SFT Public Board Meeting - December 2025

Thu 04 December 2025, 09:30 - 13:45

Pinewood House Education Centre

NHS Stockport NHS Foundation Trust

Agenda

09:30 - 09:30 (0 min)

1. Welcome & Apologies for Absence

09:30 - 09:30 (0 min)

2. Declaration of Interests

09:30 - 09:40 (10 min)

3. Patient Story (Verbal)

Information *Nicola Firth*

09:40 - 09:40 (0 min)

4. Minutes of Previous Meeting - held on 2 October 2025 (Paper)

Decision *David Wakefield*

04 - Public Board Minutes - 2 October 2025.pdf (9 pages)

09:40 - 09:40 (0 min)

5. Matters Arising (Verbal)

09:40 - 09:45 (5 min)

6. Action Log (Paper)

Information *David Wakefield*

06 - Public Board Action Log - December 2025.pdf (1 pages)

09:45 - 09:55 (10 min)

7. Joint Chair's Report (Paper)

Discussion *David Wakefield*

07 - Joint Chair Report - December 2025.pdf (5 pages)

09:55 - 10:05 (10 min)

8. Chief Executive's Report (Paper)

Discussion *Karen James*

08 - Chief Executive's Report - December 2025.pdf (5 pages)

STRATEGY & PLANNING

10:05 - 10:20 (15 min)

9. Transformation & Continuous Improvement Strategy Mid-Year Review (Paper)

Discussion *Hannah Silcock*

09 - Continuous Improvement Strategy Mid-Year Review.pdf (14 pages)

10:20 - 10:35

10. Corporate Objectives & Outcome Measures 2025-26 Mid-Year Review

15 min

(Paper)

Discussion *Paul Buckley*

10 - Corporate Objectives Mid Year Progress BoD.pdf (10 pages)

10:35 - 10:50
15 min

11. Collaboration Report: GM Acute Provider & Place (Paper)

Discussion *Paul Buckley*

11 - GM & Stockport Locality Update BoD.pdf (7 pages)

FINANCE & PERFORMANCE

10:50 - 11:00
10 min

12. Finance & Performance Committee Alert, Advise & Assure Report (Paper)

Discussion *Anthony Bell*

12a - Finance & Performance Committee AAA Report - Front Sheet.pdf (2 pages)
12b - Finance & Performance Committee AAA Report - Oct & Nov 2025.pdf (3 pages)

11:00 - 11:20
20 min

13. Integrated Performance Report - Month 7 (Paper)

Discussion *Executive Directors*

13a - Integrated Performance Report Front Sheet 2025-11.pdf (2 pages)
13b - Integrated Performance Report - Nov25.pdf (28 pages)

11:20 - 11:35
15 min

14. Finance Report - Month 7 (Paper)

Discussion *John Graham*

14a - Financial Position Report Month 7 2025-26 front sheet.pdf (3 pages)
14b - Financial position 2025-26 M07.pdf (19 pages)

11:35 - 11:45
10 min

15. Board Resolution 2025/26 (Paper)

Decision *John Graham*

15 - Board Resolution for Revenue Support 2025-26.pdf (5 pages)

11:45 - 11:55
10 min

BREAK

QUALITY

11:55 - 12:05
10 min

16. Quality Committee Alert, Advise & Assure Report (Paper)

Discussion *Louise Sell*

16a - Quality Committee AAA Report - Front Sheet.pdf (2 pages)
16b - Quality Committee AAA Report - October 2025.pdf (2 pages)
16c - Quality Committee AAA Report - November 2025.pdf (3 pages)

PEOPLE

12:05 - 12:15
10 min

17. People Performance Committee Alert, Advise & Assure Report (Paper)

Discussion *Beatrice Fraenkel*

17a - People Performance Committee AAA Report - Front Sheet.pdf (2 pages)
17b - People Performance Committee AAA Report - November 2025.pdf (3 pages)

12:15 - 12:30
15 min

18. Freedom to Speak Up Report (Paper)

Discussion *Amanda Bromley*

18 - Freedom to Speak Up Report.pdf (7 pages)

12:30 - 12:40
10 min

19. Approval: Joint Equality, Diversity & Inclusion Strategy (Paper)

Discussion *Amanda Bromley*

19a - Joint EDI Strategy Dec25 - Front Sheet.pdf (3 pages)
19b - Joint EDI Strategy 2026-2029.pdf (23 pages)

12:40 - 12:55
15 min

20. Improving Resident Doctors Working Lives (Paper)

Discussion *Dilraj Sandher*

20 - Improving Resident Doctors Working Lives.pdf (8 pages)

GOVERNANCE

12:55 - 13:05
10 min

21. Audit Committee Alert, Advise & Assure Report (Paper)

Discussion *David Hopewell*

21a - Audit Committee AAA Report - Front Sheet.pdf (2 pages)
21b - Audit Committee AAA Report - 18 November 2025.pdf (2 pages)

13:05 - 13:20
15 min

22. Joint Corporate Governance Model (Paper)

Decision *Paul Buckley / Rebecca McCarthy*

22 - Joint Corporate Governance Model - December 2025.pdf (9 pages)

13:20 - 13:35
15 min

23. Annual EPRR Report - Core Standards and Statement of Compliance (Paper)

Discussion *John Graham*

23 - 2025-26 EPRR Core Standards.pdf (13 pages)

CLOSING MATTERS

13:35 - 13:35
0 min

24. Any Other Business

DATE, TIME & VENUE OF NEXT MEETING

13:35 - 13:35
0 min

25. Thursday 5 February 2026, 9.30am, Pinewood House Education Centre

13:35 - 13:35
0 min

26. Resolution:

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

STOCKPORT NHS FOUNDATION TRUST
Minutes of a meeting of the Board of Directors held in public
Held on Thursday 2 October 2025, at 9.30am in Pinewood House Education Centre, Stepping Hill Hospital

Members Present:

Mr David Wakefield	Joint Chair
Dr Samira Anane	Non-Executive Director
Mr Anthony Bell	Non-Executive Director
Mrs Amanda Bromley	Director of People & OD
Mr Paul Buckley	Director of Strategy & Partnerships*
Mr David Curtis	Non-Executive Director
Mrs Nicola Firth	Chief Nurse
Mr John Graham	Chief Finance Officer / Deputy Chief Executive
Mr David Hopewell	Non-Executive Director
Mrs Karen James	Chief Executive
Dr Louise Sell	Non-Executive Director
Mr Dilraj Sandher	Chief Medical Officer

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

In attendance:

Mrs Rebecca McCarthy	Trust Secretary
Ms Nesta Featherstone	Associate Nurse Director Infection Prevention & Control (for item 115/25)
Ms Janine Cartner	Divisional Director – Women & Children (for item 116/25)
Dr Lucy Tomlinson	Paediatric Consultant (for item 116/25)
Ms Rachael Whittington	Divisional Nurse Director – Women & Children (for item 116/25)
Ms Sharon Hyde	Divisional Director of Midwifery & Nursing (for item 116/25)

Apologies:

Mrs Beatrice Fraenkel	Non-Executive Director
Mrs Jackie McShane	Director of Operations

** indicates a non-voting member*

REF No/Yr.	ITEM	ACTION OWNER
104/25	**Apologies for Absence** The Joint Chair welcomed everyone to the meeting. Apologies for absence were noted as above.	
105/25	**Declarations of Interest** There were no declarations of interest.	
106/25	**Staff Story** The Board watched a video regarding the Trust's Menopause Staff Network	

	and heard how the network, including the Menopause Clinic, supported staff impacted by the menopause. The Board discussed menopause awareness and support for staff. Key points included ensuring menopause was considered in health and wellbeing discussions with line managers. Further opportunities for the service were discussed, such as exploring prescribing options and links to primary care, noting potential workload implications for GPs. Noting the menopause service was temporarily funded, the need to review funding for health and wellbeing services was acknowledged by the Board, with emphasis on sustainability from the outset. **The Board of Directors received and noted the Staff Story.**	
107/25	**Minutes of Previous Meeting** The minutes of the previous meeting held on 7 August 2025 were agreed as a true and accurate record.	
108/25	**Action Log** The action log was reviewed and annotated accordingly.	
109/25	**Chair's Report** The Joint Chair presented a report providing an update on national, regional and Trust developments, including: - NHS Oversight Framework Segmentation & Ranking - NHS Vaccination Campaign - Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT) Collaboration - Key Trust Meetings & Visits **The Board of Directors received and noted the Chair's Report.**	
110/25	**Chief Executive's Report** The Chief Executive presented a report providing an update on local and national strategic and operational developments, including: - Planning framework for the NHS in England - Getting the basics right for resident doctors - Greater Manchester (GM) Integrated Care Board (ICB) Model Blueprint - Neighbourhood Health Service Implementation Programme - Impact of Industrial Action - Trust Operational Pressures - Stepping Hill Hospital Site Development Strategy - Advantis IT Issues - Key Successes & Celebrations In response to a question from Dr Louise Sell, Non-Executive Director, querying how the Board would be engaged in the national neighbourhood health implementation programme, the Chief Executive noted that updates would initially be provided through the Chief Executive's Report. The Joint	

	Chair noted the need to explore how transformation projects were reported to the Board. The Joint Chair noted a CQUIN requirement where Trusts were asked to demonstrate that at least 80% of staff had been offered a flu vaccination and queried how this could be validated. The Director of People & OD commented that this was not clear, however advised that national guidance had been released to support increased vaccinations, including a checklist of top tips, which the Trust was working through. Mr David Curtis, Non-Executive Director, suggested including information on payslips to ensure all staff were informed of the vaccinations. In response to a question from Dr Louise Sell, Non-Executive Director, regarding patients affected by the industrial action, the Chief Executive confirmed that the 228 appointments affected were outpatient appointments. **The Board of Directors received and noted the Chief Executive's Report.**	
111/25	**Finance & Performance Committee Alert, Assure & Advise (AAA) Report** Mr Anthony Bell, Non-Executive Director, presented the AAA report from the Finance & Performance Committee meeting held on 18 September 2025. He briefed the Board on the content of the report and detailed key financial and operational issues and associated key risks considered, highlighting the alert section of the report. **The Board of Directors reviewed and confirmed the Finance & Performance Committee AAA Report, including actions taken.**	
112/25	**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 Chief Medical Officer presented the quality section of the IPR and highlighted challenges and mitigating actions regarding sepsis, Infection Prevention & Control (IPC), community pressure ulcers, complaints, incidents and maternity due to under-achievement in month. In response to a question from the Joint Chair, the Chief Medical Officer provided further clarity regarding the sepsis graphs. Dr Louise Sell, Non-Executive Director, confirmed that the Quality Committee continued to seek assurance on timely recognition of sepsis and any associated harm, noting that no harm had been identified to date from delayed antibiotic administration. Furthermore, she highlighted an ongoing a sepsis transformation programme. In response to a question from the Joint Chair regarding the reporting of incidents, the Chief Nurse highlighted work in GM to ensure all Trusts were reporting in line with the revised national criteria.	

	In response to a question from Mr David Curtis, Non-Executive Director, regarding handwashing, the Chief Nurse acknowledged that there had been a decline in compliance since the covid pandemic and briefed the Board on mitigating actions in this area. **Operations** The Chief Executive presented the operational performance section of the IPR and highlighted challenges and mitigating actions regarding Emergency Department (ED) performance, patient flow, diagnostics, cancer, Referral to Treatment (RTT), community, outpatient efficiency, outpatient procedures and theatre efficiency metrics due to under-achievement in month. Mr Anthony Bell, Non-Executive Director, commended the continued positivity of staff despite the significant operational and estate challenges. In response to a question from the Joint Chair, the Chief Executive briefed the Board on issues impacting elective recovery, including theatre capacity, availability of consultants and productivity. She provided an overview of mitigations being explored, including weekend working in certain specialties and increased internal capacity. The Chief Medical Officer acknowledged the link between elective and non-elective activity. He stressed the importance of ensuring equitable access to an elective hub for the Trust's population, noting current disparities across Greater Manchester (GM). In response to a question from the Joint Chair querying the Trust's ability to meet the national request for 80% bed occupancy before winter, the Chief Executive acknowledged significant challenges in this area, in the context of ongoing operational pressures and historical performance. **People** The Director of People & Organisational Development (OD) presented the people section of the IPR and highlighted challenges and mitigating actions regarding appraisal rates due to under-achievement in month. **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.**	
113/25	**Finance Report** The Chief Finance Officer presented a report providing an update on the financial performance for Month 5 2025/26. The Board heard that the Trust has agreed a balanced financial plan for 2025/26 with a Cost Improvement Programme (CIP) of £29.2m. It was noted that the Trust had a planned deficit of £5.7m at the end of Month 5, and the	

	Trust was in line with this plan. It was noted that at this stage in the financial year the Trust was forecasting a balanced year-end position in a best-case scenario, however notable risks remained in this area. The Chief Finance Officer advised that the Trust had delivered savings of £22.2m, which was 76% of the full year target of £29.2m. The Board heard that schemes had now been identified to deliver the full target, however this included high risk or technical non-cash releasing schemes offsetting the current £2.0m divisional shortfall. The Chief Finance Officer advised that agency expenditure in Month 5 continued to be above the target ceiling, representing a 20% reduction compared to the 30% target. It was noted that bank costs to Month 5 represented a 13% reduction, which was higher than the NHSE minimum expectation of 10%. The Board heard that the Trust's cash balance at the end of August 2025 was £37.2m against a plan of £27.3m. The Chief Finance Officer advised that the Trust had spent £6.9m on capital costs to Month 5 against a plan of £9.9m, with spend to date relating to the Outpatients modular build and the Urgent & Emergency Care Campus. The Joint Chair highlighted the risk relating to deficit support funding, which would be contingent on GM system performance. The Chief Finance Officer acknowledged the risk in this area, noting ongoing discussions regarding cash at individual Trust and GM-level. In response to a question from the Joint Chair regarding the run rate, the Chief Finance Officer advised that this was managed through non-pay mitigations. In response to a question from Dr Louise Sell, Non-Executive Director, regarding whole time equivalents, the Chief Finance Officer provided an overview of hotspot areas in certain medical specialties. In response to a question from Mr David Hopewell, Non-Executive Director, querying the Derbyshire position, the Chief Finance Officer provided an overview of the latest position, noting that remedial actions regarding pathology and broader contracting were being explored. The Joint Chair highlighted the challenge of the current financial regime, noting that the Trust was not funded for all activity undertaken, as was recognised in the drivers of the deficit report. In response to a question from the Joint Chair querying the loss on electives due to price variances, the Chief Finance Officer, Chief Medical Officer and Chief Executive provided further clarity in this area, highlighting the importance of accurate coding to enable appropriate case mix planning. Dr Louise Sell, Non-Executive Director, acknowledged the Trust's commitment to	

	improving health inequalities, including improved understanding of data in this area. Mr Anthony Bell, Non-Executive Director, welcomed the improvement in CIP delivery, particularly compared to historical performance, and thanked colleagues for their efforts in this area. **The Board of Directors received and noted the Finance Report.**	
114/25	**Quality Committee Alert, Assure & Advise (AAA) Report** The Chair of Quality Committee (Dr Louise Sell, Non-Executive Director) presented the AAA report from the Quality Committee meeting held on 23 September 2025. She briefed the Board on the content of the report and detailed key quality related issues considered, highlighting the alert section of the report in particular. **The Board of Directors reviewed and confirmed the Quality Committee AAA Report, including actions taken.**	
115/25	**Annual Infection Prevention Control Report** The Associate Nurse Director Infection Prevention Control (IPC) presented the Annual Infection Prevention & Control Report 2024/25, describing activities and performance against national mandatory reporting of healthcare associated infections and the IPC Board Assurance Framework. She provided an overview of the report and highlighted successes and challenges. The Joint Chair referred to Criterion 3 'Ensuring appropriate antimicrobial stewardship', noting that the report stated that 86% of the antibiotic choice was compliant with the Trust's antibiotic guidance. The Chief Nurse provided further clarity in this area, noting that within context of IPC, the 86% performance was considered acceptable. In response to the Joint Chair's comment on hand hygiene and fostering a culture where colleagues feel empowered to challenge each other on IPC practices, the Chief Nurse and Chief Medical Officer acknowledged that further work is needed to ensure all staff feel confident to challenge and take shared accountability. The Joint Chair queried how the Trust had managed no cross over contagions last year, recognising increased flu cases, low staff vaccination rates and limited availability of side rooms. The Chief Nurse briefed the Board on actions taken, noting that the position had been enabled by robust planning, organisation, personal protective equipment (PPE) and cohorting of patients. The Chief Nurse advised that this would be the last time the Associate Nurse Director IPC presented the IPC Annual Report to the Board as she was due to retire in March 2026. The Board of Directors paid tribute to the Associate Nurse Director IPC, thanking her for her significant contribution to the IPC	

