges faced by NHS staff, encouraging them to prioritise their mental and physical health to continue providing exceptional patient care.

Additionally, next month will see the launch of the “Managing Absence Supporting Wellbeing Workshop.” These sessions are designed to equip line managers with the knowledge and skills necessary to support attendance and manage absences within their teams. Managers will be trained to effectively navigate each stage of the attendance support process and to enhance their understanding of disabilities and health conditions that may require reasonable adjustments to help staff remain in work. As well as a focus on how to support staff when they are absent, there will also be a focus on being proactive and supporting staff to stay in work through our stress risk assessments and health and wellbeing conversations.

Performance for Sickness Absence: Monthly Rate



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Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce **Appraisal Rate**

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
Appraisal Rate: Overall — The percentage of overall staff that have been appraised within the last 15 months. Includes both medical staff and non-medical staff.	>= 95%	88.4%	↓	▲ ▲ ▲ ▲ ▲ ▲	▲

Set against a Trust appraisal compliance target of 95%, the Trust achieved a rate of 88.4% for the end of February 2025. This is 0.2% higher than the recorded rate for January 2025 (88.2%).

As highlighted in January's report the Trust is launching a new appraisal process from 1 April 2025, which features an annual appraisal window running from 1 April to 30 September. Progress to date in implementing this change include the following:-

- Communication plan with relevant key messages being disseminated throughout the organisation, such as top-down approach with completion deadlines for each tier within the window
- Introduction of additional training for line managers and appraisers on how to set SMART objectives which cascades effectively through from corporate and divisional objectives. This training also covers how to effectively hold people to account for performance objectives delivery with compassion and kindness.
- Refresh of the Let's Talk Appraisal documentation – to be implemented from late March 2025

It should be highlighted that as the Trust transitions to the new annual appraisal window, appraisal compliance rates may be impacted. Some appraisals will need to be brought forward and some will be delayed to align with the cascading approach. The target is to achieve 95% compliance by 30th September 2025. Divisions are working up their trajectories for achieving this.

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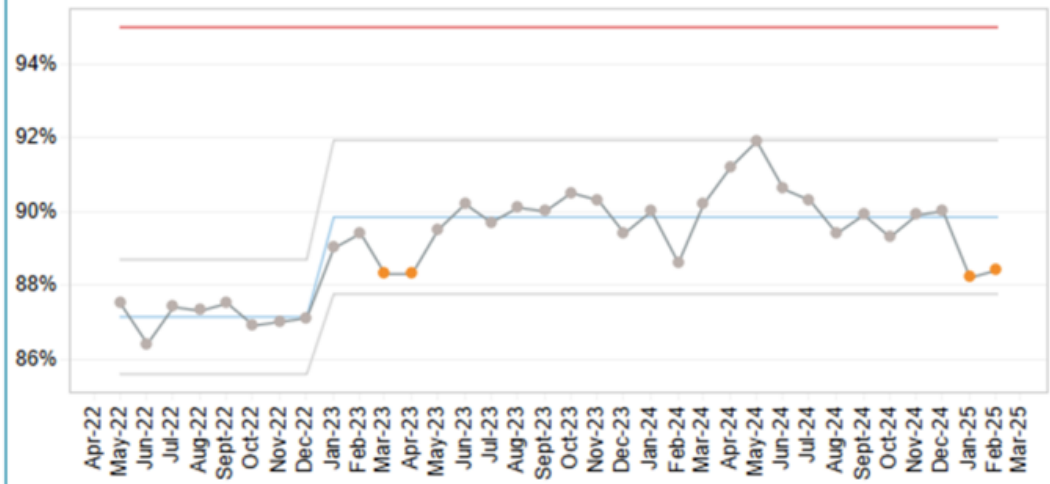
Performance for Appraisal Rate: Overall



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Executive Lead	Amanda Bromley

Workforce **Mandatory Training**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Mandatory Training	The percentage of statutory & mandatory training modules showing as compliant.	>= 95%	94.2%	↓	▲ ▲ ▲ ▲ ▲ ▲	▲

Mandatory training has seen a slight decrease from February compliance and now stands at 94.18%. As with previous months, colleagues with multiple outstanding competencies or competencies outstanding for more than 12 months have received an email notification to offer them support.

The Learning & Education Team are working with managers to book colleagues onto training and continue to work with educators in each division.

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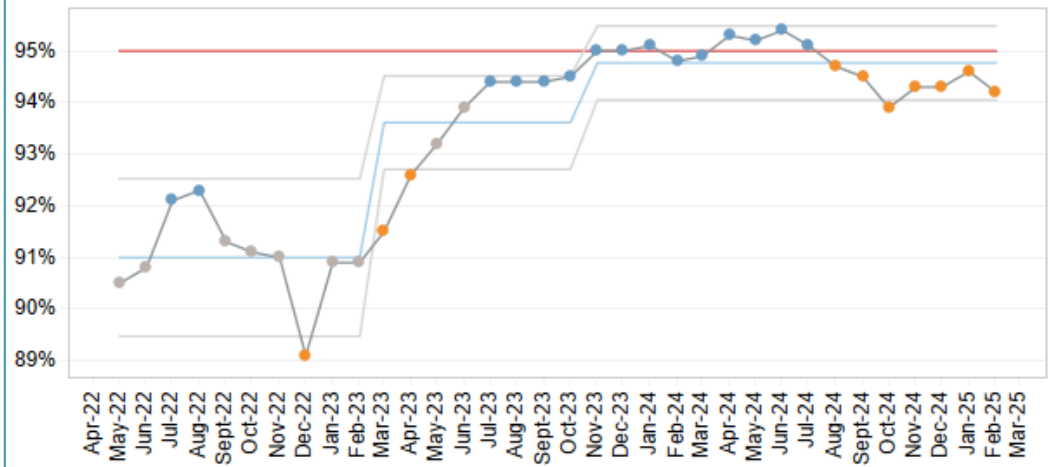
Performance for Mandatory Training



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Finance **Risks**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Financial Controls: I&E Position	The actual financial position, displayed as a percentage variance from the planned financial position.	<= 0%	-21.9%	↗	● ▲ ▲ ▲ ▲ ●	●
Cash Balance	The amount of cash balance in Trust accounts. Figures displayed are millions per month.		31	↗		
CIP Cumulative Achievement	The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement.	>= 0%	3%	↘	● ● ● ● ● ●	●
Capital Expenditure	The actual capital expenditure, as a percentage of the planned capital expenditure. Performance is displayed as a percentage variance from the planned amount.	<= 10%	-18.7%	→	● ● ● ● ● ●	●

Risks

- Elective Recovery Fund – the ERF position will not deliver in year and is reported in the Trust position. From an ICS perspective the position at year end is being agreed at a fixed point and the Trust is awaiting confirmation of how shortfalls will be transacted, particularly regarding Derbyshire and Cheshire & Merseyside ICBs. The Trust continues to challenge the baseline on excluded devices, which has deteriorated by £0.5m in the position.

- Specialist patients – There is a risk around additional costs for a patient requiring 24-hour specialist care at an additional cost. The patient's enhanced care has been stepped down, but no income has been agreed for the period August 2024 to January 2025. This is not a GM patient and therefore there needs to be funding resolution to this brokered via the systems.

- Capital - the capital position forecast has now been agreed with GM and, excluding IFRS16 and with the additional PDC backed funding, the Trust is no longer showing an overcommitment to GM Capital Control allocation.

- Cash - cash balances are expected to increase further in March due to the receipt of capital PDC funding for the balance of Outpatient and MR funding, and to support critical infrastructure risk in Estates and IT. It has been confirmed that the Trust is not required to repay the revenue support PDC drawdown received in Quarters 1 and 2 in March 2025; which is linked to the likely cash position in 2025/26.

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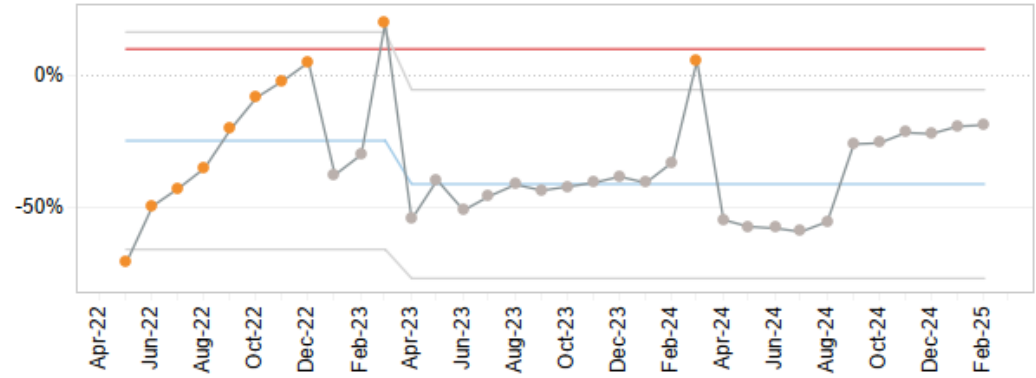
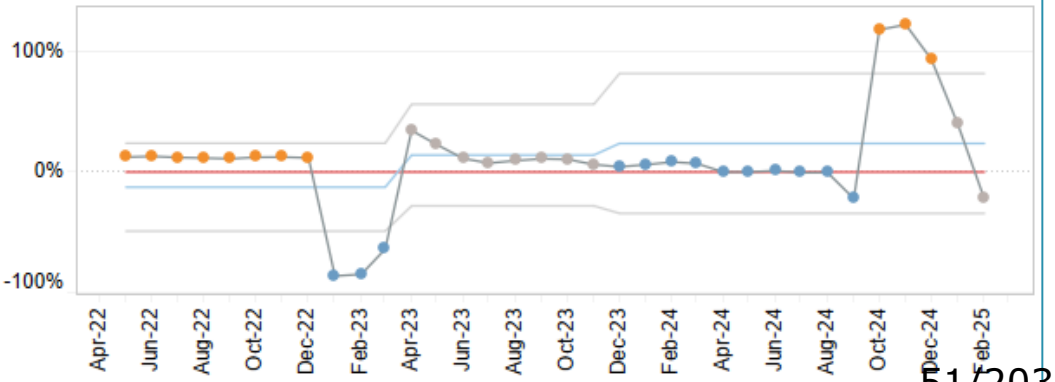
Performance for Capital Expenditure



Performance for Financial Controls: I&E Position



Signed off by	Kay Wiss
Executive Lead	John Graham

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NHS Foundation Trust

				Agenda No.	10
Meeting date	**3rd April 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors				
Report Title	Financial Position Month 11 2024/25				
Director Lead	John Graham Chief Finance Officer	**Author**	Kay Wiss Director of Finance		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors is asked to receive the Financial Position Report for Month 11 2024/25, to update on the current financial position in support of the Integrated Performance Report.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

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	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/not agreed	Whole paper
Regulatory and legal compliance	Whole paper
Sustainability (including environmental impacts)	n/a

Executive Summary

The Trust has a deficit of £1.9m at Month 11 (February) 2024/25, which is an positive variance of £0.2m to plan. A detailed finance paper was presented to the Finance & Performance Committee on the 20th March 2025 and this paper is the summarised key extracts from that paper.

From an overall plan perspective the Trust is forecasting a year-end deficit of £2.1m which is favourable to plan by £0.4m. However there are a number of technical accounting adjustments which have been reflected in the overall Month 11 forecast position including an impairment on the Emergency & Urgent Care Campus and the transfer of The Meadows building and land.

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The key driver for the adverse variance to plan remains the underperformance against the Elective Recovery Fund target; however details of how this has partially mitigated through additional financial controls in covered within the paper.

The Trust has delivered profiled savings of £19.4m of at Month 11 which is £0.6m ahead of profiled plan; £23.2m of the savings plan for the year have been delivered in total. The total plan for 2024/25 is £24.6m. Whilst the Trust is forecasting delivery of the full plan there is a shortfall on recurrent savings of c.£5m.

Temporary staffing costs via an agency have continued below the 3.2% target at 2.7% (cumulative) in February 2025. This remains one of the key focus areas within the financial plan and is overseen by the Workforce Efficiency Group, particularly looking forward to 2025/26 when the targets are reduced.

The Trust's cash balance at the end of February 2025 was £32.7m.

The Trust has spent £30.9m against a capital plan of £35.4m to date; costs have been incurred on the Emergency Care Campus, the MRI scheme and the essential network cabinet refresh. The current forecast has been revised to an underspend of £0.7m which has been agreed as part of the GM capital control total.

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NHS
Stockport
NHS Foundation Trust

Stockport Foundation Trust
Finance Report Month 11
2024/25

John Graham - Chief Finance Officer

Contents

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Overall Financial Position

Stockport NHS Foundation Trust

Income & expenditure Position	February 2025 (M11) Budget £m	Actual £m	Variance £m	Year to Date Budget £m	Actual £m	Variance £m	Forecast Budget £m	Actual £m	Variance £m
Total Income	**40.4**	**40.2**	**(0.2)**	**451.7**	**450.7**	**(1.0)**	**491.8**	**491.5**	**(0.2)**
Substantive Staff	(24.5)	(25.5)	(1.0)	(278.0)	(279.9)	(1.9)	(302.2)	(305.5)	(3.3)
Bank Staff	(3.2)	(2.8)	0.5	(34.6)	(31.9)	2.7	(37.7)	(34.9)	2.9
Agency Staff	(1.3)	(0.5)	0.8	(14.3)	(8.8)	5.6	(15.5)	(8.6)	7.0
Pay Costs	(29.0)	(28.8)	0.2	(326.9)	(320.5)	6.4	(355.5)	(349.0)	6.5
Drugs	(1.9)	(1.9)	(0.0)	(22.3)	(22.4)	(0.2)	(24.2)	(24.6)	(0.4)
Clinical Supplies & Services	(2.3)	(2.4)	(0.0)	(26.7)	(29.1)	(2.4)	(29.3)	(31.5)	(2.2)
Other Non Pay Costs	(5.2)	(4.0)	1.3	(53.1)	(55.9)	(2.8)	(58.1)	(61.6)	(3.5)
Below the Line	(2.3)	(2.2)	0.1	(25.1)	(24.6)	0.5	(27.4)	(51.4)	(24.0)
Total Expenditure	**(40.7)**	**(39.2)**	**1.5**	**(454.1)**	**(452.6)**	**1.5**	**(494.5)**	**(518.0)**	**(23.5)**
TRUST SURPLUS / (DEFICIT)	**(0.4)**	**0.9**	**1.3**	**(2.4)**	**(1.9)**	**0.5**	**(2.8)**	**(26.5)**	**(23.8)**
System reporting adjustments	0.0	0.0	(0.0)	0.2	(0.1)	(0.3)	0.3	24.4	24.2
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(0.4)**	**1.0**	**1.3**	**(2.2)**	**(1.9)**	**0.2**	**(2.5)**	**(2.1)**	**0.4**
Stockport Trust Efficiency Programme (STEP)	2.8	3.4	0.5	18.8	19.4	0.5	24.6	24.6	-
Efficiencies as % of expenditure	*6.9%*	*8.6%*		*4.1%*	*4.3%*		*5.0%*	*4.8%*	
Capital expenditure	(5.7)	(2.8)	2.9	(35.4)	(31.0)	4.4	(39.1)	(38.4)	0.7
Cash & equivalents				3.0	33.6	30.6	2.0	34.8	32.8
Cash support revenue/ capital				**40.5**	**15.6**	**(24.9)**	**44.0**	**15.6**	**(28.4)**

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Summary of Financial Performance

- **In month:** The Trust has a £0.9m surplus in month, which is £1.3m favourable to the Trust's financial plan.
- **Year to date:** In the 11 months to date the total deficit is £1.9m, which is £0.5m favourable to plan. The variance from plan year to date is due to:
  - (£3.9m) estimated ERF under performance, including devices and target adjustments
  - £1.3m additional income for excluded drugs and other activities above planned levels
  - (£0.5m) pay award pressure
  - (£0.6m) industrial action costs
  - (£0.5m) enhanced care for non-GM specialist patient
  - £0.5m CIP ahead of profiled plan
  - £4.2m divisional grip and control, including improvement to bank and agency run-rate, corporate underspends and slippage against planning assumptions
- **Forecast:** The Trust reported forecast out-turn position has deteriorated at month 11 due to technical adjustments agreed with NHSE and GM . This is explained on the next slide; adjustments are below the line.
- **Cost Improvement Programme (CIP):** The Trust has delivered £19.4m of savings after 11 months of the financial year which is £0.5m ahead of the Stockport Trust Efficiency Programme (STEP) target. In year £23.3m (94%) of the full year £24.6m CIP target has been delivered, and £6.6m (54%) of the recurrent target.

Overall Financial Position – Forecast Breakdown

Forecast: The Trust forecast has move significantly in M11 to reflect changes agreed with GM ICB.

This is due to:

- Impairment of the EUCC – this is a technical valuation balance sheet update, which is a non-cash item and excluded from the GM system position.
- Loss on transfer – the sale of the Meadows building and land to Pennine Care NHS FT has been approved by the Trust Board. The accounting treatment has been agreed with NHS England, Pennine Care and GM ICB. Again, this is a balance sheet transaction which is adjusted for financial performance..
- GM's Capital Incentive Proposal – agreed £0.4m overspend on capital (excluding IFRS16) offset by £0.4m underspend on revenue.

These adjustments are technical in nature and are therefore categorised below the line.

Stockport NHS FT	TRUST			Adjusted Financial Performance			
£m	Plan	Actual	Variance	Plan	Actual	Variance	Notes
Annual plan 2024/25	**(2.767)**	**(2.767)**	**-**	**(2.767)**	**(26.528)**	**(23.761)**	
Impairments - AME (EUCC)	-	(17.700)	(17.700)	-	17.700	17.700	NHSE aware
Loss on transfer - Meadows Building	-	(6.050)	(6.050)	-	6.050	6.050	Pennine Care transact as capital grant in kind
Loss on transfer - Meadows Land	-	(1.000)	(1.000)	-	1.000	1.000	Pennine Care transact as capital grant in kind
Capital improvement	-	0.420	0.420	-	-	-	GM system agreement (capital)
			-				
Donations of cash for charitable assets/peppercorn leases	-	0.541	0.541	0.222	(0.316)	(0.538)	Includes The Meadows Land RoU asset
Other technical adjustments	-	0.028	0.028	0.031	-	(0.031)	
Forecast out-turn 2024/25	**(2.767)**	**(26.528)**	**(23.761)**	**(2.514)**	**(2.094)**	**0.420**	
Movement	**-**	**(23.761)**	**(23.761)**	**0.253**	**24.434**	**0.420**	

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In summary the Trust is forecasting to better its financial plan for 2024/25 in line with agreed changes with GM ICB

Run Rate Analysis

NHS Stockport NHS Foundation Trust

Run Rate Trends - Rolling months - £

Month	Income	Non-Pay	Pay	Total
Dec-23	35,609	(11,550)	(26,248)	(2,189)
Jan-24	35,619	(11,107)	(28,017)	(3,504)
Feb-24	35,163	(10,847)	(27,596)	(3,280)
Mar-24	52,343	(15,273)	(39,442)	(2,372)
Apr-24	35,614	(12,688)	(27,949)	(5,023)
May-24	35,934	(11,177)	(28,174)	(3,416)
Jun-24	36,485	(12,846)	(28,663)	(5,024)
Jul-24	36,405	(12,224)	(28,578)	(4,396)
Aug-24	36,727	(13,039)	(28,179)	(4,492)
Sep-24	62,593	(12,508)	(28,303)	21,783
Oct-24	47,219	(14,230)	(34,307)	(1,318)
Nov-24	39,094	(10,436)	(29,541)	(883)
Dec-24	40,629	(12,165)	(28,841)	(377)
Jan-25	39,868	(10,340)	(29,189)	339
Feb-25	40,154	(10,387)	(28,820)	947
Mar-25	40,788	(37,028)	(28,427)	(24,667)
FOT	**491,509**	**(169,068)**	**(348,969)**	**(26,528)**
M10 Actuals	39,868	(10,340)	(29,189)	339
M11 Actuals	40,154	(10,387)	(28,820)	947
Movement (M10 v M11)	286	(47)	368	607
% Movement	0.7%	0.5%	-1.3%	

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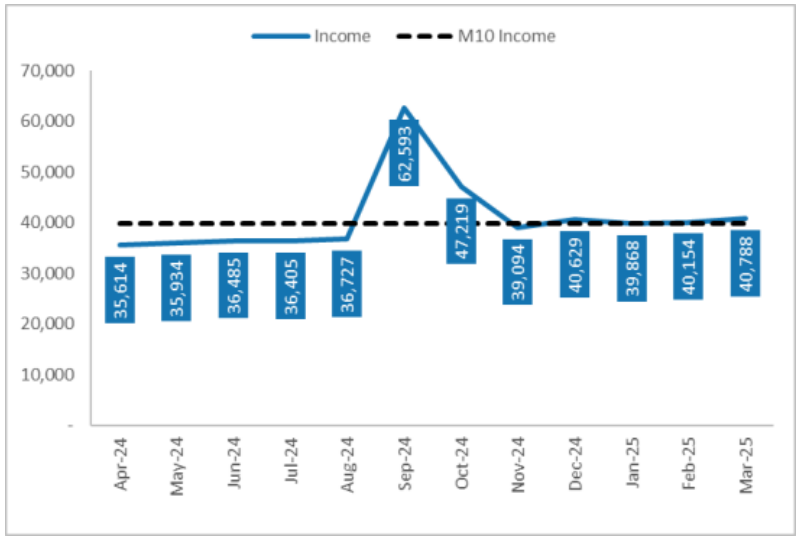
The month 12 figures above include the impact of EUCC impairment and the loss on the transfer of the Meadows.

Income

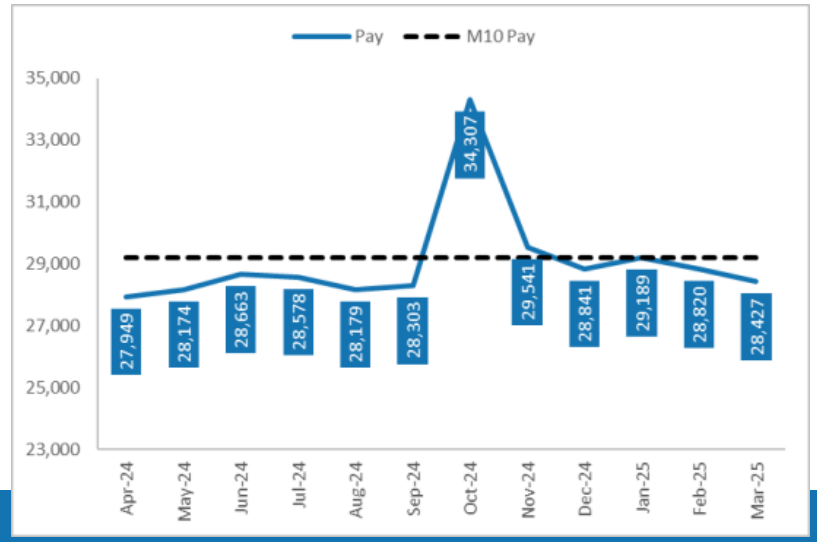


Key Movements

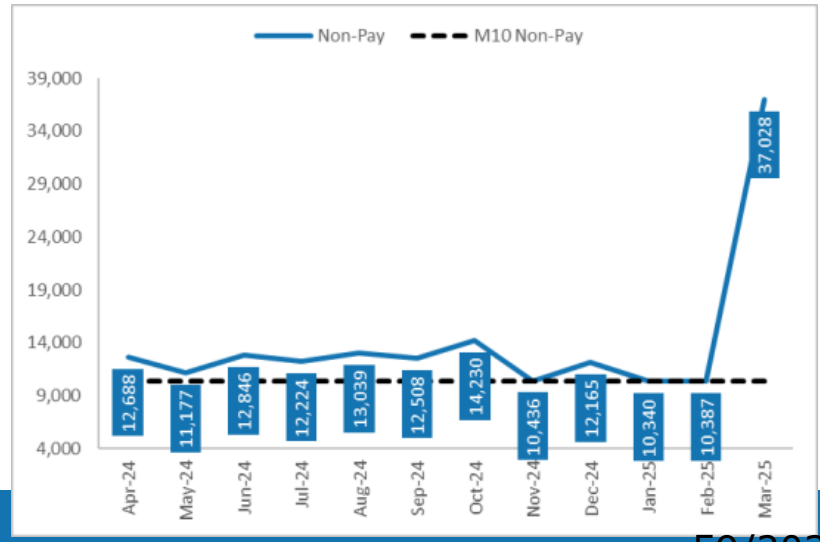
As part of the mitigations in place to manage the shortfall in CIP from the Divisions, the profile towards achieving the plan at year end has begun; reflected in a reduction in non-pay costs in Month 10.

The large increase in month 12 relates to impairments and losses as described in slide 4. These values were anticipated previously but only agreed with GMICS in month 11.

Pay



Non-Pay



Key Risks

NHS Stockport NHS Foundation Trust

Elective Recovery Fund

- Section 4 of this report gives further detail on the latest ERF income and activity position.
- The ERF position will not deliver in-year and is reported as part of the financial position. From an ICS perspective the position at year end is being agreed at a fixed point and the Trust is awaiting confirmation of how shortfalls will be transacted, particularly with regard to Derbyshire and Cheshire & Merseyside ICBs.
- The Trust continues to challenge the baseline on excluded devices, which has deteriorated by £0.5m in the position.

Specialist patients

- It has previously been reported about additional costs for a patient requiring 24-hour specialist care at an additional cost. This is not a GM patient and therefore there needs to be funding resolution to this brokered via the systems. This is being pursued through the Provider Oversight Meeting. At this stage, costs are included in the position, but no additional income is assumed until discussions with commissioners has been finalised. The patient's enhanced care has been stepped down, but no income has been agreed for the period August 2024 to January 2025.

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Key Risks

NHS Stockport NHS Foundation Trust

Capital

- The capital position forecast has now been agreed with GM and, excluding IFRS16 and with the additional PDC backed funding, the Trust is no longer showing an overcommitment to GM Capital Control allocation. As part of GM's Capital Incentive Scheme, a corresponding £0.4m underspend on revenue is also reflected in the month 11 forecast outturn. The capital position is detailed in Section 7 of this report.

Cash

- Cash balances are expected to increase further in March due to the receipt of capital PDC funding for the balance of Outpatient and MR funding, and to support critical infrastructure risk in Estates and IT.

- It has been confirmed that the Trust is not required to repay the revenue support PDC drawdown received in Quarters 1 and 2 in March 2025; which is linked to the likely cash position in 2025/26.

- Both these two factors have reduced the risk against the Trusts' cash position.

Cuttle Soille
26/03/2025 14:04:34

Stockport
NHS Foundation Trust

Income & Elective Recovery

Curtis.Soille
28/03/2025 14:04:34

Income Position

Stockport NHS Foundation Trust

Month 11 Outturn Scenarios

ERF and variable income position £m	M11			
	M11 YTD	Best Forecast	Worst Forecast	Likely Forecast
SLAM	(1.7)	(1.6)	(1.7)	(1.6)
Excluded devices	0.1	0.1	0.1	0.1
SFT Recovery Actions		0.3	0.1	0.2
Theatre risk - winter			(0.1)	(0.1)
Advice & guidance funding	1.4	1.6	1.4	1.6
GM ERF target increase	(5.3)	(5.8)	(5.8)	(5.8)
GM funding - diagnostics & outpatients	0.6	0.6	0.6	0.6
Independent Sector (IS) inpatients		0.2	0.1	0.1
IS other activity		0.2	-	0.1
Difference National v Trust plan	1.0	1.0	1.0	1.0
Profling for position				
Total underperformance	**(3.9)**	**(3.4)**	**(4.3)**	**(3.8)**
Drugs	0.5	0.7	0.6	0.7
Phasing & risk				
LVA	0.3	0.3	0.3	0.3
RTA	0.3	0.3	0.3	0.3
Clinical Income Total Variance	**(2.8)**	**(2.1)**	**(3.1)**	**(2.5)**

Elective Recovery Fund Position £m	Year to Date M11		
	Plan	Actual	Variance
NHS Greater Manchester ICB	53.5	54.2	0.7
NHS Derby & Derbyshire ICB	8.9	8.2	(0.7)
NHS Cheshire & Merseyside ICB	5.2	4.8	(0.5)
Spec Comm / Other NHSE	4.5	4.1	(0.3)
ERF National value	**72.0**	**71.2**	**(0.7)**
GM other adjustments	4.8	1.6	(3.2)
Total Underperformance	**76.7**	**72.8**	**(3.9)**

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ERF Position Key Summary

The clinical income variance YTD position is £2.8m adverse to plan which is an adverse movement of £0.4m in month. The overall ERF income activity position is £3.9m behind plan:

- The position on excluded devices has worsened by £0.5m; GMICB have indicated that overperformance will not be funded. The Trust is challenging this approach, linked to previous discussion on agreeing a baseline for devices.

- There has been an improvement in Advice & Guidance of £0.2m, which has offset the above.

The risk remains on funding and cash being withdrawn from the Trust due to the underperformance, particularly with the out of area ICBs as highlighted in the lower table. Discussion continues with the ICB.