	agenda, and wished her the very best in her retirement. **The Board of Directors received and noted the Annual Infection Prevention Control Report 2024/25.**	
116/25	**Maternity Services Report including Perinatal Quality Report Q1** The Maternity Team presented the Maternity Perinatal Quality Report, providing an update in line with the Perinatal Quality Surveillance Model (PQSM) set out by NHS England. The Board heard that the report aligned with the GM LMNS Perinatal Quality Surveillance Model to ensure consistent and methodical oversight of the maternity service. Furthermore, the report incorporated update on a number of the elements the service was currently working towards, including: • Saving Babies Lives Care Bundle V3 • Three-year delivery plan for maternity and neonatal services (2023) • Health Inequalities – GMEC Equity and Equality • LMNS / ICB Assurance Visit – Progress against recommendations • Midwifery Continuity of Carer (MCoC) The report also included an update on CQC; maternity and neonatal dashboard; perinatal mortality review; MNSI referrals and recommendations; MNSI/NHSR/CQC concerns raised with the Trust; incidents reported as moderate or above; Coroner regulation 28 made with the Trust; midwifery red flags; midwifery, obstetric, neonatal nursing and medical workforce; training compliance in line with the core competency framework Version 2; service user feedback, progress against CNST MIS Year 7; and staff feedback. In response to a question from the Joint Chair, the Maternity Team confirmed that still birth rates were discussed regionally, noting higher rates at tertiary and specialist centres where there were more complex births. In response to a question from the Joint Chair, the Paediatric Consultant briefed the Board on actions to prevent third and fourth degree tears. In response to a question from the Chief Medical Officer, the Maternity Team briefed the Board on actions to improve training compliance. Mr David Curtis, Non-Executive Director, noted positive comments made by LMNS and NHS England at a recent Maternity Oversight Group regarding the improvements made by the Trust. In response to a question from the Joint Chair, the Maternity Team confirmed that health inequalities were addressed within the action plan. In response to a query from the Director of People & OD on teenage pregnancy rates, the Maternity Team reported cases were distributed across Stockport, with higher rates in some areas of deprivation. The Chief Executive welcomed the excellent and collaborative work of the Stockport Family Partnership in addressing this issue.	

	The Board of Directors received the Maternity Services Report including Perinatal Quality Report Q1, including progress against each programme, including action being taken to support compliance requirements.	
117/25	**People Performance Committee Alert, Assure & Advise (AAA) Report** The Acting Chair of People Performance Committee (Mr David Curtis, Non-Executive Director) presented the AAA report from the People Performance Committee meeting held on 11 September 2025. He briefed the Board on the content of the report and detailed key people related issues and associated key risks considered. **The Board of Directors reviewed and confirmed the People Performance Committee AAA Report, including actions taken.**	
118/25	**Medical Appraisal and Revalidation Report** The Chief Medical Officer presented a report detailing the Trust's medical appraisal and revalidation processes. He briefed the Board on the content of the report and confirmed that the Trust had robust processes in place for medical appraisal and revalidation and medical governance, noting high compliance by doctors. In response to a question from the Joint Chair regarding the software used for medical appraisal and revalidation, the Chief Medical Officer confirmed that a piece of work would be undertaken during the next year to ensure aligned systems across Stockport and Tameside. In response to a question from Mr David Curtis, Non-Executive Director, querying if the medical appraisals supported improved quality of care, the Chief Medical Officer briefed the Board on methods to quality assure appraisals, including exploring if the personal development plans have been of value and making appropriate recommendations to the General Medical Council. Mr David Curtis, Non-Executive Director, highlighted the importance of adding value for the populations served and ensuring appraisal conversations were meaningful. Dr Louise Sell, Non-Executive Director, commented that from a staff wellbeing perspective, appraisals provided opportunity to check up on staff and have a discussion about their performance and wellbeing. **The Board of Directors:** • **Received and noted the report and confirmed the Trust's continued good performance with respect to the completion of medical appraisals and compliance with its medical revalidation requirements.** • **Approved the annual return for sign off by the Chief Executive.**	
119/25	**Audit Committee Alert, Assure & Advise (AAA) Report** The Chair of Audit Committee (Mr David Hopewell, Non-Executive Director)	

Curtis, Sole 28/11/2025 11:12:23

	presented the AAA report from the Audit Committee meeting held on 16 September 2025, detailing key issues and risks considered. The Joint Chair noted his attendance at a recent Fraud workshop. **The Board of Directors reviewed and confirmed the Audit Committee AAA Report, including actions taken.**	
120/25	**Board Assurance Framework 2025/26 – Quarter 2** The Chief Executive presented the Board Assurance Framework (BAF) 2025/26 as at the end of Quarter 2, noting that all BAF risks were regularly reviewed by relevant Board Committees. The Board heard that a management review of the risks had taken place, including consideration of the controls, assurances and mitigating actions, and subsequently the consequence and likelihood had been scored, with current and target risk scores identified. The Board reviewed and confirmed the proposed reduction in risk score for Principal Risk 4.1 – 'Failure to recruit and retain the optimal number of staff' from 12 to 9 based on an improved recruitment position, lowest vacancy rate in 12 months and better than plan turnover position. The Joint Chair noted that there may be more corporate risks following the Electronic Patient Record final business case. **The Board of Directors reviewed and approved the Board Assurance Framework 2025/26 as at Quarter 2, including action proposed to mitigate risks.**	
121/25	**Any Other Business** There was no other business.	
122/25	**Date and Time of Next Meeting** Thursday 4 December 2025, 9.30am, Pinewood House Education Centre.	
123/25	**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:_____

Curtis Soile
28/11/2025 13:13:25

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Action Log Ref No/Yr.	Meeting Date	Minute Ref	Item	Action	Responsible	Status
05/25	5 June 2025	60/25	Corporate Objectives and Outcome Measures	The Joint Chair requested that an update on virtual wards be presented to the Board of Directors in October 2025. **Update October 2025** – Update provided in Integrated Performance Report. Action closed.	Director of Operations	Closed
06/25	7 August 2025	85/25	Chief Executive's Report	It was agreed that the outcome of the industrial action, including numbers of patients affected by the industrial action would be reported via the Chief Executive's Report to the October Board meeting. **Update October 2025** – Information included in the Chief Executive's Report. Action closed.	Chief Executive	Closed
07/25	7 August 2025	87/25	Integrated Performance Report	The Integrated Performance Report to October Board to include further clarity on specific mitigations in relation to Urgent Care. **Update October 2025** – Improvement actions included in Integrated Performance Report. Action closed.	Director of Operations	Closed

On agenda
Not due
Overdue
Closed

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

NHS
Stockport
NHS Foundation Trust

				Agenda No.	7
Meeting date	4th December 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Joint Chair Report				
Director Lead	David Wakefield, Joint Chair	**Author**	Rebecca McCarthy, Trust Secretary		

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
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

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

This report highlights key matters for the attention of the Board, covering national, regional and Trust matters including:

- Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT) Collaboration
- Secretary of State Address to NHS Providers Conference
- NHS England Advanced Foundation Trust (AFT) Programme
- NHS England Strategic Commissioning Framework
- Board of Directors Changes
- Key Meetings & Trust Visits

1. Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT) Collaboration

We continue to develop our collaboration, with a further joint TG ICFT and SFT board development session held in November.

The session was in three parts, firstly we spent time thinking about the impact of the Patient Safety Incident Response Framework (PSIRF) for our Trust.

Secondly, we focused on advancing our collaborative governance arrangements, receiving legal advice on our proposed new joint governance model and the timeline for implementation. We reflected on the importance of inclusive leadership and effective assurance, recognising that the new model aims to enhance assurance and decision-making, reduce duplication, and ensure efficient use of resources. The outcome of our discussions form a formal paper to the Board of Directors meeting today.

We also received training from NHS England (NHSE) as we embark on our journey to implement an Electronic Patient Record (EPR) across both Trusts.

2. Council of Governors Joint Development Session

In alignment with the work taking place with the Board of Directors to transition to a joint governance model, we have been engaging regularly with both Trusts Councils of Governors. A joint development session was held in November to provide an overview of the developing collaborative governance arrangements and their implications for governors. This engagement ensured governors were briefed on the rationale for change, the benefits of the new model, and the anticipated timeline for implementation. Discussions were extremely valuable, and the Council of Governors also considered how they may work differently and more collaboratively going forward. A further development session will take place in early February to consider this in more detail and establish a plan for 2026/27.

3. Secretary of State Address to NHS Providers Conference

On 12 November 2025, I attended the NHS Providers Conference, where the Secretary of State for Health and Social Care, Wes Streeting, set out a reform agenda aimed at improving patient care and restoring public confidence in the NHS. He identified key priorities including reducing bureaucracy, redirecting administrative savings to frontline services, and introducing greater transparency through performance league tables. He also announced plans for turnaround teams to support struggling trusts, alongside a commitment to reward high-performing organisations with increased freedoms. The overarching message was that the NHS must ensure strong financial discipline and transparent performance reporting, embrace honesty, efficiency, and innovation to become fit for the future.

4. NHS England Advanced Foundation Trust (AFT) Programme

NHS England recently published draft guidance for applicants for the Advanced Foundation Trust Programme, which is now open for consultation until 11 January 2026. As outlined in the 10-Year Health Plan, AFTs represent the next stage of development for providers, and the programme aims to reward and incentivise good

performance, with the ambition that by 2035 all providers will have achieved AFT status.

The draft guidance sets out the proposed eligibility criteria and assessment process, alongside additional requirements for organisations seeking designation to hold an Integrated Health Organisation (IHO) contract. AFTs will benefit from greater freedoms and flexibilities, including strategic and operational autonomy, a capability-based regulatory approach, and enhanced financial flexibilities. These changes are intended to enable trusts to improve population health, support integration, shift resources from hospital to community, and tackle health inequalities.

I have confirmed with the Executive Management Team that our Trust will participate in this consultation. This is an important opportunity to influence the development of the programme and ensure we are well positioned to take advantage of the freedoms and responsibilities it will bring.

5. NHS England Strategic Commissioning Framework

At the beginning of November, NHS England published its Strategic Commissioning Framework, setting out expectations for Integrated Care Boards (ICBs) in their role as strategic commissioners. The framework provides clarity on the commissioning cycle and the responsibilities of ICBs, aiming to strengthen system leadership and ensure decisions are evidence-based and focused on population health.

The framework sets out four key stages: understanding population needs through integrated assessments; developing a five-year population health strategy and delivery plan; delivering through resource allocation and contract management; and evaluating impact using clinical data, feedback, and performance metrics. Providers are recognised as key partners throughout, supporting quality reviews, best practice models, and new contractual approaches. Commissioning will take place across multiple footprints aligned to service type and integration opportunities.

To support implementation, ICBs will complete a baseline assessment by February 2026. This will be followed by the launch of a Strategic Commissioning Development Programme in April 2026, co-produced with stakeholders, to build skills and capabilities within ICBs. The programme will focus on enhancing strategic planning, improving governance, and enabling effective partnership working across health and care systems.

6. Board of Directors Changes

Mrs Beatrice Fraenkel, Non-Executive Director, will be leaving the Board at the end of her current term of office in December 2025. Beatrice has served the Trust for three years and has made a significant contribution during her tenure. She has brought valuable expertise in organisational development and culture, as well as estates and design, and has been a strong champion for staff wellbeing and the Freedom to Speak Up agenda. On behalf of the Board of Directors, I would like to thank Beatrice for her dedication and service to the Trust.

Following support by the Council of Governors Nominations Committees at SFT (and TG ICFT), recruitment has commenced for a new joint Non-Executive Director. As

part of succession planning, we are seeking someone with ‘relevant financial experience’, who will chair the Audit Committee at SFT when Mr David Hopewell stands down in 2026, having served 8 years on the Board and chair the Audit Committee at TGICFT from the start of the new calendar year (upon appointment). This appointment is another important step in strengthening collaborative governance arrangements between the two organisations.

7. Staff Awards

I was delighted to attend my first Staff Awards and see first-hand the incredible examples of innovation, compassion, and teamwork being celebrated. Congratulations to all the winners and to everyone who was shortlisted. Your efforts make a real difference to the communities we serve, and these awards are a testament to the strength and spirit of our organisation.

7. Trust Activities

Since the last Board meeting, I have attended several engagements at local, regional and national level. These included the North West System Leaders forum and the Trust Chairs meeting, which provided opportunities to contribute to discussions on system-wide priorities and leadership challenges. I also participated in the mid-year review with NHS England, focusing on performance, financial sustainability and winter planning.

In addition, I joined the HFMA development session on strengthening financial governance through Non-Executive Director engagement, reinforcing the importance of robust financial oversight, and attended a MIAA webinar on the corporate criminal offence of ‘Failure to Prevent Fraud’, underlining our commitment to compliance and governance standards.

Alongside these engagements, I have continued my programme of visits across the Trust to connect with staff and see services first-hand. Recent visits have included a full site infrastructure walkround with the Director of Estates & Facilities in early October, ward visits to A10, A11, E1, E2, and the Eye Centre, as well as attending the Neurodiversity Staff Network and Joint LGBTQ Network Meeting in November. These visits provide valuable insight into the operational pressures faced, and I am consistently impressed by the professionalism and dedication of our colleagues, despite the significant challenges they encounter every day.

NHS Stockport NHS Foundation Trust

				Agenda No.	8
Meeting date	4th December 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		

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
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

	All

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

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

- Medium Term Planning Framework for the NHS in England
- Industrial Action
- Trust Operational Pressures
- Success & Celebrations

1. Medium Term Planning Framework for the NHS in England

In October 2025, NHS England published a Medium Term Planning Framework marking a significant shift from annual planning cycles to a three-year horizon. The framework aims to end short-termism, empower local leadership, and accelerate delivery of the ambitions set out in the 10-Year Health Plan.

Key features of the framework include:

- Three-year integrated planning: Organisations are required to submit a 3-year revenue plan, 4-year capital plan, 3-year workforce plan, and 3-year operational performance and activity plan.
- First submission deadline: December 2025, including triangulated plans and Board assurance statements.
- Full plan submission: February 2026, incorporating an updated integrated planning template, a 5-year narrative plan and Board assurance statements.
- Success measures: Targets for elective care, cancer, diagnostics, urgent and emergency care, community health services and workforce sustainability have been set for 2026/27 and 2028/29. These include improvements in RTT performance, cancer standards, diagnostic waits, and reductions in agency staffing, aligned to national priorities.

The three strategic shifts underpinning the framework are:

- **Hospital to community** – Moving care closer to home and strengthening integrated neighbourhood teams.
- **Treatment to prevention** – Prioritising proactive health management and early intervention to reduce demand on acute services.
- **Analogue to digital** – Accelerating adoption of digital tools, including the NHS App, virtual wards, and data platforms, to improve efficiency and patient experience.

The Trust is actively engaged in this process, with the Director of Strategy and Partnerships coordinating workstreams across operational, workforce, and financial planning. Board oversight will be critical, and further updates will be provided as submissions progress.

2. Impact of Industrial Action

At the last Board meeting, I reported on the resident doctors' strike that took place in July. A further round of national industrial action followed in November, with resident doctors undertaking a full walkout from 7am on Friday 14 November to 7am on Wednesday 19 November 2025. This action was part of the ongoing dispute over pay and working conditions. Maintaining patient safety during this period was the Trust's highest priority. A command-and-control centre was in place throughout the action, and plans were mobilised to minimise disruption to services. We will highlight the impact on operational and financial performance in due course.

The Trust thanks all staff for their flexibility and commitment to patient care during this challenging period. While the British Medical Association (BMA) retains a legal mandate for further industrial action until January 2026, no additional strike dates have been announced at this time.

3. Trust Operational Pressures

Our operational performance continues to reflect the pressures facing the wider NHS. Cancer services remain strong, with performance against national standards sustained. We remain above the national standard for diagnostics, with audiology being a major driver of this position. Albeit, not achieving national standard for elective care, the number of patients waiting more than 52 weeks continues to reduce. Urgent and emergency care performance remains our most significant challenge. Performance against the four-hour and twelve-hour standards remains below national target, however, we are achieving our internal targets which is positive.

We are implementing a range of measures to address these pressures and we will continue to monitor impact closely. Alongside this, we are prioritising winter preparedness to support staff and patient resilience. This includes promoting flu vaccination uptake through roaming vaccinators and satellite clinics and launching the Winter Wellbeing campaign to provide practical advice and resources for colleagues during the colder months. Despite these challenges, our teams remain focused on delivering safe, high-quality care. I want to acknowledge and commend the resilience and commitment of colleagues working under sustained pressure.

4. Successes & Celebrations

4.1 Making a Difference Awards

The Making a Difference Staff Awards is an annual highlight of our calendar. An inspiring event that celebrates the outstanding achievements of individuals and teams across our organisation. The event, held in October at Stockport Town Hall, was a wonderful opportunity to come together, recognise excellence, and honour the hard work, commitment, and dedication that underpin the care we provide every single day.

I was delighted to attend alongside fellow members of the Board and personally congratulate our incredible winners and finalists. Their passion and professionalism make a real difference, and this event showcased the very best of what we stand for.

4.2 Staff & Volunteer Long Service Awards

Two separate events were held recently celebrating years of commitment in Stockport NHS Foundation Trust, one for staff, and one for volunteers.

We held our annual Volunteer Long Service Award ceremony in the hospital restaurant, to celebrate our amazing volunteers with 5, 10, 15, 20 or 25 years working at the hospital. Our award winners held over 150 years of dedication and experience between them. The awards and meal were a great opportunity to thank them all for everything they do and the vital role they play.

The staff event was held at Stockport County FC's Edgeley Park Stadium, and recognised those who had served 20, 30 or 40 years in the NHS. We awarded 44 employees at the event and 111 at an earlier event in July, which meant for 1150 years of service in the room, and an amazing 2720 years altogether.

A huge thank you to them all.

4.3 Stockport NHS Foundation Trust has gone live with CardMedic

CardMedic is a digital healthcare communication platform that allows staff and patients to communicate safely and effectively irrespective of language barriers, cognitive impairment or literacy.

The platform provides instant access to live interpreters in 200+ languages via Language Line, alongside thousands of clinically validated scripts in multiple languages and formats, including British Sign Language (BSL), Easy Read, and Read Aloud. It also supports health literacy for same language patients by explaining information in plain language, clearly and succinctly.

The Trust has taken a “big bang” approach to launching CardMedic, introducing it across all its acute and community settings. From day one, it has been available in all inpatient areas to maximise reach and equity of access. Key areas of engagement include emergency, maternity, and acute medical units, supported by digital nurses, midwives, and clinical champions across the organisation. The rollout also extends to community staff, including community midwives, school nurses, allied healthcare professionals, Macmillan nurses and district nurses.

The rollout reflects the Trust’s commitment to its core CARE values of Compassion, Accountability, Respect, and Excellence. It also aligns with regional efforts to reduce inequalities and national priorities such as the Patient safety healthcare inequalities reduction framework, the Accessible Information Standard, and the Core20PLUS5 Health Inequalities Programme.

4.4. Stockport County Community Research Initiative

The Trust is excited to be a partner in a new research initiative led by Stockport County Community Trust (SCCT), the official charity of Stockport County FC. SCCT are launching a pioneering programme to make health and care research more accessible to the local community. Funded by the NIHR Research Delivery Network and delivered in partnership with Stockport NHS Foundation Trust, the initiative will use Edgeley Park stadium as a satellite venue for NIHR-supported studies focused on local health challenges and areas of deprivation.

The 12-month project aims to overcome barriers to research participation, such as lack of awareness and convenience, through engagement events on matchdays and outreach across voluntary, community, faith, and social enterprise sectors. NIHR funding has enabled recruitment of a dedicated Stockport County Research Lead to drive delivery in collaboration with the Trust’s Research and Innovation team.

This initiative supports NIHR objectives and the government’s 10-Year Health Plan to expand research beyond traditional healthcare settings.

NHS Stockport NHS Foundation Trust

				Agenda No.	9
Meeting date	**4th December 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors – Stockport NHS Foundation Trust				
Report Title	Continuous Improvement Strategy Mid-Year Review				
Director Lead	Angela Brierley – Director of Transformation	**Author**	Hannah Silcock, Assistant Director of Transformation		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors are asked to review and note the progress updates at the mid-way point of the ADOPT Continuous Improvement Strategy 2023-27.					

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
	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	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
	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
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
	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

We are now 18 months into delivery of our three-year ADOPT Continuous Improvement Strategy, which was developed to ensure robust processes and development of our improvement agenda, and to build organisational capacity and capability for continuous improvement across Stockport FT and Tameside & Glossop ICFT.

Despite operating with less transformation/quality improvement resource than many comparable organisations, significant progress has been made across all five strategic ambitions. This includes the establishment of consistent improvement tools and methodologies, delivery of a suite of training offers, increased collaboration across both Trusts, and growing alignment with national priorities through NHS IMPACT.

While staffing constraints and vacant posts within the team have slowed delivery in some areas, the team has adapted its approach to maintain momentum and ensure ongoing support for Trust objectives. Over the next 18 months, the focus will be on embedding our improvement infrastructure, strengthening engagement, and advancing leadership capability to sustain improvement.

1. Purpose

The purpose of this report is to provide a position statement on the progress made to date against the Trust's ADOPT Continuous Improvement Strategy. The Strategy is now at its mid-way point against delivery.

2. Introduction / Background

Our ADOPT Continuous Improvement Strategy was produced to support both Trusts with their improvement journeys, and aligned to the new NHS IMPACT framework. It is a 3 year strategy spanning 2024-2027 and focusses on 5 main domains:

- Align to our strategic ambitions
- Develop a continuous improvement culture
- Organisational Partnerships to deliver sustainable change
- People placed at the heart of our plans and engagement
- Train our people to deliver improvement

Throughout these domains, 17 objectives were produced. Progress against each of these objectives has been highlighted in this report.

The ADOPT Continuous Improvement strategy is primarily executed and supported by the Transformation Teams at both Trusts. However, it must be acknowledged that areas of the strategy are also being supported by other teams, and this will be highlighted in the report.

3. Progress Against Strategic Objectives

Reference metrics aligned to the NHS IMPACT Framework domains can be seen in Appendix B. Progress against the ADOPT Continuous Improvement Strategic ambitions and objectives is documented below:

3.1 Ambition 1 – Align to our strategic ambitions

Objective 1.1: *Ensure we remain aligned to organisational, regional and national strategies and objectives.*
The transformation agenda has evolved in line with national, regional and local priorities, with an increased emphasis on productivity and efficiency to support the Trusts' financial position and delivery against the National Oversight Framework. The transformation programme has been realigned to reflect new Medium-Term Planning Guidance and the Long-Term Plan.

3.2 Ambition 2 – Develop a Continuous Improvement Culture

Objective 2.1: *Provide the tools to support change and improvement.*
A Trust-wide improvement methodology has been developed, "ADOPT", and is being rolled out across the Trust. A comprehensive suite of tools and resources is now accessible through multiple channels, including face to face training, our team intranet pages, podcasts, and bitesize videos.

Objective 2.2: *Develop an improvement hub, providing support and coaching to individuals and teams in implementing an improvement initiative.*
A weekly virtual Improvement Hub was launched in January 2025. Uptake has been

lower than anticipated, despite promotion across both organisations. To address this, face-to-face drop-in sessions will be piloted within the Women, Children and Integrated Services Division at Stockport in November/December 2025 before determining future delivery models.

Objective 2.3: *Promote improvement initiatives and share learning widely, celebrating successes through a range of avenues.*
Successes continue to be shared through the Service Improvement Group "Time to Shine" sessions, annual celebration events at both Trusts, newsletters, and inter-organisational collaboration between individual teams.

Objective 2.4: *Develop a forum for improvement ideas to be submitted and reviewed.*
A range of mechanisms have been trialled, including a dedicated inbox, Dragon's Den-style initiatives and face-to-face visits to clinical and operational areas. Additionally, learning from other schemes such as Stockport's Save-a-thon is being considered to inform future models for idea generation and review.

3.3 Ambition 3 – Organisational Partnerships to deliver sustainable change

Objective 3.1: *Collaboration within and across both organisations to share good practice and areas for learning.*
Strong collaboration is maintained across both Trusts, enabling shared learning and alignment on joint programmes of work.

Objective 3.2: *Engage with system-wide partners to implement and embed sustainable change for the benefits of the people living in our localities.*
Robust partnerships have been established across the system, particularly in Urgent Care programmes on both sites. The Transformation Team has recently realigned resources to focus internally and strengthen Trust-level transformation. The wider engagement with system-wide partnerships is now being supported by the Strategy and Partnerships team, and we are working closely with them for handover of any system-level schemes to ensure continuity.

Additionally, the Strategy and Partnerships team are leading on 4 key areas of transformation that supports collaboration between Tameside & Glossop ICFT and Stockport FT. The Transformation Team are also supporting the high-level work that is taking place, to ensure interdependencies and alignments are considered across our transformation programmes.

Objective 3.3: *Work with our partners to support improved prevention and early identification for our local population.*
This element is now led by the Strategy and Partnerships teams, ensuring continuity and alignment with system-wide prevention agendas.

3.4 Ambition 4 – People-Centred and Co-Produced Improvement

Objective 4.1: *Create opportunities for people to suggest improvements.*
Opportunities have been created through the initiatives outlined under Objective 2.4. This work is continuing into the second half of the strategy lifespan.

Objective 4.2: *Co-produce improvement with staff and service users and those with lived, and living, experience.*
Work continues to strengthen this area. We have strengthened engagement with Healthwatch and lived experience panels in both localities, alongside receiving training on Experience-Based Co-Design (EBCD) methodology, and running a programme of work testing this methodology to strengthen our pathways in the Pain Management Service. Evaluation of this is now taking place as we look towards the latter half of the strategy rollout.

Objective 4.3: *Person-centred approaches underpin all improvement work we carry out.*
We have worked with Stockport's Public Health Registrar and Assistant Director of Human Resources (Inclusion and Colleague Experiences) to develop a more robust Equality Impact Assessment to use across our improvement programmes, ensuring recognition of any negative impact of work on a particular group of people, and mitigation plans where needed.

Objective 4.4: *Effective, visible leadership to support improvement.*
The team provides visible leadership across a range of forums. All Trust Transformation programmes have a clinical and/or operational lead, alongside a Senior Responsible Officer (SRO). Additionally, improvement and leadership training for Senior Leaders/SROs is in development for launch in Year 3.

Objective 4.5: *Grow a network of Improvement Champions.*
The Improvement Champions network is expanding. Engagement will increase following completion of the next tier of training and closer alignment with divisional structures. This will include working with Divisions to understand how these roles can better support ground-level improvement work to take place. This work will also underpin NHS IMPACT commitments.

3.5 **Ambition 5 – Train Our People to Deliver Improvement**

Objective 5.1: *Develop an in-house improvement training programme for people across all levels.*
The ADOPT Continuous Improvement Fundamentals course launched in January 2025 and is accessible to all staff to enrol on. A Practitioner-level programme is scheduled to commence in January 2026 for the next tier of development. Year 3 of the strategy will also see Senior Leader training development and implementation for people in SRO and operational/clinical lead roles in improvement programmes.

Objective 5.2: *Provide training opportunities in an array of media.*
Bitesize training videos, podcasts, and face-to-face sessions have been launched alongside refreshes of our intranet pages. Further multimedia development is paused whilst recruitment of our Transformation Creative Improvement Lead remains on hold. For note, at Tameside & Glossop ICFT, there have been marked improvements in the NHS IMPACT domain of "Building Improvement Capability and Capacity" as seen in Appendix B.

Objective 5.3: *Provide drop-in sessions for people, and teams, leading their own improvements.*
Linked to Objective 2.2, the new face-to-face pilot sessions will inform future delivery.

Objective 5.4: *Provide bite-size improvement education sessions for people to attend.*
Initial sessions have been delivered, with future expansion dependent on team capacity and recruitment.

4 Risks

Risks to full implementation of the strategy include:

- A hold on vacant posts in the Transformation Team, resulting in reduced capacity.
- Increased demand for Transformation Programmes at both Trusts.
- Conflicting priorities and ongoing operational challenges.
- Competing national and local priorities require continual reprioritisation to maintain alignment and impact.

5 Next steps and priorities for the next 18 months

Next steps against each of the objectives can be found in appendix a. Priorities for the remainder of the time period of the strategy include:

- Review approaches to improve capacity and capability across both Trusts.
- Review the Improvement Hub model and in-person engagement approach.
- Launch the Practitioner-level training and complete the development of the Improvement Champions Network.
- Strengthen divisional and system-level leadership capability for improvement.
- Reassess communication and engagement approaches if/once capacity allows.
- Continue alignment with NHS IMPACT priorities and Trust financial improvement programmes.

6 Transformation Programmes

Alongside the rollout of the ADOPT Continuous Improvement strategy, the Transformation Team have continued to support operational and clinical teams to deliver a range of programmes and projects for both organisations (see item 6.1 below).

We are currently working closely with Business Intelligence and our Finance colleagues on both sites to look at how we better track our impact on our financial position, as well as productivity. The delivery of these against all of our 2025-26 programmes will be provided in our end of year annual report and reported to Board in June 2026.

Please see below visual for schemes that have been supported by our team since our last report in April 2025:

6.1 Transformation Programmes 2025/2026

Tameside & Glossop Integrated Care NHS Foundation Trust

Stockport NHS Foundation Trust 2025 Transformation Programmes

7. Recommendations

The Board of Directors are asked to review and note the progress updates at the mid-way point of the ADOPT Continuous Improvement Strategy 2023-27.