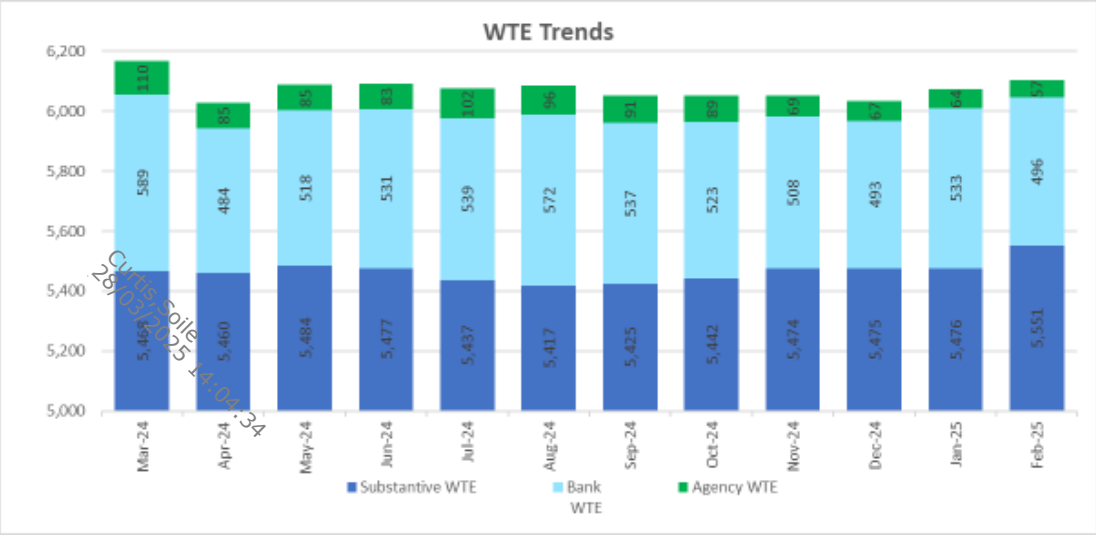
NHS
Stockport
NHS Foundation Trust

Workforce & Temporary Staffing

Curtis Soille
28/03/2025 14:04:34

Staff and WTE reconciliation - WTE

Month	Substantive WTE	Bank WTE	Agency WTE	Total WTE	*Bank %*	*Agency %*
Mar-23	5,356	579	265	6,200	*9.3%*	*4.3%*
Mar-24	5,468	589	110	6,166	*9.6%*	*1.8%*
Apr-24	5,460	484	85	6,029	*8.0%*	*1.4%*
May-24	5,484	518	85	6,088	*8.5%*	*1.4%*
Jun-24	5,477	531	83	6,091	*8.7%*	*1.4%*
Jul-24	5,437	539	102	6,078	*8.9%*	*1.7%*
Aug-24	5,417	572	96	6,085	*9.4%*	*1.6%*
Sep-24	5,425	537	91	6,053	*8.9%*	*1.5%*
Oct-24	5,442	523	89	6,053	*8.6%*	*1.5%*
Nov-24	5,474	508	69	6,051	*8.4%*	*1.1%*
Dec-24	5,475	493	67	6,035	*8.2%*	*1.1%*
Jan-25	5,476	533	64	6,073	*8.8%*	*1.1%*
Feb-25	5,551	496	57	6,104	*8.1%*	*0.9%*
Movement M11 v M10	**75**	**(37)**	**(7)**	**31**		



WTE Summary

Total WTE has increased by 31 in February:

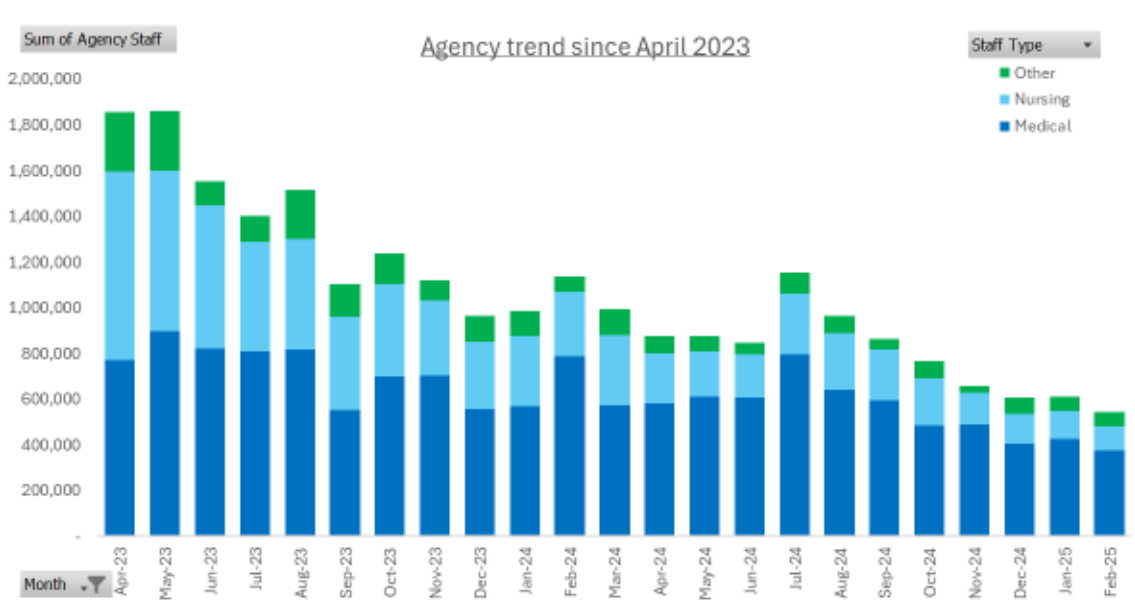
- There has been a significant increase in substantive WTE in month with new starters from recent recruitment events coming into post:
  - registered nurses +35 wte compared to January.
  - support staff +51 wte compared to January.
- Bank staff have reduced by -38 wte and agency by -3 wte for these staff groups.

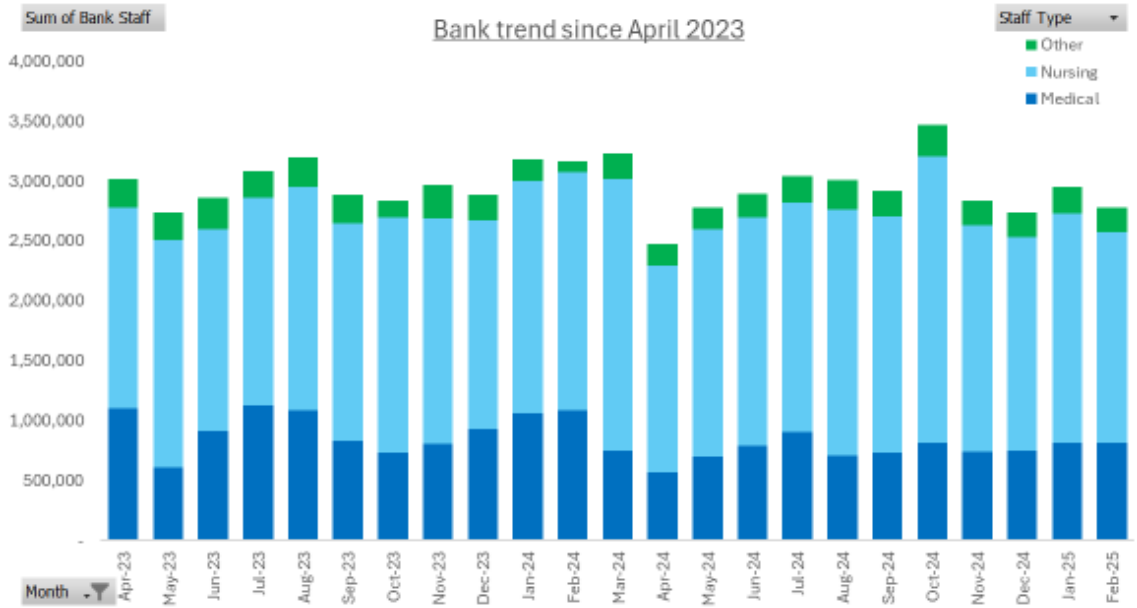
Temporary staffing continues to be used to cover enhanced care, vacancies and sickness.

The Workforce Efficiency Group (WEG) continues work to understand and reduce bank and agency staffing and forecast usage for the remainder of the year. Specific work is underway on a post-by-post basis for the remaining long-term agency medical.

For 2025/26, national guidance requires a 40% reduction in agency usage and 15% reduction in bank usage. Although this run rate is already reducing, there is still significant reductions required to reach this target from April 2025.

Staff and WTE reconciliation - £





Agency costs continue a downward trend in 2024/25, with the most significant reduction seen in nursing agency spend because of key actions taken (such as the on-going reduction of the cascade of unfilled shifts to agency staff).

Bank costs remain relatively static in 2024/25, which is positive containing growth linked to conversion from agency to bank. Costs in October 2024 include an accrual for NHS Professionals backpay costs for the pay award for staff paid standard rates linked to the appropriate band for the role covered. Enhanced rates for registered nurses reduce across departments in a staged approach, with the intention that all enhanced rates should be stopped by April 2025 in line with all other organisations across GM.

Chris Hollie 28/11/2024 14:44:34

Stockport
NHS Foundation Trust

Trust Efficiency Programme

Curtis.Soille
28/03/2025 14:04:34

STEP (Stockport Trust Efficiency Programme)

The Trust STEP target for 2024-25 is £24.6m, split evenly between recurrent and non-recurrent savings. **In year £23.3m (94%) of the full year £24.6m CIP target has been delivered, and £6.6m (54%) of the recurrent target.** In year assurance is given that the CIP target will be delivered, albeit non-recurrently.

Externally the Trust is reporting forecast delivery of 100% of the in-year target, though this will be delivered proportionally 75% recurrent to 25% recurrent. Divisions are focused on continued CIP into 2025/26, producing updated plans and concentrating on recurrent delivery.

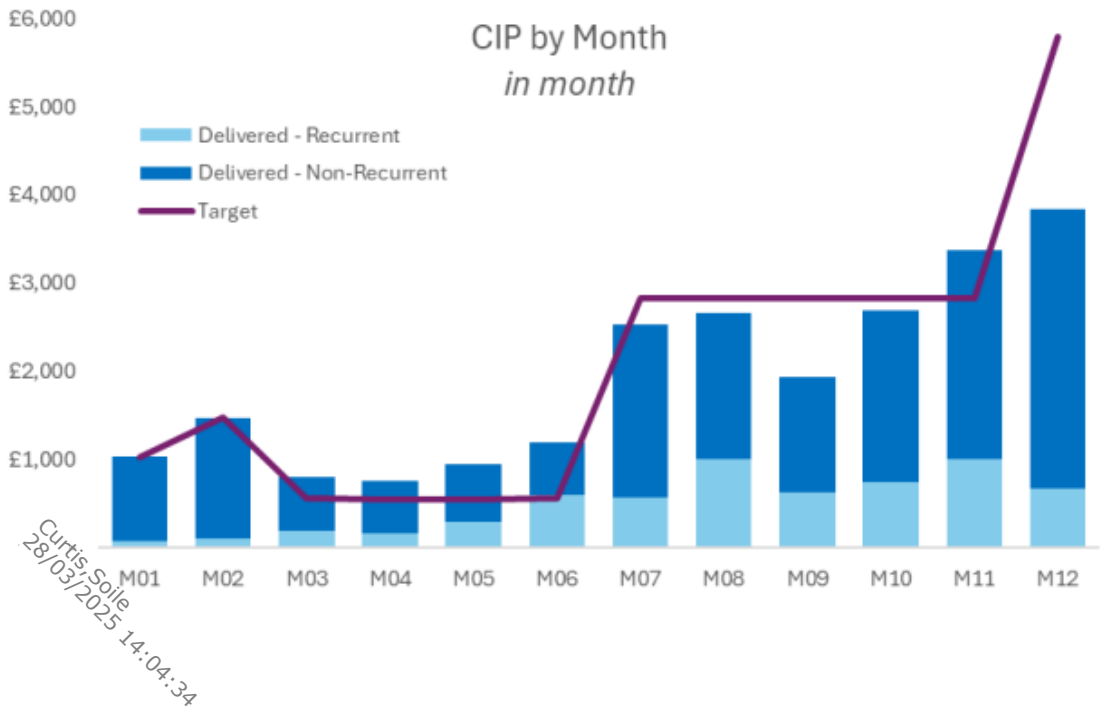
				2024/25 In Year £'000							2024/25 Recurrent £'000						
Division	**Target Month 11 YTD**	**Delivered - Month 1 - 11**	**Target - FYE 24-25**	**Delivered**	**Green**	**Amber**	**Red**	**Gap**	**% Identified**	**Target Recurrent - 25-26**	**Delivered**	**Green**	**Amber**	**Red**	**GAP**	**% Identified**
Medicine	4,079	2,998	5,194	5,127	-	78	-	(11)	100%	2,597	2,423	-	240	-	(66)	103%
Surgery	3,336	3,191	4,540	3,466	-	-	-	1,074	76%	2,270	1,815	-	-	-	455	80%
Women & Childrens	1,734	2,144	2,118	2,294	-	6	-	(182)	109%	1,059	316	11	13	-	718	32%
Integrated Care	1,639	2,119	2,112	2,284	10	-	-	(182)	109%	1,056	520	2	7	84	442	58%
Clinical Support Services	1,525	1,920	2,148	2,079	440	-	-	(371)	117%	1,074	522	-	-	-	552	49%
Estates & Facilities	964	600	1,384	666	2	-	0	716	48%	692	171	4	-	20	497	28%
Corporate	1,092	1,311	1,572	1,530	-	-	-	42	97%	786	382	-	-	-	404	49%
Sub-total Divisions	14,369	14,283	19,068	17,447	452	84	0	1,086		9,534	6,150	17	260	104	3,003	
Technical	4,474	5,119	5,566	5,806	846	-	-	(1,086)	120%	2,783	800	-	-	-	1,983	29%
TOTAL	**18,843**	**19,402**	**24,634**	**23,252**	**1,298**	**84**	**0**	**(0)**		**12,317**	**6,950**	**17**	**260**	**104**	**4,986**	
TOTAL IDENTIFIED		**19,402**		**TOTAL IDENTIFIED**				**24,634**			**TOTAL IDENTIFIED**					**7,331**	
	YTD gap	*(559)*		*In Year gap*				*(0)*			*Recurrent gap*					*4,986*	
	% Identified	**103%**		***% Identified***				**100%**			***% Identified***					***60%***	

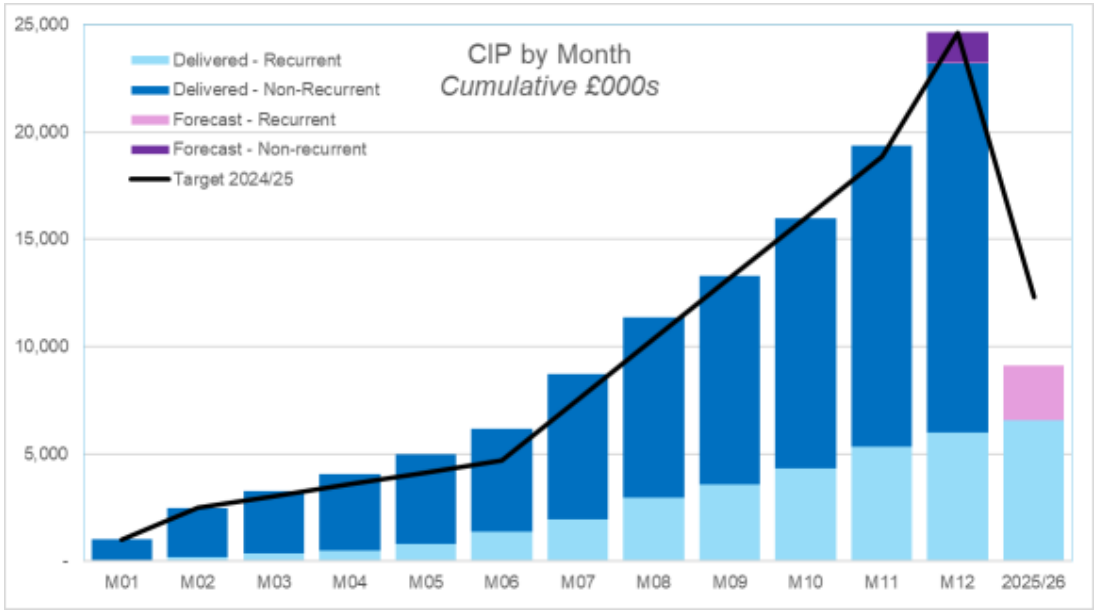
Chris Soille
20/03/2025 14:02:54

STEP (Stockport Trust Efficiency Programme)

NHS Stockport NHS Foundation Trust

The profile of savings required across the year is shown in the purple lines on the below charts, highlighting the increased requirement later spiking with £5.8m of savings required in M12.



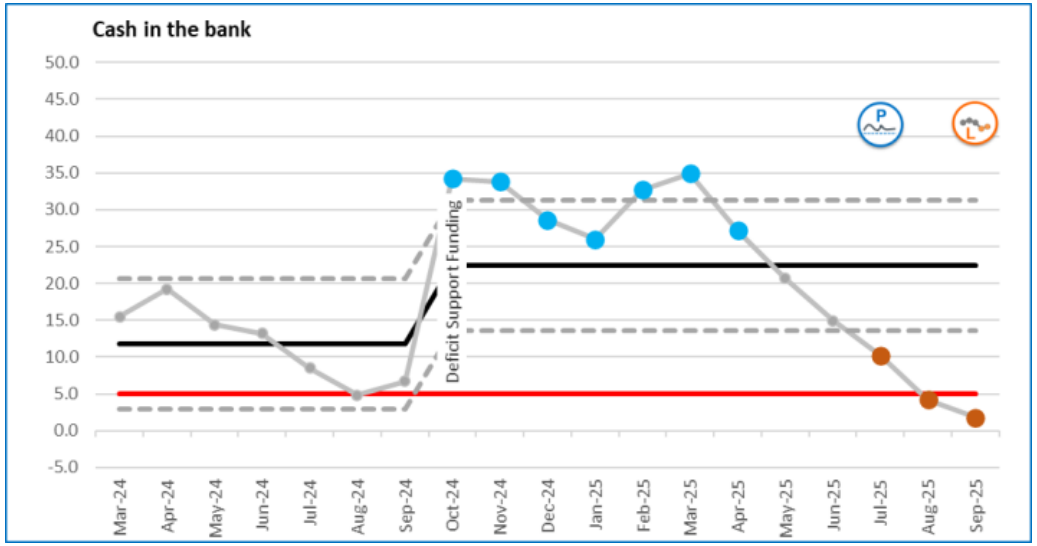


NHS
Stockport
NHS Foundation Trust

Cash, Capital & PFI

Curtis.Soille
28/03/2025 14:04:34

Cash



- Cash balances at the end of February were £32.7m for the Trust and £0.9m for the Pharmacy Shop subsidiary, an increase from £26.0m in January. The increase is largely attributable to the receipt of £5.6m capital PDC, as outlined in the finance report last month.

- Cash balances are expected to increase to approximately £35m at the end of March. Capital PDC receipts in March are £8.8m; cash is to meet payments expected in April/May 25.

- It has been confirmed that the Trust is not required to repay the revenue support PDC drawdown received in Quarters 1 and 2. The previous assumption of £13m PDC repayment in March 2025 is not in the forecast.

- Based on the latest plan estimates cash balances will fall in 2025/26 with initial estimates highlighting that the Trust will require revenue support of £8m in September 2025 to maintain the Trusts minimum cash balance permitted by NHSE of £1.7m

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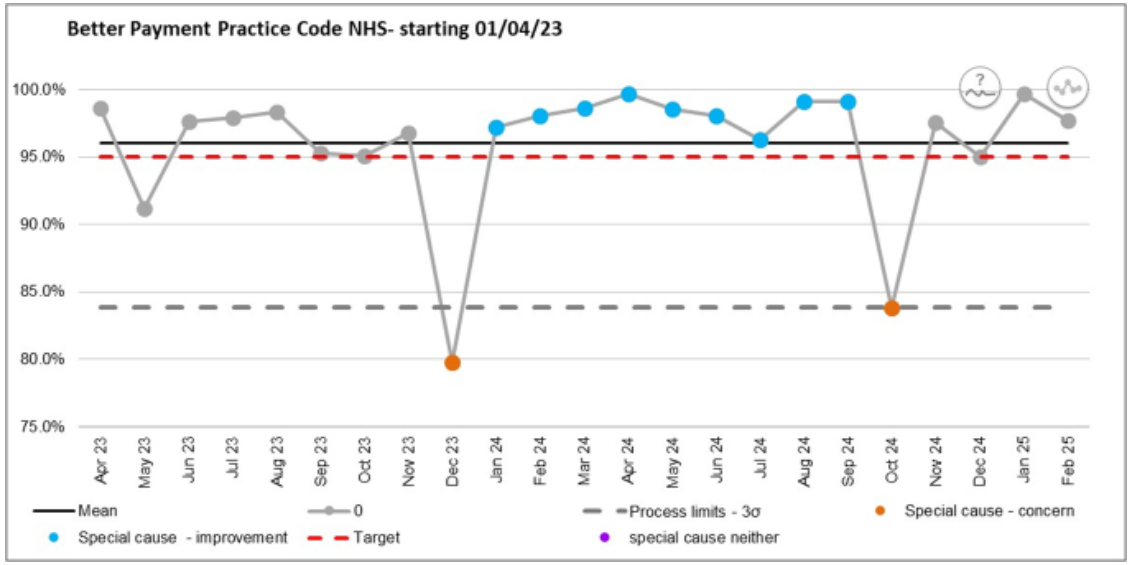
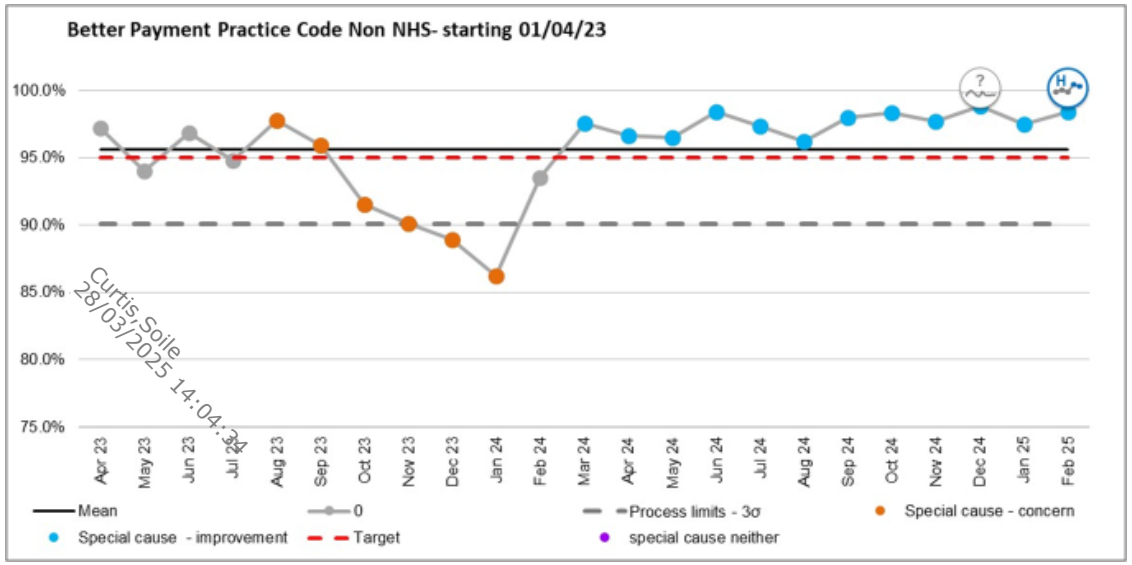
Better Payments Practice Code





- The Better Payment Practice Codes (BPPC) sets the target for 95% of all valid invoices to be paid within the agreed timeframe.
- Performance against the standard is reported for both NHS and non-NHS invoices, as shown in the charts.
- The NHS BPPC performance has returned to normal levels since the underperformance reported in October, which was due to the outcome of an exercise to review purchase and sales ledger balances across GM Trusts.
- The graphs opposite show the trend in number of invoices paid.

	BPPC M10		BPPC M11	
Better payment practice code	**Number**	**Value £000's**	**Number**	**Value £000's**
Non NHS				
Total Bills paid in the year	46,059	190,399	50,477	210,206
Total bills paid within target	44,950	181,981	49,298	201,710
Percentage of bills paid within target	98%	96%	98%	96%
NHS				
Total Bills paid in the year	5,014	10,392	5,583	11,476
Total bills paid within target	4,890	8,813	5,446	9,868
Percentage of bills paid within target	98%	85%	98%	86%
Total				
Total Bills paid in the year	51,073	200,791	56,060	221,682
Total bills paid within target	49,840	190,794	54,744	211,578
Percentage of bills paid within target	98%	95%	98%	95%

Capital

Division	Month 11			Year to Date M11			2024/2025		
	Budget	Actual	Variation	Budget	Actual	Variation	Budget	Forecast	Variation
Estates	5.3	2.8	-2.5	31.5	28	-3.5	35.2	33.9	-1.3
Equipment	0	0	0	0	0.1	0.1	0	0.1	0.1
Digital	0.4	0	-0.4	0.4	1	0.6	0.4	1.6	1.2
Sub Total	**5.7**	**2.8**	**-2.9**	**31.9**	**29.1**	**-2.9**	**35.6**	**35.6**	**0**
IFRS16	0	0	0	3.5	1.9	-1.6	3.5	2.8	-0.7
Total Capital	**5.7**	**2.8**	**-2.9**	**35.4**	**30.9**	**-4.5**	**39.1**	**38.4**	**-0.7**

Key Points

- £1.1m of PDC has been confirmed as part of GM system funding. £0.4m of infrastructure risk has been agreed and is also cash backed.
- The net effect of the above and small improvements to forecast outturn has seen the overcommitment to the GM Capital Control allocation of £1.6m in month 10 become breakeven in month 11 (excludes IFRS 16).
- Expenditure of £0.8m has been incurred on EUCC and £2.6m on Outpatients modular ward.
- The Board have agreed to the transfer of land and buildings at The Meadows to Pennine Care and a subsequent lease to be agreed for the Trust's 25.39% occupancy. These leases are included in the IFRS 16 figures at month 11.

Curtis Soile 28/03/2025 14:04:54

Statement of Financial Position

	As at 31/01/2025 £000's	As at 28/02/2025 £000's
Total Non-Current assets	**263,917**	**265,031**
Current Assets and (Liabilities)		
Inventories	1,205	1,287
Trade Recievables and accrued income	17,908	18,872
Assets held for sale	6,050	6,050
Cash and cash equivalents	26,627	33,584
Current Liabilities	(69,245)	(71,772)
Provisions	(511)	(508)
Net Current Assets/Liabilities	**(17,965)**	**(12,487)**
Total Assets Less Current Liabilities	**245,952**	**252,544**
Non-Current (Liabilties)		
Borrowings: leases	(9,475)	(9,475)
Borrowings: DHSC capital loans	(13,775)	(13,775)
Provisions	(2,874)	(2,874)
Total Non-Current Liabilities	**(26,124)**	**(26,124)**
Total Assets Employed	**219,828**	**226,421**
Financed By Taxpayers Equity		
Public dividend capital	248,256	253,902
Revaluation reserve	68,266	68,266
Income & Expenditure Reserve	(96,694)	(95,747)
Total Taxpayers Equity	**219,828**	**226,421**

Curtis Sims
28/03/2025 17:04:44

NHS Stockport NHS Foundation Trust

				Agenda No.	11
Meeting date	3rd April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Opening Budgets 2025/26 - Current Position				
Director Lead	John Graham, CFO/DCEO	**Author**	Kay Wiss, Director of Finance		

Paper For:	**Information**	X	**Assurance**		**Decision**	X
Recommendation:	Due to the delay in the approval of the final annual financial plan for 2025/26, the Board of Directors is not able to formally approve the opening budget for the year prior to 1st April 2025. The Board of Directors is asked to confirm that directors have the approved authority to operate under the standing financial instructions and scheme of delegation (which has previously received formal board approval).					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe	x	Effective
	Caring		Responsive
x	Well-Led	x	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

Curtis Cole 28/03/2025 14:04:33

		Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/not agreed	Whole Paper
Regulatory and legal compliance	n/a
Sustainability (including environmental impacts)	n/a

Executive Summary

The Trust has submitted a draft annual plan for 2025/26 subject to further discussion with GM ICB on the 24th March 2025.

Due to the timing delay in confirmation and approval of the plan the Board of Directors is not able to formally approve the opening budget for the year prior to 1st April 2025. The Board of Directors is asked to confirm that directors have the approved authority to operate under the standing financial instructions and scheme of delegation (which has previously received formal board approval).

For assurance all the budgets within the financial ledger reconcile to the draft annual plan and indicative savings targets have been shared based on the productivity and efficiency metrics which have also been presented in previous planning updates to the Finance & Performance Committee.

Once the final plan is agreed a further update paper will be presented to the Finance & Performance Committee and then to the Board.

Courtis Smile 28/03/2025 14:04:34

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28/03/2025 14:04:34

NHS
Stockport
NHS Foundation Trust

				Agenda No.	12
Meeting date	**Thursday 3rd April 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors				
Report Title	Outpatient B Closure Report				
Director Lead	Jackie McShane Executive Director of Operations	**Author**	Jackie McShane Executive Director of Operations		

Paper For:	**Information**	**X**	**Assurance**		**Decision**	
Recommendation:	The Board of Directors are asked to note the attached report which seeks to summarise the key impact resulting from the closure of the outpatient B department in November 2023. This drawing on quantitative and qualitative information captured at the time and retrospectively.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

X	Safe		Effective
	Caring	X	Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

Curtis.Spilsbury 28/03/2025 14:04:34

	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
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	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	n/a
Financial impacts if agreed/not agreed	n/a
Regulatory and legal compliance	n/a
Sustainability (including environmental impacts)	n/a

Executive Summary

In the Autumn of 2023, during the completion of routine maintenance, concerns were identified regarding aspects of the loadbearing structure in Outpatients B (OPB). Based on the findings of a structural engineer's survey, the Executive Team took the decision on Thursday 23rd November 2023 to close OPB.

Confidentiality 28/07/2025 14:04:34

Members of the Executive team held an on site briefing with staff and the facility was closed at the end of the day. The situation was immediately managed as an internal critical incident with business continuity arrangements enacted, led by the Executive Director of Operations.

As described in the report the impact of the closure was significant to patients and staff, impacting on the ability to provide suitable space for outpatients to take place. It is testament to the joint working across all of the teams that through the business continuity arrangements, services were rehoused and capacity reinstated.

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NHS
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NHS Foundation Trust

Outpatient B Closure Report

Curtis,Soille
28/03/2025 14:04:34

Date: Friday 21st February 2025

Contents

NHS Stockport NHS Foundation Trust

Curtis,Soile
28/03/2025 14:04:34

1. Background

NHS Stockport NHS Foundation Trust

- In the Autumn of 2023, during the completion of routine maintenance, concerns were identified regarding aspects of the loadbearing structure in Outpatients B (OPB).
- Based on the findings of a structural engineer's survey, the Executive Team took the decision on Thursday 23rd November 2023 to close OPB.
- Members of the Executive team held an on site briefing with staff and the facility was closed at the end of the day.
- The situation was immediately managed as an internal critical incident with business continuity arrangements enacted, led by the Executive Director of Operations.
- Processes were immediately put in place to manage patient access and clinical risks – these were continually reviewed by each clinical team and the risk register updated accordingly.
- Approx 50% of appointments (circa 150 patients daily) normally provided in OPB were cancelled due to the closure. The biggest impact was felt by felt by ophthalmology, oral surgery and dental services.
- Given that it was ascertained that there was no commercial or economically viable solution to retain the building, OPB was demolished in Spring 2024.