Appendix A

RAG-Rated Progress Summary and next steps (18-Month Review)

- **Green** – On track / delivered
- **Amber** – Some delay or risk to delivery, but mitigations in place
- **Red** – Significant delay or issue impacting delivery

Ambition / Objective	Summary of Progress	Current Status (RAG)	Next Steps / Comments
1.1 Ensure alignment with organisational, regional & national strategies	Transformation focus realigned to productivity and efficiency, supporting new planning guidance and NHS IMPACT priorities.		Continue to monitor evolving national guidance and adjust accordingly.
2.1 Provide the tools to support change and improvement	Comprehensive toolkit and methodology launched; accessible via multiple platforms (intranet, podcasts, videos).		Maintain and refresh resources annually.
2.2 Develop an improvement hub providing support & coaching	Weekly virtual hub launched (Jan 2025) with low engagement; pilot of face-to-face drop-ins planned for Q4 2025.		Evaluate pilot outcomes; determine future delivery model.
2.3 Promote improvement initiatives & share learning widely	Regular celebration events, newsletters, and Time to Shine sessions in place; cross-site collaboration embedded.		Continue annual events and expand communication reach when capacity allows.
2.4 Develop a forum for improvement ideas to be submitted/reviewed	Tested dedicated inbox and Dragon's Den format; reviewing further options.		Redesign forum using learning from Save-a-thon and staff feedback.
3.1 Collaboration across both organisations	Strong collaboration maintained with shared schemes and joint learning.		Continue joint working and cross-site sharing.
3.2 Engage with system-wide partners for sustainable change	Strong links with partners, particularly in urgent care; some withdrawal from wider		Maintain strategic oversight via Partnerships team; re-

Ambition / Objective	Summary of Progress	Current Status (RAG)	Next Steps / Comments
	system projects to focus internally.		engage as capacity allows.
3.3 Support prevention & early identification	Now supported by Strategy and Partnerships teams for continuity.		Maintain liaison to ensure alignment with transformation objectives.
4.1 Create opportunities for people to suggest improvements	Various mechanisms piloted (as per 2.4).		Strengthen communication to improve staff awareness of available routes.
4.2 Co-produce improvement with staff & service users	EBCD approach embedded; collaboration with Healthwatch and lived-experience panels ongoing.		Expand lived-experience involvement across more improvement projects.
4.3 Ensure person-centred approaches underpin all improvement work	Embedded within all programmes.		Continue monitoring through improvement reviews.
4.4 Effective, visible leadership for improvement	Active leadership in multiple forums; SRO/Senior Leader training in development for Year 3.		Launch leadership training and evaluate reach and impact.
4.5 Grow network of Improvement Champions	Network growing; engagement paused pending training and divisional alignment.		Launch training and formally activate network in 2026.
5.1 Develop an in-house improvement training programme	ADOPT Fundamentals course live; Practitioner course launching Jan 2026.		Launch Practitioner training and evaluate learning outcomes.
5.2 Provide training in an array of media	Face-to-face, podcast, and bitesize content live; further development paused due to capacity gap.		Resume development once Transformation Creative Improvement Lead role is recruited.
5.3 Provide drop-in sessions for people	Covered under 2.2 – limited uptake of virtual offer, in-person trial planned.		Review effectiveness of pilot and re-launch offer accordingly.

Ambition / Objective	Summary of Progress	Current Status (RAG)	Next Steps / Comments
leading their own improvements			
5.4 Provide bite-size improvement education sessions	Initial sessions delivered; further development paused due to resource limitations.	□	Resume programme post-recruitment and capacity review.

Appendix B: NHS IMPACT barometers 2023-24 vs 2024-25

The methodology for the below is based on specific questions from the staff surveys.

Stockport FT

Stockport FT- 2023
Shared Purpose and Vision - 63.85%

Stockport FT- 2024-25
Shared Purpose and Vision - 63.1%

Stockport FT- 2023
Investing in People & Culture - 62.45%

Stockport FT- 2024-25
Investing in People & Culture - 61%

Stockport FT - 2023
Developing Leadership Behaviours - 71.97%

Stockport FT - 2024-25
Developing Leadership Behaviours - 71.02%

Stockport FT - 2023
Building Improvement Capability & Capacity - 63.07%

Stockport FT - 2024-25
Building Improvement Capability & Capacity - 62.78%

Stockport FT - 2023
Using Quality Management Systems - 68.53%

Stockport FT - 2024-25
Using Quality Management Systems - 68.53%

Tameside & Glossop ICFT

Tameside & Glossop ICFT - 2023
Shared Purpose and Vision - 61.6%

Tameside & Glossop ICFT - 2024-25
Shared Purpose and Vision - 61.88%

Tameside & Glossop ICFT - 2023
Investing in People & Culture - 58.73%

Tameside & Glossop ICFT - 2024-25
Investing in People & Culture - 58.65%

Tameside & Glossop ICFT - 2023
Developing Leadership Behaviours - 67.94%

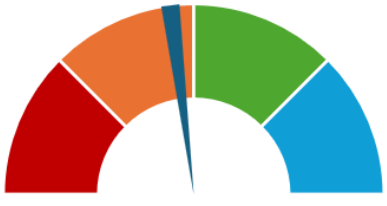
Tameside & Glossop ICFT - 2024-25
Developing Leadership Behaviours - 68%

Tameside & Glossop ICFT - 2023
Building Improvement Capability & Capacity - 59.31%

Tameside & Glossop ICFT - 2024-25
Building Improvement Capability & Capacity - 60.89%

Tameside & Glossop ICFT - 2023
Using Quality Management Systems - 64.62%

Tameside & Glossop ICFT - 2024-25
Using Quality Management Systems - 65.05%



				SFT Paper	10
Meeting date	**4 December 2025**	**Joint Paper**	**X**	**TGICFT Paper**	
Meeting	Board of Directors				
Report Title	Mid-Year Progress Report on 2025/26 Corporate Objectives				
Director Lead	Paul Buckley, Director of Strategy and Partnerships	**Author**	Matthew Edwards, Strategy and Partnerships Manager		

Paper For:	**Information**	**X**	**Assurance**		**Decision**		
Recommendation:	The Board of Directors are asked to note the progress made against the 2025/26 Corporate Objectives as outlined in this mid-year report.						

The paper relates to the following CQC domains

✓	Safe	✓	Effective
✓	Caring	✓	Responsive
✓	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
✓	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

✓	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	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

This mid-year report provides details of the progress being made against the delivery of the 2025/26 Corporate Objectives, with the majority of priorities on track across both Trusts. Key achievements include improvements in patient safety, workforce wellbeing, and delivery of joint digital and sustainability programmes. While financial and estate pressures remain, effective governance and collaboration continue to support delivery of strategic goals.

To focus the discussion on assurance, where performance is stated as red or amber a supporting narrative is provided.

Mid-Year Progress Report on 2025/26 Corporate Objectives

1. Purpose

1.1 The report provides an overview of mid-year progress against the 2025/26 Corporate Objectives for both Stockport NHS Foundation Trust (SFT) and Tameside and Glossop Integrated Care NHS Foundation Trust (TGICFT), outlining performance and actions to support continued achievement of strategic priorities.

1.2 Some common acronyms are used in the document; the following are highlighted for reference.

ACP- Advanced Clinical Practitioners
BCP- Business Continuity Plan
CNST- Clinical Negligence Scheme for Trusts
CSL- Civility Saves Lives
EIA- Environmental Impact Assessment
ECIST- Emergency Care Improvement Support Team
ETOC- Enhanced Therapeutic Observation and Care
EUCC- Emergency and Urgent Care Campus
FTSU- Freedom to Speak Up
ITT- Invitation to Tender
LIMS- Laboratory Information Management System
LMNS- Local Maternity and Neonatal System
PIFU- Patient Initiated Follow Up
PSIRF- Patient Safety Incident Response Framework
RNDA- Registered Nurse Degree Apprenticeship
SNA- Student Nursing Associate
StARS- Stockport Accreditation and Recognition Scheme
UTC- Urgent Treatment Centre
WEG- Workforce Efficiency Group
WDES- Workforce Disability Equality Standard
WRES- Workforce Race Equality Standard

2. Background

2.1 Following approval to maintain the same overarching Corporate Objectives for 2025/26, key outcome measures were developed. These allow monitoring of key programmes of work, enabling the Trusts to meet our statutory obligations and deliver the agreed strategic plans.

3. Progress Update

3.1 Progress is indicated using a Red, Amber and Green (RAG) rating system. Red is an expectation this will not be delivered in year as planned, amber off track but recoverable by year end, green is achievable by year end.

3.2 Out of 40 objectives for SFT: 2 are red, 10 are Amber and 28 recorded are green. Out of 36 objectives for TGICFT, 2 are red, 4 are Amber, and 30 are green. Where red or amber a short narrative is included.

4. Recommendations

4.1 The Board of Directors are asked to note the progress made against the 2025/26 Corporate Objectives as outlined in this mid-year report.

1 - Deliver personalised, safe and caring services		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
Deliver national waiting time / performance requirements, including: • Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026	G	**SFT:**
	G	**TGICFT:**
• Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026	A	**SFT:** The position at the end of September-25 was 62.2%, slightly below the planned improvement trajectory year to date. The target is to deliver a minimum performance of 67% by March-26 (5-percentage point improvement in-year). Long waits for 1st appointment across several specialties remains a risk and key driver of the position.
	G	**TGICFT:**
• Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026	G	**SFT:**
	G	**TGICFT:**
• Improve performance against the headline 62-day cancer standard to 75% by March 2026	A	**SFT:** We have consistently over-achieved against our submitted trajectory in relation to the 4hr standard YTD, with June of this year seeing us the highest performing Trust in month in GM at 74%. From the perspective of patients waiting in the department for more than 12hours, YTD we are 0.8% lower than the same period in 24/25 at 9.1% as opposed to 9.9% YTD in 24/25.
	G	**TGICFT:**
• Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026	G	**SFT:**
	G	**TGICFT:**
• Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25	A	**SFT:** We have consistently over-achieved against our submitted trajectory in relation to the 4hr standard YTD, with June of this year seeing us the highest performing Trust in month in GM at 74%. From the perspective of patients waiting in the department for more than 12hours, YTD we are 0.8% lower than the same period in 24/25 at 9.1% as opposed to 9.9% YTD in 24/25.
	R	**TGICFT:** In August 66% of patients were admitted, discharged or transferred from ED within 4 hours of arrival. This is below the national 78% standard and our internal trajectory of 71%. To help address this the Trust has implemented a series of actions: • The Emergency Care Improvement Support Team has started to work with the clinical teams to review current processes and look for improvements to 4-hour performance. • Front-door streaming continues, with diversion to other services such as Urgent Treatment Centre (UTC), 111 bookable appointments UTC, community services, Same Day Emergency Care (SDEC), and virtual wards. The success of this

1 - Deliver personalised, safe and caring services		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
		activity can be seen in the patients streamed to type- three activity (UTC) and type- 5 activity (SDEC). • The Urgent and Emergency Care Transformation Programme continues to develop initiatives to support flow in the department, and feeds into the Urgent Care Delivery Board. The scope of this is Trust wide with a combined focus on improving patient flow and discharge. • ECIST (Emergency Care Improvement Support Team NHSE) are supporting the Trust with 4 KLOE (Key Lines of Enquiry) with the aim of helping the Trust reach trajectory of 78% against the 4-hour standard.
To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2025/26.	G	**SFT:**
	G	**TGICFT:**
Develop a joint quality strategy in Q3 2025/26.	G	
Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition.	G	**SFT:**
	G	**TGICFT:**
To continue the roll out of the StARS Accreditation Programme, improving the number of areas achieving 'green' and 'blue' status.	G	**SFT:**
	G	**TGICFT:**

2 - Support the health and wellbeing needs of our community and colleagues		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To support the Health & Wellbeing of our colleagues through a range of Health & Wellbeing initiatives, reducing sickness and absence levels.	A	**SFT:** The Trust's rolling 12-month sickness rate stands at 5.61%, slightly above the 5.5% target. In-month absence for September was 5.77%, with an increase in short-term sickness offset by a reduction in long-term cases. Divisional reviews and HR-led oversight meetings continue to support proactive case management. Number of staff with absences over 6 months has significantly reduced, and long-term sickness is at its lowest in 12 months. Mental health remains the leading cause of absence, followed by MSK issues and seasonal illness. A comprehensive wellbeing offer is in place, including psychological support, MSK services, menopause clinics, and resilience programmes.

2 - Support the health and wellbeing needs of our community and colleagues		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
		Leadership development and appraisal updates embed wellbeing into everyday practice. The Trust continues to promote and proactively review flexible working to support work-life balance. While progress is evident, short-term absence and burnout indicators in some divisions (e.g. Integrated Care, Surgery) require continued focus and targeted interventions.
	A	**TGICFT**: The Trust's rolling 12-month sickness rate has reduced to stands at 5.55%. In-month absence for September was 5.34%, slightly above the 4.99% target, with a slight increase in short-term sickness offset by a reduction in long-term sickness. Divisional reviews and HR-led oversight meetings continue to support proactive case management. The number of staff with absences over 6 months has significantly reduced, and long-term sickness is at its lowest in 12 months. Mental health remains the leading cause of absence, followed by MSK issues and seasonal illness. A comprehensive wellbeing offer is in place, including psychological support, MSK services, and resilience programmes. Leadership development and appraisal updates embed wellbeing into everyday practice. The Trust continues to promote and proactively review flexible working to support work-life balance. While progress is evident, short-term absence and burnout indicators in some divisions (e.g. Integrated Care, Surgery) require continued focus and targeted interventions.
Develop a new joint operational planning process and complete in Q4 2025/26.	G	
Develop a new joint organisational strategy by the end of Q1 2026/27.	G	

3 - Develop effective partnerships to address health and wellbeing inequalities.		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To progress further integration of corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.	A	Progress continues on the integration of corporate functions across Tameside and Stockport, including HR, BI, IT, Strategy, and Estates, aligned with the wider partnership ambition to improve efficiency and collaboration. However, progress in some areas has been impacted by dependencies on IT system integration, particularly the new finance ledger, which underpins several corporate processes.
Develop a new joint clinical strategy by Q2 2025/26.	A	Divisional plans are completed, and bespoke sessions are taking place for each Division to share its plans with a view of engaging triumvirates in contributing to a joint clinical strategy now expected in Q4 2025/26.

3 - Develop effective partnerships to address health and wellbeing inequalities.		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To develop joint working opportunities for collaboration between Tameside & Glossop and Stockport within the priority clinical services identified; Gastroenterology, Radiology, Pathology and Pharmacy.	G	
Implement the health inequalities action plan and progress each of the underpinning actions within each of the five priorities.	G	**SFT**:
	G	**TGICFT**:
Support the locality vision for development of an intermediate care facility in Stockport ensuring it supports the needs of the Trust and Community Patient Population.	G	

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To continue with the OD, Talent and Leadership Plan, strengthening leadership and management approaches, fostering and improving working relationships within teams and across the organisation.	G	
To develop workforce plans that builds on the future workforce requirements, new roles, apprenticeships and is in line with the NHS Long Term Workforce Plan.	G	**SFT:**
	G	**TGICFT:**
Continue implementation of the Equality, Diversity & Inclusion Strategy focussing on progression/talent management and improving colleague experience.	G	**SFT:**
	G	**TGICFT:**
Continue to build the Place-Based collaborative working partnership with the Local Authorities within Tameside & Stockport, working with colleges in both localities to co-create and deliver employment opportunities for our residents of Stockport and Tameside.	G	**SFT:**
	G	**TGICFT:**
To reduce bank and agency usage, particularly premium expenditure in line with NHSE targets.	A	**SFT:** Bank usage has reduced by 12% year-on-year, exceeding the NHSE target of 10%, reflecting stronger internal workforce utilisation. Agency spend remains below target at 1.49% of the pay bill (vs. 1.5% target), though the 15% reduction achieved is short of the NHSE 30% expectation. The main cost drivers are sickness absence (25%) and vacancy cover (42%), particularly in hard-to-recruit medical specialties. Targeted mitigations are in place, including conversion of agency staff to bank, strengthened

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
		approval processes for nursing agency usage, and divisional exit plans for long-term locums. Notable improvement in bank fill rates has been seen since June, especially within ED, Theatres, and Critical Care. Ongoing oversight is provided through the Workforce Efficiency Group, with additional scrutiny from the weekly Staffing Approval Group to maintain governance and cost control.
	G	**TGICFT:**
Increase staff retention and attendance through implementation of all elements of the People Promise retention interventions.	G	**SFT:**
	G	**TGICFT:**
To respond proactively to staff survey feedback to demonstrate improvements.	G	**SFT:**
	G	**TGICFT:**

5 - Drive service improvement through high quality research, innovation and transformation.		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To implement the Trust Research and Development Strategy objectives for 2025/26.	G	**SFT:**.
	G	**TGICFT:**
To implement the Trust Transformation & Service Improvement strategy objectives for 2025/26.	G	
To complete an update of the Trust's website.	G	**SFT:**.
	G	**TGICFT:**

6 - Use our resources efficiently and effectively		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To deliver the Trust's Financial, Revenue and Capital Plans.	R	**SFT:** The Trust has a balanced financial position as the end of Month 6 from a revenue perspective. The likely case forecast is that the Trust will not achieve the revenue plan for 2025/26 with a gap of £8.3m. Work continues to towards identifying options to mitigate this position, including considering several unpalatable / difficult options. The