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2. Impact to Services

NHS Stockport NHS Foundation Trust

- The scope of the OPB facility should be recognised and the significant proportion of outpatient clinic accommodation it provided. The total square meterage of the site being 1,877, providing 55 clinic rooms as per the schedule on the next page.
- Following the closure outpatient services 50% of clinics were scheduled and accommodated on site. This being done via daily / then weekly scheduling reviews of available clinic rooms with some services also switching activity to non-face-to-face where possible.
- Scheduling in this way gave two unintended consequence
  a) that affected clinics became nomadic causing great confusion to patients and staff. Best practice scheduling for outpatient activity is to group specialities together and maintain a regular location. Initially this was not possible.
  b) The final scheduling of clinic was completed at short notice and comms to patients and clinicians as to where to attend for their clinic was very short notice
- The business continuity group considered all of the available options for temporary provision and these were considered by the Executive Team. This review led to the requirement for offsite locations to restore activity for Ophthalmology, Orthoptics and Orthodontics, which were unpopular with clinicians and affected staff groups.
- Through support from NHS GM new ophthalmology referrals were outsourced to the independent sector.
- There are short term logistics to manage resulting from closure including the storage of significant amounts of clinical equipment and patient notes

Curtis, Sallie
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3. Outpatient B Layout

Area	Generic	Suite 1	Suite 2	Suite 3	TOTAL
Total Area (m²)	*100 (approx.)*	*700 (approx.)*	300 *(approx.)*	780 *(approx.)*	1877

Schedule of Accommodation

up to 60 staff at any one time

Room	Generic	Suite 1	Suite 2	Suite 3	TOTAL
Reception	*1*	*1*	0	0	2
Wait area	*1*	*2*	2	2	7
Consult/Exam	*0*	*29[b]*	6[b]	20[b]	55
*Auxiliary clinical room**	*0*	*0*	6	6	12
Treatment	*0*	*1*	0	0	1
Procedure (P)	*0*	*1*	0	0	1
P. Scrub Up	*0*	*1*	0	0	1
P. Recovery	*0*	*1*	0	0	1
Clean Utility	*0*	*1*	0	1	2
Dirty Utility	*0*	*1*	1	1	3
Office	*1*	*2*	1	6	10
Medical Records hold	*1*	*0*	0	0	1
Staff WC	*0*	*0*	1	1	2
Staff Change with WC	*0*	*2*	0	0	2
WC (visitor)	*1*	*1*	1	6	9
Staff rest/room	*1*	*1*	0	1	3
Store	*1*	*1*	1	4	7

[b] *on Bookwise for all specialities to use* [0] *80% used by ophthalmology, then dental*

* *for undressing, examinations, Bloods/ECG/height/HR etc*

Curtis, Sonia
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4. Impact to Patients

NHS Stockport NHS Foundation Trust

- A building closure on the scale of OPB to patients was a significant challenge and the Trust communications teams played a pivotal role in making this as optimal as possible.
- Given the speed of the closure patients experienced a great deal of confusion over the following days as to the re-location or cancellation of affected clinics. The rescheduling of the affected clinics was completion with less than 12 hours notice so patients only knew where to go on the day.
- Despite the best efforts of the booking teams, patients did attend for clinics which had been cancelled and as a result an increase in complaints to PALS was experienced.
- the Trust experienced an increase in DNA's during the period, which seems reasonable to believe that the closure had an impact on this.
- The flow of patients across the site also became very confusing as clinics were relocated to areas which patients were unfamiliar with. In response to this the other key group mobilised to support the communication and navigation of patients was the volunteers on site. The business continuity group identified the invaluable support they could offer and an expansion of the offer was implemented.

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5. Impact to Staff

NHS Stockport NHS Foundation Trust

- The immediate closure of the OPB department was a shock to staff, which despite the environment issues and varying specialities, were a very cohesive team.
- What was experienced was that the disaggregation of services and the uncertainty regarding where they would be located drove a high level of anxiety and confusion.
- Further to this and as the Trust started to explore on site and off site options, for many this anxiety grew and extended to other teams who were potentially also being impacted upon. Most noticeably, Pinewood, Research & Innovation and the medical day unit.
- The burden of cancelling appointments and rescheduling clinics into available space was felt most by the centralised outpatient booking team. In the immediate impact of the OPB closure this was required to be completed with less than 12 hours notice and a jigsaw of space vs clinic requirements became an everyday event. Understandably errors were made with services taking place in different locations each week, until a natural rhythm / settling of the new arrangements occurred.
- The greatest assurance was required to the teams and services moved off site, they sough assurance that they would not be forgotten about and be repatriated as soon as possible.
- In mitigating this the business continuity group developed a stronger communication and feedback loop to help manage an ease levels of anxiety and the Trust health and well being resources were pivoted to support all affected staff.

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6. Impact to Revenue

NHS Stockport NHS Foundation Trust

Description	2023/24 £	2024/25 £	Potential 2025/26 £	Potential 2026/27 £
Revenue				
Estates & Facilities costs (minor works, service closures, storage, demolition surveys)	65,232			
Further estimated costs associated to specialist removal of equipment/ogistics management		62,013		
IT connectivity for offsite temporary locations		5,278		
Temporary capacity- room rental @ Mastercall, Stockport (Ophthalmology)		182,695	71,880	
Temporary capacity - room rental @ Kingsgate, Stockport (Orthoptics)		-	-	
Temporary capacity - room rental @ Union Street, Hyde (Orthodontics)		30,554	30,554	
Independent Sector outsourcing costs for urgent patents (Ophthalmology)	1,500			
Offsite notes storage and notes couriers/ transfer		29,665	10,800	
Staff expense costs associated to travel/offsite working		1,800	2,400	
Project Manager, 18 month FTC from March 2025		6,200	78,100	32,600
Asset write off value - impairment	1,876,000			
Sub Total	**1,942,732**	**318,205**	**193,734**	**32,600**

- Since the closure, the Trust has incurred unplanned revenue costs totalling circa £2.4m
- The majority of this was incurred in 2023/24 and the impairment of the building.
- Other costs have supported the off site relocation of ophthalmology and orthodontics.
- Its is anticipated that all recurrent revenue costs will cease once the new facility is operational.

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7. Impact to Capital

Description	2023/24 £	2024/25 £	Potential 2025/26 £	Potential 2026/27 £
Capital				
Minor works associated to moving displaced accomodation on site	15,000			
Demolition of OPB & repurposing land to temporary car parking	68,000	180,000	650,000	
Staffng project management costs (Operational and estates)	18,450			
Repurposing of estate on site to create additional outpatient capacity				
New Outpatient faciity - estimated build cost		11,844,000	3,750,000	
CDEL coverage of new leases or capital purchase of offsite accomodation	43,000			
Sub Total	144,450	12,024,000	4,400,000	-

- Since the closure, the Trust has incurred unplanned revenue costs totalling circa £2.4m
- The majority of this was incurred in 2023/24 and the impairment of the building.
- Other costs have supported the off site relation of ophthalmology and orthodontics.
- Its is anticipated that all recurrent revenue cost will cease once the new facility is operational.

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8a. Impact to Activity

NHS Stockport NHS Foundation Trust

- Following the closure of the outpatient b building analysis has been completed to review actual activity levels vs historic activity levels.
- This demonstrates that from December 2023 to January 2025 the Trust delivered circa 15k less attendances than in previous years. This equating to circa 1k contacts per month.
- This has in part mitigated by the reprovision of services in the summer of 2024, with the mobilisation of

    a) The independent sector CHEC contract in June-24 for new period, referrals for ophthalmology - average of 275 per month
    b) Ophthalmology capacity at Mastercall in August 2024 – average of 1,053 per month.

- During this period it has also been noticeable that referral patterns have changed, which despite the decrease in activity has largely meant a reduction in the waiting list sizes for ophthalmology and oral surgery in particular. Orthodontics have seen them waiting list increase, however this has not impact on delivery of the care to the 65 week wait cohort.

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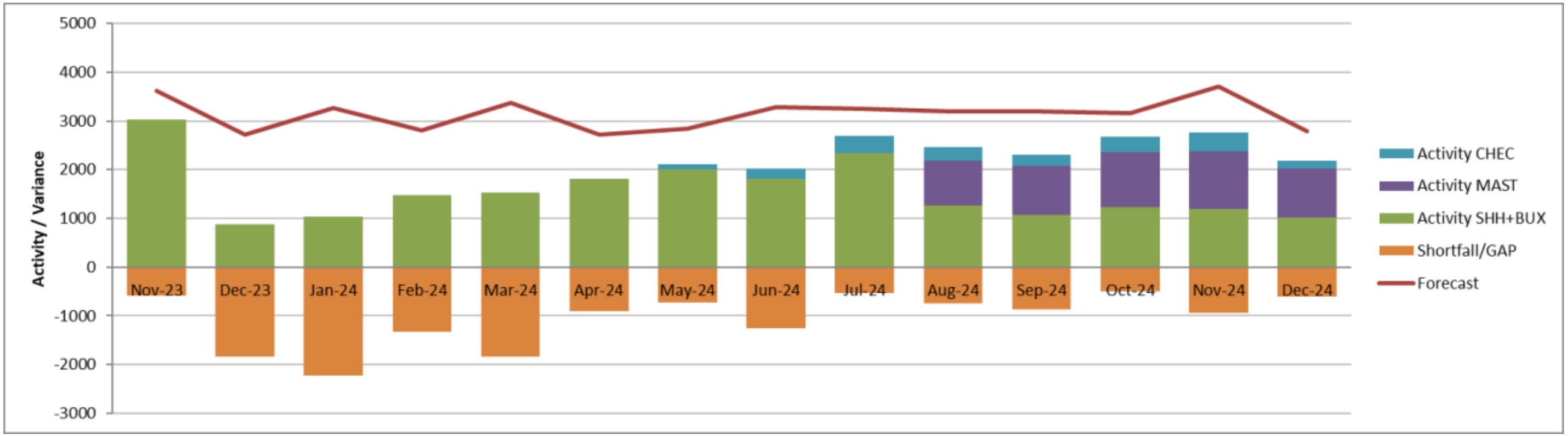
8b. Activity Deficit Analysis

NHS Stockport NHS Foundation Trust

Showing outpatient actual activity levels vs. "normal" forecast based on historic activity trend



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9a. New Outpatient Facility

9b. Schedule of Accommodation

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Ground Floor	First floor
Dental consulting and procedure rooms	General consulting rooms (29)
Ophthalmology consulting and diagnostic rooms	Venepuncture and diagnostic rooms
Orthoptics rooms	Staff room
Waiting room, sub wait, receptions, staff change, nurse base etc	Waiting room, sub wait, receptions, staff change, nurse base etc

9c. Operating Principles

NHS Stockport NHS Foundation Trust

- Services will be located together and clinics consistently delivered from the same location wherever possible

- Allocation of rooms will be managed weekly based on demand
  - OPD B had varying occupancy levels
  - Variation built in due to leave, hot weeks etc
  - Ensuring that when clinics are cancelled rooms are also cancelled

- Utilisation of the new building will be maximised across all 10 sessions:
  - Currently very high demand on some sessions with others less well utilised
  - Some existing outpatient areas are in poor condition and not compliant with current standards
  - **It will be necessary to move some clinics away from busy sessions towards less busy sessions**
    - i.e. away from Wed am & Thu am towards Fri pm & Wed pm

- Where clinics operate multi-stage appointments this needs to be considered so that waiting space is nearby

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Questions

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				Agenda No.	13
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Quality Committee – Alert, Advise & Assure Report				
Director Lead	Louise Sell, Chair of Quality Committee	**Author**	Louise Sell, Chair of Quality Committee		

Paper For:	**Information**		**Assurance**	X	**Decision**	
Recommendation:	The Board of Directors is asked to note the report from the Quality Committee including matters for escalation to the Board of Directors.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

Louise Sell
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X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established the following Committees:

- People Performance
- Finance & Performance
- Quality
- Audit Committee

The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Quality Committee held during February and March 2025, noting areas of alert, advice and assurance.

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	25 February 2025
Quorate	Yes
The Quality Committee draw the following key issues and matters to the Public Board's attention:	

1.	**Agenda**	• Health Inequalities verbal update • Learning From Deaths Report (deferred from January) • Outcome of Stroke-Related Mortality Deep Dive (deferred from January) • CQC Update report • External Visits and Inspections Register Report • Patient Safety Quarterly Report Q3 2024/25 • Winter Resilience Report • GM ICB Visit Report: Safety in Emergency Department (deferred from January) • Mental Health Plan Progress Report, inc Draft Mental Health Plan V2 verbal update • Quality and Safety Integrated Performance Report • Standing Committee reports; - Clinical Effectiveness Group Key Issues Report - Patient Safety Group Key Issues Report - Integrated Safeguarding Group Key Issues Report - Health and Safety Joint Consultative Group Key Issues Report - Patient Experience Group Key Issues Report
2.	**Alert**	Patient Safety Quarterly Report Q3 2024/25 There is ongoing pressure in the Emergency Department, reflected in the activity and performance reported in the Integrated Performance Report and the Winter Resilience Report (the Trust was at Opel 3 for most of December and January). The Quality Committee discussed how we can use triangulated information about the potential harm and impact on standards of care, specifically the impact of long waits in the Emergency Department. This includes learning through Patient Safety Incident Response Framework (PSIRF), StARS reporting, extended (over 12 hours) wait harm assessments, learning from deaths and external inspections. The extended (over 12 hours) wait harm assessment as a stand-alone measure is unlikely to give an accurate picture since harms may be delayed. It was agreed that future iterations of this paper will include a thematic report on the impact of long waits in the Emergency Department.
3.	**Advise**	The Health Inequalities group has been established and met. Delivery on the priorities has commenced but there is a need to secure ongoing expertise to the workplan. The Mental Health Plan progress report will be taken next month, and work is planned to refresh the Plan, noting an intention to expand the ambition to care of

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		patients across the organisation, including adults and children, and to take a health inequalities lens to the work including alcohol and use of other drugs. Patient Safety Quarterly Report Q3 2024/25 This report continues to detail good rates of incident reporting, embedding of the Patient Safety Incident Response Framework (PSIRF) approach and learning from incident reporting and responding to complaints. However, triangulation with the Patient Experience Group Key Issues Reports has identified opportunities to improve engagement with complaints review panel and complaints investigation. Patient Experience Group Key Issues Report The Quality Committee has sought further information in response to problems in ensuring the dignity of patients at the point of discharge. Clinical Effectiveness Group Key Issues Report Detailed work to investigate the implications of 2 surgical site infections following knee replacement surgery has not identified gaps in infection prevention measures but theatre maintenance schedules remain under surveillance. Integrated Safeguarding Group Key Issues Report There has been continued improvement in safeguarding training compliance rates over the past 3 years, with more to do but the ongoing improvement was noted. Patient Safety Group Key Issues Report An Artificial Intelligence tool has been used to good effect in reviewing out-patient clinic waiting list management. *The Learning from Deaths Report,* Confirmed following January meeting cancellation. *Some patients have to wait for a long time in the Emergency Department for a bed on the wards, following a decision to admit. There can be delays in specialties taking responsibility for those patients is apparent, leading to delays in transfer and clinical decision making.*
4.	**Assure**	*Learning from Deaths (LFD) Quarterly Report* Confirmed following January meeting cancellation. *A high level of LFD activity continues with around 38% of all in-hospital deaths receiving a review with effective processes in place. There were no deaths graded as 1 (evidence of serious failings in care).* External Visits and Inspections Register Report There were 12 external visits, accreditations or inspections reported in the quarter, reflecting the good work of many teams across the Trust in achieving positive outcomes. *Stroke Mortality Outlier Response* Confirmed following January meeting cancellation, with additional discussion below. *On 11th March 2024, Professor Martin James from the Sentinel Stroke National Audit Programme (SSNAP) Identified the Trust as an outlier based on data from April 2021 to March 2023.*

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		Patient Safety Group oversaw a deep dive into the relevant functions of the stroke service. A more recent review of the national Sentinel Stroke National Audit Programme (SSNAP) score shows that the Trust is amongst the best performing organisations in the country, with an overarching score of 90%. This may be different when the end of year data including patients who died elsewhere is available. *The Get if Right First Time (GIRFT) review as part of the deep dive identified a significant Consultant workforce shortfall providing Direct Clinical Care. An action plan is in place to resolve this.* Further discussion confirmed that although sub-optimal care was identified in 8/24 cases, this did not contribute directly to mortality. Peer group comparison is limited by the fact that although Stockport is a hub for stroke care, patients who need neurosurgery are transferred elsewhere. *Greater Manchester Integrated Care Board Visit Report: Safety in Emergency Department* Confirmed following January meeting cancellation. *No significant areas of concern were identified relating to quality of care and patient safety on the day of the visit. The report alerted the Trust of the separate documentation systems for Emergency Department and Pennine Care staff (Mental Health Provision) – this is a known risk.* Care Quality Commission (CQC) Update Report It was noted that engagement with CQC visit preparations is positive.
5.	**Referral of Matters/Action to Board/Committee**	-
6.	**Report compiled by:**	Louise Sell, Quality Committee Chair (Non-Executive Director)
7.	**Minutes available from:**	Soile Curtis, Deputy Company Secretary

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NHS Stockport NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Dr Louise Sell, Non-Executive Director
Date of Meeting	25 March 2025
Quorate	Yes
The Quality Committee draw the following key issues and matters to the Trust Board's attention:	

1.	**Agenda**	The Committee considered an agenda which included the following: • Board Assurance Framework – Principal Risks Review • Patient, Family and Carer Experience Strategy Progress Report • Draft Patient Experience Strategy 2025-26 • Mental Health Plan Progress Report • Draft Mental Health Plan – verbal update • Maternity Services Report • Quality and Safety Integrated Performance Report • Sepsis Diagnosis and Treatment Transformation Update • Standing Sub-group reports; - Clinical Effectiveness Group Key Issues Report - Patient Safety Group Key Issues Report - Trust Integrated Safeguarding Group Key Issues Report • Quality Committee Annual Review • Quality Committee Work Plan and Attendance
2.	**Alert**	Board Assurance Framework – Principal Risks Review. Quality Committee noted that while there is work going on to mitigate the risk in audiology neonatal screening, the current trajectory to undertake all necessary actions to review affected children runs to 2 ½ years. Clinical prioritisation is ongoing, but the service is dependent on actions which have been escalated to the national team. Quality Committee have requested, if appropriate, to receive a patient story from an affected family to further understand the human impact. Mental Health Plan Progress Report. Quality Committee received data on people attending the Emergency Department with mental health conditions, detailing length of stay in the department and eventual destination. It noted the lack of provision for people who require an extended assessment as well as extended waits for admission to mental health wards. The numbers are significant and appear to have increased since the introduction of Right Care Right Place. Quality Committee have requested ongoing monitoring of these data and an update on the feasibility of incorporating into regular BI data feeds. It is noted that improved use of data and alignment of the relevant performance metrics of Stockport NHS Foundation Trust and Penninecare NHS Foundation Trust will be included in the future Mental Health Plan.
3.	**Advise**	Board Assurance Framework – Principal Risks Review. Quality Committee reviewed the BAF and agreed the closing position for 2024/25. It has

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		recommended that PR1.1 be split for 2025/26 into separate risks reflecting safety, effectiveness and experience, in order to reflect the changed operating environment and to avoid the overall position masking safety risks. Quality Committee will receive an assurance paper on the risk mitigation in the operational plan at its next meeting. Maternity Services Report. The Trust is now subject to enhanced surveillance of maternity services. A maternity oversight group is to be established, chaired by our Chief Nurse. It is understood that this surveillance status is a consequence of the process which considers our CQC rating and Trust NOF status. It does not represent any deterioration of our performance or safety as reported in the recent CNST year 6 submission. Quality Committee Annual Review. Quality Committee will meet 10 times in the coming year, with the opportunity on each agenda for a deep dive as the need arises. Draft Patient Experience Strategy 2025-26. Quality Committee received this strategy and notes that it will be updated in line with the Joint Quality Strategy between Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHSFT which is in development Patient Safety Group Key Issues Report. Quality Committee noted a concern with regards to reporting by the surgical division from morbidity and mortality meetings, along with a clear focus to rectify this. Trust Integrated Safeguarding Group Key Issues Report. Quality Committee noted a concern about a change to the Deprivation of Liberty referral process which will reduce safeguarding oversight. A future update on progress in this area was requested.
4.	**Assure**	Quality and Safety Integrated Performance Report. Quality Committee noted the continued gradual improvement in harm from falls over the past 2 years, and noted that further improvement will be planned in the coming year's objectives but that at some point the improvement is likely to plateau. Sepsis Diagnosis and Treatment Transformation Update. The timely administration of antibiotics has been a target which we have consistently failed to meet. The most recent report is of 91% compliance which is above target. There are further standards to meet to be compliant with new NICE Quality Standards which will require changes to practice. The Committee are assured that this is receiving focus and being driven via a transformation project. Clinical Effectiveness Group Key Issues Report. Quality Committee noted the ongoing process to provide assurance about compliance with NICE guidance which includes assessment by subject matter experts, review by division leads and presentation to the Clinical Effectiveness Group. There are no matters to raise. Quality Committee noted the ongoing process to provide assurance through clinical audit with no matters to raise. Trust Integrated Safeguarding Group Key Issues Report. Quality Committee noted that the patient story shared at the last meeting of this group demonstrated

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		excellent team and partnership working to respond and manage risk related to child exploitation and County Lines.
5.	**Referral of Matters/Action to Board/Committee**	None
6.	**Report compiled by:**	Dr Louise Sell (Chair of Quality Committee / Non-Executive Director)
7.	**Minutes available from:**	Mrs Soile Curtis (Deputy Company Secretary)

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				Agenda No.	14
Meeting date	**3 April 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors				
Report Title	Stockport Locality Update				
Director Lead	Paul Buckley, Director of Strategy & Partnerships	**Author**	Paul Buckley, Director of Strategy & Partnerships		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors is asked to NOTE the Stockport Locality Update.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing

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X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	
Financial impacts if agreed/not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This report provides the Board with current information on the collaborative working arrangements within Stockport that the Trust participates in and the other matters that are being taken forward within the borough that relate to health and care.

This report provides an update on progress with aspects of the ONE Stockport Health and Care Plan, the GM community services review and the Provider Partnership.

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Stockport Locality Update

1. Introduction

The Stockport Locality is one of the ten Greater Manchester (GM) localities, which has a committee established to undertake the functions of the Health and Care Act 2022 (the Act) that brings together senior leaders from the NHS (primary, secondary, community and mental health), local authority and the Voluntary, Community, Faith & Social Enterprise sector (VCFSE).

2. ONE Stockport Health and Care – Stockport's Locality Board

The ONE Stockport Health and Care Board is Stockport's locality board where all the key partners in the borough come together. The ONE Stockport Health and Care Executive supports the work of the Board. The Provider Partnership is led by the Trust. The Trust's Chief Executive, Chief Finance Officer and Director of Strategy and Partnerships along with other Trust colleagues are members of these groups.

3. Stockport Locality Plans

Within Stockport there are a range of long-term plans in place that the Trust has input into and participates in the various delivery mechanisms, both operational and strategic.

The **ONE Stockport Health and Care Plan** (above) sets the strategic direction for delivering on One Heart, which details how partners will deliver against the priorities of the GM ICS as well as localised Stockport priorities. These include a focus on:

- Mental Health
- Neighbourhoods and Prevention (now Stockport Live Well)
- Safe and Timely Discharge
- Cost-of-Living
- Primary and Community Care
- Elective Care

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The Neighbourhoods and Prevention programme has been renamed to Stockport Live Well to reflect the alignment with the GM Live Well approach. The programme remains focused in its ambitions to deliver happy and healthy lives for everyone in Stockport. More specifically, both the structure and priorities of Stockport Live Well accelerate the delivery of GM approach and align to the 2025/26 neighbourhood health guidelines published alongside the planning guidelines.

Stockport Live Well is about working through the neighbourhood model in the locality and is based around multi-disciplinary, multi-agency team working through neighbourhood networks. The neighbourhood health guidelines emphasise the need to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery. To do this, six core components of the neighbourhood approach are:

- Population Health Management;
- Neighbourhood Multi-Disciplinary Teams;
- Urgent neighbourhood services.
- Integrated Intermediate Care – with a home first approach
- Modern General Practice
- Standardising Community Health services.

The secondary care (and therefore the Trust's) contribution to working collaboratively with community-based teams to ensure that patients benefit from a neighbourhood health service include:

- supporting continuity of care in the community for people under the care of a specialist hospital team such as respiratory, diabetes, stroke or cardiology. This might include providing specialist input to neighbourhood MDTs such as through clinics delivered jointly in primary or community settings, using digital technology and infrastructure

- by establishing pathways into the hospital which avoid the emergency department, for example, by using urgent treatment centres, same day emergency care pathways or outpatient clinics. Stockport have been selected to participate in the A-TED (alternatives to emergency department) programme to undertake a collaborative piece of work to implement the improvement tool in our locality healthcare system

- ongoing support for the development of hospital at home (virtual ward), single point of access and community diagnostic centres.

- ensuring that frailty services are joined up in all settings, whilst maximising the delivery of these services within community settings. This will include the development of frailty-attuned hospital services connected with community frailty provision, and support for care transfer hubs, which arrange support services to assist discharge from hospital for those with the most complex needs, the development of the new St Thomas' facility is an example of this.

The aspiration is that delivering proactive, planned, responsive and urgent care close to or in people's own homes, effective local neighbourhood services will relieve pressure on acute services.

The locality team are intending to reorientate current resources to ensure the delivery of the core components in each neighbourhood across the borough following the publication of the recent guidance.

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4. NHS GM community services review

The GM community services programme was initially set up in 2022 to review how the system commissions community services, to focus on creating community services which are fit for the future and support the whole system to meet the population health need.

The initial scoping work has identified a high level of variation in community services across GM, which was a result of a historical commissioning decisions. The programme has 5 aims as set out below:

- Create a vision for GM Community Services
- Strengthen the alignment for integration and partnership working at place
- Leverage the opportunity of scale to improve services
- Support future funding and investment / disinvestment decisions
- Support a workforce plan for community services

Recent publications and the work outlined within the review has resulted in community services increasing in their strategic significance to the Trust and is a focus for the Integrated Care Division, which has a range of services that almost exclusively are provided within neighbourhoods. It is known that within Stockport and in Trust there is an inequitable level of funding for the services it provides**.** The Trust will continue to contribute to this work through the updated governance arrangements in place.

5. The Provider Partnership

The Trust leads the Provider Partnership in place for Stockport and there are four priority areas of work, which have been in place for over a year. These are:

- Alcohol Related Harm
- Frailty
- Diabetes
- Cardiovascular – a deep dive into two of the key areas was presented focussing on workplace and other health checks

A summary highlight report and for Cardiovascular the deep dive, is included in **Appendix 1**. A retrospective session to reflect on the integrated pathways agreed by the Provider Partnership to understand successes and challenges, and to learn how we can further develop partnership working will be taking place.

6. Other Matters

Locality Financial Position

The financial position as at the end of February 2025 (Month 11) Stockport is reporting a forecast outturn overspend of £9.8m. The overspend is driven by increasing cost and number of continuing health care (CHC) placements, increasing cost and number of mental health placements, neurodiversity assessments and ADHD treatment costs as patients exercise their right to choose and non-delivery of CIPs.

Work is ongoing within the locality to develop plans for 2025/26 although localities have not had their 2025/26 budgets, or their specific savings targets confirmed. In the absence of these a CIP plan is being developed based on the assumption that a 5% saving target will be required. The Trust is aware of the CIP planning taking place and will engage to understand any consequences. Likewise, it will be important for the Trust to share relevant parts of our CIPs with locality colleagues.

VCFSE Alliance

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The neighbourhoods are supported by a range of Voluntary Community Faith and Social Enterprise (VCFSE) organisations that as set out in the VCSFE strategy looks to invest in capacity building is support of the wider prevention programme. At its core, it supports people in communities that are experiencing significant health inequalities. The Trust is joining the VCSFE Alliance that is in place alongside other partners across the locality.

7. Summary

The Trust is committed to collaborative working with a range of partners, to identifying opportunities to improve services, tackle unwarranted variation and health inequalities, and strengthen resilience through its partnership endeavors. Striking a balance between moving at pace with this work and responding to the day to day operational challenges at a time of significant change and limited resources will require consideration.

8. Recommendation

The Board is asked to NOTE the Stockport locality update.

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Stockport Provider Partnership – Update January 2025

ONESTOCKPORT Health and Care

Stockport Integrated Care Partnership

Diabetes

SRO: Viren Mehta

Pathway Support: Kimberly Roberts

AIM: To implement a model of care and pathway that will enable all systems partners to improve outcomes for those at risk of or with Diabetes

OUTCOMES TO IMPROVE:

- Increase % of people attending National Diabetes Prevention Programme and structured education
- Increase % of people having all 8 care processes
- Reduce proportion of people experiencing Diabetes related complications
- Increase proportion of people achieving treatment targets
- Improve the experience of Diabetes services for those living with the condition

PROGRESS TO DATE:

- Individual practice data packs developed to highlight practices progress against key metrics within NHS GM prevention plan
- Increase in Diabetes 8 care process completion to 51% by Dec 2024 (3.1% increase when compared to same period in 2023/24)
- Increase in achievement of treatment targets to 75.9% an increase of 4% when compared to the same period of 2023/24
- 1953 referrals made into National Diabetes Prevention Programme 2024/25 –116% performance against NHS GM target set for Stockport
- Victoria PCN working on Diabetes identification as part of proactive care programme clear 2 (identified 19 people with Diabetes and 116 with NDH following a health check)
- SWOT analysis undertaken for the paeds/community and acute offer with next steps identified

RISKS & ISSUES:

System partners capacity to participate in this workstream due to other pressures and competing priorities

There may be limitations in some areas due to GP collective action

Diabetes prevalence/complications increasing however no additional investment for service delivery or innovation

NEXT STEPS:

- Data packs to be sent to all Stockport practices
- Exploring the opportunity to include Diabetes 8 care processes within the 2025/26 Stockport Locally Commissioned service
- Identify areas where Diabetic eye screening has a lower uptake and agree pop up locations/sessions for these
- Undertake gap analysis for the Stockport offer against the Diabetes Strategy
- Maturity matrix/assurance undertaken against the locality deliverables in the NHS GM prevention plan
- Plan approach to closer working between trust consultants and primary care to optimise patients in the community

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Stockport Provider Partnership– Update Jan 2025

ONESTOCKPORT Health and Care

Stockport Integrated Care Partnership

Frailty

SRO: Jane Ankrett (Interim SRO)

Pathway Support: Hannah Spurr, Senior Transformation Manager, SFT

AIM: To implement a model of care and pathway that will enable the whole system to improve outcomes for frail people, including those in their last twelve months of life

OUTCOMES TO IMPROVE:

- Identification and recording of the Rockwood CFS for patients over the age of 65 years across the system (Primary Care, Secondary Care, Stockport Community Services)
- Frailty Assessments completed for 50% of those Over 75s and/or on Frailty Register and/or on Dementia Register.
- Reduction in admission rates for patients with a Rockwood 8/9
- No. of patients aged 65 years and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up (Previous national CQUIN target – 30%)
- No. of Emergency hospital admissions due to falls in people aged 65 years and over and directly aged standardised rate per 1000 (Public Health Outcomes framework data OHID)

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PROGRESS TO DATE:

- Recruitment of a Palliative Care Service Lead – commencing post in early May
- Research Assistant appointed to support a collaborative research piece with University of Salford to review KOKU App and benefits of strength based training. (Ongoing promotion of the KOKU App across the locality with positive feedback.)
- Collaborative work across PCNs with ACPs
- Clinical Frailty Score training and education workshop
- Winter Frailty Newsletter distributed across system wide partners
- Development of the Acute Delirium Pathway
- System wide Frailty Pathway reviewed and updates in development
- Ongoing development of the Frailty Training Programme
- Collaborative review of opportunities with Age UK and neighbourhoods to maximise prevention and independence initiatives
- Comprehensive Geriatric Assessment document under development
- Shared learning with GM Trusts (Oldham) to gain lessons learnt on Carnall Farrar led approach
- Heaton PCN Frailty Coach working with the ACP team to focus on patients who have had a recent fall
- Pilot in progress – ACP attending Palliative Care MDT, highlighting patients who may benefit from an advanced care plan / supportive management plans

RISKS & ISSUES:

- Lack of Geriatrician for Stockport Locality across the system – BC in final development
- Providers capability to release capacity to participate in the delivery of workstream objectives
- SFT operational and clinical leads capacity to support in the delivery of workstream objectives

NEXT STEPS:

- Review Stockport locality system data to enable single point of truth and standardisation. Support data validation.
- NHS England SAMIT 75 Data Workshop planned for Feb 2025
- Stockport locality Clinical Frailty Score training and education workshop
- Pilot the new Acute Delirium Pathway across wards at Stockport NHS Foundation Trust
- Review EPACC implementation – support next steps and prioritisation
- Last 12 month of life process mapping to support defining a deteriorating frail patient pathway
- Review 12month achievements and plan priorities for 25/26
- Kate Tattersall, SFT Transformation Manager taking over transformation support from Hannah Spurr

Stockport Provider Partnership–Update January 2025

ONESTOCKPORT Health and Care

Stockport Integrated Care Partnership

Alcohol Related Harm

SRO: Annie Lowe

Pathway support: Rebecca Simmons

AIM: Reduce harm caused by alcohol to a minimum for the people of Stockport.

OUTCOMES TO IMPROVE:

- Decrease the number of alcohol-related attendances at Stockport Emergency Department
- Decrease the number of alcohol-specific and alcohol-related hospital admissions (narrow measure) for Stockport residents
- Decrease alcohol-specific and alcohol-related mortality, including mortality from alcoholic liver disease and chronic liver disease

PROGRESS:

- We have presented our approach at One Stockport Health and Care Board
- **Licencing:**
- January – November 2024: PH have reviewed 48 licensing applications, 12% required PH involvement, and we successfully influenced the outcome of 60% of these (n=4).
- Met with GM colleagues to scope out good practice and reviewed the evidence in relation to licensing policy.
- **Community care:**
- Small grant information shared with grassroots peer support groups
- Project with DNs to increase referrals underway
- Exploring opportunities for MECC training with reception staff
- Launch of 2 more peer support groups (now 3), 2 in Lancashire Hill and one in Brinnington.
- **Secondary care:**
- A pilot is underway to increase START referrals from the ward.
- A gap analysis is underway to compare existing alcohol care provision to NICE standards and ACT service spec
- Scoping exercise has been complete to understand the ACT offers in other GM Trusts and explore different models of care, including conversations with GM colleagues
- QI underway with GM Violence Reduction Unit and SFT's ED department to improve data collection

RISKS & ISSUES

- The Licencing Act does not include Public Health as an objective or support assertive actions on licencing applications.
- Brinnington has unique assets that mean interventions may be less effective elsewhere. An evaluation would need to think explore what has been successful and why, to help to determine if/how the approach is transferrable. Resources available are limited.
- There is no ringfenced funding for an Alcohol Support team at Stockport Emergency Department
- There are risks associated with working in partnership with community organisations that are funded by suppliers/producers of alcohol.

NEXT STEPS:

- Await outcome of grant application £75,000 for gastro ward/community intervention
- Explore opportunities to support high intensity users and people experiencing multiple disadvantage
- **Licensing:** work with licensing to launch a multidisciplinary review group and agree how PH can support the revision of the licensing policy.
- **Community:** make changes to DN assessment documentation to increase referrals, trial DN alcohol huddle training in Tame Valley, identify resource for an evaluation/explore how this links with ALT evaluation
- **Trust:** Launch alcohol working group, review findings of pilot,
- **GM Strategy:** Contribute to content of GM strategy

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Workplace Healthy Heart Checks

Aim: Time limited national pilot programme to undertake CVD Health Checks in Workplaces, aim to complete 3,000 in six months Sept 2024 – Mar 2025. Targeting different business types to understand approaches that work, particularly aiming to target people living in areas of higher deprivation and men aged 40+.

Progress to date:

- Funding received by 30th Sept 2024, to be used by 31st March 2025.
- October 2024 recruitment for Health Heart Project Workers (2.4 WTE) successfully undertaken.
- October 2024 project branding and protocols finalised, check to include BP, height to waist ratio and lifestyle.
- November 2024 training and project mobilisation complete and delivery of programme underway.
- November 2024 engagement plan with local workplaces delivered.
- By 16th January 2025:
  - 42 local workplaces attended across Stockport
    - Include construction, manufacturing, transport, retail, legal, schools, care homes
  - Over 700 individuals received a Healthy Heart Check, around 30% have high blood pressure and offered advice re GP follow up to agreed protocol (see next slide).
- Feedback and evaluation data agreed, and data collected from workplaces within 2 weeks of session.

Risks and Issues:

- Short term project, no funding for 2025/26.
- Good learning from pilot, but short time frame means we are learning from the willing businesses, and don't have the time to follow up those who don't respond to initial invites.

Next Steps:

- Continue delivery to 31st March 2025
- Provide data and insight for national evaluation by 30th April 2025
- Undertake local evaluation to understand patterns of uptake and business / workforce profiles to inform future planning by 30th April 2025. Aim to understand whether we are reaching target groups of men aged 40-60 from areas of higher deprivation.

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NHS Health Checks

Aim: Nationally mandated programme to ensure all eligible people aged 40-74 are offered an NHS Health Check once every 5 years to assess, communicate and support to reduce their CVD risk

Progress to date:

- Uptake of the NHS Health Checks in Stockporthad been falling for a number of years, and COVID-19 had a further significant impact on coverage (see over),
- In 2023/24 the Stockport NHS Health Check model was reviewed, an improvement programme put in place and a new contract agreed for April 2024.
- All GP Practices in Stockport are delivering NHS Health Checks in 2024/25, although there is still significant variation in levels of uptake by GP Practice.
- GM Dashboard for NHS Health Checks has been developed providing further insighton a monthly basis.
- In 2024/25 to interim Q3 data 7,646 NHS Health Checks have been delivered in Stockport, compared to 6,208 at the same data point in 2023/24 (see over). This improvement is being monitored and GP practices with lower uptake are being supported to increase rates,

Risks and Issues:

- Budget for NHS Health Checks small and now overspent.
- Capacity in GP Practices continues to be a challenge.
- National models do not fund the ongoing assessment, management or medication requirements (statins) for those found to be at high CVD risk.

Next Steps:

- Q3 data due 3rd February 2025
- Health Equity Assessment for Stockport due 30th April 2025.
- Training needs review underway to support GP practice staff to deliver high quality checks focussed on supporting behaviour change
- Participant information review underway, working with patient representatives to improve the information shared as part of the NHS Health Check.

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NHS Stockport NHS Foundation Trust

				Agenda No.	15
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	People Performance Committee – Alert, Advise & Assure Report				
Director Lead	Beatrice Fraenkel, Chair of People Performance Committee	**Author**	Beatrice Fraenkel, Chair of People Performance Committee Soile Curtis, Deputy Company Secretary		

Paper For:	**Information**		**Assurance**	X	**Decision**	
Recommendation:	The Board of Directors is asked to note the report from the People Performance Committee including matters for escalation to the Board of Directors.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

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	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established the following Committees:

- People Performance
- Finance & Performance
- Quality
- Audit Committee

The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meeting of the People Performance Committee held during March 2025, noting areas of alert, advice and assurance.

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	People Performance Committee
Chair of Committee/Group	Beatrice Fraenkel, Non-Executive Director
Date of Meeting	13 March 2025
Quorate	Yes

The People Performance Committee draw the following key issues and matters to the Board of Directors' attention:

1.	**Agenda**	The Committee considered an agenda which included the following: • People Integrated Performance Report • Operational Plan (Workforce) Update • Annual Workforce Equality Monitoring Report • Gender Pay Gap Report • Staff Survey • Resourcing & Retention Update • People Performance Committee Annual Review (inc. review of Terms of Reference and Work Plan 2025/26) • Board Assurance Framework & Aligned Significant Risks • Key issues Reports: - Equality, Diversity & Inclusion Group - Educational Governance Group
2.	**Alert**	No matters from this meeting to alert to the Board of Directors.
3.	**Advise**	The Committee undertook a detailed review the 2024 Staff Survey results. The Committee noted that the key area of focus for this year would include putting the learning from the Civility Saves Lives programme into practice, introducing the Sexual Safety policy, guidance and training and further improving appraisal discussions. The Committee would continue to seek assurance regarding scores relating to violence and bullying through the Violence & Aggression reporting included on the Committee work plan. The Committee received an update on work around training to reflect the changing nature of workforce, and support generational differences in this area to enable the development of a coordinated and aligned workforce. The Committee discussed the Trust's mandatory training target and noted that the national review of statutory and mandatory training recognised that not everyone learns in the same way. The Committee welcomed the inclusion of the timeline for non-compliance in the People Integrated Performance Report, including how many staff had never done the training and how many months staff had been non-compliant. The Committee reviewed and approved the people related principal risks to be presented as part of the Board Assurance Framework 2024/25 to Board of Directors in April 2025.

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4.	**Assure**	Positive assurance received around the following People metrics: • Agency expenditure as a percentage of the total pay bill remained at 2.1%, which is below the target of 3.2%. The Committee recognised that the Trust's agency expenditure % is at the lowest level reported, which is a significant improvement on previous years' position. • Appraisal compliance increased from 88.81% in December to 89.37%. (Medical staff 88.91% / All other staff 89.41%). • Role essential compliance at 93.89%, which is above target. • Turnover (adjusted) has decreased in January to 10.91%, from 11.41% in December and has continued to improve over the last 12 months. The Committee received the Annual Workforce Equality Monitoring Report and noted positive assurance regarding the effectiveness of the Trust's Equality, Diversity & Inclusion Strategy.
5.	**Referral of Matters/Action to Board/Committee**	-
6.	**Report compiled by:**	**Beatrice Fraenkel, Non-Executive Director**
7.	**Minutes available from:**	**Soile Curtis, Deputy Company Secretary**

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NHS Stockport NHS Foundation Trust

				Agenda No.	16
Meeting date	3rd April 2025	**Public**	Y	**Confidential**	n/a
Meeting	Board of Directors				
Report Title	2024 NHS Staff Survey Results				
Director Lead	Amanda Bromley, Director of People and OD	**Author**	Stuart McKenna, Assistant Director of HR (Inclusion and Colleague Experience)		

Paper For:	**Information**	x	**Assurance**		**Decision**	
Recommendation:	The Board of Directors is asked to note the contents of this report and support the priority areas for action.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
x	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe	x	Effective
	Caring		Responsive
x	Well-Led	x	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

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		Stockport
	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
x	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
x	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	All
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

The 2024 NHS national staff survey was open from 1st October until 29th November 2024.

The overall response rate was 45.3% which was 1.8% higher than the previous year (43.5%).

For the fourth consecutive year, the staff survey questions have been mapped to the elements and themes within the NHS People Promise. Each element and sub-theme of the People Promise is scored out of a possible 10. Following statistical analysis, none of the changes observed in any of the people promise scores were statistically significant.

We have improved scores for 1 of the 9 People Promise elements/themes (not statistically a significant change):

- We work flexibly

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We have a decreased score for 8 of the 9 People Promise elements/themes (not statistically a significant change):

- We are compassionate and inclusive
- We each have a voice that counts

- We are always learning
- We are safe and healthy
- We are recognised and rewarded
- We are a team
- Staff engagement
- Morale

At question level, statistical testing has shown that there is a statistical improvement in the scores for 2 questions, a statistical decline in the scores for 10 questions, with the remaining 95 questions showing no significant change compared to 2023. The significantly improved questions included the number of staff in the organisation to be able to do their job and an increase in appraisal completion. The significantly worsening scores included enjoying work, dealing with disagreements, feeling valued, kindness and respect, physical violence, bullying from colleagues, speaking up and raising concerns, and the FFT score.

The national embargo on the staff survey results was lifted on 13th March 2025.

The Organisational Development Service continues to work with the Communications Team to implement our communication plan which will help to celebrate and translate our results both internally and externally. This provides a further opportunity to demonstrate to our employees that we listen and act upon their feedback and we continue to be fully committed to being a great place to learn, train and work.

The Trust's employee engagement journey continues to grow, and it is acknowledged that 2024 was a very challenging year with significant operational pressures, financial challenges, staffing issues and cost of living rises.

It is positive to see that our Trust has maintained and improved its' scores on a number of themes and questions which evidences the hard work, commitment, and investment that the Executive Management Team, divisions/directorates, staff side representatives and staff network members have contributed to making our Trust a great place to work. As ever, there is always room for improvement and whilst there are some clear areas of focus relating to discrimination, incident reporting and raising concerns we will ensure we are clear on our priorities and will continue to co-create a more compassionate and inclusive culture with colleagues.

We will continue to deliver our People and OD Plan, Staff Health and Wellbeing Plan and Workforce Equality, Diversity and Inclusion Strategy that addresses the areas our employees have identified as requiring improvement. Based on the findings of the 2023 NHS national staff survey our key priorities over the next 12 months include:

- **Improving culture and behaviours** – we will embed our refreshed values and behaviours (C.A.R.E.) and continue to implement guidance, training and interventions aimed at tackling incivility, improving sexual safety and reducing discrimination.

- **Strengthen our performance management culture** – continue to improve 121 and appraisal conversations ensuring they are two way, meaningful and better inform learning and development. We will deliver training on setting and cascading SMART objectives and holding individuals to account with kindness.

- **Career progression** – we will implement design and implement targeted interventions that support career progression linked to our EDI agenda plus build on our talent management and succession planning approach.

- **Advancing our EDI improvement journey** – we will refresh our Workforce EDI Strategy and continue to deliver key actions aimed at achieving our EDI performance targets and create a more inclusive workplace.

In addition, we will analyse the results by staff group, EDI, and health & wellbeing data to ensure any themes are picked up on. We will review the qualitative narrative comments which prove to be a rich source of information about staff and can often highlight areas where further focus is required. Our action plans will be cognisant of these and the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to inform any reprioritisation of actions.

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1. Introduction

1.1 The 2024 NHS national staff survey was open from 1st October until 29th November.

1.2 The Trust's full workforce (excluding bank staff) was invited to take part in the survey. 2796 staff completed the survey compared to 2642 the previous year. This equated to an overall response rate of 45.3% which was 1.8% higher than last year (43.5%) and 4% lower than the median response rate for our national comparator group (122 organisations).

1.3 This report summarises the Trust's 2024 survey results including national benchmarking data.

2. Response Rates

2.1 The table below shows the response rates for Divisions/Directorates for 2023 and 2024.

Division / Directorate	2021	2022	2023	2024	Difference compared to last year
Finance and Procurement	65%	85%	95%	91%	-4%
Chief Executive's Department	91%	92%	65%	94%	29%
Corporate Nursing	71%	67%	70%	68%	-2%
People & OD Directorate	79%	68%	73%	72%	-1%
IT & Information services	46%	44%	65%	79%	14%
Performance & Transformation	80%	60%	73%	74%	1%
Strategy & Planning	79%	94%	-	100%	N/A
Research & Innovation	65%	85%	87%	86%	-1%
Children's Services	Not available	Not available	41%	54%	13%
Clinical Support Services	Not available	48%	52%	60%	8%
Integrated Care	37%	41%	45%	51%	9%
Estates and Facilities	32%	41%	42%	40%	-2%
Medicine	Not available	Not available	32%	31%	-1%
Surgery	Not available	Not available	34%	34%	0%
Urgent Care	Not available	Not available	36%	26%	-10%
Women's Services	Not available	Not available	40%	43%	3%
Overall	**43%**	**42%**	**43%**	**45%**	**2%**

2.2 Within the clinical divisions Children's Services achieved the most improved response rate, with an improvement of 13%. Disappointingly the Urgent Care Division had the most significant decline at 10%. Whilst the Finance Team also achieved a decreased response rate, it remains in the best performing areas for survey responses.

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2.3 The table below provides a breakdown of response rates by staff group, over the last two years.

Staff Group	2021	2022	2023	2024	Difference compared to last year
Administrative & Clerical	Not available	64%	64%	69%	5%
Healthcare Scientists		51%	51%	58%	7%
Add Prof Scientific & Technic		29%	28%	32%	4%
Allied Health Professionals		46%	54%	60%	6%
Estates and Ancillary		35%	36%	34%	-2%
Nursing & Midwifery Registered		40%	39%	40%	1%
Medical & Dental		36%	37%	34%	-3%
Additional Clinical Services		29%	28%	32%	4%
Overall		**42%**	**43%**	**45%**	**2%**

2.4 There has been no significant decline in the response rates by staff group, which is reflected in the overall increase in response rates for the Trust.

3. People Promise Scores

3.1 For the fourth consecutive year, the staff survey questions have been mapped to the elements and themes within the NHS People Promise. Each element and sub-theme of the People Promise is scored out of a possible 10.

3.2 The table below shows the 2023-2024 scores. Statistical analysis has now been undertaken, which shows, the changes in each people promise elements are not statistically significant.

People Promise Element / Theme	2021	2022	2023	2024	Change since last year
We are compassionate and inclusive	7.30	7.23	7.41	7.35	Not statistically significant
We are recognised and rewarded	5.80	5.80	6.09	6.07	
We each have a voice that counts	6.70	6.67	6.81	6.75	
We are safe and healthy	5.90	5.86	6.18	6.12	
We are always learning	5.30	5.39	5.72	5.70	
We work flexibly	5.90	6.11	6.35	6.40	
We are a team	6.70	6.73	6.94	6.91	
Theme - staff engagement	6.80	6.75	6.94	6.87	
Theme – morale	5.70	5.68	5.98	5.96	

4. Our Question Scores

4.1 It is a positive picture when we compare our results for each of the 104 survey questions, compared to last year's scores. The diagram below summarises the number and percentage of questions that have statistically significantly improved, declined, and remained the same.

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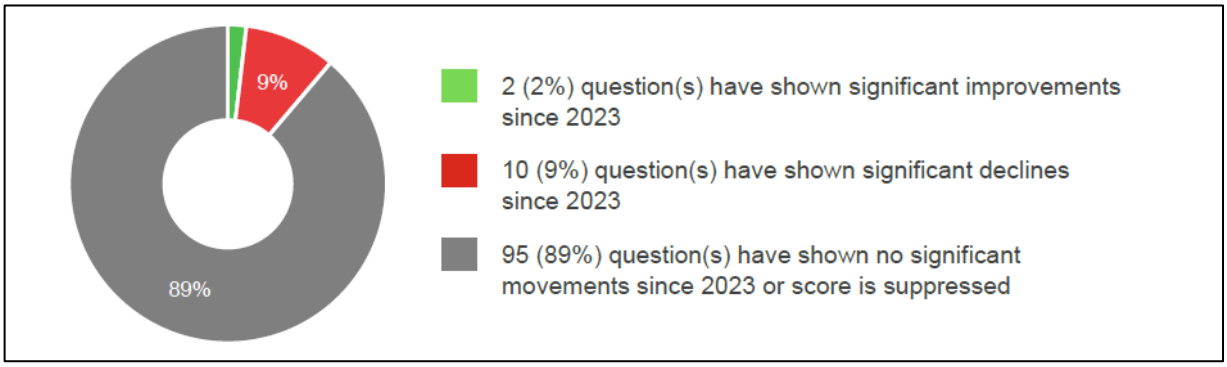

4.2 The significantly improved questions included the number of staff in the organisation to be able to do their job and an increase in appraisal completion.

4.3 The significantly worsening scores included enjoying work, dealing with disagreements, feeling valued, kindness and respect, physical violence, bullying from colleagues, speaking up and raising concerns, and the FFT score.

4.4 **Appendix one** shows those survey questions where there has been statistically significant difference in the responses compared to last year.

4.5 **Most Improved Question Scores**

4.5.1 The table below shows the ten questions with the most improved scores compared to last year.

Question	Description	Change from 2023 to 2024
On what grounds have you experienced discrimination? Other	Staff not selecting	+4.4%
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	Staff selecting Yes	+3.2%
I can eat nutritious and affordable food while I am working.	Staff selecting Often/Always	+2.8%
There are enough staff at this organisation for me to do my job properly.	Staff selecting Agree/Strongly agree	+2.8%
On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	Staff selecting 0 hours	+2.6%
I have a choice in deciding how to do my work.	Staff selecting Often/Always	+2.4%
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	Staff selecting Yes	+1.9%
The opportunities for flexible working patterns.	Staff selecting Satisfied/Very satisfied	+1.5%
I can approach my immediate manager to talk openly about flexible working.	Staff selecting Agree/Strongly agree	+1.4%
My organisation takes positive action on health and well-being.	Staff selecting Agree/Strongly agree	+1.1%

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4.5.2 There has been an improvement in the proportion of respondents who reported they have had an appraisal in the previous 12 months. The roll out of the new “Let’s Talk” appraisal process and guidance in June 2024 aimed to improve the uptake and quality of annual appraisal conversations.

4.5.3 There has been a fall in the proportion of staff reporting discrimination ("Other" – i.e. not related to a protected characteristic). There has also been an increase in the proportion of respondents who were willing to report incidences of bullying or harassment. The delivery of the Trust's Civility Saves Lives Programme and the recruitment of FTSU champions may have impacted on this positive change.

4.5.4 A greater proportion of colleagues felt that there were enough staff in order for them to do their job properly, and additionally, an improvement in the proportion of staff who were working additional paid hours. Time to hire, which measures the time between vacancy authorisation to start date booked, decreased in November to 62.07 days from 81.38 in October, and is below our target of 70 days, which may have impacted on the improvement in this score.

4.5.5 There was an increase in the proportion of colleagues who said that there were opportunities for flexible working, as well as an improvement in the score for colleagues feeling confident to talk to their managers about flexible working opportunities.

4.5.6 In 2024 the Trust launched a new Staff Health and Wellbeing Plan, based on the principles of the NHS health and wellbeing framework. This year we have seen a small increase in the number of respondents agreeing that the Trust takes positive action on wellbeing which may be attributable to range of health and wellbeing activities that have been delivered including HWB roadshows and the Menopause Service. SPAWS continues to deliver a high volume of brief individual psychological input (having met with 12% of Trust staff), with referral rates increasing and the full range of complexity reflected. Feedback evidences a high impact relating to improved wellbeing, work functioning, identifying unmet mental health need and facilitating access to services, and significantly reduced sick leave. The Trust continues with the delivery of Schwartz rounds throughout the year.

4.6. Most Declined Question Scores

4.6.1 The table below shows the ten questions with the most declined scores compared to last year.

Question	Description	Change from 2023 to 2024
I am able to access the right learning and development opportunities when I need to.	Staff selecting Agree/Strongly agree	-2.7%
The people I work with are polite and treat each other with respect.	Staff selecting Agree/Strongly agree	-2.8%
In my team disagreements are dealt with constructively.	Staff selecting Agree/Strongly agree	-2.8%
The people I work with are understanding and kind to one another.	Staff selecting Agree/Strongly agree	-2.9%
I feel valued by my team.	Staff selecting Agree/Strongly agree	-3.1%
On what grounds have you experienced discrimination? Gender	Staff not selecting	-3.2%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	Staff selecting Agree/Strongly agree	-3.3%
In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	Staff selecting Never	-3.5%
On what grounds have you experienced discrimination? Disability	Staff not selecting	-3.5%
The last time you experienced physical violence at work, did you or a colleague report it?	Staff selecting Yes	-5.5%

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4.6.2 There has been an increase in the proportion of respondents reporting discrimination, and in particular discrimination because of disability and gender, as well as an increase in the proportion of colleagues who have experienced bullying or harassment from colleagues. There has also been a small reduction in those staff answering positively when asked if colleagues treat one another with respect. The delivery of phase one of the Civility Saves Lives Programme concluded in December 2024 and the Trust is committed to the roll out phase two of the programme, which seeks to provide the tools for colleagues to tackle incivility.

4.6.3 There has been a reduction in the proportion of respondents who were able to access the right learning and development opportunities.

4.6.4 The most declined score in the survey was in relation to the experience of physical violence at work, and whether colleagues reported the incident. This question does not differentiate between violence from a colleague or from a patient/visitor/member of the public.

5. Divisional People Promise Results

5.1 The table on the next page displays the people promise scores by Division/Directorate. The table is formatted as a heat map, with the highest scores in green the lowest in red (for each people promise element), and the gradient between.

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NHS Stockport NHS Foundation Trust

People Promise Results

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
Trust Overall	7.35	6.07	6.75	6.12	5.7	6.4	6.91	6.87	5.96
Finance and Procurement	7.85	7.11	7.25	6.92	6.98	6.83	7.65	7.1	6.65
Chief Executive's Department	8.35	7.35	8.38	7.03	6.58	6.84	8.01	8.12	6.86
Corporate Nursing	7.38	6.21	7	5.96	5.85	6.48	6.99	7.01	5.71
People & OD Directorate	8.01	6.95	7.35	6.77	6.33	7.43	7.83	7.31	6.51
IT & Information services	7.21	6.13	6.69	6.69	5.64	7.23	7.04	6.62	6.23
Performance & Transformation	8.13	7.36	7.47	7.35	6.56	7.46	7.94	7.6	7.19
Research & Innovation	7.78	7.12	7.14	6.9	5.72	8.36	8.52	6.97	6.74
Children's Services	7.65	6.28	6.99	6.07	5.85	6.92	7.11	7.01	5.79
Clinical Support Services	7.09	5.6	6.39	6.15	5.24	5.86	6.5	6.5	5.83
Integrated Care	7.43	6.07	6.67	5.91	5.59	6.38	6.99	6.78	5.74
Estates and Facilities	7.45	6.52	6.86	7.04	5.85	6.65	7.04	7.11	6.65
Medicine	7.25	6.06	6.74	5.93	5.88	6.36	6.96	7.02	6.04
Surgery	7.06	5.76	6.57	5.75	5.61	6.06	6.6	6.74	5.73
Urgent Care	6.71	5.3	6.16	5.03	5.21	5.6	6.06	6.29	5.02
Women's Services	7.49	5.92	7.15	5.71	5.81	5.94	6.83	7.29	5.85

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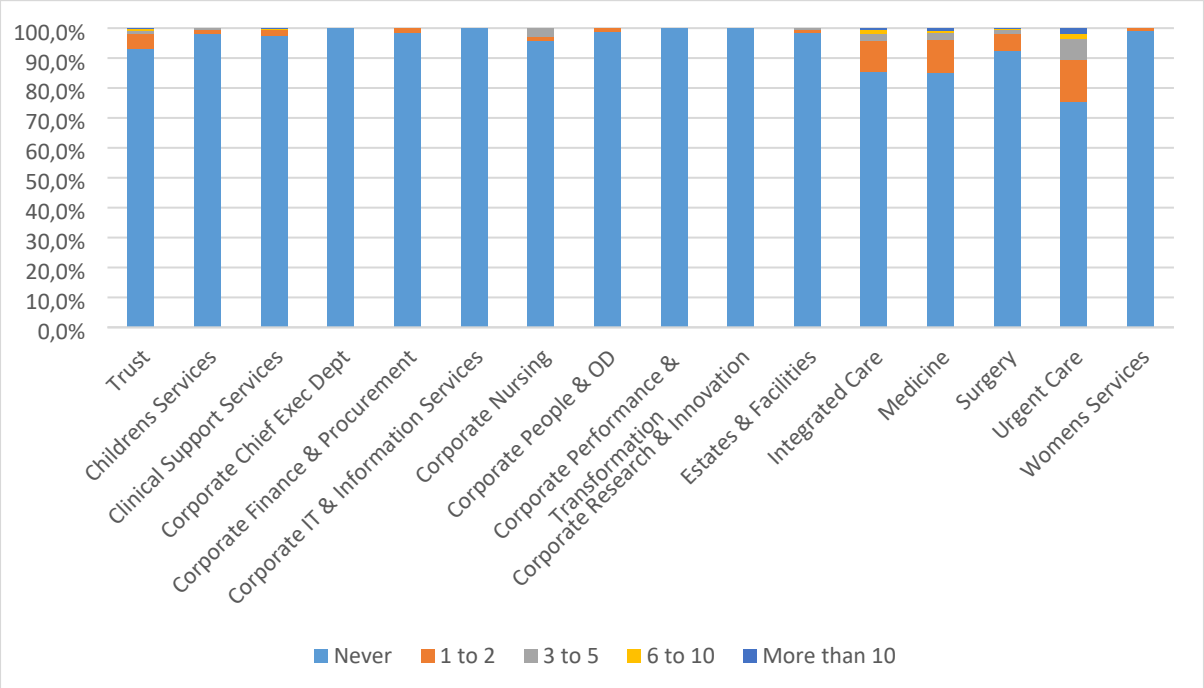
6. Sexual Safety

6.1 The charts below shows the Divisional/Directorate responses in relation to sexual safety, specifically the answers to the question "17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public?".