6 - Use our resources efficiently and effectively		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
		capital plan at month 6 is below plan but there are plans in place to deliver a balanced plan for the financial year
	R	**TGICFT:** The likely case forecast is that the Trust will not achieve the revenue plan for 2025/26. Discussions are ongoing with GM ICB and NHSE however at this stage the likely forecast outturn is a deficit of £10m vs a breakeven plan. Work continues to towards identifying options to mitigate this position, including considering several unpalatable / difficult options. Subject to system brokerage of the capital associated with EPR scheme, the current forecast is that the capital plan will be achieved.
To deliver the Trust's financial efficiency programmes.	A	**SFT:** The Trust has delivered in excess of its profiled efficiency plan at Month 6. The current total delivery is £26.2m of the £29.2m target; however there remains a recurrent delivery risk. Alternative schemes are being developed to close the gap on the total plan delivery
	A	**TGICFT:** The current forecast outturn shows a fully delivered position (including red risk schemes). Alternative options are being developed to mitigate any gap
To complete the final accounts for the year end which receive a compliant audit report.	G	**SFT:**
	G	**TGICFT:**
To improve operational and clinical productivity, making full use of the opportunities highlighted through GIRFT, The Model Health System and other benchmarking and best practice guidance.	G	**SFT:**
	G	**TGICFT:**

7 - Develop our Estate and Digital infrastructure to meet service and user needs		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
To complete the EPR Business Case by January 2026 and recruitment process across both Tameside and Stockport by March 2026.	G	
The rollout of the new digital Laboratory Information System is completed. T&G - October 2025 – Blood Transfusion; February 2026 - Microbiology SFT - June / July – Microbiology and Cellular Pathology; September / October – Biochemistry, Haematology and Blood Transfusion.	G	**SFT:**
	G	**TGICFT:**
To develop and implement a Way Finding Strategy.	G	**SFT:**

7 - Develop our Estate and Digital infrastructure to meet service and user needs		
Key Outcome Measures *How will we know we will have achieved our objectives?*	**RAG Rating**	**Mid-Year Progress**
	A	**TGICFT:** A wayfinding strategy, developed with stakeholders and consultancy firm Model as part of the UEC Capital Scheme (completed in 2024), has provided a strong foundation for wider application across the estate. Building on this, Model is now engaged with Stockport FT to develop a comprehensive site-wide strategy, while Tameside and Glossop FT is progressing a similar exercise. A paper will be submitted to JET in November 2025, seeking approval to formally procure Model to deliver a Trust-wide Wayfinding Strategy. This will ensure consistency, improve accessibility, and create a more navigable and patient-friendly estate.
To deliver the Trust's Green Plan objectives for 2025/26	G	**SFT:**
	G	**TGICFT:**
To continue to engage key stakeholders in the development of the new hospital OBC for Stockport and to complete a transition plan for the hospital site to address the poor capital stock.	A	Specialist healthcare architects and long-term hospital planners have been engaged to inform the estate development agenda, with proposals currently under review by the Director of Estates and Facilities. The scope has now broadened to the creation of a comprehensive long-term site development plan, assessing on-site, off-site and blended solutions. This approach underpins the Trust's ambition to deliver a flexible, future-proof estate aligned with clinical and operational priorities.
To develop a business continuity plan for Pathology services to address the fragility of the estate.	R	**SFT:** A replacement pathology lab has been costed at approximately £32m, inclusive of £250k development costs. This has not been supported at the current time and therefore is in the capital plan in future years.
	G	**TGICFT:**
To develop a car parking strategy for Stockport and implement year one of the agreed changes.	G	
To develop a site rationalisation plan for Stockport by March 2026.	A	The site rational plan is being developed as part of the ongoing strategic estates programme and associated steering group. funding is being allocated for a programme to commence in April 2026

NHS Stockport NHS Foundation Trust

				Agenda No.	11		
Meeting date	**4 December 2025**	**Public**	**X**	**Confidential**			
Meeting	Board of Directors						
Report Title	Collaboration Report: GM & Place 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 GM & Place 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
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 paper provides details of the changes within NHS Greater Manchester (GM) relating to the emerging operating model in response to the NHS reforms and place partnerships within Stockport. Key points include:

- The foundations of NHS GM are not changing, the footprint remains aligned with the GM Combined Authority and it is not merging with any other ICBs.
- A new NHS GM operating model setting out how NHS GM will function as a strategic commissioner has been developed.
- NHS GM have confirmed its commitment to a new model of place-based working that require the contribution of all partners, and one that is moving towards a formal partnership agreement.
- A new GM Early Diagnosis Cancer Strategy has been produced.

This paper is aimed at providing assurance that ongoing arrangements are in place to support effective collaboration with partners across GM and Stockport.

Collaboration Report: GM & Place Update

1. Introduction

1.1 This paper provides details of the changes within NHS Greater Manchester (GM) relating to the emerging operating model, which describes how NHS GM will function following the various design groups held throughout the year in response to the NHS reforms, which members of the Executive Team participated in.

1.2 The Stockport locality is one of the ten 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. GM Reform

2.1 Earlier this year, NHS England (NHSE) announced plans to reform ICBs in order to deliver the three ambitions of the 10 Year Health Plan. NHSE then published the Model ICB Blueprint, setting out the core purpose and functions of what an ICB should be doing.

2.2 The work within GM has focused on the development on way of working that bring greater clarity in the roles, responsibilities and accountability to deliver the three strategic shifts of the 10 Year Health Plan. What this means for ICBs is they will lead on understanding population needs, reducing inequalities and planning high-quality care and functions will become more focused, with some responsibilities shifting to providers or national teams.

2.3 The recent national announcement on funding to support ICB reform has confirmed that plans are now to go ahead although not all changes will happen this year as some need legislation or time to implement safely.

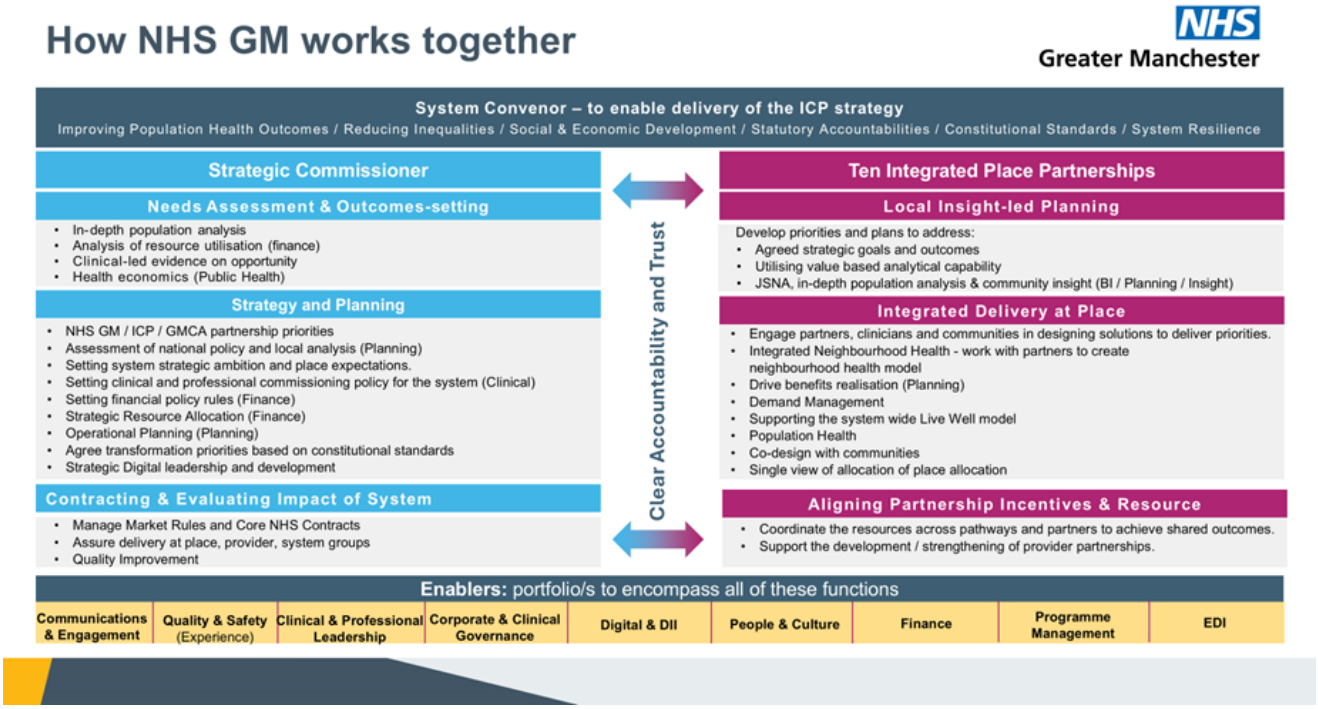
2.4 Throughout this period of reform, the foundations of NHS GM are not changing (**Figure 1**): the footprint remains aligned with the GM Combined Authority, it is not merging with any other ICBs and remain accountable for the £9bn of health spend across GM.

Figure 1 – GM purpose, vision and six missions for our population

2.5 **Figure 2** contains a high-level overview of the NHS GM operating model on a page, setting out how NHS GM will function as a strategic commissioner.

2.6 The left hand side describes the role of the ICB as strategic commissioner regarding planning, assessing needs, contracting, evaluating services. The right indicates how both place partners contribute to local, insight-driven planning and integrated delivery through place partnerships. Underpinning this are a range of enabling key functions that support both commissioning and delivery.

Figure 2 – GM Operating Model



2.7 The Trust engages with the ICB as part of the Strategic Commissioning meetings held each month and continues to play an important role within the ONE Stockport Locality Board. Both remain critical elements of providing assurance that strong partnership arrangements are in place and provide a key mechanism for both Trust and locality representation within the region.

2.8 The new operating model is aimed at changing the relationship between providers and commissioners. As a principal partner, the Trust will continue to work closely to co-develop and deliver plans set out within the strategic commissioning plans, where there will be an emphasis on:

- **Rebalancing care from hospitals to communities** by shifting resources into community-based care, incentivising primary care, expanding neighbourhood health services, and introducing a new payment regime that supports sustainable financial flows across the system.
- **Major service reform and financial sustainability of acute services** that are clinically effective and financially viable
- **Redesign of urgent and elective pathways** to ensure timely access, reducing pressure on emergency departments, and improving patient flow, and digital innovation, pathway redesign, and targeted investment, helping to reduce waiting times and improve patient experience.
- **Trusts being an equal partner within Place Partnerships** with the responsibility to contribute to the delivery of Place Partnership outcomes and expanded neighbourhood health services.

2.9 The Trust will continue to participate in the previously agreed eight Trust Provider Collaborative (TPC) strategic priorities over the next 3 years, which focus on us working together across Trusts (Procurement, Ledger, Transforming People Services, Other transactional corporate services, Single Queue Diagnostics, Aseptics, Pathology, Digital).

2.10 In relation to Procurement, the Trust is working closely with Tameside and Glossop teams ahead of joining the GM collaboration, which subject to the agreement of the business case as trusts, will see from 1st April 2026, a go live date for participating trusts joining the GM Procurement Service – NCA, MFT, The Christie, Pennine Care, WWL and GMMH. The proposed operating model creates a structure which offers a consistent and standardised service for all participating trusts. Under the leadership of the proposed Senior Leadership Team structure there will be three key functions which form part of the overall procurement service structure, these are: Strategic Sourcing, Purchase-to-Pay (P2P) and Logistics, Inventory and Supply Chain.

2.11 For Aseptics, TPC has given support to progressing the development of a hub and spoke model for services across GM. The Trust is reviewing its options as part of the future model (in collaboration with Tameside colleagues) an aspect of which is to assess the viability of whether it there is an opportunity to support quick-start production at Tameside to support short term resilience across GM.

3. Place Partnerships

3.1 NHS GM have confirmed the commitment to a new model of place-based working that require the contribution of all partners, and one that is moving towards a formal partnership agreement. There is a focus on six main areas.

- Improving population health (maximised through the Live Well approach)
- Integrating services (focussed around neighbourhood health)
- Providing high quality services
- Delivering the 10 year plan by focusing on prevention, embracing digital technology and helping people stay out of hospital
- Coordinate the finances
- Continuing driving the strong, local partnerships which GM is renowned for

3.2 The development of a formal partnership agreement is aimed at supporting greater strategic alignment across partners and establishing clear priorities across NHS GM, councils, VCSE and providers. The TSPC will be required to steer this strategy, manage aligned budgets, and coordinate delivery. Each place will develop business plans that reflect both national guidance and local ambitions, which the Trust will contribute to as part of the medium term planning process.

3.3 Place Partnerships will also be required to develop Neighbourhood Implementation Plans, led by Health and Wellbeing Boards but contributed to by the Trust as a partner. National guidance is expected and in the meantime GM is proposing that the neighbourhood plans are part of the embedded Live Well approach. A review the locality governance arrangements to align to delivery of the priority programmes within plans will take place.

4. Other Matters

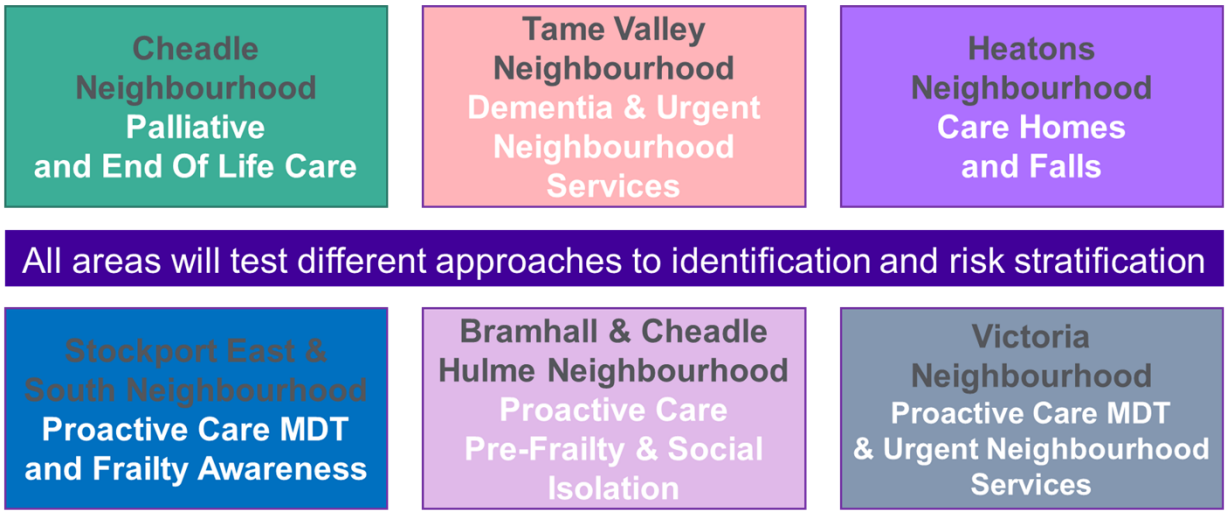
Neighbourhood Health Implementation Plan

Neighbourhood Health is central to the Government's ambitions outlined in the 10 Year Health plan. Stockport Place has been successful in its application to be part of the first wave of organisations in a large-scale change programme that will gather and disseminate learning to create exemplars and support Places embed the culture and capability required to deliver a Neighbourhood Health service.

In the first phase that is underway, Places and ICBs will receive access to a range of support including a national coach, national and regional networks to support peer learning and evidence, best practice and tools and materials which support the development of Neighbourhood Health. Progress to date includes:

- Convening of the partnership across the locality, which the Trust is represented on and formal launch of the programme throughout the borough along with 17 other contributors
- Signing of the compact agreement required by all partners in support of the commitment to the programme aims and objectives
- Identified the governance arrangements and delivery to support the programme, with dedicated lead from the locality and which reports into the Live Well Executive Board
- Developed a high-level plan that has a focus cohort within long term conditions and rising risk associated with frailty and dementia (**Figure 3**)

Figure 3 – Stockport Neighbourhood Focus



GM Cancer Strategy

4.1 The Cancer Alliance have developed a new Early Cancer Diagnosis Strategy focussed on ensuring everyone with cancer receives equitable and timely early diagnosis. The Trust has contributed to the development of the strategy. There are five foundations which lie at the heart of the strategy and also five priorities, which are:

1. **Symptom Awareness** – communication through campaigns including social media, general practice.
2. **Reduce Variation** – with the sharing of best practice
3. **Collaboration with Primary Care** – often the first step in the diagnosis process, therefore, produce the necessary education tools to support primary care and ensure quality improvements and accessibility.
4. **Cancer screening and NHS Wide Programmes** – there are currently 3 key screening programmes with additional projects being trialled in GM.
5. **Innovation** – there is a need to encourage more innovation work on the back of existing projects to move forward.