6.2 The overall Trust figure shows that 6.8 % (188) of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public. The data shows that these incidents are more prevalent in the clinical divisions, than in corporate functions.

6.3 The table below shows the proportion of staff who have experienced at least one incidence of unwanted conduct of a sexual nature from patients / service users, their relatives or other members of the public (i.e. sum of staff not answering “Never”).

Division / Directorate	**% experiencing at least one incident** *(actual number of respondents shown brackets)*
Trust Overall	**6.8% (188)**
Finance and Procurement	1.6% (1)
Chief Executive's Department	0.0% (0)
Corporate Nursing	4.3% (3)
People & OD Directorate	1.1% (1)
IT & Information services	0.0% (0)
Performance & Transformation	0.0% (0)
Research & Innovation	0.0% (0)
Children’s Services	1.9% (5)
Clinical Support Services	2.7% (13)
Integrated Care	14.5% (68)

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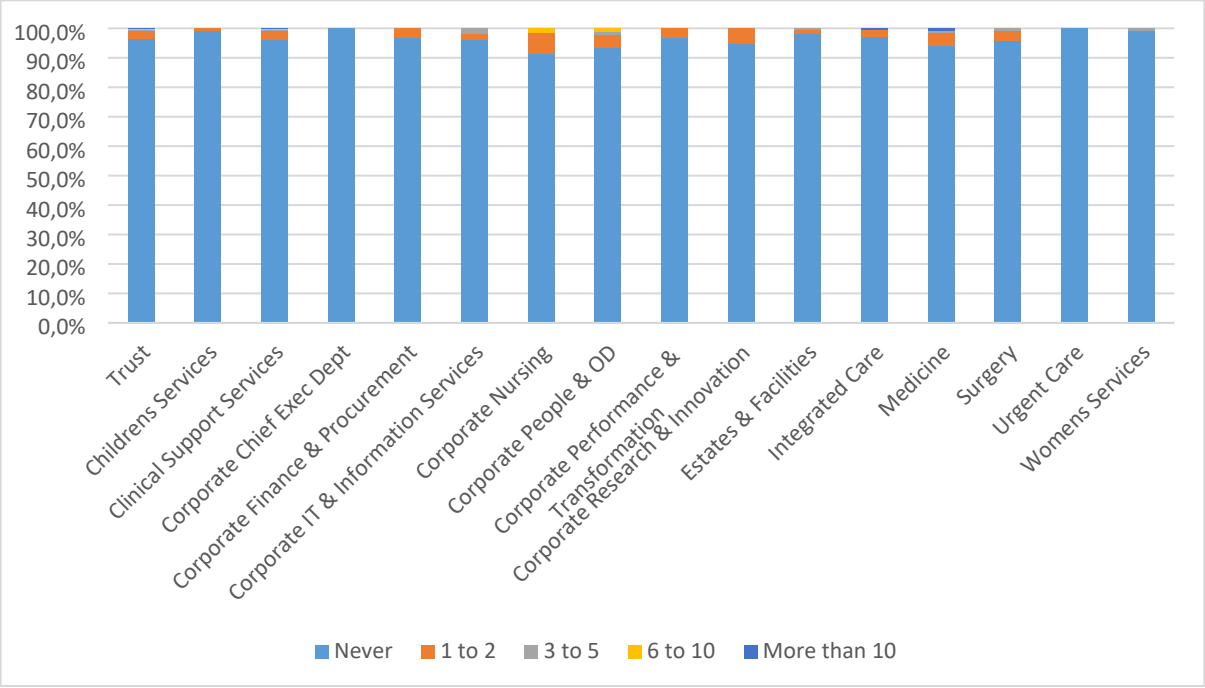
Estates and Facilities	1.6% (3)
Medicine	14.9% (48)
Surgery	7.6% (31)
Urgent Care	24.6% (14)
Women's Services	0.8% (1)

6.4 The areas with the highest incidents were urgent care, medicine and integrated care.

6.5 The following chart shows the answers to the question "In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace from staff / colleagues?".



6.6 The overall Trust figure shows that 3.5% (96) of all respondents had experienced at least one episode of unwanted conduct of a sexual nature from staff/colleague. The table below shows the proportion of staff who have experienced at least one incidence of unwanted conduct of a sexual nature from staff (i.e. sum of staff not answering "Never").

Division / Directorate	**% experiencing at least one incident** *(actual number of respondents shown brackets)*
Trust Overall	**3.5% (96)**
Finance and Procurement	3.2% (2)
Chief Executive's Department	0.0% (0)
Corporate Nursing	8.7% (6)
People & OD Directorate	3.1% (6)
IT & Information services	3.8% (4)
Performance & Transformation	3.1% (1)
Research & Innovation	5.3% (1)

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Children's Services	0.8% (2)
Clinical Support Services	3.7% (18)
Integrated Care	3.0% (14)
Estates and Facilities	1.7% (3)
Medicine	5.9% (19)
Surgery	4.4% (18)
Urgent Care	0.0% (0)
Women's Services	0.8% (1)

6.7 The areas with the highest incident rates were Corporate Nursing, Surgery, Medicine, and Research and Innovation.

7. Friends and Family Test

7.1 The tables below shows the scores for the questions recommending the Trust, either as a place of work, or as a place for a friend or relative to be treated.

Question	Trust Score						Comparator Group Average Score 2024
	2019	2020	2021	2022	2023	2024	
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	61.68%	60.14% ↓	59.72% ↓	56.69% ↓	63.40% ↑	60.72% ↓	61.54%
I would recommend my organisation as a place to work	55.01%	54.85% ↓	55.37% ↑	53.32% ↓	60.80% ↑	59.68% ↓	60.90%

Division / Directorate	I would recommend my organisation as a place to work (agree/strongly agree)	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree/strongly agree)
Finance and Procurement	67.7%	67.7%
Chief Executive's Department	81.3%	81.3%
Corporate Nursing	63.8%	64.7%
People & OD Directorate	71.0%	60.9%
IT & Information services	52.4%	49.0%
Performance & Transformation	75.0%	87.5%
Research & Innovation	47.4%	36.8%
Children's Services	65.7%	63.9%
Clinical Support Services	54.6%	57.8%
Integrated Care	54.3%	56.3%
Estates and Facilities	62.4%	65.2%
Medicine	63.4%	62.6%
Surgery	54.7%	57.9%
Urgent Care	58.9%	50.0%
Women's Services	72.1%	79.1%

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7.2 The highest scoring clinical division for the friends and family test was Women's Services, with Urgent Care scoring the lowest. The Trust average was 60.7% of respondents.

7.3 Of the clinical areas, Women's services had the highest score at 72.1%, for recommending the organisation as a place to work, with Integrated Care the lowest at 54.3%. The Trust average was 59.6%.

8. New Question

8.1 The table below shows the scores for a new question in this year's survey: I am able to access clinical supervision opportunities when I need to (Agree/Strongly agree).[1]

Division / Directorate	Score
Trust Overall	**53.0%**
Finance and Procurement	50.0%
Corporate Nursing	44.1%
People & OD Directorate	54.3%
IT & Information services	25.7%
Performance & Transformation	21.4%
Research & Innovation	53.3%
Children's Services	71.8%
Clinical Support Services	34.8%
Integrated Care	62.8%
Estates and Facilities	34.0%
Medicine	55.8%
Surgery	52.5%
Urgent Care	48.0%
Women's Services	60.8%

8.2 Children's Services had the highest score, at 71.8%, with Clinical Support Services at the lowest (clinical area) at 35.3%. The Trust average was 53.0%.

9. Greater Manchester Position

9.1 The table below shows the People Promise scores for Acute and Combined Acute and Community Trusts across GM, RAG rated to show the highest and lowest scores for each organisation.

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[1] For those non-clinical areas, there is no results where there are less than 11 respondents,

Trust	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Bolton FT	7.40	6.12	6.80	6.16	5.74	6.34	6.98	6.91	6.03
Manchester University FT	7.22	5.92	6.69	6.15	5.59	6.04	6.75	6.79	5.85
Northern Care Alliance	7.17	5.83	6.63	6.02	5.47	6.44	6.70	6.66	5.78
Stockport FT	7.34	6.06	6.75	6.09	5.71	6.37	6.90	6.87	5.95
Tameside & Glossop ICFT	7.18	6.00	6.60	6.09	5.49	6.24	6.76	6.78	5.88
WWL FT	7.17	5.89	6.65	6.18	5.27	6.23	6.64	6.77	6.05
Overall Benchmark	**7.21**	**5.92**	**6.67**	**6.09**	**5.64**	**6.24**	**6.74**	**6.84**	**5.93**

9.3 The table below shows the benchmarking scores across the North-West region and England:

Stockport		We are Compassionate & Inclusive	We are Recognised & Rewarded	We each have a Voice That Counts	We are Safe & Healthy	We are Always Learning	We Work Flexibly	We are a Team	Staff Engagement	Morale
	Northwest (out of 18)	7th	5th	7th	9th	4th	5th	5th	7th	8th
	England (out of 122)	39th	27th	43rd	60th	50th	32nd	24th	57th	54th

10. Next steps

10.1 Divisional Senior Leadership Teams and Directors of Corporate Services received their division's/directorate's detailed survey results on 28th February 2024. The People and OD Directorate is supporting divisions to maximise their results to help improve staff experience and retention.

10.2 The Trust's results will be cascaded within the organisation as follows:

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Educational Governance Group	2 April
Combined EDI Steering Group	25 February & 15 April
Health & Wellbeing Steering Group	26 February & 10 April
People Engagement & Leadership Group	2 April
Joint Consultative & Negotiating Committee	23 April

10.3 The OD Service is continuing to work with the Communications Team to implement our communication plan which will help to celebrate and translate our results both internally and externally. This provides a further opportunity to demonstrate to our employees that we listen and act upon their feedback and we continue to be fully committed to being a great place to work.

10.4 The Colleague Experience & Inclusion Team is supporting divisional leaders and teams to translate and triangulate their survey results. This has included meeting with each division's senior leadership team to talk through their results during March, facilitating action planning sessions, facilitating the sharing of learning across divisions/directorates, etc. Divisions are required to submit their action plans to the Colleague Experience & Inclusion Team by 30th April 2025.

11. Steps Taken to Improve Staff Experience

11.1 The following provides a summary of some of the activities undertaken by the Trust, based on staff feedback:

- Delivered a sexual safety pilot training programme between October and December 2024. The pilot included 'Responding to a First Disclosure' half-day training sessions and sexual harassment in the workplace sessions. The pilot has been evaluated and has informed a roll-out plan which starts in Q1 2025-26.
- Launched the Trust's refreshed values and behaviours (C.A.R.E.) and commenced work on embedding them into the employee life cycle and developing tools for teams and individuals to use to help facilitate meaningful discussions about behaviours. This has included updating the Let's Talk appraisal document.
- Delivered phase one of the Trust's Civility Saves Lives Programme which aims to equip colleagues with the understanding, tools, and confidence to tackle incivility in the workplace. Phase two includes 'Having the Conversation' sessions which will start in Q1 2025-26.
- The content and format of the Trust Welcome Sessions has been refreshed. Sessions are more engaging and have a greater focus on exploring with new staff the values and behaviours and the support that is available to help them to succeed in their role. The attendee feedback, so far, has been incredibly positive and encouraging.
- Designed and launched a new 'Leading with Impact' multi-disciplinary leadership development programme.
- Held a further staff health and wellbeing roadshow which was well attended. We also continue to organise communications and activities to mark national health and wellbeing awareness days/months.
- Reviewed the recruitment process to reduce/remove barriers. This has included changes to practice e.g. providing interview questions in advance to help neurodivergent individuals and to help reduce interview anxiety and give recruiting managers deeper insights into candidates.
- Executive Directors have continued to host "Big Conversations" with teams across the organisation to listen to staff achievements and concerns.
- Continued providing psychological support and advice and assistance on a range of matters through Staff Psychology and Wellbeing Service.
- Continued to deliver training on workplace adjustments and undertaking equality impact assessments.

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12. Key Priorities 2025-26

12.1 We will continue to deliver our People and OD Plan, Staff Health and Wellbeing Plan and Workforce Equality, Diversity and Inclusion Strategy that addresses the areas our employees have identified as requiring improvement. Based on the findings of the 2024 NHS staff survey, our key priorities over the next 12 months include:

- **Improving culture and behaviours** – we will embed our refreshed values and behaviours (C.A.R.E.) and continue to implement guidance, training and interventions aimed at tackling incivility, improving sexual safety and reducing discrimination.
- **Strengthen our performance management culture** – continue to improve 121 and appraisal conversations ensuring they are two way, meaningful and better inform learning and development. We will deliver training on setting and cascading SMART objectives and holding individuals to account with kindness.
- **Career progression** – we will implement design and implement targeted interventions that support career progression linked to our EDI agenda plus build on our talent management and succession planning approach.
- **Advancing our EDI improvement journey** – we will refresh our Workforce EDI Strategy and continue to deliver key actions aimed at achieving our EDI performance targets and create a more inclusive workplace.

12.2 In addition, we will analyse the results by staff group, EDI, and health & wellbeing data to ensure any themes are picked up on. We will review the qualitative narrative comments which prove to be a rich source of information about staff and can often highlight areas where further focus is required. Our action plans will be cognisant of these and the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to inform any reprioritisation of actions.

13. Conclusion

13.1 The Trust's employee engagement journey continues to grow, and it is acknowledged that 2024 was a very challenging year with significant operational pressures, financial challenges, staffing issues and cost of living rises. The NHS staff survey is a snapshot in time, and it is important that these results are viewed amongst the context within divisions and teams where the richness of the data can truly be understood. Regularly listening to our employees with authenticity and understanding what is working well and where improvements are required helps us to ensure that we are focusing on the things that matter the most to our workforce.

13.2 It is positive to see that an improvement or maintenance on the scores on a number of questions, which evidences the hard work, commitment and investment that the Executive Management Team, divisions/directorates, staff side representatives and staff network members have contributed to making our Trust a great place to work. As ever, there is always room for improvement and whilst there are some clear areas of focus relating to discrimination, incident reporting and raising concerns we will ensure we are clear on our priorities and will continue to co-create a more compassionate and inclusive culture with colleagues.

14. Recommendation

14.1 The Board of Directors is asked to note the contents of this report and support the priority areas for action.

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Appendix One: Question Level Changes

Significantly better scores:

Question		2023	2024	Difference
3i	There are enough staff at this organisation for me to do my job properly.	30.0%	32.9%	+3.0%
23a	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.	84.8%	87.8%	+3.0%

Significantly worse scores:

Question		2023	2024	Difference
7e	I enjoy working with the colleagues in my team.	84.9%	82.3%	-2.6%
7g	In my team disagreements are dealt with constructively.	60.5%	57.7%	-2.8%
7h	I feel valued by my team.	74.3%	71.3%	-3.0%
8b	The people I work with are understanding and kind to one another.	77.0%	74.1%	-2.9%
8c	The people I work with are polite and treat each other with respect.	78.1%	75.2%	-2.9%
13c	In the last 12 months, I have personally experienced physical violence at work from other colleagues.	1.2%	1.9%	+0.7%
14c	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from other colleagues.	13.2%	16.8%	+3.7%
20a	I would feel secure raising concerns about unsafe clinical practice.	74.0%	71.4%	-2.6%
25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	63.4%	60.7%	-2.7%
25f	If I spoke up about something that concerned me I am confident my organisation would address my concern.	52.3%	48.9%	-3.3%

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NHS Stockport NHS Foundation Trust

				Agenda No.	17
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Audit Committee – Alert, Advise & Assure Report				
Director Lead	David Hopewell, Chair of Audit Committee	**Author**	David Hopewell, Chair of Audit Committee Soile Curtis, Deputy Company Secretary		

Paper For:	**Information**		**Assurance**	X	**Decision**	
Recommendation:	The Board of Directors is asked to note the report from the Audit Committee including matters for escalation to the Board of Directors.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following CQC domains

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

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X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

The Board of Directors has established the following Committees:

- People Performance
- Finance & Performance
- Quality
- Audit Committee

The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

A summary is provided for the Board of Directors of the key matters and decisions from the meeting of the Audit Committee held during February 2025, noting areas of alert, advice and assurance.

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ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell, Non-Executive Director
Date of Meeting	18 February 2025
Quorate	Yes

The Audit Committee draw the following key issues and matters to the Board of Directors' attention:

1.	**Agenda**	The Committee considered an agenda which included the following: • Risk Management Committee Key Issues Report • Feedback from Board Committees • Internal Audit Progress Report • Internal Audit Plan 2024/25 • Draft Internal Audit Plan 2025/26 • Anti-Fraud Progress Report • Draft Anti-Fraud Plan 2025/26 • External Audit Progress Report • Review of Draft Accounting Policies • Review of Losses and Special Payments
2.	**Alert**	No matters from this meeting to alert to the Board of Directors.
3.	**Advise**	The Committee received a Risk Management Committee Key Issues Report, following meetings held in November 2024 and January 2025, providing an overview of ongoing oversight of risk management and detailing the Significant Risks as at January 2025. The Committee discussed the need to articulate shared risk, particularly around Capital, and noted the need for Board discussion on ability to mitigate risk due to competing priorities and resources. The Committee reviewed the Draft Internal Audit Plan 2025/26 and suggested some amendments to the draft Plan. It was noted that a further iteration would be presented to the next Audit Committee meeting for approval. The Committee received and noted the Anti-Fraud Progress Report and approved the Anti-Fraud Plan 2025/26. The Committee received and noted the External Audit Progress Report and heard that work for the external audit 2024/25 would commence in March 2025. The Committee received indications regarding materiality. The Committee approved the Draft Accounting Policies, subject to any subsequent updates from NHS England. The Committee received and noted the Losses and Special Payments Report.
4.	**Assure**	The Committee received the Internal Audit Progress report and noted substantial assurance provided regarding the Trust's Cost Improvement Programme (CIP) process. It was noted that 2 medium and 4 low recommendations had been agreed, which formed part of an action plan.

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		The Committee received the Internal Audit Plan 2024/25 and noted positive progress with year-end delivery.
5.	**Referral of Matters/Action to Board/Committee**	-
6.	**Report compiled by:**	David Hopewell, Chair of Audit Committee (Non-Executive Director)
7.	**Minutes available from:**	Soile Curtis, Deputy Company Secretary

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NHS Stockport NHS Foundation Trust

				Agenda No.	18
Meeting date	3rd April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Board Assurance Framework 2024/25 – Quarter 4				
Director Lead	Karen James, Chief Executive	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to: • Note that the Board Assurance Framework principal risks and significant risks aligned to each Board Committee have been reviewed at meetings during March 2025; • Review and approve the Board Assurance Framework Q4 2024/25, including controls and assurances in place as recommended by the respective Board Committees; and • Note the oversight of the Significant Risks within the Trust profile.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's

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		wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	PR 4.2
Financial impacts if agreed/not agreed	PR 6.1 & 6.2
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	PR 7.3

Executive Summary

The Trust maintains a Board Assurance Framework (BAF) as a key tool to manage and mitigate strategic risk to the achievement of the corporate objectives that have been agreed by the Board.

The BAF as at end of Q4 2024/25 is provided at Appendix 1. This has been updated to reflect feedback from the Director risk leads, overseen and supported by the relevant Board Committees following review in March 2025. Principal Risks 2.1, 3.1, 3.2, 3.3 and 5.1 are overseen by the Board of Directors due to the cross-cutting nature of the risk and consideration of such matters via the Board of Directors.

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All changes made to the BAF risks since they were last presented to the Board in February 2025 are highlighted in blue font, or strikethrough text, for ease of reference.

Following review and discussion at Board Committees the following changes to risk scores are recommended:

Proposal to decrease risk scores:

– *Principal Risk 2.1: Risk that the Trust is unable to sufficiently engage and support people's wellbeing.*
Risk score reduced from 12 to 9, based on reduced consequence/impact score from 4 to 3, reflecting the impact is largely localised and would not result in multiple/sustained service closures.

– *Principal Risk 6.1: Failure to deliver annual financial plan 2024/25.*
Risk score reduced from 16 to 12, based on increased assurance regarding achievement of the financial plan nearing year-end.

– *Principal Risk 7.2: Risk of fit for purpose estate*.
Risk score reduced based on reduction in likelihood of a 'catastrophic' event. Notwithstanding the significant backlog maintenance, there have been improvements to critical infrastructure throughout 2024/25 and controls with respect to health and safety and business continuity are in place and evident. Notwithstanding the significant backlog maintenance and acknowledgment that improvements in critical infrastructure are required, there are controls in place with respect to health and safety and the Trust is not regularly reporting incidents resulting in multiple serious harm and/or significant service closure due to the estate. Furthermore, a number of significant capital projects are nearing completion.

Current principal risks are prioritised as:

No.	Principal Risk	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	**Q4 24/25**	Target Score
PR7.2	There is a risk that the estate is not fit for purpose and does not meet national standards	20	25	25	25	20	8
PR7.4	There is a risk that there is no identified funding mechanism or insufficient funding to support strategic regeneration of the hospital campus	20	20	20	20	20	8
PR1.2	There is a risk that patient flow across the locality is not effective	16	16	16	16	16	8
PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan	16	16	16	16	16	8
PR1.1	There is a risk that the Trust does not deliver high quality care to service users.	12	20	15	15	15	8
PR1.3	There is a risk that the Trust does not have capacity to deliver elective restoration.	16	16	12	12	12	8
PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities.	NEW	12	12	12	12	8

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PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised.	NEW	12	12	12	12	8
PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values	16	16	12	12	12	8
PR6.1	There is a risk that the Trust does not deliver the annual financial plan	16	16	16	16	12	8
PR7.3	There is a risk that the Trust does not materially improve environmental sustainability.	12	12	12	12	12	8
PR7.1	There is a risk that the Trust fails to develop and implement a responsive and resilient Digital Strategy.	9	12	12	12	12	6
PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing.	12	12	12	12	9	8
PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes.	9	9	9	9	9	6
PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport.	9	9	9	9	9	6
PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served	9	9	9	9	9	6
PR5.1	There is a risk that the Trust does not implement high quality transformation programmes.	9	9	9	9	9	6
PR5.2	There is a risk that the Trust does not implement high quality research & development programmes.	6	6	6	6	6	6

In addition, the Trust's significant risks from the corporate risk register (as presented to Risk Management Committee in March 2025), are provided at Appendix 2 to ensure alignment between operational and principal risks. The significant risks relate to the following areas:

Risk Subtype	No of relevant significant risks	Risks Identified
Environment	8	2452 – Pathology estate not fit for purpose (15) 2682 – Standard of estate block 30/31 & 52 pathology (16)

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		2247 – Electrical capacity (15) 2596 – Cooling in Beech House Data Centre (20) 2196 – Dangerous & obstructive car parking on SHH site (15) 2765 – Constraints in capital and revenue funding resulting in inability to maintain safe, fully functioning hospital site (20) 586 – There is a risk of deterioration of the hospital site due to a significant increase in Estate Backlog Maintenance (16) 2971 – Health and Safety to staff and visitors from water leaks in Pinewood House (15)
Resilience, emergency planning and business continuity	1	2969 – Impact of risk of lift 22 and 23 failure (16)
Capacity and demand of services	3	2304 – Patient delays transferring from ambulance to ED (20) 2713 – Capacity and demand in ED leading to overcrowding (20) 2325 – Lack of commissioned eating disorder facilities (16)
IT systems	2	2908 – Loss of access to PAS (20) 2949 – Cybersecurity risk due to end of life and unsupported devices (16)
Compliance with standards	1	2650 – Paediatric Audiology (20)
Infection Prevention and Control	1	288 – Provision of robust service for VAD insertion (15)

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Stockport NHS Foundation Trust

Board Assurance Framework

2024/25

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Corporate Objectives 2024/25

1. Deliver personalised, safe and caring services.
2. Support the health and wellbeing needs of our community and colleagues.
3. Develop effective partnerships to address health and wellbeing inequalities.
4. Develop a diverse, talented and motivated workforce to meet future service and user needs.
5. Drive service improvement through high quality research, innovation and transformation.
6. Use our resources efficiently and effectively.
7. Develop our estate and digital Infrastructure to meet service and user needs.

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1. Key to Board Assurance Framework

CONSEQUENCE MARKERS		LIKELIHOOD MARKERS		
5	Multiple deaths caused by an event; ≥£5m loss; May result in Special Administration or Suspension of CQC Registration; Hospital closure; Total loss of public confidence	5	Very Likely	No effective control; or ≥1 in 5 chance within 12 months
4	Severe permanent harm or death caused by an event; £1m - £5m loss; Prolonged adverse publicity; Prolonged disruption to one or more Directorates; Extended service closure	4	Somewhat Likely	Weak control; or ≥1 in 10 chance within 12 months
3	Moderate harm – medical treatment required up to 1 year; £100k – £1m loss; Temporary disruption to one or more Directorates; Service closure	3	Possible	Limited effective control; or ≥1 in 100 chance within 12 months
2	Minor harm – first aid treatment required up to 1 month; £50k - £100K loss; or Temporary service restriction	2	Unlikely	Good control; or ≥1 in 1000 chance within 12 months
1	No harm; 0 - £50K loss; or No disruption – service continues without impact	1	Extremely Unlikely	Very good control; or < 1 in 1000 chance (or less) within 12 months

Risk Matrix					
Impact	Likelihood				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Gap Score Matrix (Difference between Target Score and Current Score)	
Gap score ≤0	Risk target achieved
Gap score 1 - 5	Tolerable
Gap score 6 - 9	Close monitoring
Gap score 10	Concern
Gap score > 10	Serious

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2. Risk Appetite Framework

Risk Level ➡ Key Elements ⬇	**Avoid** Avoidance of risk is a key organisational objective.	**Minimal** Preference for very safe delivery options that have a low degree of inherent risk and may only have a limited reward potential.	**Cautious** Preference for safe delivery options that have a low degree of residual risk and may only have a limited reward potential.	**Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	**Seek** Eager to be innovative and to choose options which may offer higher levels of reward, despite greater inherent risk.	**Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust and highly embedded.
Financial / Value for Money How will we use our resources	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
Compliance / Regulatory How will we be perceived by our regulator	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident, we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
Quality / Outcomes How will we deliver quality services	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
Reputation How will we be perceived by the public and our partners	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
People How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.
Innovation How will we transform services	We have no appetite for decisions to innovate, our aim is to maintain or protect, rather than to create or innovate. General avoidance of system / technology developments.	We will avoid innovations unless essential or commonplace elsewhere. Only essential systems / technology developments to protect current operations.	We tend to stick to the status quo, innovations generally in practice avoided unless really necessary. Systems / technology developments limited to improvements to protection of current operations.	We support innovation, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery.	We will pursue innovation – desire to 'break the mould' and challenge current working practices. New systems / technologies viewed as a key enabler of operational delivery.	Innovation is the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new systems / technologies as catalyst for operational delivery.
Appetite	**None**	**Low**	**Moderate**	**High**	**Significant**	

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3. Heat Map & Gap Analysis

Risk Matrix					
Impact	**Likelihood**				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 - Negligible					
2 - Minor					
3 - Moderate		**5.2**	**3.1, 2.1, 4.2, 5.1**	**7.3**	
4 - Major			**1.3, 3.2, 3.3, 4.1, 6.1, 7.1**	**1.2, 6.2**	**7.4**
5 - Catastrophic			**1.1**	**7.2**	

Gap Score Matrix (Difference between Target Score and Current Score)		
Gap score ≤0	Risk target achieved	**5.2**
Gap score 1 - 5	Tolerable	**1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.2, 5.1, 7.1**
Gap score 6 - 9	Close monitoring	**1.1, 1.2, 6.1, 6.2, 7.3**
Gap score 10	Concern	
Gap score > 10	Serious	**7.2, 7.4**

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4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
Principal Risk Number: PR1.1				**Risk Appetite: Moderate**														
There is a risk that the Trust does not deliver high quality of care to service users, which may lead to suboptimal patient safety, effectiveness and/or experience and failure to meet regulatory standards.	Quality Committee	Quality Committee Subgroups established to direct policies and procedures relating to: Patient Safety, Clinical Effectiveness, Patient Experience, Health & Safety, Integrated Safeguarding Divisional Quality Boards established. SFT Quality Strategy 2021-2024 - Established subgroup of Patient Safety Group - Quality Safety & Improvement Group SFT Patient, Carer, Family & Friends Experience Strategy 2022-2025 SFT Mental Health Plan 2022-2025 CQC Action Plans in place for ED (2022) and Maternity (2024) Board approved Patient Safety Incident Response Plan, August 2023 PSIRF Policy (March 2023) Implementation commenced from April 2024 Health Inequalities Group established & Action Plan Established process for managing and learning from: - Incidents including Patient Safety Incidents - Duty of Candour - Complaints - Legal Claims Mechanisms in place to gather patient experience: - Family & Friends - Carers Opinion - Patient Stories - Walkabout Wednesday - Senior Nurse Walkarounds - Feedback Friday Clinical Audit & NICE Guidelines - Established clinical audit programme including national and locally prioritised audit based on risk assessment. - Compliance Review Process – All NICE documents relevant to SFT portfolio - Established process for review of NICE Guidelines Learning from Deaths - Mortality Review Policy - Learning from Deaths Review process - Medical Examiner Team - Freedom to Speak Up process established.	Impact of continuing operational & financial pressures Poor quality of estate including closure of Outpatients B and additional estate failures. Newly established, but not embedded, system for control of clinical outcomes using CLIO software. Potential impact of unfunded posts required to meet demand & deliver safe service	**Level 1 - Management:** Divisional Quality Boards (Monthly) – Quality & Safety Integrated Performance Report Divisional Clinical Audit Meeting (Quarterly) **Level 2 – Corporate** Quality Committee: - Quality IPR - Key Issues Reports: - Patient Safety (Patient Safety Incidents & Duty of Candour) - Clinical Effectiveness (Clinical Audit, including Clinical Audit Forward Plan, & NICE Compliance) - Patient Experience - Health & Safety - Integrated Safeguarding - CQC Report including CQC Action Plan Update, CQC Preparation (Quarterly) - CQC Inspection – Maternity Services - StARS Position Statement & Key Themes (Quarterly) - Patient Safety Report (Quarterly) (Incidents, PALS/Complaints, Inquests, Claims) - Quality Strategy Progress Report (Biannually) - Maternity Services Report - Incorporates all improvement/action plans including: CNST, Saving Babies Lives, Continuity of Carer, Ockenden Report, Maternity Safety Support Programme (MSSP) - LMNS Insight Report - Learning from Deaths Reports / Mortality Reviews (Quarterly) - Management of External Visits, Inspections & Accreditations Report Board of Directors: - IPR - Safe Care Report including nurse establishments/E-roster (Quarterly) and Annual Nursing Establishments Review - Guardian of Safe Working / Freedom to Speak Up Report to Board (Bi-annually) - Quality Strategy (Annual) Annual Quality Accounts **Level 3 - Independent** GM Clinical Quality & Effectiveness Group provide high level surveillance for harm. Friends & Family Test National Patient Experience Surveys: - Adult Inpatient Survey - National Cancer Survey	Indirect or subtle harm from operational pressures or poor quality of estate may be difficult to identify. Unknown degree of escalation from GP collective action in 2025	Patient Follow Up - Task and Finish Group to oversee determined action: Divisional focus on review of highest risk cohort. Risk stratification of patient list through AI validation (Report via Patient Safety Group) Development ~~session for~~ of Joint Quality Strategy (SFT and T&G) Revised Patient Experience Strategy Divisional Improvement Plans Health Inequalities Report to Quality Committee to commence	Q4 2024/25 ~~February 2025~~ October 2025 April 2025 Q1 2025/26	5	3	15	12	20	15	15	15	4	2	8

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4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		Governance system for end of life care established, including internal group reporting to Stockport End of Life Care forum. External Visits & Accreditations Register StARS – Ward and Community Assurance & accreditation process established. Also established for: Paediatrics, Maternity, Theatres, Community. Safe Staffing - Defined Nurse Establishments - Defined Medical Establishments - Healthcare Scientist Establishments - Medical Job Planning process in place - Medical Appraisal & Revalidation process in place including quality assessment Introduction of internal Professional Standards & Dispositions for ED escalation Maternity Improvement Plan in place and Maternity Strategy. Executive & Non-Executive Maternity Safety Champions in place, visits & meetings schedule. GM oversight of GP collective action. Established Quality Impact Assessment in place for CIP – Sign off by Medical Director, Chief Nurse and Director of People & OD, Director of Operations QIA process part of all Business Cases – All Business Cases reviewed by Exec Team		- Emergency Department Survey MIAA Internal Audits 2022-23: - Risk Management (Substantial) - Clinical Audit (Substantial) - StARS (Substantial) MIAA Internal Audits 2023-24 - Medical Staffing (Substantial) - Quality Spot Checks (Limited) GMC Medical Trainees Survey LMNS & Region Visits (Latest October 2024) CNST Submission – Year 6 ED Keeping Patients Safe – Return to ICB. ED Visit from GM ICB (Dec 2024) & Report.											
Principal Risk Number: PR1.2								**Risk Appetite: Moderate**										
There is a risk that patient flow across the locality is not effective which may lead to patient harm, suboptimal user experience, and inability to achieve national access standards for urgent & emergency care Curtis Soile 28/03/2025 14:04:34	Finance & Performance Committee	Established models of emergency and urgent care in place in line with national standards. Rapid Ambulance Handover process in place. 'Programme of Flow' established. Reporting via Service Improvement Group Virtual Ward established. Weekly ED Performance Meeting Chaired by Director of Operations Weekly – Locality Patient Flow meeting established. System wide Urgent & Emergency Care (UEC) Board in place (oversight of patient flow management plans). Locality Action Plan in place following recommendations from ECIST.	Capacity constraints in domiciliary & bed-based care impacting on levels of patients with no criteria to reside (NCTR). High levels of delayed discharges. Significant increase in unfunded non-elective demand due to levels of patients with NCTR. Lack of standardised 7-day services across medical & surgical specialties to support discharge of non-elective patients. Locality Plan relating to intermediate care	**Level 1 – Management** Divisional Operations Boards (Monthly) – Performance Management Report ED Attendance Overall bed occupancy rate Patients No Criteria to Reside ED 4 Hour Target Performance Ambulance Handover times ED 12 hour waits Time to triage Daily Bed meetings (x 4) System dashboard of acute, intermediate and domiciliary care capacity **Level 2 – Corporate** Divisional Performance Review (Monthly) including targeted 'Deep Dives' Finance & Performance Committee - Operational Performance Report (Monthly) - Themes from Performance Review				4	4	16	16	16	16	16	16	4	2	8

4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
		Trust and system escalation process in place, aligned to a single OPEL system – Including divert of resource from elective activity to support flow. Bed Modelling – 18 Month Plan Workforce models in place – Reflect demand and flexible to adapt to surges. Learning from Deaths process includes: - Delayed admission - Delayed discharge Patient Flow Associated Harms – Review via Quality Committee. Robust phasing programme for building works as part of EUCC to ensure no loss of capacity. Best Practice Learning Visits - Chelsea & Westminster FT	capacity not agreed with Trust – Reduction in capacity for Pathway 1 and Pathway 2.	Urgent & Emergency Care GIRFT – Chaired by Medical Director ECIST & GIRFT Tier 1 Action Plan - Monitored weekly via 4 Hour Clinical Standard Improvement Group Integrated Performance Report – Board (Bimonthly)													
				Level 3 – Independent Urgent & Emergency Care Delivery Board NHSE – Activity Returns NHS GM UEC Oversight Meeting – Including Trust & Locality and Provider Oversight Meeting GM ICS reporting aligned to Tier 1 – Urgent Care ECIST & GIRFT Tier 1 Deep Dive Report – Action Plan		NHSE Follow Up – Agree further support from ECIST to support 4 hour standard. Best Practice Learning Visits - Bolton NHS FT	Q4 2024/25 Q4 2024/25										
Principal Risk Number: PR1.3								**Risk Appetite: Moderate**										
There is a risk that the Trust does not have capacity to deliver elective, diagnostic and cancer care, including the clearance of surgical backlog caused by the Covid-19 pandemic, which may lead to suboptimal patient safety, outcomes and experience and inability to achieve national access standards for elective care.	Finance & Performance Committee	Biweekly Trust Performance Meeting. Escalation process in place with Performance Team – 65+ week wait patients and any P2/cancer patients that are not dated. Cancer Quality Improvement Board established chaired by Lead Cancer Clinician GIRFT Programmes in place for all Surgical & Medical Specialties. Booking & Scheduling centralisation Board approved Expanding Elective Care Business Case – In year scheme 2024/25.	Workforce – Sickness Absence & Recruitment Impact of urgent care pressures on elective capacity Delivery of national access standards predicated on availability of GM mutual aid Significant increase in referrals for elective care, including from out of area. Cumulative impact of industrial action (Consultants & Juniors) having significant adverse impact on unbooked and cancelled appointments. Loss of Outpatients B Department	**Level 1 – Management** Divisional Operations Boards (Monthly) Trust Performance Meeting: - Elective demand - Activity v Plan (Waits) - % Patients on PIFU - Levels Advice & Guidance - Theatre Utilisation - Outpatient Utilisation - Endoscopy Utilisation Activity Management Group – Data review of elective activity				4	3	12	16	16	12	12	12	4	2	8
				Level 2 – Corporate Divisional Performance Review (Quarterly) including targeted 'Deep Dives' Finance & Performance Committee Operational Performance Report (Monthly) 52+ week waits 65+ week waits Overall RTT waiting list size (Including monitoring review of Expanding Elective Care Business Case) Cancer 2ww Cancer 62 day Diagnostic waits Quality Committee Patient Safety Report including review of harms (4 x year) Integrated Performance Report (Operational Performance) – Board (Bimonthly)		Finalise recurrent investment to expand elective capacity – to achieve sustainability of elective access	Q4 2024/25										

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4. Board Assurance Framework 2024/25

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 1 - Deliver personalised, safe and caring services																		
				Level 3 – Independent NHSE – Activity Returns GM & National productivity ranking.														

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
Principal Risk Number: PR2.1				**Risk Appetite: High**														
There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing, leading to low morale, higher turnover & sickness absence and gaps in the workforce that may impact on delivery of high quality care.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession Planning Approved Organisational Development Plan 2023-2025 Approved Health and Wellbeing Plan 2024. Approved People policies, procedures, guidelines and/or action cards in place (including. Staff development; appraisal process; sickness and relationships at work policy) Vaccination programmes for ~~both~~ Pertussis Influenza, Covid and MMR established. Comprehensive staff wellbeing programme established including staff psychology and wellbeing service and staff menopause service. Collaborative Occupational Health Service with T&G – including Staff Counselling Service & Physio Fast Track Service.G2 eOPAS IT system upgrade complete. Dying to Work Charter Big Conversation programme established. Process to improve response rate of 'reason for leaving' in place. Award & Recognition including Staff Awards (Oct 2022), MADE Awards, Long Service Awards Wellbeing Guardian supported by Schwartz Rounds Freedom to Speak Up Guardian / Guardian of Safe Working Divisional Staff Survey Action Plans in place. Confirmed approach to flexible working with approved National Flexible Working Policy, National Parent Support (Paternity) Policy approved. National Sexual Safety Policy approved. Industrial Action Planning Group in place	Embedded approach to Wellbeing Conversations Impact of continuing operational & external/internal financial pressures	**Level 1 – Management:** People, Engagement & Leadership Group - People Plan – Workstream Reports - Health & Wellbeing Plan 2024 – Workstream Reports - Health and Wellbeing Steering Group Equality Diversity & Inclusion Steering Group - EDI Strategy Industrial Action Planning Group **Level 2 – Corporate** Performance Reviews – Workforce Metrics NHS People Plan Self-Assessment People Performance Committee - People Plan Update (bimonthly) - Workforce KPIs (bimonthly) - Freedom to Speak-up Report (Quarterly) - Guardian of Safe Working Report (Bi-annually) Integrated Performance Report (Workforce) - Board (Bimonthly) **Level 3 - Independent** CQC Well-led Mapping Report – Recognition of Staff Health & Wellbeing offer NHS National Staff Survey MIAA Staff Wellbeing Review, February 2024 – Substantial Assurance.		Implementation of collaborative Health & Wellbeing Steering Group ~~National Flexible Working Policy approved at JCNC.~~ ~~National Sexual Safety Policy approved to be ratified a JCNC. Evaluation of the awareness & training sessions for sexual harassment in the workplace & responding to first disclosure.~~ Communication & implementation Sexual Safety Policy & anonymised online reporting tool.	Q1 2025/26 ~~January 2025~~ ~~January 2025~~ March 2025	~~4~~ 3	3	**9**	12	12	12	12	**9**	3	2	6

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 2 - Support the health and wellbeing needs of our communities and colleagues																		
		Regular deep dive review sickness absence led by Deputy Director of People & OD established.																
Principal Risk Number: PR2.2				**Risk Appetite: Moderate**														
There is a risk that the Trust does not actively participate in and progress local collaborative programmes and neighbourhood working leading to suboptimal improvement in primary and secondary health and well-being outcomes.	Board of Directors	Board of Directors – Place Collaboration Reporting in place. Alignment of Community Services to PCNs – Community and District Nursing	Unfunded growth in demand for community services Capacity & demand modelling for community services to support appropriate deployment of resources. Further alignment of Community Services to PCNs ~~Potential change to PCN geographical footprints~~ Implications arising from the Planning Guidance 2025/26, Neighbourhood Health Guidelines and 10 Year Planning development – e.g. neighbourhood working.	**Level 1 – Management** Divisional Quality & Operations Group (Monthly) Performance Management Report ~~Adults: Neighbourhood Leadership Group~~ Area Leadership Team (Monthly) Health and Care Collaborative – Delivery Group (Monthly) Children's: - Joint Public Health Oversight Group - SEND Joint Commissioning Group - CYP mental health & Well-being Partnership Board Adult and Children: - Joint Safeguarding Board	Community Services Dashboard	Further alignment of Trust community services & workforce to PCNs	Ongoing	3	3	9	9	9	9	9	9	3	2	6
				Level 2 – Corporate Divisional Performance Review (Monthly) including targeted 'Deep Dives' Locality Provider Partnership (Monthly) Locality Board (Monthly) GM Community Service Review		Board of Directors – Place Collaboration Report ~~Review of planning Guidance 2025/26~~ Plans to be put in place to respond to planning guidance and neighbourhood health guidelines Review of 10 Year Plan Outcome of GM community services review	~~October 2024~~ ~~January 2025~~ June 2025 June 2025 TBC										
				Level 3 – Independent Children's – SEND Inspection Ofsted Report – 'Good' SALT – External multiagency review – Pathways & capacity and demand														

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
Principal Risk Number: PR3.1					**Risk Appetite: Significant**													
There is a risk the Trust does not contribute to effective place-based partnership arrangements that support delivery of priorities/objectives of the Stockport's ONE Health & Care (Locality) Board, leading to a delay in the delivery of models of care, which support improvements in health inequalities in the local population.	Board of Directors	Locality ICS arrangements developed and approved by partners. CEO and Chair members of Stockport Health & Wellbeing Board ONE Stockport Health and Care Board (Locality Board) operational. Membership includes CEO, Chief Finance Officer and Director of Strategy & Partnerships ONE Stockport One Future Plan and ONE Stockport Health and Care Plan. Stockport Provider Partnership chaired by SFT CEO Provider Partnership identified four key workstreams based on population health metrics. Operational Planning Guidance and Priorities for 2024/25 in Trust Operational Plan Public Health Registrar (0.4WTE) in post 1st Aug 24 Board of Directors – Place Collaboration Report & Health Inequalities Self-Assessment Report & Action Plan Neighbourhood profiles to be produced by Local Authority / GM BI.	Controls not yet established in full for the management of the ONE Stockport Health & Care Plan Provider Partnership workstreams are at different stages of development Operational Planning Guidance and Priorities for 2025/26 in Trust Operational Plan	**Level 1 – Management** Four workstreams meetings and workshops Locality Executive Meeting (Monthly) Trust's Health Inequality Forum	Priorities and metrics for each of the four workstreams	Develop a plan for each workstream with identified improvement metrics	Q4 2024/25	3	3	9	9	9	9	9	9	3	2	6
				Level 2 – Corporate Executive Team / Finance & Performance Committee oversight of key strategic matters Quality Committee oversight of Trust level health inequalities (from 2025/26) Trust Board Reports (6 monthly) and as required and CEO Report including key strategic developments - ICS - Stockport ONE Health & Care Plan Joint system meetings on ONE Stockport One Future plan Locality Provider Partnership (Monthly) Locality Board (Monthly) ICS Executive Meeting (Monthly)	Robust neighbourhood data to enable Provider Partnership to measure improvement in population health outcomes ~~Completion of NHS providers Health Inequalities Self-Assessment Tool~~	~~Neighbourhood profiles to be produced by Local Authority / GM BI~~ ~~Board of Directors – Place Collaboration Report & Health Inequalities Self-Assessment Report~~ ~~Health Inequality Self-Assessment Action Plan and governance arrangements.~~	~~Q2 2024/25~~ ~~October 2024~~ ~~Q4 2024/25~~											
				Level 3 – Independent Health & Wellbeing Board														
Principal Risk Number: PR3.2					**Risk Appetite: Significant**													
There is a risk that the Trust does not contribute to, and as part of the Greater Manchester Integrated Care System (GM ICS) collectively deliver on the collaborative working opportunities that exist within GM leading to limited-service resilience, unwarranted variation of services and inequality in health outcomes for the populations served.	Board of Directors	GM Trust Provider Collaborative GM (TPC) established. Chaired by SFT CEO Relevant SFT Directors part of GM TPC System Boards (Cancer, Elective, Urgent & Emergency Care, Diagnostics, Mental Health and Sustainable Services) GM TPC Director Groups established (Chief Data Officers, Chief Information Officers, Chief Nurses, Chief Operating Officers, Executive Medical Directors, HR Directors, Directors of Finance, Directors of Strategy) ~~East Cheshire Programme Board and weekly operational meetings~~	No capital or revenue funding identified from commissioners/ICB GM Single Improvement Plan and Sustainability Plans to be developed	**Level 1 – Management** ~~Weekly East Cheshire operational meetings~~ Working groups and project teams in place to support collaborative working		~~Refreshed ECT Case for Change based on Joint Clinical Strategy to be presented to Board.~~	~~Q4 2024/25~~	4	3	12	New Risk	12	12	12	12	4	2	8
				Level 2 – Corporate Monthly TPC and Director Group meetings Workplans for each Director Group in place		GM Single Improvement Plan & Sustainability Plan to be presented to Provider Boards including GM Acute Provider Collaboration	Q4 2024/25											
				Level 3 – Independent Oversight and engagement with the ICB and NHSE														
Principal Risk Number: PR3.3					**Risk Appetite: Significant**													
There is a risk that the Trust does not deliver on the collaborative working opportunities	Board of Directors	Clinical Service Partnership Group in place between both Trusts	Failure to gain key support from staff and agreement on the resulting service by	**Level 1 – Management** Clinical Service Partnerships group		Case for change for clinical services for radiology & gastroenterology	Ongoing	4	3	12	New Risk	12	12	12	12	4	2	8

Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 3 - Develop effective partnerships to address health and wellbeing inequalities																		
that exist with Tameside and Glossop Integrated Care Trust (TGICT) leading to suboptimal pathways of care for the populations served and/or limited-service resilience across the footprint of both Trusts		Corporate services collaborative working in place. Joint Executive Director and Senior Manager roles in place, with single Joint Executive Team in place from January 2025.	service Case for Change. Currently no funding for the programme of work for 2024/25 financial year and use of existing capacity No current revenue or capital or recurrent funding identified to support future service changes in 2024/25.	**Level 2 – Corporate** Executive Team - Oversight of Key Issues Board of Directors SFT and T&G Collaboration Report **Level 3 – Independent** Awareness and engagement of the ICB and NHSE		Development of Joint Clinical Strategy, based on learning from case for change for radiology and gastroenterology and development of divisional plans.	Q1 2025/26											

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
Principal Risk Number: PR4.1				**Risk Appetite: High**														
There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit & retain the optimal number of staff, with appropriate skills and values, which may lead to suboptimal staff and patient experience.	People Performance Committee	National Long Term Workforce Plan Approved People Plan in line with national People Strategy objectives – Including enabling approaches to Workforce Transformation (Planning); Leadership Development; Health & Wellbeing; Coaching; Resourcing; Organisational Development; Equality, Diversity & Inclusion, Talent Management & Succession planning E-rostering and Job Planning in place to support staff deployment. E-Rostering Workforce Group established. Medical Workforce Group established. Defined safe medical and nurse staffing levels for all wards and departments. Safe Staffing Standard Operating Procedure deployed. Temporary staffing and approval processes with defined authorisation levels Weekly Staffing Approval Group (SAG) Workforce Efficiency Group established. Bank & Agency Usage Deep Dive Undertaken. Mandatory Training Requirements set. Realignment of Role Essential Training Requirements Range of leadership and management development training sessions available with enhancements of leadership and development offer continuing as identified within OD Plan. Local/ Regional/National Education partnerships Alternative development pipelines in place – Degree Apprenticeships, Medical Support Workers, Cadet Programmes. Workforce Strategy & Divisional Workforce Plans Refreshed Appraisal Process in place Refreshed Board approved Values – Launched February 2025	National workforce shortages particularly for some medical posts exist (e.g. Radiologists, Acute/Stroke Physicians) work continues to attract to these roles/consider alternatives Embedded system for identifying and managing talent not yet available Restrictions on staff capacity to attend and participate in mandatory/statutory training. Bank and agency staff costs above target. Escalation areas remaining open – staffing additional areas required.	**Level 1 - Management** People, Engagement & Leadership Group - People Plan – Workstream Reports Educational Governance Group - Exception reports for Mandatory & Role Essential Training, Attendance Equality, Diversity & Inclusion Steering Group - Staff Networks				4	3	12	16	16	12	12	12	4	2	8
				Level 2 – Corporate People Performance Committee – - Workforce Integrated Performance Report (Sickness Absence / Substantive Staff /Recruitment Pipeline / Appraisal, Turnover, Flexible Working Requests, Bank & Agency) - Safe Staffing Report (Quarterly) - Annual Nurse Establishments - Annual Medical Job Planning) - Annual Medical Revalidation Report Bank & Agency Usage – Review via Exec Team (Monthly)		~~Communication of refreshed Trust Values~~ Implement annual appraisal window and refreshed appraisal communication	~~Q4 2024-25~~ April 2025										
				Level 3 - Independent NHS National Staff Survey GMC Survey & NETS Survey Health Education Visits Model Hospital and comparative benchmarking data Confirm and Challenge by NHSEI NW Regional Team		NHS England Stat & Mand Programme implementation Group established collaboratively with T&G, to deliver the changes for both statutory & mandatory and role essential training programmes.	June 2025										
Principal Risk Number: PR4.2				**Risk Appetite: High**														
				Level 1 - Management				**3**	**3**	**9**	9	9	9	9	9	3	2	6

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 4 - Develop a diverse, capable and motivated workforce to meet future service and user needs																		
There is a risk that the Trust's workforce is not reflective of the communities served and staff with a protected characteristic having a suboptimal staff experience (career progression, turnover) which may lead to a poorer patient experience.	People Performance Committee	Approved People Plan in line with national People Strategy objectives – Including Equality, Diversity & Inclusion, Talent Management & Succession planning Equality, Diversity & Inclusion Strategy & Implementation Plan Staff Networks (BAME / Disability / Carer/ LGBTQ+ and Neurodiversity) Completed review of staff networks and relaunched under agreed improvement arrangements. Cross-divisional WRES/WDES Group established. Senior medical leadership roles – Interview panel includes representation from staff with protected characteristics. Hate Crime Reduction Policy in place (Red/Yellow card) Dying to Work Charter Accessible Scheme Civility Saves Lives Programme - Phase 1 Launched. Peer Review of Disciplinary Cases with TGH.	Career Development Programmes for staff with protected characteristics Development of Staff Network Chairs and the Staff Networks	WRES / WDES Steering Group - Oversight of WRES / WDES Annual Report and Action Plan Equality, Diversity & Inclusion Steering Group - Oversight of the EDI Action Plan EDI metrics for applicants included in People Analytics dashboard Career Progression for All Task Group established – responsible for delivering key objectives within the EDI Action Plan.													
				Level 2 – Corporate Performance Review (Monthly) including targeted 'Deep Dives' People Performance Committee - EDI Report (Biannually) - WRES and WDES Report - Gender Pay Gap report to Board - Annual EDI Report	EDI metrics to be built into People Analytics Dashboard.	Inclusion of the wider EDI metrics in People Analytics dashboard to be scoped. Civility Saves Lives Programme Phase 2 Launch	~~Q3~~ Q4 2024/25 May 2025										
				Level 3 - Independent NHS National Staff Survey														

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
Principal Risk Number: PR5.1					**Risk Appetite: Significant**													
There is a risk that the Trust does not implement high quality service improvement programmes, as identified through Trust and locality prioritisation, which may lead to suboptimal improvements in quality of care for patients and staff.	Board of Directors	Director of Transformation working across SFT and Tameside & Glossop (utilising experience and knowledge of system-wide transformation programmes across other localities) Trust transformation programmes identified through a formal process of prioritisation linked to corporate objectives (Aims, KPIs, Milestones) Standardised governance & assurance in place for Trust transformation programmes - Service Improvement Group (SIG) chaired by the Chief Executive. External resource in place to support Trust identified improvement programmes. Senior Responsible Officer, Clinical & Operational Lead in place for each Trust transformation programme Transformation Team supporting Stockport Provider Partnership (SPP). SPP identified key priority workstreams (Diabetes, Frailty, Cardiovascular & Alcohol Related Harm) for pathway redesign. PLACE/Locality Provider Partnership Board Report Continuous Improvement Strategy developed to build capability across the organisation.	Capacity of operational teams to implement change due to operational pressures.	**Level 1 – Management** Transformation - Programme Boards Provider Partnership Key Priority Areas – Programme Boards **Level 2 – Corporate** Service Improvement Group – Monthly Transformation Programme Report & Quarterly Deep Dive: Review KPIs/Milestones Stockport Provider Partnership (Monthly) - Priority Workstreams Review Board Report: Transformation Programme (Biannually) **Level 3 - Independent**	Stockport Provider Partnership priority workstreams at various stages of implementation.			3	3	9	9	9	9	9	9	3	2	6
Principal Risk Number: PR5.2					**Risk Appetite: Significant**													
There is a risk that the Trust does not implement high quality research & development programmes which may lead to suboptimal service improvements.	Quality Committee	SFT Research Team established. Joint Clinical Research, Development & Innovation Strategy 2022-2027 (SFT & T&G) & governance meetings in place to review work programme (as derived from strategy) Annual research programme in place. Review of the RD&I team structures across SFT, and T&G and joint governance structures commenced. Input of RD&I to development of Cancer Strategy	SFT does not have full control of RD&I governance at T&G. Structure of joint RD&I function for SFT and T&G to be agreed. Recurrent staffing shortages impacting activity.	**Level 1 – Management** Clinical Effectiveness Group - Research & Innovation Progress Report - Annual Research & Innovation Report Joint SFT & T&G RD&I Governance Group **Level 2 – Corporate** Quality Committee: - Clinical Effectiveness Group Key Issues & Assurance Report - Annual Research & Innovation Report **Level 3 - Independent** DHSC KPIs for Research NIHR North West CRN KPIs for Research	Data relating to health inequalities in development	Report through governance structure RD&I related to health inequalities Full joint RD&I function (in line with Strategy)	Q3 2025/26 Q3 2025/26	3	2	6	6	6	6	6	6	3	2	6

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 5 – Drive service improvement through high quality research, innovation and transformation																		
		Review of RD&I financial provision by Finance Teams – 5 year financial stability projection.		Participant research experience survey (PRES)														

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
Principal Risk Number: PR6.1				**Risk Appetite: High**														
There is a risk that the Trust does not deliver the 2024/25 financial plan leading to increased regulatory intervention	Finance & Performance Committee	Annual financial plan 2024/25 submitted – Confirmed deficit as part of GM control total SFT Capital Plan 2024/25 submitted. GM approval for position, including additional capital requirement (£2.8m) Annual cash plan 2024/25 in place. Board of Directors approval of all cash support applications. Opening Budgets 2024/25 in place based on submitted financial plan. Delivery of budget holder training and enhancements to financial reporting Established STEP Programme (CIP) and oversight of delivery including STEP deep dive per Division. SFI's & Scheme of Delegation in place including authorisation limits – Revised & Board approved. Workforce Efficiency Group – Oversight of temporary staffing spend. Divisional Performance Review process - including financial escalation actions based on control totals for divisions. SFT Finance Improvement Group established, chaired by Chief Executive Stockport System Finance Recovery Group established (Monthly) GM Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE) and supported by NHSE Investigation & Intervention.	Implementation of recurrent CIP Plan ~~Financial impact of further industrial action~~ Financial impact of Outpatients B Lack of clarity on Elective Recovery Fund (ERF) – Trust not currently at activity levels compared to 2019/20 and achievement of independent sector target. Derbyshire ICB planning expectation on savings, resulting in reduction in income. Stockport System finance deficit potentially impacting on SFT position e.g. reduction on spot purchase beds.	**Level 1 – Management** Division Operation Board - Finance Metrics Divisional CIP Meetings Finance Training Group – Training Materials Cash Action Group (Monthly) - Cash flow monitoring Financial Position Review Group (Monthly) **Level 2 – Corporate** CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Financial Improvement Group (Monthly) Activity Management Group (Monthly) Staffing Approval Group (Weekly) Executive Team (Weekly) Finance & Performance Committee Finance Report (Monthly) CPMG – Capital Position Divisional Performance Review (Monthly) including Financial Position/CIP Integrated Performance Report (Finance) - Board (Bimonthly) Stockport System Financial Recovery Group (Monthly) **Level 3 - Independent** **External** Internal Audit Reports - Key Financial Systems (Substantial) 2023/24 - HFMA Financial Sustainability Review - Confirmation of Self-Assessment. - Provenance of Data (High) **GM ICS** Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. Monthly Provider Oversight Meeting (Information Pack) **NHSE**	Visibility of ERF target	Ongoing actions from each GM Provider Oversight Meeting (POM)	Monthly	4	4 3	16	16	16	16	16	12	4	2	8

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 6 – Use our resources efficiently and effectively																		
				NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3.													
Principal Risk Number: PR6.2								**Risk Appetite: High**										
There is a risk that the Trust does not develop and agree with partners a Trust (3 year recovery plan) and GM Sustainability Plan, optimising opportunities for financial recovery through system working, leading to lack of financial sustainability.	Finance & Performance Committee	GM ICS financial planning/position processes established including GM DoFs Planning Group Established Trust planning processes - Triangulates activity, workforce and cost. Internal review of drivers of financial deficit review including benchmarking data and levels of efficiency. Refresh of drivers of deficit and loss making services presented to FPRM (Jan 24) Locality financial planning/position processes in place including monthly meeting Local Authority Treasurer & Trust CFO. Stockport System Financial Recovery Group established – Chief Finance Officer, Director of Finance & Director of Operations. Prioritisation of investments linked to planning priorities. GM Productivity/Benchmarking data to support monitoring of service delivery, productivity & efficiency GM business case assessment process in place. GM Provider Oversight Meetings established, chaired by GM ICB CEO, attended by NHS England (NHSE) and supported by NHSE Investigation & Intervention.	Underlying financial deficit Lack of certainty regarding system funding beyond 2024/25 including reductions due to convergence factor. Financial Planning 2025/26 not complete. Control total not yet agreed. Requirement for increased % CIP (recurrent/non-recurrent) Elective Recovery Fund (ERF) remains unclear) – Trust not at activity levels compared to 2019/20 and achievement of independent sector target. Growth in demand not recognised. Stockport System finance deficit potentially impacting on SFT position e.g. reduction on spot purchase beds.	**Level 1 - Management**				4	4	16	16	16	16	16	16	4	2	8
				Level 2 – Corporate CIP Oversight Group - Monthly chaired by Director of Operations. Division level reporting for all schemes and tracking of savings Finance & Performance Committee - Finance Report (Monthly) Financial Improvement Group (Monthly) Stockport System Financial Recovery Group (Monthly)		Future Funding Flows Group (GM DoFs) – Review of alignment of work undertaken and contract funding. Stockport Locality review of contracts with particular focus on community services.	Ongoing Ongoing										
				Level 3 - Independent Provider Director of Finance GM Meeting **GM ICS** Monthly Provider Finance Return including detailed commentary on financial position and reconciliation of workforce, productivity/finance and performance data. GM Provider Oversight Meeting (Monthly) **NHSE** NHSE - North West Region oversight and triangulation of finance, activity and workforce data including productivity metrics Monthly Finance Return – Detailed commentary on financial position and Oversight of GM ICS based on the GM NHS SOF Rating 3	~~GM commissioned SFT drivers of deficit review to be completed~~	Review of SFT drivers of deficit review and development of required actions. Engagement with GM ICS re development of GM Sustainability Plan in line with Enforcement Undertakings.	Q4 2024/25 Q4 2024/25										