4.2 A campaign will soon be launched in support of the strategy and to help bust myths around cancer and aid people to become more cancer clever and support the public in understanding symptoms.

5. Summary

5.1 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 whilst striking a balance with responding to the day to day operational challenges at a time of significant change and limited resources.

6. Recommendation

6.1 The Board is asked to note the GM and Place update.

NHS Stockport NHS Foundation Trust

				Agenda No.	12
Meeting date	4 December 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

		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 an Alert, Advise and Assure 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 Finance & Performance Committee held in November 2025, noting areas of alert, advice and assurance.

NHS Stockport NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Anthony Bell, Non-Executive Director
Date of Meeting	16 October 2025 and 20 November 2025
Quorate	Yes

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

1.	**Agenda**	In October, the Committee considered an agenda which included the following: • Finance Report • Annual Review of Treasury Management Procedures • Operational Performance Report • Winter Resilience Planning • Operational Planning 2026/27 • Electronic Patient Record Update • Estates & Facilities Steering Group: - Alert, Advise & Assure Report - Terms of Reference and Work Plan 2025/26 for Approval • Capital Programme Management Group Alert, Advise & Assure Report In November, the Committee considered an agenda which included the following: • Operational Performance Report • Winter Resilience Planning • Finance Report • Operational Planning 2026/27 • Annual Costing Submission • Procurement Update Report • Contracts for Approval • Post Implementation Appraisal of Community Diagnostic Centre – Update on benefits realised • Green Plan Progress Report • Electronic Patient Record Update • Capital Programme Management Group Alert, Advise & Assure Report
2.	**Alert**	Concerns regarding the delivery of the 78% Emergency Department (ED) 4-hour trajectory by year-end, given historical performance in this area and the need for system flow improvement, as stated in the Trust's Operational Plan submission. Concerns regarding increased 12 hour waits, albeit acknowledging that no harm had been identified to date. Concerns regarding reduction in discharge to assess beds impacting on ED performance and flow, with the risk to winter performance acknowledged. Concerns regarding paediatric audiology and consequent adverse impact on children, the diagnostic target and future sustainability of the service. While the Committee noted that recovery was underway with a provider commissioned by

		the Greater Manchester Integrated Care Board (GM ICB), it was acknowledged that exit criteria was still awaited and the impact of external support would take time to embed. Concerns regarding the risk of non-achievement of the Financial Plan given significant associated risks, including risks relating to income, cash, and ongoing unfunded cost of industrial action.
3.	**Advise**	The Committee received the Finance Report for Month 7 and noted: • Overall, at Month 7 the Trust was reporting a £0.2m favourable variance against plan to date and a net deficit of £6.6m. At this point the forecast for year end was in line with plan, however there are some key risks in the plan which will be monitored throughout the year. • The Stockport Trust Efficiency Plan (STEP) plan for 2025/26 was £29.2m (£20.5 recurrent). The Committee heard that the overall STEP plan had been delivered in full in year, however £16.6m of the £20.5m recurrent requirement had been delivered to date. • The Trust has maintained sufficient cash to operate during the month, however risk relating to the availability of support funding was acknowledged. • The Capital forecast for 2025/26 was £41.5m in line with plan. The Committee received the Operational Performance Report for Month 7, 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. The Committee noted the loss of the Christie robotic capacity, acknowledging mitigations in this area. The Committee received updates on winter resilience performance and noted that Opel 3 had been sustained throughout October, with no elective cancellations reported due to site pressures. The Committee received updates on 2026/27 Operational Planning and noted approach being taken to joint operational planning with Tameside & Glossop Integrated Care NHS Foundation Trust (T&G). The Committee noted guidance received to date and acknowledged tight timelines for submissions. The Committee received and approved an updated Treasury Management Policy. The Committee received and approved the Annual Costing Submission. The Committee received a Procurement Programme Progress Report and noted continued work between SFT and T&G in this area. The Committee received a report providing an update on progress made against the delivery of the Joint Green Plan. The Committee received an update on the Electronic Patient Record Programme, noting ongoing activities in this area. The Committee reviewed a Trauma contract and recommended it to the Board of Directors for approval.

4.	**Assure**	The Committee acknowledged positive assurance regarding ED performance in month, with performance overachieving against the improvement trajectory, and improvements in Cancer 62-day and Referral to Treatment performance. The Committee acknowledged positive assurance regarding STEP delivery, albeit recognising a gap in recurrent delivery, and noted that the Trust compared favourably to GM peers in this area.
5.	**Referral of Matters/Action to Board/Committee**	The Committee recommended the Trauma contract to the Board of Directors for approval.
6.	**Report compiled by:**	**Anthony Bell, Non-Executive Director**
7.	**Minutes available from:**	**Soile Curtis, Deputy Company Secretary**

NHS Stockport NHS Foundation Trust

				Agenda No.	13
Meeting date	4th December 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

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.

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Integrated Performance Report

Reporting period

October 2025

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, E. Coli and MRSA Infections, Hospital and Community Pressure Ulcers, Complaints, Incidents, and Maternity.

- Sepsis performance measure for timely recognition continue to report above the 90% threshold. Although antibiotic administration performance has shown some since June 2025, no further improvements have been reported since and the reported rate is still below the target threshold.
- The number E. coli infections continues to be high, and rates have increased again for October 2025. An MRSA infection was reported in September 2025, which has caused the rates to increase above the planned improvement trajectory.
- The rate of Hospital-acquired pressure ulcers continues to drop month on month. Although the fall in overall numbers is positive, the number reported due to lapses in care have not fallen at the same rate, which has led to an increase in the report percentage due to lapses in care. This affects both Hospital and Community-acquired pressures ulcers.
- The rate of informal complaints shows some strong improvement in the last two months, but rates of formal complaints appear to have risen. The timely response to complaints has shown improvement.
- Rates of patient safety incidents causing moderate and above harm have not changed significantly, varying between 2.6 and 3 incidents for every 10000 bed days.
- Maternity metrics related to 3rd and 4th degree tears have shown some improvement since April 2025 but continue to be above the 2% national target.

Operations Highlight

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

- Performance against the ED 4-hour standard shows no significant changes since the improvement seen from February 2025 onwards. Patients waiting more than 12-hours in department have been increasing since the improved position reported in June 2025.
- The average number of patients with no criteria to reside was 81 for October. This remains above the local threshold of 45 and is reported as a monthly increasing trend since March 2025.
- Diagnostic performance is showing improvement and continues to be below the planned performance trajectory. Patients over 6-weeks are now decreasing in Audiology and Endoscopy, but performance improvement remains challenging in Echocardiology due to service capacity.
- Most cancer standards are reported as achieving their targets in the latest month, except for the 31-day standard. Capacity in the lung service and robotic theatre are still sighted as key contributing factors.
- RTT 18-week performance is showing some strong improvement, as is performance against the wait for first attendance. Patients waiting over 65-weeks remains a challenge, with 7 patients reported for October 2025.
- Performance in theatre capped touch time utilisation has not seen any significant changes and remains challenging. Booking utilisation remains high, and improvements have been made to reduce the number of same-day cancellations.

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 and Appraisal rates.

- Monthly sickness absence rates have grown in the last 2 months, although this is lower than reported in October 2024. Cold/Cough/Flu is sighted as the 2nd highest reason, behind mental health related illness
- Workforce turnover continues to reduce, with strong improvement seen in September and October performance both reported at 11%.
- Appraisal rates are now showing a strong recovery following the decrease in performance since January 2025. This improvement comes at the end of the extended appraisal window for October 2025.
- Mandatory training rates continue to show strong improvement in performance, with performance since July 2025 consistently over the 95% target.
- Agency costs continue to report below the Trusts local threshold of 3.2%, with performance for August to October 2025 at or below 1.5%.

Curtis,Soile
28/11/2025 13:13:25

Finance Highlight

After 7 months of the financial year the Trust is reporting a £0.2m favourable variance against plan for system reporting purposes and a net deficit of £6.6m.

- At Month 7 we are still reporting that we will deliver our plan as per national guidance, but the Trust's likely position is a deficit of c.£6.5m to plan.
- The Trust STEP target of £29.2m has been transacted, delivering 100% of the in-year target. To date £17.5m has been delivered which is £2.1m ahead of the profiled plan. £16.6m (81%) of the recurrent requirement has been delivered.
- The Trust has maintained sufficient cash to operate during October. Cash balances at the end of October were £34.5m for the Trust and £0.5m for the Pharmacy Shop, an increase of £2.7m from September 2025. Cash balances are anticipated to fall to approximately £27.7m by the end of December 2025 before falling to £12.1m by March.
- The Trust capital plan has increased by £4.0m in October to £41.5m. The increase is in respect of additional PDC (£2.5m) and UEC Incentive funding (£1.5m) for the following schemes – Cyber Risk Security, Phase 2 Estates Safety, Digital pathology and UEC capital allowance. The year-to-date underspend of £6.1m includes £2.5m for EPR. The remaining variance of £3.6m relates to rephasing of the capital plan; re-aligning with the plan over the remainder of the year.

Integrated Performance Report
Scorecard

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

	Reporting Period	Latest Target	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: SHMI	Aug-24 to Jul-25	≤ 100		↑	88	●	●
Sepsis: Timely recognition	Nov-24 to Oct-25	≥ 90%		↓	94.9%	●	●
Sepsis: Antibiotic administration	Nov-24 to Oct-25	≥ 90%		↑	77.8%	▲	▲
C.diff infection rate	Nov-24 to Oct-25	≤ 38.94		↑	33.07	●	●
MRSA infection rate	Nov-24 to Oct-25	≤ 0.92		↓	1.38	▲	▲
E. coli infection rate	Nov-24 to Oct-25	≤ 32.47		→	36.29	▲	▲
Hospital-Acquired Pressure Ulcers	Oct-25	≤ 74	22	→	3	●	●
Rate of HAPU - Overall	Nov-24 to Oct-25	≤ 3.48		↑	2.3	●	●
Rate of HAPU due to Lapses in Care	Aug-25	≤ 30%	50%	↘	66.7%	▲	▲
Community-Acquired Pressure Ulcers	Oct-25	≤ 175	113	↘	14	●	▲
Rate of CAPU due to Lapses in Care	Aug-25	≤ 5%	6.3%	↗	20%	▲	▲
Written Complaints Rate	Oct-25	≤ 9.3	9.84	↘	11.29	▲	▲
PALs and Informal Enquiry Rate	Oct-25	≤ 86.8	67.14	↑	55.03	●	●
Timely Response to Complaints	Oct-25	≥ 95%	93.4%	→	97.9%	●	●
Rate of Re-opened Complaints	Oct-25	≤ 10%	14.9%	↘	17.2%	▲	▲
Parliamentary & Health Service Ombudsman ..	Oct-25	≤ 0	13	→	2	▲	▲
Incident Rate - Moderate+ Harm	May-25 to Oct-25	≤ 2.7		→	2.77	▲	▲
Patient Safety Alert Breaches	Oct-25	≤ 0	0	↑	0	●	●
Duty of Candour Breaches	Oct-25	≤ 0	1	→	0	●	●
Never Event Incidence	Oct-25	≤ 0	0	→	0	●	●
Rate of Registrable Stillbirths	Oct-25	≤ 0	4.41	↘	0	●	●
Smoking at Time of Delivery (SOTD)	Oct-25	≤ 5.1%	3.2%	↑	2.7%	●	●
3rd or 4th degree tears	Aug-25 to Oct-25	≤ 2%		↗	3.1%	▲	▲
Postpartum Haemorrhage	Oct-25	≤ 2.5%	4%	↗	3.4%	▲	▲
Avoiding Term Admissions	Oct-25	≤ 5%		→	5.9%	▲	▲

Curtis.Soile 28/11/2025 13:13:25

	Reporting Period	Latest Target	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
4hr Standard	Oct-25	≥ 64.9%	68.6%	→	67.1%	●	●
Patients in department over 12hrs	Oct-25	≤ 10%	11.1%	↘	15.4%	▲	▲
Ambulance handover time	Oct-25	≤ 32.25		↑	27.13	●	●
No criteria to reside (NCTR)	Oct-25	≤ 45	542	→	81	▲	▲
Adult G&A Bed Occupancy	Oct-25	≤ 92%	95.6%	→	96.3%	▲	▲
Timely discharge	Oct-25	≤ 79%	81%	↗	80.8%	▲	▲
Average discharge delay	Oct-25	≤ 6.8		↑	4.2	●	●
Length of stay: Elective	Mar-25 to Aug-25			↑	2.05		
Length of stay: Non-elective	Mar-25 to Aug-25			↑	10.19		
Diagnostics: 6-week Standard	Oct-25	≤ 21.2%	22.5%	↗	18.6%	●	●
62-day standard	Oct-25	≥ 72.5%	71%	↗	81.8%	●	●
31-day standard	Oct-25	≥ 94.4%	89.4%	↘	89.7%	▲	▲
28-day standard (FDS)	Oct-25	≥ 79%	81.1%	↗	83.9%	●	●
14-day standard (2WW)	Oct-25	≥ 93%	96.9%	↗	99%	●	●
Incomplete pathways 18-week %	Oct-25	≥ 58.5%		↑	57.8%	▲	▲
52-week breaches	Oct-25	≤ 847		↑	719	●	●
65-week breaches	Oct-25	≤ 0		→	7	▲	▲
52-week breach %	Oct-25	≤ 2.7%		↑	2.1%	●	●
Wait for first attendance 18-week %	Oct-25	≥ 65.4%	64.1%	↑	65%	▲	▲
Virtual Ward Utilisation	Oct-25	≥ 80%	74.3%	↑	97.5%	●	●
Urgent Community Response	Sep-25	≥ 70%		↓	80%	●	●
Outpatient DNA rate	Oct-25	≤ 6.3%	6.6%	→	6.5%	▲	▲
Outpatient clinic utilisation	Oct-25	≥ 90%	95%	↘	94.6%	●	●
Patient initiated follow up (PIFU)	Oct-25	≥ 5%	5.9%	↘	5.5%	●	●
OP First Attend and Procedure	Oct-25	≥ 43.7%	42.5%	↓	41.5%	▲	▲
Capped Touch Time Utilisation	Oct-25	≥ 85%	78.7%	→	78.8%	▲	▲
Workforce Scorecard							
Substantive Staff-in-Post	Oct-25	≥ 90%	95.2%	↑	95%	●	●
Sickness Absence: Monthly Rate	Oct-25	≤ 5.5%	5.4%	↘	6%	▲	▲
Workforce Turnover	Oct-25	≤ 12.7%	11.3%	↑	11%	●	●
Appraisal Rate: Overall	Oct-25	≥ 95%	83.6%	↑	90.1%	▲	▲
Mandatory Training	Oct-25	≥ 95%	95.3%	↑	96.8%	●	●
Agency Costs %	Oct-25	≤ 3.2%	1.8%	↗	1.4%	●	●
Finance Scorecard							
Capital Expenditure	Oct-25	≤ 10%		↑	80.3%	▲	▲
Cash Balance	Oct-25			→	34.4		
CIP Cumulative Achievement	Oct-25	≥ 0%		↑	13.6%	●	●
Financial Controls: I&E Position	Oct-25	≤ 0%		→	87.9%	▲	▲

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

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%	94.9%	↓	M J J A S O	●
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%	77.8%	↑	M J J A S O	▲

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.