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
Principal Risk Number: PR7.1				**Risk Appetite: Significant**														
There is a risk that the Trust does not implement the Digital Strategy designed to ensure a resilient and responsive digital infrastructure which may lead to inability to support improvements in quality of care and compromise of data/information.	Finance & Performance Committee	Digital Strategy 2021-2026 Capital plan in place for funding of Digital Strategy and receipt of capital funding for core elements of the Digital Strategy from 2023/24 Robust project management infrastructure in place. Information Governance Assurance Framework (IGAF) & NHIS Cyber Security Strategy Major incident plan in place. Change control processes in place. Process in place to respond to Care Cert notifications. Annual penetration tests in place. Anti-virus updates & spam and malware, all user email notifications. Network accounts checked after period of inactivity – Disabled if not used. Digital & Informatics Group established Terms of Reference & Work Plan approved by F&P Committee. Bimonthly reporting.	No capital plans for hardware replacement. Significantly reduced capital availability in 2024-25.	**Level 1 – Management** Digital & Informatics Group Digital Risk Register – Quarterly review via Risk Management Committee				4	3	12	9	12	12	12	12	4	2	8
				Level 2 – Corporate Finance & Performance Committee - Digital & Informatics Group established Bimonthly - Digital Strategy Progress Report - Capital Programmes Management Group – (Monthly): Including digital capital Board of Directors - Biannual Digital Strategy Progress Report		On-going actions from MIAA internal audit of Data Security and Protection Toolkit, and Medical Devices Management review from 2023/24	Q4 2024/25										
				Level 3 - Independent Business Continuity Confirm and Challenge NHSE ISO 27001 Information Security Management Certification – Achieved November 2023. DCB 1596 Secure Email Standard Accreditation – Achieved February 2024. MIAA Internal Audit Report June 2024 - Data Security and Protection (DSP) Toolkit Assessment 2023/24 - Achieved "Substantial Assurance" against the veracity of the self-assessment and "Moderate Assurance" against the 10 National Data Guardian Standards. Annual Data Security and Protection Toolkit 2023/24 self-assessment submission 30 June 2024 – Achieved "Standards Met".		Develop and implement action plan for Data Protection & Security Toolkit Assessment 2024/25.	Q4 2024/25										
Principal Risk Number: PR7.2				**Risk Appetite: Moderate**														
There is a risk that the estate is not fit for purpose and does not meet national/regulatory standards, partly due to increasing maintenance requirements, which may lead to: - Inefficient utilisation of the estate to support high quality of care. - Significant disruption to clinical activity. - Poor patient/staff experience.	Finance & Performance Committee	Approved Capital Programme including backlog maintenance Robust process in place for identification and stratification of estates related risks and backlog maintenance Six-Facet survey in place – 2024 Survey completed and reviewed by Board of Directors. Additional structural surveys completed for Category D and poor condition property assets by Structural Engineers, in line with Six Facet Survey 2024. Premises Assurance Model (PAM) Action Plan in place	2024 Six Facet survey highlights further deterioration of the estate, with a greater proportion of the estate now falling into the Significant Risk backlog maintenance grade. Inability to deliver required levels of estates maintenance due to lack of funding. Inability to deliver required upgrades due to access limitations	**Level 1 – Management** Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget Health & Safety Joint Consultative Group - Compliance with regulatory standards Health & Safety Incidents				5	5 4	25	20	25	25	25	20	4	2	8
				Level 2 – Corporate Quality Committee - Health & Safety Group Key Issues Report Finance & Performance Committee - Capital Programme Management Group Key Issues Report - Estates Strategy Steering Group Key Issues Report		Develop site development strategy delivery plan to reduce maintenance costs aligned to Project Hazel Continue to make case for appropriate levels of targeted investment in the Trust real estate.	March 2025 March 2025										

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
- Increased requirement to undertake contingency works with increased revenue expenditure. - Increased health & safety incidents and litigation/claims. - Breach of NHS standards/statutory regulations/ resulting in statutory /regulatory intervention - Loss of Trust reputation.		Estates & Facilities Performance Dashboard (Compliance & Performance Metrics) Site Development Strategy in place. Joint working arrangements with SMBC established to develop community based solutions to support short to medium term development strategy. Project Board and Senior Responsible Officer identified for major capital developments	related to clinical activity pressures Delivery/Transition plan to address highest risk capital stock and decompression of site.	- Site Development Strategy Progress Report - Estates & Facilities Assurance Report Board of Directors - Site Development Strategy Progress Report **Level 3 - Independent** Estates Return Information Collection (ERIC) Model Hospital Data Set Estates & Facilities Compliance Review (MIAA 2020/21) – Substantial Assurance													
Principal Risk Number: PR7.3						**Risk Appetite: Moderate**												
There is a risk that the Trust does not deliver the Green Plan / Net zero targets and that the Trust fails to prepare for the impacts of climate change	Finance & Performance Committee	Approved Green Plan in place. Newly established Joint Green Group with T&G -Green Plan Work Plan in place monitored by the committee. Robust identification and stratification of sustainability-related risks. 6-facet survey completion and review of information Mechanisms in place to explore and develop sustainability approach across Stockport locality. Joint appointment of Sustainability Manager between Stockport and Tameside Engagement with GM regional Group Nitrous Oxide manifold system capped to reduce gas wastage and associated emissions	Inability to deliver required levels of environmental and sustainability improvements due to lack of funding and awareness / ownership across all departments Decarbonisation Plan Climate Change Adaptation Plan	**Level 1 – Management** Capital Programme Management Group - Compliance with agreed delivery programme - Confirmation of spend against approved budget Joint Green Plan Delivery Group - Monitoring of Green Plan delivery - Development of sustainability opportunities **Level 2 – Corporate** Annual Sustainability Report Finance & Performance Committee Estates Progress Report including Sustainability (Biannually) **Level 3 - Independent** Estates Return Information Collection (ERIC) ICB Contacting Requirement Annual Check		Work with Carbon Energy Fund (CEF) to assess the viability of decarbonising the Stepping Hill Hospital site and connecting to the Stockport Heat Network Decarbonisation Plan Develop new joint Green Plan SFT & T&G Development of a Climate Change Adaptation Plan	Q2 2025/26 Q4 2024/25 Q1 2025/26 Q4 2025/26	3	4	12	12	12	12	12	12	3	2	6
Principal Risk Number: PR7.4						**Risk Appetite: Moderate**												
There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus which may lead to an adverse long-term impact on the Trust's capability to deliver	Finance & Performance Committee	Strategic Regeneration Framework Prospectus completed. New Hospital Building Programme Expression of Interest submitted – Project Hazel Established governance structure to develop Outline Business Case	Insufficient financial resources to enable optimum levels of investment to deliver regeneration ambitions including Project Hazel. DHSC has confirmed that the Trust has been unsuccessful in	**Level 1 - Management** **Level 2 – Corporate** Strategic Regeneration Framework Prospectus and Expression of Interest – Reviewed by Board **Level 3 - Independent**		Review of funding approach with partners	Ongoing	4	5	20	20	20	20	20		4	2	8

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Principal Risk Description	Lead Board Committee	Key Controls	Gaps in Control	Key Assurances	Gaps in Assurance	Key Actions	Due date for action	Current Risk Score			Previous Risk Scores					Target Risk Score		
								Impact	Likelihood	Current	Q4 23/24	Q1	Q2	Q3	Q4	Impact	Likelihood	Target
Objective 7 - Develop our estate & digital infrastructure to meet service and user needs																		
modern and effective care.		Project Hazel Business Case ~~in~~ produced and approved by Board of Directors. Site Development Strategy to support and inform immediate site development and maintenance aspirations New Hospital Project Board established, chaired by SFT Chief Executive. including representation from key external partners. Estates Strategy Steering Group (ESSG) established, reporting to Finance & Performance Committee. Joint working arrangements with SMBC established to explore strategic regeneration of the hospital campus.	securing necessary support from the New Hospital Building Programme. New Hospital Building Outline Business Case															

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Appendix 2 – Stockport NHS Foundation Trust Significant Risk Register (as at March 2025)

Risk ID	Division/Corporate Service	Risk Title	Consequence	Likelihood	Rating	Target Rating	Change since February 25
2969	Surgery	There is a risk of harm to patients, staff and operational flow due to failure of lifts 22 and 23	4	4	16	4	NEW
2682	Estates and Facilities	There is a risk of service disruption impacting on care delivery due to standard of estate (blocks 30/31 & 52 Pathology)	4	4	16	4	NEW
2765	Estates & Facilities	Constraints in capital and revenue funding resulting in an inability to maintain a safe, fully functioning hospital site.	4	5	20	4	↔
586	Estates & Facilities	There is a risk of deterioration of the hospital site due to a significant increase in Estate Backlog Maintenance	4	5	20	8	↔
2304	Medicine & ED	There is a risk of harm if patients cannot be transferred from ambulances to ED then there are delays in treatment	4	5	20	8	↔
2908	Corporate - IT	There is a risk that the Trust could lose all access to the PAS system due to the age of the hardware	4	5	20	8	↔
2596	Corporate – IT	There is a risk of total failure of the cooling in the Beech House Data Centre	5	4	20	8	↔
2713	Medicine & ED	There is a risk of patient harm due to capacity not meeting demand resulting in overcrowding in ED	4	5	20	8	↔
2650	Surgery	Risk of harm to paediatric patients if the audiology service does not comply with best practice recommendations	4	5	20	3	↔
2949	Corporate – IT	There is a risk to the organisations Cyber security from the large number of unsupported and end of life end user devices.	4	4	16	9	↔
2325	Surgery	There is a risk of patients coming to harm due to lack of commissioned eating disorder facilities	4	4	16	8	↔
2452	Clinical Support Services	The risk of the pathology estate not being fit for purpose or safe	3	5	15	3	↔
2247	Estates and Facilities	There is a risk that electrical capacity could prevent future electrical schemes and electrical purchases	3	5	15	3	↔
288	Corporate Nursing	There is a risk of there being an inability to provide a robust service for the insertion of VADs	3	5	15	6	↔
2196	Estates and Facilities	Dangerous & obstructive car parking occurring across the SHH Site	3	5	15	6	↔

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2971	Corporate – Learning & Education	There is risk of Health and Safety to staff and visitors from water leaks in Pinewood House	5	3	15	6	↔

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NHS Stockport NHS Foundation Trust

				Agenda No.	19
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Annual Review of Board Committees 2024/25				
Director Lead	Marisa Logan-Ward, Interim Chair	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	The Board of Directors is asked to receive and confirm the effective operation of the Board Committees during 2024/25, including approval of Terms of Reference and Work Plans for the following: - People Performance Committee - Finance & Performance Committee - Quality Committee					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
X	3	Develop effective partnerships to address health and wellbeing inequalities
X	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
X	PR1.2	There is a risk that patient flow across the locality is not effective
X	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
X	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
X	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes

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X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport
X	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
X	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
X	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
X	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
X	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
X	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
X	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
X	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
X	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
X	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
X	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
X	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	All
Sustainability (including environmental impacts)	N/A

Executive Summary

Effective sub-committees can provide significant benefits to the Board, enabling the Board to make informed decisions and meet their wide-ranging governance and regulatory responsibilities. Likewise, sub-committees should play a key role in supporting directors in their strategic and oversight roles.

The Terms of Reference of the Board Committees include a requirement for the respective Committee to evaluate their own membership and review their effectiveness and performance on an annual basis.

During Board Committee meetings in March 2025, the People Performance Committee, Finance & Performance Committee and Quality Committee considered their Annual Reviews. As part of the effectiveness reviews, each Committee reviewed the suite of matters overseen by the Committee throughout the year in line with the responsibilities set out in the Terms of Reference, alongside meeting attendance.

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Furthermore, each Committee considered what had worked well and what could be improved. General themes recognised the positive challenge at Committee meetings, with constructive interaction between attendees, and improved quality of papers. The recently introduced 'Alert, Advise, Assure' approach to reporting from the Committees to the Board was also supported.

Regarding opportunities for improvement, a continued focus on reporting for the purpose of assurance at a strategic level was recognised, with reports to draw out key matters for attention or decision, rather than operational detail.

In considering the above, each Board Committee confirmed the effective operation of the Committee throughout 2024/25 in line with the respective Terms of Reference, with opportunities for ongoing improvement to be taken forward during 2025/26, as reflected in committee work plans and reporting. The full annual reviews are available from the Company Secretariat.

The Terms of Reference and Work Plans for 2025/26 were also reviewed at the respective Committees and are recommended to Board of Directors for approval:

Appendix 1 – People Performance Committee Terms of Reference
Appendix 2 – People Performance Committee Work Plan 2025/26
Appendix 3 – Finance & Performance Committee Terms of Reference
Appendix 4 – Finance & Performance Committee Work Plan 2025/26
Appendix 5 – Quality Committee Terms of Reference
Appendix 6 – Quality Committee Work Plan 2025/26

The Annual Review of Audit Committee, Remuneration Committee and Charity Committee will take place following the year-end meetings of these Committees.

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PEOPLE PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

1.1. The Board of Directors (the Board) hereby resolves to appoint a Committee, to be known as the People Performance Committee.

1.2 The People Performance Committee shall have terms of reference and powers delegated by the Board and is subject to such conditions, such as reporting to the Board, in accordance with any legislation, regulation or direction issued by the Trust.

1.3 Save where otherwise provided in these Terms of Reference, the Standing Orders of the Board apply to the proceedings of this Committee.

1.4 The People Performance Committee's activities will support the development and delivery of the Trust's Strategy and Annual Plan.

2. PURPOSE OF THE COMMITTEE

The overarching purpose of People Performance Committee is to:

2.1 Provide oversight and assurance on matters relating to delivery of the Trust's people related strategies and plans to support achievement of (related) corporate objectives.

2.2 Support the Board in the development of people related strategies and plans.

2.3 Ensure any associated risks, identified in relation to the above, are managed in accordance with the Trust's assurance framework and risk management arrangements.

2.4 To ensure equality, diversity and inclusion is considered as part of all the Committee's work.

2.5 To have oversight into the Trust's people related work with locality and system partners.

3. COMPOSITION & CONDUCT OF THE COMMITTEE

3.1 Membership

3.1.1 Membership will comprise:

- Three named Non-Executive Directors, one of whom shall be the Chair
- Director of People & Organisational Development
- Chief Nurse
- Medical Director

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3.1.2 All statutory Directors are authorised to attend and take part in meetings of the Committee, when

they judge appropriate.

3.1.3 There is an expectation that members will attend all Committee meetings during the financial year. Individual attendance levels will be monitored by the Chair of the Committee, supported by the Company Secretary, who will take appropriate measures should attendance be less than 75%.

3.1.4 Nominated deputies may attend in the absence of any member; however, this shall be in an advisory capacity only and attendance of a deputy shall not count towards the attendance level set out in 3.1.3.

3.1.5. The following shall also attend Committee meetings:
- Deputy Director of People & Organisational Development
- Deputy Director of Organisational Development
- Head of Human Resources
- Assistant Director of Inclusion and Colleague Experience
- Well-Being Guardian
- Company Secretary

3.1.6 The Committee will invite other senior leaders to support specific matters as required.

3.2. Chair

3.2.1 The Chair of the Committee will be a Non-Executive Director.

3.2.2 Another Non-Executive Director will deputise as the Chair of the Committee in the Chair's absence.

3.3 Quorum

3.3.1 A quorum will consist of three members, provided that at least two of the attendees are Non-Executive Directors. Deputies in attendance do not count towards the quorum.

3.3.2 Members withdrawing from the meeting owing to a conflict of interest shall no longer count towards a quorum.

3.3.3 However, at the discretion of the Chair, matters and decisions deemed urgent may proceed within the absence of a quorum with any actions from that meeting being confirmed at the next full meeting.

3.4 Notice of meeting

3.4.1 Before each meeting, a notice of the meeting specifying the business proposed to be transacted and supporting papers for the business expected shall be sent by electronic mail to the usual place of business of each member, to be available at least five clear days before the meeting.

3.4.2 The Chair of the Committee may, at their discretion, allow additional agenda items and papers to be circulated after the notice of the meeting.

3.5 Frequency of meetings

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3.5.1 The Committee shall meet at least 6 times per year.

3.5.2 The Chair may at times convene additional meetings of the Committee and/or request business that requires urgent attention is considered via email, for majority decision making by members. All decisions made via email will be confirmed at the next full meeting.

3.6. Administration

3.6.1 The Company Secretary will ensure appropriate administrative arrangements are in place and that minutes are recorded, confirmed and appropriately archived from each meeting.

4. DELEGATED AUTHORITY

4.1 The People Performance Committee is authorised by the Board to investigate any matter within these terms of reference.

4.2 Seek information from any Director, officer, or employee; and all Directors, officers and employees are directed to extend the fullest co-operation to the Committee in the discharge of its functions.

4.3 Within the procedures approved by the Board, obtain independent legal or other professional advice where required, including the attendance of independent advisers at meetings of the Committee.

5. RESPONSIBILITIES

The responsibilities of the Committee are to:

5.1 Seek assurance on the effectiveness of systems and processes that exist in relation to delivery of the Trust's people related strategies and plans to support of achievement of related corporate objectives.

5.2 Review the levels of assurance provided from key people performance related metrics and monitor action/s to address any adverse trends against the agreed plans.

5.3 Receive and review the outcomes of staff surveys, including the annual NHS staff survey and surveys of staff undertaken by professional registration bodies, and associated action/s.

5.4 Review the effectiveness of arrangements in place relating to equality, diversity and inclusion in the Trust's workforce, including review of compliance and reporting with statutory and regulatory requirements and make recommendation / confirmation to the Board as required. This includes, but not limited to:

- NHS Workforce Equality Delivery Standard 3
- Workforce race Equality Standard
- Workforce Disability Equality Standard
- Gender Pay Gap

5.5 Review compliance with statutory registration requirements for members of staff and identify any risks that may prevent this, ensuring mitigations are in place, monitored and delivered, and make recommendation / confirmation to the Board as required.

5.6 Review current cases of exclusion of staff from working at the Trust.

5.7 Ensure the Trust's health and wellbeing plans are implemented and that the Trust is supporting the health and wellbeing of staff.

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5.8 Oversee the development of people related strategies and plans, ensuring alignment with relevant Integrated Care System/Integrated Care Board (ICS/ICB) and national strategies, and recommend to the Board as required.

5.9 Review the findings of major investigations or reviews (internal or external to the Trust) relevant to

people, as delegated by the Board, or on the Committees initiative and consider management's response.

5.10 Review people related risks from the Board Assurance Framework and associated significant risks from the Corporate Risk Register and ensure that mitigations are appropriately actioned.

5.11 Review and approve the Work Plans and Terms of Reference of any group that reports directly to the Committee.

5.12 Undertake or consider on behalf of the Chairman or the Board such other related tasks or topics as the Chairman or the Board may from to time entrust to the Committee.

5.13 The Committee will work in partnership with other Committees of the Board to address matters that impact on the responsibilities of several Committees.

6. RELATIONSHIP WITH THE BOARD OF DIRECTORS

6.1 The Committee will report to the Board by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

6.2 The Key Issues Report will be forwarded to the Board following each Committee meeting.

6.3 Minutes of all Committee meetings will be available to all members of the Board on request.

7. RELATIONSHIP WITH OTHER GROUPS

7.1 The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board.

7.2 The Committee will receive reports, in the form of Key Issues Reports, from the following:
- Equality, Diversity & Inclusion Group
- Educational Governance Group
- Health & Wellbeing Group

7.3 For the purpose of providing assurance regarding the controls in place for the management and mitigation of risks recorded on the Board Assurance Framework, the Committee (through its Chair) reports regularly to the Audit Committee.

8. REVIEW

8.1 The Committee will review its terms of reference and membership annually and recommend any changes to the Board for approval.

8.2 The Committee will review the effectiveness and performance of the Committee on an annual basis and report the outcome to the Board.

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Approved by the Committee [ ]
Approved by the Board of Directors [ ]
To be reviewed at least annually, no later than [ ]

People Performance Committee Work Plan 2025-26

			2025									2026		
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
		Papers Due		29.4.		1.7.		2.9.		4.11.		30.12		3.3.
		Committee Date		8.5.		10.7.		11.9.		13.11		8.1.		12.3.
		Lead	**Q1**			**Q2**			**Q3**			**Q4**		
Assurance Reports														
1.	**People Integrated Performance Report**	Director of People & OD		•		•		•		•		•		•
2.	**Operational Plan (Workforce) Update**	Director of People & OD												•
3.	**Sickness Absence**	Deputy Director of People & OD		•						•				
4.	**Health & Wellbeing**	Deputy Director of People & OD								•				
5.	**Resourcing and Retention**	Deputy Director of People & OD						•						•
6.	**Equality, Diversity & Inclusion Strategy**	Deputy Director of OD				•						•		
7.	**WRES & WDES Report**	Deputy Director of OD		•										
8.	**Gender Pay Gap Report**	Deputy Director of OD												•
9.	**Annual Workforce EDI Monitoring Report**	Deputy Director of OD												•
10.	**Organisational Development Plan**	Deputy Director of OD				•						•		
11.	**Freedom to Speak Up**	Freedom to Speak Up Guardian		• Q4				• Q1		• Q2				• Q3
12.	**Guardian of Safe Working**	Guardian of Safe Working		• Q4				• Q1		• Q2				• Q3
13.	**Employee Relations & Exclusion Activity**	Deputy Director of People & OD		•								•		
14.	**Violence & Aggression Standard**	Chief Nurse / Director of People & OD						•						•
15.	**Widening Participation**	Deputy Director of OD		•						•				
16.	**Safer Care (Staffing) Report**	Deputy Chief Nurse / Medical Director		•		•		•		•		•		•
17.	**Temporary Staffing**	Deputy Director of People & OD				•						•		

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			2025									2026		
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
		Papers Due		29.4.		1.7.		2.9.		4.11.		30.12		3.3.
		Committee Date		8.5.		10.7.		11.9.		13.11		8.1.		12.3.
		Lead	**Q1**			**Q2**			**Q3**			**Q4**		
18.	**Nursing & Midwifery Establishments**	Chief Nurse				•						•		
19.	**GMC Annual National Trainee Survey**	Medical Director / Director of Medical Education						•				•		
20.	**Medical Appraisal & Revalidation Annual Report**	Medical Director						•						
21.	**Staff Survey**	Deputy Director of OD				•				•				•
22.	**Advancing Levels of Attainment E-rostering and Job Planning**	Deputy Director of People & OD				•								
Risks														
23.	**BAF & Aligned Significant Risks**	Company Secretary				•		•				•		•
Subgroups														
24.	**Health & Wellbeing Group**	Deputy Director of People & OD		•		•		•		•		•		•
25.	**Equality, Diversity & Inclusion Group**	Deputy Director of OD		•		•		•		•		•		•
26.	**Education Governance Group**	Deputy Director of People & OD		•		•		•		•		•		•
Committee Business														
27.	Annual Committee Review including review and approval of **Terms of Reference & Annual Work Plan**	Chair												•
28.	Review and approval of **People Performance Committee Subgroup Terms of Reference & Work Plans**	Chair		•										
29.	Informal Review of Committee Effectiveness	Led by Chair		•		•		•		•		•		•
30.	Matters referred from Board Committees	Led by Chair		•		•		•		•		•		•

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Schedule as required:

- Major investigations or reviews (internal of external to the Trust) relevant to people agenda.
- Development of people related strategy, prior to recommendation to Board.

FINANCE & PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

1.1. The Board of Directors (the Board) hereby resolves to appoint a Committee, to be known as the Finance & Performance Committee.

1.2 The Finance & Performance Committee shall have terms of reference and powers delegated by the Board and is subject to such conditions, such as reporting to the Board, in accordance with any legislation, regulation or direction issued by the Trust.

1.3 Save where otherwise provided in these Terms of Reference, the Standing Orders of the Board apply to the proceedings of this Committee.

1.4 The Finance & Performance Committee's activities will support the development and delivery of the Trust's Strategy and Annual Plan.

2. PURPOSE OF THE COMMITTEE

The overarching purpose of Finance & Performance Committee is to:

2.1 Provide oversight and assurance on all aspects of the Trust's financial and operational performance against the agreed annual plan.

2.2 Support the Board in the development of future business plans.

2.3 Provide oversight and ensure appropriate governance mechanisms are in place to assure delivery of the Trust's digital, estates and sustainability related strategies and plans.

2.4 Ensure any associated risks, identified in relation to the above, are managed in accordance with the Trust's assurance framework and risk management arrangements.

2.5 To ensure equality, diversity and inclusion is considered as part of all the Committee's work.

2.6 To have oversight into the Trust's finance and performance related work with locality and system partners.

3. COMPOSITION & CONDUCT OF THE COMMITTEE

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3.1 Membership

3.1.1 Committee membership will comprise:

- At least three Non-Executive Directors, one of whom shall be the Chair
- Chief Finance Officer

- Director of Operations
- Chief Nurse
- Director of Strategy & Partnerships

3.1.2 All statutory Directors are authorised to attend and speak at meetings of the Committee, when they judge appropriate.

3.1.3 There is an expectation that members will attend all meetings during the financial year. Individual attendance levels will be monitored by the Chair of the Committee who will take appropriate measures should attendance be less than 75%.

3.1.4 Nominated deputies may attend in the absence of any member; however, this shall be in an advisory capacity only and attendance of a deputy shall not count towards the attendance level set out in 3.1.2.

3.1.5 The following shall also attend Committee meetings:
- Director of Finance
- Director of Informatics
- Director of Estates & Facilities
- Company Secretary

3.1.6 The Committee will invite other senior leaders to support specific matters as required.

3.2. Chair

3.2.1 The Chair of the Committee will be a Non-Executive Director.

3.2.2 Another Non-Executive Director will deputise as the Chair of the Committee in the Chair's absence.

3.3 Quorum

3.3.1 A quorum will consist of three members, provided that at least two of the attendees are Non-Executive Directors. Deputies in attendance do not count towards the quorum.

3.3.2 Members withdrawing from the meeting owing to a conflict of interest shall no longer count towards a quorum.

3.3.3 However, at the discretion of the Chair, matters and decisions deemed urgent may proceed within the absence of a quorum with any actions from that meeting being confirmed at the next full meeting.

3.4 Notice of meeting

3.4.1 Before each meeting, a notice of the meeting specifying the business proposed to be transacted and supporting papers for the business expected shall be sent by electronic mail to the usual place of business of each member, to be available at least five clear days before the meeting.

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3.4.2 The Chair of the Committee may, at their discretion, allow additional agenda items and papers to be circulated after the notice of the meeting.

3.5 Frequency of meetings

3.5.1 The Committee shall meet at least 10 times per year.

3.5.2 The Chair may at times convene additional meetings of the Committee and/or request business that requires urgent attention is considered via email, for majority decision making. All decisions made via email will be confirmed at the next full meeting.

3.6. Administration

3.6.1 The Company Secretary will ensure appropriate administrative arrangements are in place and that minutes are recorded, confirmed and appropriately archived from each meeting.

4. DELEGATED AUTHORITY

The Finance & Performance Committee is authorised by the Board to:

4.1 Investigate any matter within these terms of reference.

4.2 Seek information from any Director, officer, or employee; and all Directors, officers and employees are directed to extend the fullest co-operation to the Committee in the discharge of its functions.

4.3 Within the procedures approved by the Board, obtain independent legal or other professional advice where required, including the attendance of independent advisers at meetings of the Committee.

5. RESPONSIBILITIES

The responsibilities of the Committee are to:

5.1 Finance

5.1.1 Seek assurance on the effectiveness of systems and processes that exist in relation to the development and delivery of the Trust's annual financial plan.

5.1.2 Review and recommend to the Board the annual financial plan / budget, including activity and workforce, and the associated financial budget.

5.1.3 Consider the levels of assurance provided from key financial metrics and monitor action/s to address any adverse trends against the agreed financial plan.

5.1.4 Oversee the development of the Trust's medium/long term financial strategy, ensuring annual financial plans are consistent with this, and recommend to the Board.

5.1.5 Seek assurance on:
- the planning of the Trust efficiency programmes and in-year delivery
- the planning and delivery of the capital programme
- the effectiveness of Trust's procurement arrangements and delivery of the Trust's procurement programme to ensure compliance with regulations and maximise value for money

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5.1.6 To keep under review issues such as cost transformation (reference costs) to benchmark activity and performance and to act on any learning or remedial action required.

5.1.7 Receive, review and recommend to the Board as appropriate:
- business cases with an investment value in excess of £750,000 (capital and/or revenue)

- revenue expenditure (excluding consultancy services and removal expenses) over £750,000
- orders for schemes within the capital programme over £750,000

5.1.8 Receive and review post implementation reviews of business cases in line with the above to ensure benefits realisation.

5.1.9 To approve the Trust's business case process and associated investment, appraisal, methodology.

5.1.10 Obtain assurance on the effectiveness and sustainability of the Trust's commercial activities.

5.2 Operational Performance

5.2.1 Seek assurance on the effectiveness of systems and processes that exist in relation to the development and delivery of the Trust's annual operational performance standards.

5.2.2 Review the levels of assurance provided from key operational performance metrics and monitor action/s to address adverse trends against the agreed operational plan.

5.2.3 Receive and review key themes, issues, and risks from the Trust's performance review process.

5.3 Digital & Informatics

5.3.1 Oversee development and delivery of the Trust's digital strategy.

5.3.2 Seek assurance on the effectiveness of systems and process to deliver the Trust's digital and information statutory requirements

5.4 Estates

5.4.1 Oversee the development and delivery of the Trust's estates strategy, with recommendation to the Board as required.