Timely Recognition

- 12-month rolling figure is 94.9%, which is ahead of trust target (90%).
- Achieved 96% performance in-month for October
- 44/46 suspected sepsis triggers were reviewed on time
- 12 suspected red flag triggers where 5 were treated as sepsis positive at clinician review
- All 2 suspected amber flag sepsis were treated on time
- 30 suspected sepsis triggers had no clinical suspicion of infection

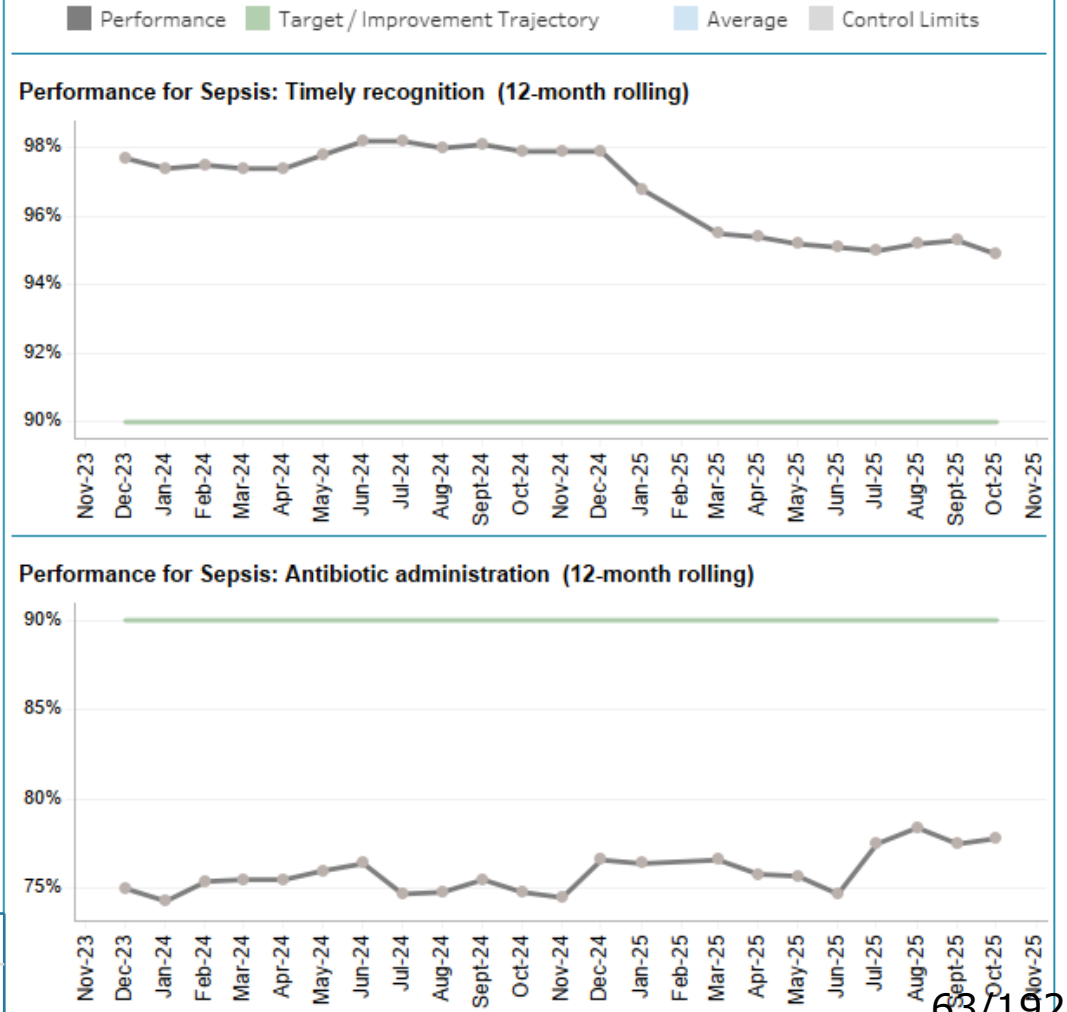
Antibiotic Administration

- 12 month rolling figure stands at 77.8% for October which is an improvement from 77.5% last month, however, remains below Trust target of 90%
- 57% compliance with antibiotics administration for the month of October
- 4/7 patients screened for sepsis received antibiotics in accordance with trust guidelines.
- Red flag sepsis: 2/5 were compliant. Amber flag sepsis: 2/2 were compliant
- Ward M6 had two delays in abx administration, 1) 67 mins 2) 34 mins
- MSDEC had a delay of 99 mins in abx administration
- Average abx delay time for October for patients treated as Sepsis (3) = 67 mins

Key Events/Ongoing Issues

- Similar use of 2222 from last month for red flag sepsis OOH – One area had used 2222 for red flag sepsis in hours, the ward has been contacted.
- Some areas are having issues with Doctors not completing the Sepsis tasks on Patientrack, resulting in tasks being left outstanding for days – areas have been contacted and toolbox sessions arranged to include Doctors – big push on the completion of tasks when new Patientrack sepsis tasks launch
- Antibiotics availability: Tazocin availability was raised as an issue during the RDGP meeting, Pharmacy have highlighted that Tazocin is available from the emergency drug cupboard and on numerous wards around the hospital. Further feedback from ward areas is that OOH, there often isn't enough staff to leave the ward to source the antibiotic.
- There will be an update on the Sepsis AMAT audit and the new patient track sepsis assessment at the upcoming Sepsis Link Nurse meeting in November. Training dates will be shared soon.
- AMAT Audit pilot: Now Live! Compiling feedback and supporting pilot areas, steering group meeting date TBC.

Update provided by	Christe Bolanio
Executive Lead	Dilraj Sandher



Quality **Infection Prevention** E. coli

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
E. coli infection rate — The number of Escherichia Coli (E. coli) bacteraemia infections per 100,000 bed days.	<= 32.47	36.29	→	M J J A S O	▲

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.

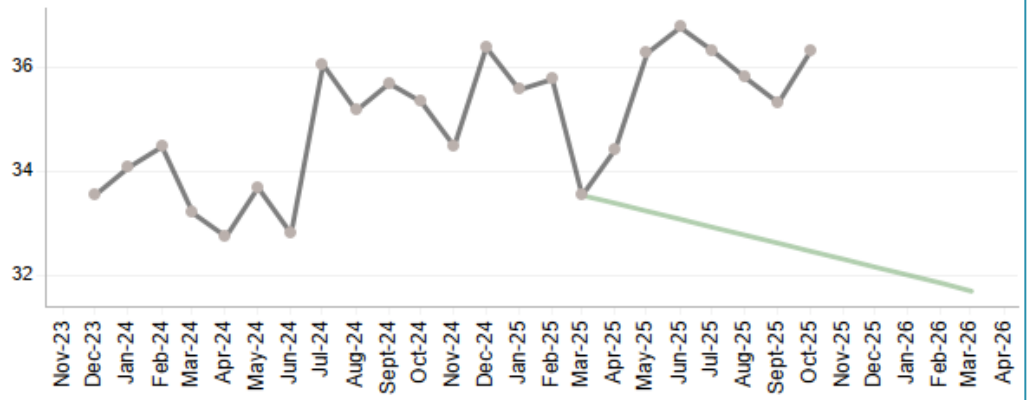
There were 5 HOHA and 2 COHA cases in October totalling 53 YTD. The Trust is over the projected threshold of 40.25 for the end of October.

The latest National figures (Aug 2025) rank Stockport fourth out of the seven GM Trusts which is the same as the previous month.

An E. coli deep dive paper was presented to IP&C Group in October 2025 highlighting actions being undertaken. Discussions also were undertaken at Board and Quality Committee in October. This paper will now be presented to PSG in November for discussion and support from the divisions.

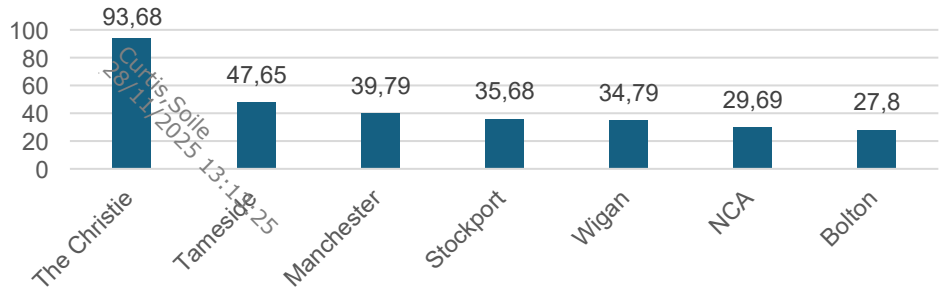
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for E. coli infection rate

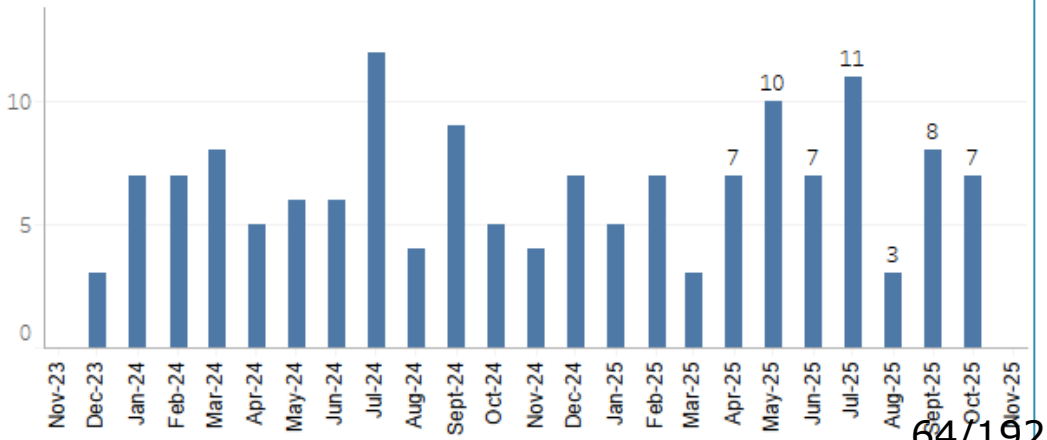


The latest data point is within the control limits. This is viewed as common cause or normal variation.

Benchmark data for E. coli infections from NHSE – August 2025



Performance for E.Coli Infection Count



Update provided by	Nesta Featherstone
Executive Lead	Nic Firth

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Infection Prevention** MRSA

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
MRSA infection rate — The number of hospital-onset Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections per 100,000 bed days.	<= 0.92	1.38	↓	M J J A S O	▲

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.

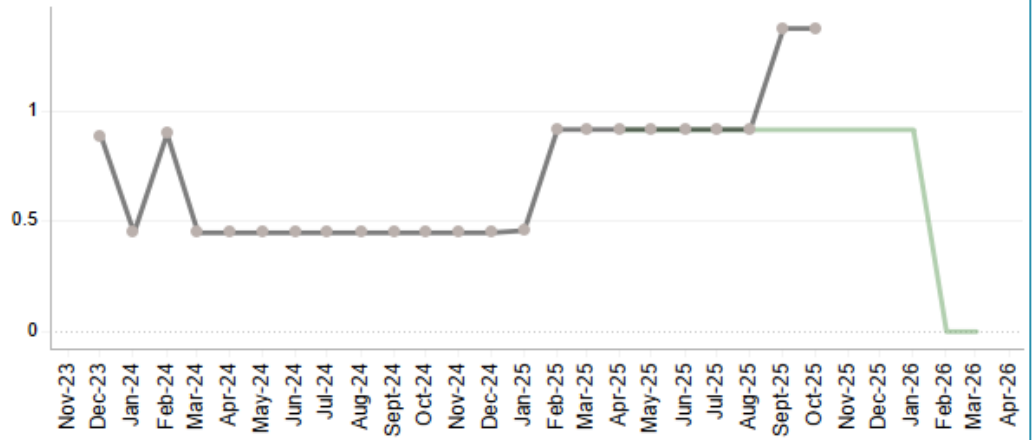
The Trust had no cases of MRSA Bacteraemia in October. The Trust now has 1 case in 2025-26 against a zero-tolerance threshold.

The latest National figures (Aug 2025) rates show Stockport is ranked third out of the seven GM Trusts which is the same as the previous month.

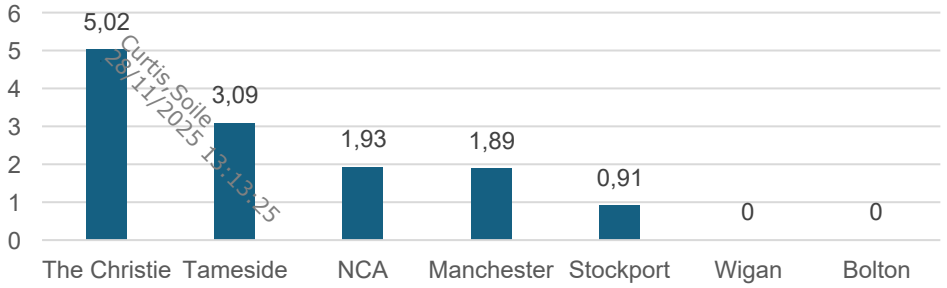
A thematic review has been undertaken on 2 patients who developed extravasation injuries, whilst these were not MRSA bacteraemia's some of the findings from the review were similar to the MRSA bacteraemia case presented in September to the HCAI panel. An action plan has been developed following the thematic review which was presented to PSIRG in October. This action plan will be presented to the Vascular Access Group in November and actions monitored through this group.

Performance | Target / Improvement Trajectory | Average | Control Limits

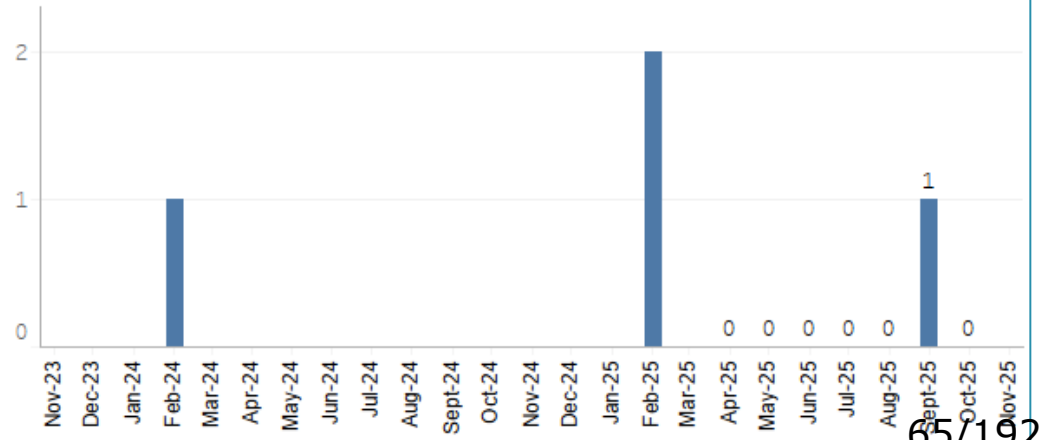
Performance for MRSA infection rate



Benchmark data for MRSA infections from NHSE – August 2025



Performance for MRSA Infection Count



Update provided by	Nesta Featherstone
Executive Lead	Nic Firth

Quality **Pressure Ulcers** Hospital

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Hospital-Acquired Pressure Ulcers	Total number of pressure ulcers acquired in a hospital setting.	<= 6	3	→	M J J A S O	●
Rate of HAPU - Overall	The number of hospital-acquired pressure ulcers, calculated as a rate per 10,000 bed days. Reported as a rolling 12-month average.	<= 3.48	2.3	↑	M J J A S O	●
Rate of HAPU due to Lapses in Care	Hospital-acquired pressure ulcers determined to be as a result of lapses in care, as a percentage of all hospital-acquired pressure ulcers.	<= 30%	66.7%	↘	M J J A	▲

HAPU Rate performance is based on data from a rolling 12-month period.

The Trust has set a target to reduce the number of hospital-acquired pressure ulcers caused by lapses in care. Additionally, targets have been established for the timely investigation of pressure ulcer incidents, focusing on learning from these incidents according to the PSIR framework.