5.4.2 Seek assurance on the effectiveness of systems and process to deliver the Trust's estates and facilities statutory requirements.

5.5 Sustainability

5.5.1 Have oversight of the development and delivery of sustainability requirements in line with national NHS guidance.

5.6 Other

5.6.1 Oversee the development of relevant Trust-level strategies and plans and recommend to the Board.

5.6.2 Review the findings or major investigations or reviews (internal of external to the Trust) as delegated by the Board or on the Committees initiatives and consider management's response.

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5.6.3 Review assigned risks from the Board Assurance Framework and associated significant risks from the Corporate Risk Register and ensure that mitigations are appropriately actioned.

5.6.4 Review and approve the Work Plans and Terms of Reference of any group/committee that reports directly to the Committee.

5.6.5 Undertake or consider on behalf of the Chairman or the Board such other related tasks or topics as the Chairman or the Board may from to time entrust to the Committee. The Committee will work in partnership with other Committees of the Board to address matters that impact on the responsibilities of several Committees.

6. RELATIONSHIP WITH THE BOARD OF DIRECTORS

6.1 The Committee will report to the Board by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

6.2 The Key Issues Report will be forwarded to the Board following each Committee meeting.

6.3 Minutes of all Committee meetings will be available to all members of the Board on request.

7. RELATIONSHIP WITH OTHER GROUPS

7.1 The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Board.

7.2 The Committee will receive reports, in the form of Key Issues Reports, from the following:
- Capital Programme Management Group
- Digital & Informatics Group
- Estates Strategy Steering Group

7.3 For the purpose of providing assurance regarding the controls in place for the management and mitigation of risks recorded on the Board Assurance Framework, the Committee (through its Chair) reports regularly to the Audit Committee.

8. REVIEW

8.1 The Committee will review its terms of reference and membership annually and recommend any changes to the Board for approval.

8.2 The Committee will review the effectiveness and performance of the Committee on an annual basis and report the outcome to the Board.

Approved by the Committee [ ]

Approved by the Board of Directors [ ]

To be reviewed at least annually, no later than [ ]

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Finance & Performance Committee Work Plan 2025/26

	Items		2025									2026		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		Papers Due	8.4.	6.5.	10.6.	8.7.		9.9.	7.10.	11.11.		6.1.	10.2.	10.3.
		Committee Date	17.4.	15.5.	19.6.	17.7.		18.9.	16.10	20.11.		15.1.	19.2.	19.3.
		Lead	Q1			Q2			Q3			Q4		
Finance														
1.	**Finance Report**	Chief Finance Officer	•	•	•	•		•	•	•		•	•	•
2.	**Opening Budgets**	Chief Finance Officer	•											
3.	**Productivity and Stockport Trust Efficiency Programme (STEP/CIP)**	Chief Finance Officer	•			•				•			•	
4.	**Financial Sustainability**	Chief Finance Officer		•				•					•	
5.	**Annual Costing Submission** (Pre-submission and submission reports)	Director of Finance		•						•				
6.	**Annual Review of Treasury Management Procedures**	Director of Finance							•					
7.	**Annual Procurement Programme & Progress Report**	Head of Procurement		•						•				
8.	**Business Cases / Contracts for recommendation to Board *(As required):*** - Business cases with an investment value in excess of £750,000 (capital and/or revenue)	Business Case Operational Lead / Procurement	•	•	•	•		•	•	•		•	•	•
9.	**Post-implementation appraisal of Business Cases (approved by Finance & Performance Committee)** *NB. Appraisal of business cases to take place 6 months following full implementation. Timing of report may differ to facilitate this.*	Director of Strategy & Partnerships	•	•	•	•		•	•	•		•	•	•
10.	**Mid-year implementation appraisal of TIF Outpatients Business Case**	Director of Operations	•											
Commercial Activity														
11.	**Pharmacy Shop Board**	Chief Pharmacist				•						•		
Operational Performance														
12.	**Operational Performance Report**	Director of Operations	•	•	•	•		•	•	•		•	•	•
13.	**Performance Framework**	Director of Operations		•										

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	Items		2025 Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2026 Jan	Feb	Mar
		Papers Due	8.4.	6.5.	10.6.	8.7.		9.9.	7.10.	11.11.		6.1.	10.2.	10.3.
		Committee Date	17.4.	15.5.	19.6.	17.7.		18.9.	16.10	20.11.		15.1.	19.2.	19.3.
		Lead	**Q1**			**Q2**			**Q3**			**Q4**		
14.	**Winter Resilience Planning**	Director of Operations							•					
Strategy & Planning														
15.	**Operational Planning** *(Subject to receipt of planning guidance)*	Director of Strategy & Partnerships	•	•									•	•
16.	**Financial Plan (Revenue and Capital)** *(Subject to receipt of planning guidance)*	Chief Finance Officer	•	•									•	•
Estates, Digital & Sustainability														
17.	**Stepping Hill Site Development Strategy – Progress Report**	Director of Estates & Facilities				•						•		
18.	**Estates & Facilities Assurance Report**	Director of Estates & Facilities						•						•
19.	**Green Plan Progress Report** *May 2025 - Review of new Joint Green Plan to recommend to Board and Green Plan Progress Update* *November 2025 – Green Plan Progress Update* *May 2026 – Green Plan Progress Update*	Director of Estates & Facilities		•						•				
20.	**Digital Strategy Progress Report**	Director of Informatics				•						•		
Risks														
21.	**BAF & Aligned Significant Risks**	Company Secretary			•			•				•		•
Subgroups														
22.	**Capital Programmes Management Group Key Issues Report**	Director of Strategy & Partnerships	•	•	•	•		•	•	•		•	•	•
23.	**Digital & Informatics Group Key Issues Report**	Director of Informatics	•	•	•	•		•	•	•		•	•	•
24.	**Estates Strategy Steering Group Key Issues Report**	Director of Estates & Facilities	•	•	•	•		•	•	•		•	•	•
Committee Business														
25.	Review and approve of **Terms of Reference**	Chair												•

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			2025									2026		
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
		Papers Due	8.4.	6.5.	10.6.	8.7.		9.9.	7.10.	11.11.		6.1.	10.2.	10.3.
		Committee Date	17.4.	15.5.	19.6.	17.7.		18.9.	16.10	20.11.		15.1.	19.2.	19.3.
		Lead	**Q1**			**Q2**			**Q3**			**Q4**		
26.	Review and approve of **Annual Work Plan**	Chair												•
27.	Review and approve **Finance & Performance Committee Subgroup Terms of Reference & Annual Work Plan**	Chairs of Subgroups	•											
28.	Informal Review of Committee Effectiveness	Led by Chair	•	•	•	•		•	•	•		•	•	•
29.	Formal Committee Evaluation	Chair												•
30.	Matters referred from Board Committees	Led by Chair	•	•	•	•		•	•	•		•	•	•

Schedule as required:

- Major investigations or reviews (internal of external to the Trust) relevant to finance & performance.
- Development of relevant strategic matters, prior to recommendation to Board

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NHS Stockport NHS Foundation Trust

QUALITY COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

1.1. The Board of Directors (the Board) hereby resolves to appoint a Committee, to be known as the Quality Committee.

1.2 The Quality Committee shall have terms of reference and powers delegated by the Board and is subject to such conditions, such as reporting to the Board, in accordance with any legislation, regulation or direction issued by the Trust.

1.3 Save where otherwise provided in these Terms of Reference, the Standing Orders of the Board apply to the proceedings of this Committee.

1.4 The Quality Committee's activities will support the development and delivery of the Trust's Strategy and Annual Plan.

2. PURPOSE OF THE COMMITTEE

The overarching purpose of Quality Committee is to:

2.1 Provide oversight and assurance regarding the operation of systems and processes to ensure the quality of care, encompassing patient safety, clinical effectiveness, and experience, provided to users of the Trust's services.

2.2 Support the Board in the development of strategy related to quality of care.

2.3 Ensure any associated risks, identified in relation to the above, are managed in accordance with the Trust's assurance framework and risk management arrangements.

2.4 To ensure equality, diversity and inclusion is considered as part of all the Committee's work.

2.5 To have oversight into the Trust's quality-related work with locality and system partners.

3. COMPOSITION & CONDUCT OF THE COMMITTEE

3.1 Membership

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3.1.1 Core membership will comprise:

- Three named Non-Executive Directors, one of whom shall be the Chair
- Chief Nurse
- Medical Director

- Director of Operations

3.1.2 All statutory Directors are authorised to attend as members and take part in meetings of the Committee.

3.1.3 There is an expectation that members will attend all meetings during the financial year. Individual attendance levels will be monitored by the Chair of the Committee who will take appropriate measures should attendance be less than 75%.

3.1.4 Nominated deputies for Executive Directors may attend; however, this shall be in an advisory capacity only and attendance of a deputy shall not count towards the attendance level set out in 3.1.3.

3.1.5 The following shall also attend Committee meetings on a regular basis:
- Deputy Director of Quality Governance
- Deputy Chief Nurse
- Divisional Director of Nursing & Midwifery
- Head of Safeguarding
- Maternity Safety Champion
- Company Secretary

3.1.6 The Committee will invite other senior leaders to support specific matters, as required.

3.2. Chair

3.2.1 The Chair of the Committee will be a Non-Executive Director.

3.2.2 Another Non-Executive Director will deputise as the Chair of the Committee in the Chair's absence.

3.3 Quorum

3.3.1 A quorum will consist of three committee members, provided that at least two of the attendees are Non-Executive Directors. Deputies in attendance do not count towards the quorum.

3.3.2 Members withdrawing from the meeting owing to a conflict of interest shall no longer count towards a quorum.

3.3.3 However, at the discretion of the Chair, matters and decisions deemed urgent may proceed within the absence of a quorum with any actions from that meeting being confirmed at the next full meeting.

3.4 Notice of meeting

3.4.1 Before each meeting, a notice of the meeting specifying the business proposed to be transacted and supporting papers for the business expected shall be sent by electronic mail to the usual place of business of each member, so as to be available at least five clear days before the meeting.

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3.4.2 The Chair of the Committee may, at their discretion, allow additional agenda items and papers to be circulated after the notice of the meeting.

3.5 Frequency of meetings

3.5.1 The Committee shall meet at least eight times per year.

3.5.2 The Chair may at times convene additional meetings of the Committee and/or request business that requires urgent attention is considered via email, for majority decision making. All decisions made via email will be confirmed at the next full meeting.

3.6. Administration

3.6.1 The Company Secretary will ensure appropriate administrative arrangements are in place and that minutes are recorded, confirmed, and appropriately archived from each meeting.

4. DELEGATED AUTHORITY

The Quality Committee is authorised by the Board to:

4.1 Investigate any matter within these terms of reference.

4.2 Seek information from any Director, officer, or employee; and all Directors, officers and employees are directed to extend the fullest co-operation to the Committee in the discharge of its functions.

4.3 Within the procedures approved by the Board, obtain independent legal or other professional advice where required, including the attendance of independent advisers at meetings of the Committee.

5. RESPONSIBILITIES

The responsibilities of the Committee are to:

5.1 Seek assurance on the effectiveness of systems and processes that exist to ensure quality of care. including patient safety, clinical effectiveness and patient & service user experience.

5.2 Review the levels of assurance provided from key performance indicators in relation to quality of care and monitor action/s to address any adverse trends.

5.3 Have oversight of compliance with the Care Quality Commission registration requirements and identify any risks that may prevent this, ensuring mitigations are in place and delivered.

5.4 Review compliance with statutory and regulatory requirements and make recommendation / confirmation to Board, as appropriate with respect to:
- learning from deaths
- infection prevention and control
- safeguarding
- maternity services
- health and safety

5.5 Ensure effective systems for learning are in place to drive change and support improvement in quality of care.

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5.6 Review the establishment and delivery of clinical audit programmes and the implementation of learning resulting from such programmes.

5.7 Oversee the development of quality related strategies and recommend to the Board.

5.8 Oversee the implementation of quality related strategies, including progress against aims and objectives, and action being taken to address any adverse trends, including (but not limited to):
- Quality Strategy
- Mental Health Strategy
- Patient, Service User & Carer Strategy

5.9 Oversee preparation of the statutory Quality Accounts and any associated matters as required by the regulator (in association with Audit Committee) for recommendation to the Board.

5.10 Review the findings of major investigations or reviews (internal of external to the Trust) relevant to quality of care, as delegated by the Board or on the Committees initiative and consider management's response.

5.11 Review quality related risks from the Board Assurance Framework and associated significant risks from the Significant Risk Register and ensure that mitigations are appropriately actioned.

5.12 Review and approve the Work Plans and Terms of Reference of any group/committee that reports directly to the Committee.

5.13 Undertake or consider on behalf of the Chairman or the Board such other related tasks or topics as the Chairman or the Board may from to time entrust to the Committee.

The Committee will work in partnership with other Committees of the Board to address matters that impact on the responsibilities of several Committees.

6. RELATIONSHIP WITH THE BOARD OF DIRECTORS

6.1 The Committee will report to the Board by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.

6.2 The Key Issues Report will be forwarded to the Board of Directors following each Committee meeting.

6.3 Minutes of all Committee meetings are available to all members of the Board.

7. RELATIONSHIP WITH OTHER GROUPS

7.1 The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board.

7.2 The Committee will receive reports, in the form of Key Issues Reports, from the following:
- Patient Safety Group
- Clinical Effectiveness Group
- Patient Experience Group
- Health & Safety Joint Consultative Group
- Integrated Safeguarding Group

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7.3 For the purpose of providing assurance regarding the controls in place for the management and mitigation of risks recorded on the Board Assurance Framework, the Committee (through its Chair) reports regularly to the Audit Committee.

8. REVIEW

8.1 The Committee will review its terms of reference and membership annually and recommend any changes to the Board for approval.

8.2 The Committee will review the effectiveness and performance of the Committee on an annual basis and report the outcome to the Board.

Approved by the Committee [ ]

Approved by the Board of Directors [ ]

To be reviewed at least annually, no later than [ ]

Curtis Soile
28/03/2025 14:04:34

Quality Committee Work Plan 2025/26

			2025									2026		
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
		Papers Due	11.4	16.5	13.6	12.7		12.9	17.10	14.11.		16.1.	13.2.	13.3.
		Committee Date	22.4	27.5	24.6	22.7.		23.9	28.10	25.11.		27.1.	24.2.	24.3.
		Paper Lead	**Q1**			**Q2**			**Q3**			**Q4**		
1.	**Patient Story**	Deputy Chief Nurse	•	•	•	•		•	•	•		•	•	•
Performance														
2.	**Quality & Safety Integrated Performance Report**	Medical Director / Chief Nurse	•	•	•	•		•	•	•		•	•	•
Regulatory Compliance														
3.	**CQC Update**	Deputy Director Quality Governance			•							•		
4.	**External Visits & Inspections Register Report**	Deputy Director Quality Governance			•							•		
Assurance and Oversight Requirements														
5.	**Learning from Deaths**	Medical Director	• (Q3)			• (Q4)			• (Q1)			• (Q2)		
6.	**Patient Safety Report**	Deputy Director Quality Governance		.• (Q4)				• (Q1)		• (Q2)				• (Q3)
7.	**Maternity Services Report** *(Additional reports/frequency to be revised in line with external reporting submissions)*	Divisional Director of Midwifery and Nursing		•		•		•		•		•		•
8.	**StARS Progress Report**	Deputy Chief Nurse		.• (Q4)				• (Q1)		• (Q2)				• (Q3)
9.	**Quality Strategy Progress Report**	Deputy Chief Nurse		•					•					
10.	**Patient, Family & Carer Experience Strategy Progress Report** *(September includes Annual National In-Patient Survey Report and Action Plan)*	Deputy Chief Nurse						•						•
11.	**Mental Health Plan Progress Report**	Deputy Chief Nurse				•							•	
12.	**Winter Resilience Planning**	Director of Operations							•					
13.	**Trust Health Inequalities Report**	Medical Director		• (2026)		•			•			•		
Risks														

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			2025									2026		
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
		Papers Due	11.4	16.5	13.6	12.7		12.9	17.10	14.11.		16.1.	13.2.	13.3.
		Committee Date	22.4	27.5	24.6	22.7.		23.9	28.10	25.11.		27.1.	24.2.	24.3.
		Paper Lead	**Q1**			**Q2**			**Q3**			**Q4**		
14.	**BAF & Aligned Significant Risks**	Company Secretary			•			•				•		•
Strategic Developments														
15.	**Quality Strategy Approval**	Deputy Chief Nurse							•					
Annual Reports														
16.	**Annual Health & Safety Report**	Deputy Director Quality Governance			•									
17.	**Annual Research & Innovation Report**	Research & Innovation Manager / Medical Director			•									
18.	**Annual and Bi-Annual Clinical Audit Report & Forward Programme** *(January - Progress Report)*	Head of Clinical Audit / Medical Director			•							•		
19.	**Annual Complaints Report**	Deputy Director Quality Governance				•								
20.	**Annual Infection Control Report**	Associate Nurse Director IPC			•									
21.	**Annual Safeguarding Report**	Head of Safeguarding				•								
22.	**Annual Quality Account**	Deputy Director Quality Governance		•										
Standing Committees														
23.	**Trust Integrated Safeguarding Group (3As Report)**	Chief Nurse		•		•		•		•		•		•
24.	**Patient Experience Group (3As Report)**	Chief Nurse	•	• PLACE	•	•		•	•	•		•	•	•
25.	**Health and Safety JCG (3As Report)**	Deputy Director Quality Governance		•				•		•			•	
26.	**Clinical Effectiveness Group (3As Report)**	Medical Director	•	•	•	•		•	•	•		•	•	•
27.	**Patient Safety Group (3As Report)**	Medical Director	•	•	•	•		•	•	•		•	•	•

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			2025									2026		
	Items		**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
		Papers Due	11.4	16.5	13.6	12.7		12.9	17.10	14.11.		16.1.	13.2.	13.3.
		Committee Date	22.4	27.5	24.6	22.7.		23.9	28.10	25.11.		27.1.	24.2.	24.3.
		Paper Lead	**Q1**			**Q2**			**Q3**			**Q4**		
Committee Business														
28.	Review and approve of **Terms of Reference**	Chair												•
29.	Review and approve of **Annual Work Plan**	Chair												•
30.	Review and approve **Quality Committee Subgroup Terms of Reference & Annual Work Plan**	Chairs of Subgroups	•											
31.	Informal Review of Committee Effectiveness	Led by Chair		•	•	•		•	•	•		•	•	•
32.	Formal Committee Evaluation	Chair												•

Schedule as required:

- Deep dives as requested by the Committee.
- Major investigations or reviews (internal of external to the Trust) relevant to quality.
- Development of relevant strategic matters, prior to recommendation to Board

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NHS Stockport NHS Foundation Trust

				Agenda No.	20
Meeting date	3 April 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Use of Common Seal 2024/25				
Director Lead	Karen James, Chief Executive	**Author**	Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**	X	**Assurance**		**Decision**	
Recommendation:	The Board of Directors is asked to note and confirm the use of the Common Seal during 2024/25.					

This paper relates to the following Annual Corporate Objectives

	1	Deliver personalised, safe and caring services
	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
	4	Develop a diverse, talented and motivated workforce to meet future service and user needs
	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
	Well-Led	X	Use of Resources

This paper relates to the following Board Assurance Framework risks

	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
	PR1.3	There is a risk that the Trust does not have capacity to deliver an inclusive elective restoration plan
	PR2.1	There is a risk that the Trust is unable to sufficiently engage and support our people's wellbeing
	PR2.2	There is a risk that the Trust does not actively participate in local collaborative programmes/neighbourhood working to improve primary and secondary health outcomes
	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in Stockport

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	PR3.2	There is a risk that partnership working in Greater Manchester do not effectively address unwarranted variation of services and improve health inequalities
	PR3.3	There is a risk that opportunities for collaboration between Stockport NHS Foundation Trust and Tameside & Glossop Integrated Care NHS Foundation Trust are not optimised
	PR4.1	There is a risk that, due to national shortages of certain staff groups, the Trust is unable to recruit and retain the optimal number of staff, with appropriate skills and values
	PR4.2	There is a risk that the Trust's workforce is not reflective of the communities served
	PR5.1	There is a risk that the Trust does not implement high quality service improvement programmes
	PR5.2	There is a risk that the Trust does not implement high quality research & development programmes
	PR6.1	There is a risk that the Trust does not deliver the annual financial plan
	PR6.2	There is a risk that the Trust does not develop and agree with partners a multi-year financial sustainability plan
	PR7.1	There is a risk that the Trust does not implement the Digital Strategy to ensure a resilient and responsive digital infrastructure
	PR7.2	There is a risk that the estate is not fit for purpose and/or meets national standards
	PR7.3	There is a risk that the Trust does not materially improve environmental sustainability
	PR7.4	There is a risk that there is no identified or insufficient funding mechanism to support the strategic regeneration of the hospital campus

Where issues are addressed in the paper

	Section of paper where covered
Equality, diversity and inclusion impacts	N/A
Financial impacts if agreed/not agreed	N/A
Regulatory and legal compliance	Entire report
Sustainability (including environmental impacts)	N/A

Executive Summary

The purpose of this report is to report the use of the Common Seal to the Board of Directors during 2024/25.

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1. INTRODUCTION

1.1 The purpose of this report is to report the use of the Common Seal to the Board of Directors during 2024/25.

2. USE OF COMMON SEAL

2.1 Authority to apply the Seal to relevant documents is detailed at Section 38 of the Trust's Scheme of Reservation and Delegation. Section 38 identifies that authority to apply the Seal is delegated to the Chair / Chief Executive or two Executive Directors/Trust Secretary. It is recognised good practice to report the occasions of use of the Seal to the Board of Directors on an annual basis.

2.2 During the period 1 April 2024 – 31 March 2025, the Trust's Common Seal was applied on four occasions. These were:

Reg No	Date	Reason
144	25 October 2024	Implementation deed relating to the expiry of the project agreement pertaining to The Meadows Stockport Owens Farm Drive
145	25 October 2024	Land transfer from Walker Healthcare to Stockport NHS Foundation Trust (The Meadows)
147	15 November 2024	JCT – Intermediate Building Contract with contractor's design 2016 – Replacement of boiler house roof (Warden Construction Ltd)
148	5 December 2024	Emergency & Urgent Care Centre P22 Contract – Collateral warranties for Trust to execute (Hempsons)

2.3 A Register of Use of the Common Seal is maintained by the Trust Secretary and includes both authorisation signatures and details of the final distribution of the relevant documentation. The Trust Secretary is responsible for the safe custody of the Common Seal. The Board of Directors can be assured that compliance with the requirements of Section 38 of the Scheme of Reservation & Delegation is being maintained.

3. RECOMMENDATIONS

3.1 The Board of Directors is recommended to:

- Note and confirm the occasions of use of the Common Seal as detailed at s2.2 of the report.

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NHS Stockport NHS Foundation Trust

Board of Directors
2025/26 Annual Work Plan

Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Standing Items														
Welcome and Apologies	Chair	Oral	✓		✓		✓		✓		✓		✓	
Patient / Staff Story	Chief Nurse	Film	✓		✓		✓		✓		✓		✓	
Declarations of Interest	All	Oral	✓		✓		✓		✓		✓		✓	
Minutes of the Previous Meeting	Chair	Paper	✓		✓		✓		✓		✓		✓	
Matters Arising	Chair	Paper	✓		✓		✓		✓		✓		✓	
Action Tracker	Chair	Paper	✓		✓		✓		✓		✓		✓	
Chairs Report	Chair	Paper	✓		✓		✓		✓		✓		✓	
Chief Executive Report	Chief Executive	Paper	✓		✓		✓		✓		✓		✓	
Board Committee Key Issues Reports - People Performance - Finance & Performance - Quality Committee - Audit Committee	Chairs of Committee	Paper	✓		✓		✓		✓		✓		✓	
Trust Planning														
Operational Plan (Draft / Final) • Activity • Workforce • Finance including Capital • Self Certification	Director of Strategy & Partnerships	Paper	✓										✓	✓
Opening Budgets Approval	Chief Finance Officer	Paper			✓									
Annual Corporate Objectives & Outcome Measures (Approval and Mid-Year Review)	Director of Strategy & Partnerships	Paper			✓						✓			
Strategy														
Trust Strategy *(As required)*	Director of Strategy & Partnerships	Paper												
GM Provider Collaboration	Director of Strategy & Partnerships	Paper	✓ (2026)						✓					
SFT & T&G Collaboration	Director of Strategy & Partnerships	Paper					✓						✓	

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Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
People														
NHS Staff Survey	Director of People & OD	Paper	✓											
Workforce Equality, Diversity & Inclusion Strategy Progress Report *(Including WRES, WDES, Equality Monitoring, Gender Pay Gap)*	Director of People & OD	Paper			✓									
Freedom to Speak Up Report	Freedom to Speak Up	Paper			✓						✓			
Well Being Guardian Report	Well Being Guardian	Verbal					✓						✓	
Guardian of Safe Working Annual Report *(Went to Board in February 2025; next to go in June 2026)*	Guardian of Safe Working / Medical Director	Paper			✓ (2026)									
Medical Appraisal & Revalidation Report	Medical Director	Paper							✓					
Staff Exclusions	Director of People & OD	Paper	✓		✓		✓		✓		✓		✓	
People & Organisational Development Plan Progress Report	Director of People & OD	Paper					✓						✓	
Safer Care Report	Chief Nurse / Medical Director	Paper	✓		✓		✓		✓		✓		✓	
Bi-Annual Nursing & Midwifery Establishments	Chief Nurse	Paper					✓						✓	
Quality														
Annual Quality Strategy Progress Report	Chief Nurse	Paper			✓									
Annual Research, Innovation & Development Strategy Progress Report	Medical Director	Paper					✓							
Annual Safeguarding Report	Chief Nurse	Paper					✓							
Annual Health & Safety Report	Chief Nurse	Paper			✓									
Infection Prevention Control Report	Chief Nurse	Paper							✓					
Annual CNST Declaration/Submission	Chief Nurse	Paper											✓	
Annual Learning from Deaths	Medical Director	Paper					✓							
Annual EPRR Report - Core Standards and Statement of Compliance	Chief Finance Officer	Paper									✓			
Annual Transformation / Continuous Improvement Strategy Report	Director of Transformation	Paper			✓									
Place - Locality Provider Partnership	Director of Strategy & Partnerships	Paper	✓						✓					

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Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finance & Performance														
Integrated Performance Report	All	Paper	✓		✓		✓		✓		✓		✓	
Finance Report including Cost Improvement Programme and Capital	Chief Finance Officer	Paper	✓		✓		✓		✓		✓		✓	
Green Plan Annual Report	Director of Estates & Facilities	Paper			✓									
Site Development Strategy – Progress Report	Director of Estates & Facilities	Paper					✓						✓	
Digital Strategy Progress Report	Director of Informatics	Paper					✓						✓	
Business Case / Contract Award Approval *(As Required)*	Executive Director Lead	Paper	-		-		-		-		-		-	
Governance														
Board Assurance Framework & Significant Risk Register	Chief Executive	Paper	✓				✓		✓				✓	
Risk Management Strategy & Policy *(As Required)*	Chief Nurse	Paper												
Annual Self-Certification (CoS7)	Trust Secretary	Paper			✓									
Code of Governance Annual Assessment	Trust Secretary	Paper			✓									
Going Concern	Chief Finance Officer	Paper			✓									
Standards of Business Conduct: - Fit and Proper Persons - Register of Directors' Interests - Non-Executive Director Independence	Trust Secretary	Paper											✓	
Register of Sealed Documents	Trust Secretary	Paper	✓											
Standing Financial Instructions & Scheme of Reservation & Delegation	Chief Finance Officer	Paper					✓							
Annual Report & Accounts (Additional Meeting)														
Quality Accounts	Chief Nurse	Paper			✓									
Annual Report including Annual Governance Statement	Trust Secretary	Paper			✓									
Annual Accounts	Chief Finance Officer	Paper			✓									
Charitable Funds Annual Report & Accounts *(Corporate Trustee Meeting)*	Chief Finance Officer	Paper									✓			
Any Other Business	Chair	Oral	✓		✓		✓		✓		✓		✓	
Board Work Plan and Attendance record	Chair	Paper	✓		✓		✓		✓		✓		✓	

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Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Date and Time of Next Meeting	Chair	Oral	✓		✓		✓		✓		✓		✓	

The Board Annual Work Plan sets out the scheduled reports to be presented to the Board of Directors throughout the year. Additional matters and items will be included as required, in recognition of key strategic developments and response to matters identified by the Board of Directors.

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NHS Stockport NHS Foundation Trust

Board of Directors
2024/25 Annual Attendance

Member	Name	4 Apr 24	25 Apr 24	May 24	6 Jun 24	26 Jun 24	1 Aug 24	5 Sept 24	3 Oct 24	7 Nov 24	5 Dec 24	6 Feb 25	6 Mar 25	17 Mar 25	24 Mar 25
Interim Chair	Marisa Logan-Ward	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	A	Y	Y
Chief Executive	Karen James	Y	Y	Y	Y	Y	A	Y	A	Y	Y	Y	A	Y	Y
Chief Finance Officer/Deputy Chief Executive	John Graham	A	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medical Director	Andrew Loughney	Y	Y	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	Y
Chief Nurse	Nic Firth	A	Y	A	A	A	Y	Y	Y	A	Y	Y	Y	Y	Y
Director of Operations	Jackie McShane	Y	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	Y	A
Director of People & OD	Amanda Bromley	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	A	Y	Y
Director of Strategy & Partnerships*	Paul Buckley	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Director of Communications & Corporate Affairs*	Caroline Parnell	Y													
Senior Independent Director/Non-Executive Director	Louise Sell	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	Y	Y	Y
Non-Executive Director	Samira Anane	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y
Non-Executive Director	Tony Bell	Y	Y	Y	A	Y	Y	Y	Y	A	Y	Y	Y	Y	Y
Non-Executive Director	Beatrice Fraenkel	Y	Y	A	Y	A	Y	Y	A	Y	A	Y	Y	A	Y
Non-Executive Director	David Hopewell	Y	Y	Y	Y	Y	Y	Y	Y	A	A	A	Y	Y	Y
Non-Executive Director	Mary Moore	A	Y	Y	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y
*Non-Voting															
Was Meeting Quorate (Y/N)		**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Key															
Y	= Present														
A	= Apologies														
A(D)	= Attended as Deputy														

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