Performance

- This month (October), there have been three category 2 pressure ulcers reported
- The quarterly analysis shows this year we have had a 50% reduction in the number of pressure ulcers in comparison to this point last year. We have consistently had a low number of pressure ulcers reported each month, however we are still finding lapses in care in the pressure ulcers that do occur, approximately 50% of PU so far are due to lapses.

Strategies

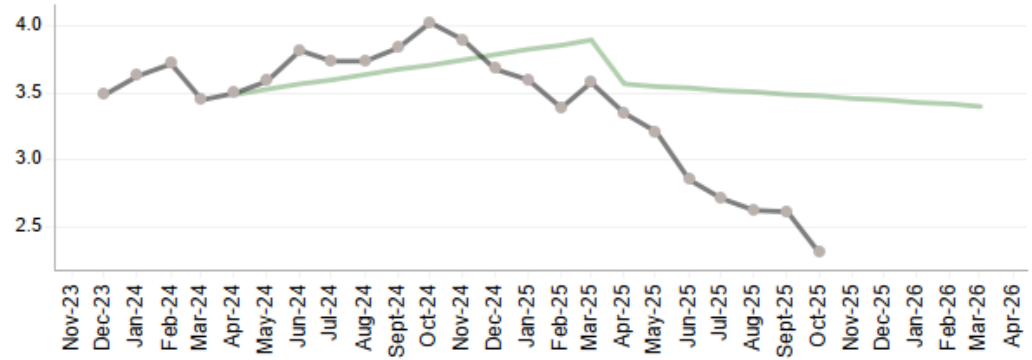
- We are focusing on embedding and sustaining the improvements so far seen with reducing the number of pressure ulcers.

Pressure Ulcers Awaiting Investigation | by month of incident reporting

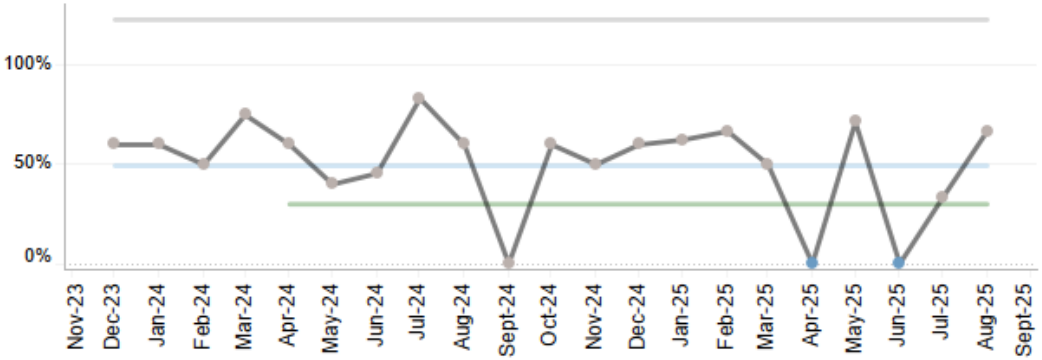
	Total	Aug 2025	Sept 2025	Oct 2025
Hospital acquired	2	1	0	1

Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Rate of HAPU - Overall



Performance for Rate of HAPU due to Lapses in Care



The latest data point is within the control limits. This is viewed as common cause or normal variation

Update provided by	Lisa Gough
Executive Lead	Nic Firth

Quality **Pressure Ulcers** Community

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Community-Acquired Pressure Ulcers	Total number of pressure ulcers acquired in a community setting.	<= 14	14	↘	M J J A S O	▲
Rate of CAPU due to Lapses in Care	Community-acquired pressure ulcers determined to be as a result of lapses in care, as a percentage of all community-acquired pressure ulcers.	<= 5%	20%	↗	M J J A	▲

The Trust has set a target to reduce the number of community-acquired pressure ulcers caused by lapses in care. Additionally, targets have been established for the timely investigation of pressure ulcer incidents, focusing on learning from these incidents according to the PSIR framework.

Performance

- This month (October), 13 category 2 and 1 Cat 3 pressure ulcers were reported.
- We continue to see large numbers of pressure ulcers reported in the community setting, although the number due to lapses in care remains very low. This month there has been a slight reduction, however these month-on-month fluctuations are not correlated with any specific factors.

Strategies

- There are number of workstreams within the community which are focusing on quality improvement, aimed at patient empowerment and reducing moisture associated skin damage. These practices will help to reduce pressure ulcer incidents for our community.

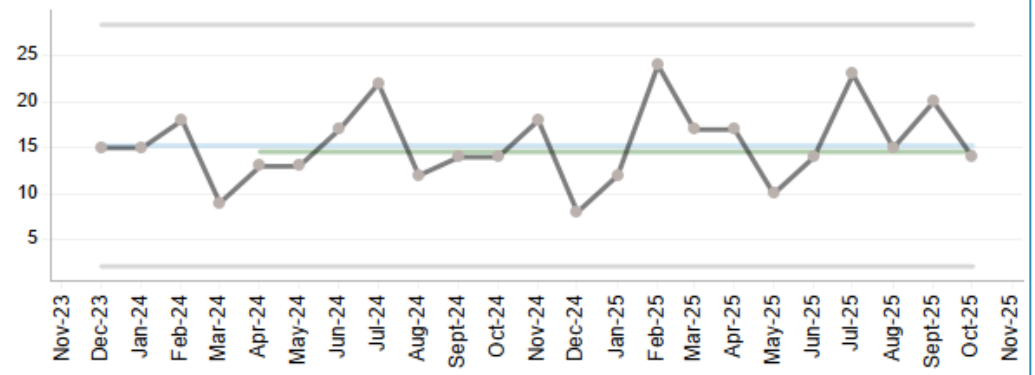
Pressure Ulcers Awaiting Investigation | by month of incident reporting

	Total	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sept 2025	Oct 2025
Community acquired	24	3	1	0	4	0	0	0	0	0	0	4	12

Update provided by	Lisa Gough
Executive Lead	Nic Firth

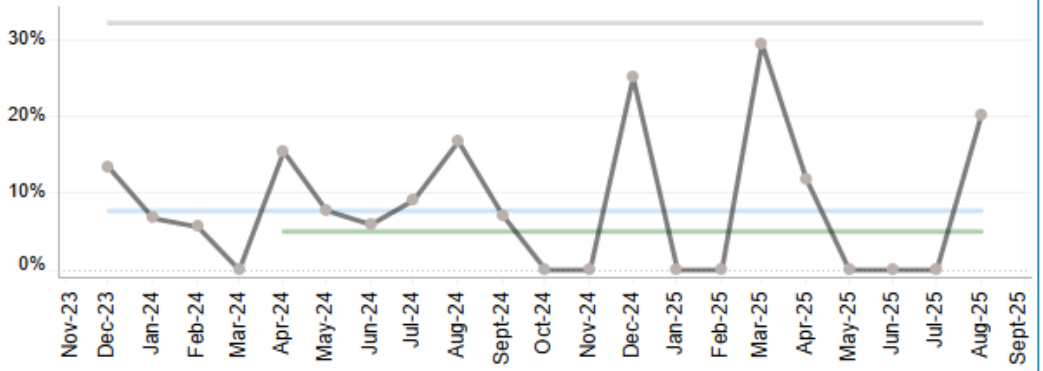
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Community-Acquired Pressure Ulcers



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Rate of CAPU due to Lapses in Care



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Complaints** Rates

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Written Complaints Rate	Number of formal written complaints received, calculated as an incidence rate for every 1000 whole time equivalent staff in post.	<= 9.3	11.29	↘	M J J A S O	▲
PALs and Informal Enquiry Rate	The number of PALS and informal enquiries received, calculated as an incidence rate for every 1000 whole time equivalent staff in post.	<= 86.8	55.03	↑	M J J A S O	●

Note: In lieu of national targets, local target thresholds based on average rates from previous financial year

Written Complaints Rate

There were 64 formal complaints received in October 2025 - Clinical Support Services = 1, Medicine & UC =26, Surgery = 18, Women, Children and Integrated Community Services = 16, Corporate = 3 , Estates & Facilities = 0.

Top five themes for formal complaints in October 2025 were the same as the previous month:

1. Communication
2. Clinical treatment
3. Patient care
4. Values and behaviours
5. Appointments

PALs and Informal Enquiry Rate

The PALS & Complaints team are currently under significant and extreme pressure due to the recorded 70% increase in workload, which has been compounded by unexpected long-term staff sickness. This is having a significant impact on the small team's capacity and resilience.

The team are currently, approximately, six weeks behind and continue to focus on resolving concerns via early resolution, where appropriate, with the hope to reduce the number of formal complaints. An NHSP worker has just commenced in the team and a new post is being advertised which will help to reduce the backlog.

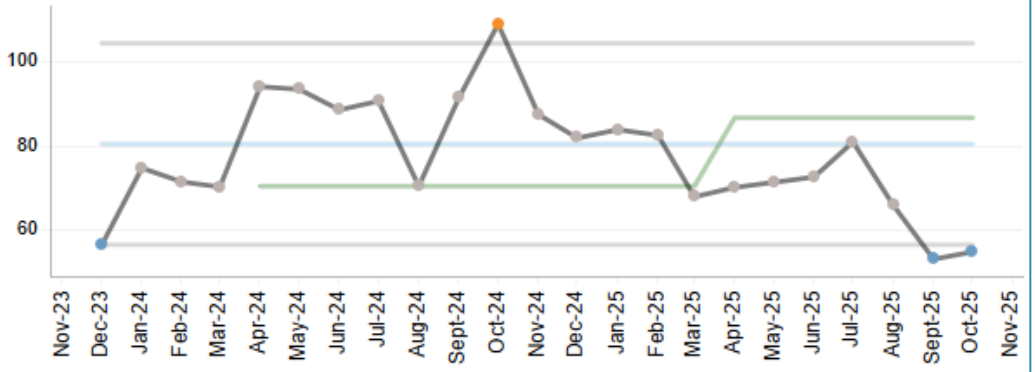
Top five themes for informal/early resolution concerns in October 2025 were as follows:

1. Appointments
2. Communication
3. Waiting Time
4. Admin procedures and record management
5. Admissions and discharges.

Update provided by	Paula Bowker
Executive Lead	Nic Firth

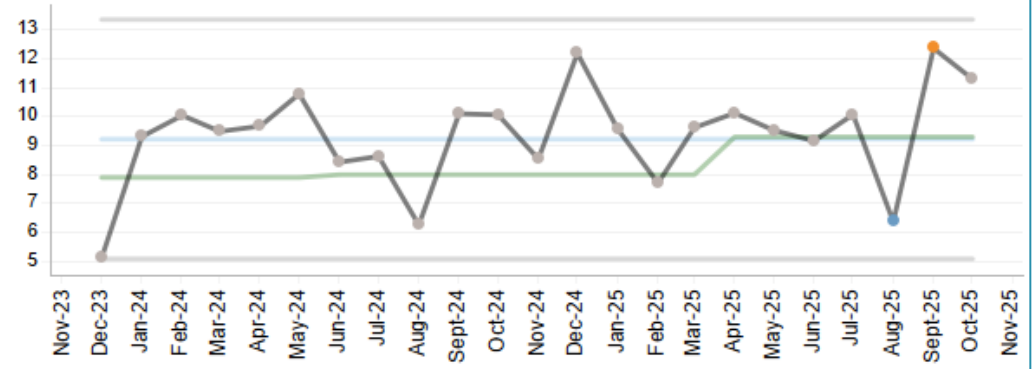
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for PALs and Informal Enquiry Rate



The latest data point is below the lower control limits. This could be viewed as an improvement.

Performance for Written Complaints Rate



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Complaints** Other

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Timely response to complaints	The total number of formal complaints responded to within agreed timescales, as a percentage of all formal complaints responded to.	>= 95%	97.9%	→	M J J A S O	●
Re-opened complaints	The number of formal complaints returned by the complainant where they were not happy with our response, as a % of total complaints received.	<= 10%	17.2%	↘	M J J A S O	▲
Parliamentary & Health Service Ombudsman Cases	The total number of open Ombudsman cases.	<= 0	2	→	M J J A S O	▲

Timely Response to Complaints

- There were 47 responses sent out in October 2025 with one being sent outside of the agreed timeframe, resulting in a 97.9% response rate.
- The formal complaints team continue to work above capacity due to long-term staff sickness and also a temporary reduction in a post due to a secondment. The team member that has been off is now on a phased return with a plan to reduce their hours permanently. There is already a plan in place to backfill the remaining hours. The volume of work is being managed with extended timeframes, where appropriate, and the team are working hard and continuing to try to maintain a high response rate.

Re-opened Complaints

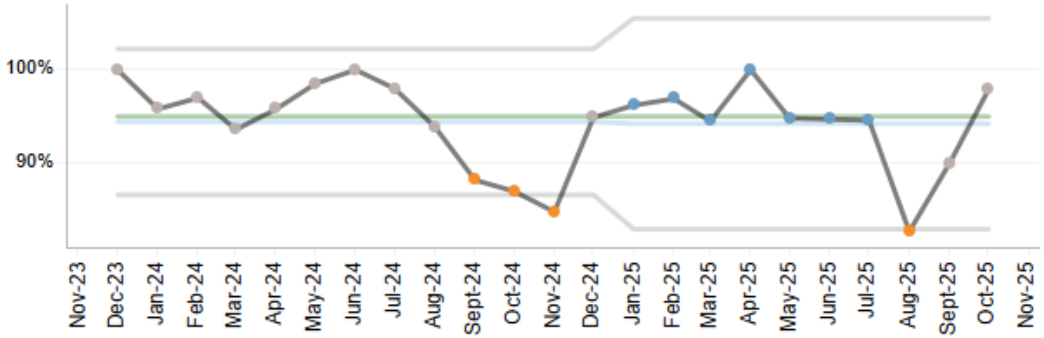
- Whilst the Trust conducts its investigations and aims to respond by 'getting it right first time', it is recognised that a complainant may sometimes remain dissatisfied with the Trust's response or the response may generate further questions. If a complainant is not happy with our response, or has further questions, they may contact their case officer within the complaints team to discuss this and the options available to them.
- There were eleven cases re-opened in October 2025 - one for Clinical Support, two for Integrated Care, two for Medicine & UC, four for Surgery and two for Corporate.

Parliamentary & Health Service Ombudsman Cases

- There were two new requests for information from the PHSO in October 2025.
- There was one case, in October 2025, that the PHSO confirmed would not be proceeding with an investigation.
- There were no cases concluded by the PHSO in October 2025.
- There are 13 cases outstanding with the Ombudsman, nine of which are awaiting their decision on whether to undertake an investigation. We have received three provisional reports - one case is not being upheld and we are awaiting the final report, two cases are being partly upheld; we are still in liaison with the Ombudsman on these.

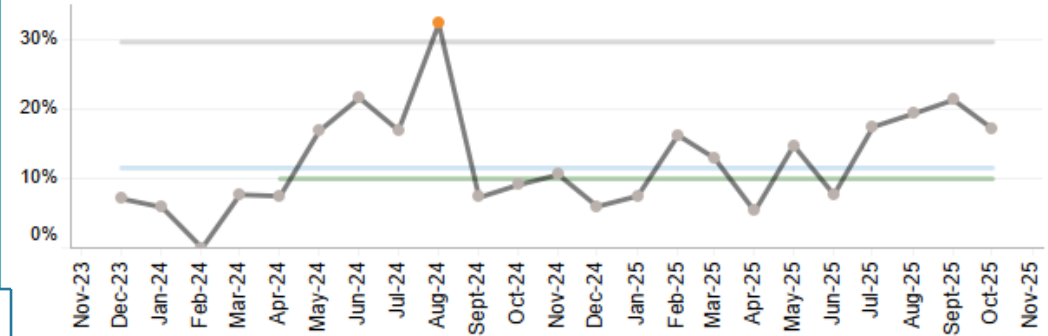
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Timely Response to Complaints



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Rate of Re-opened Complaints



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Update provided by	Paula Bowker
Executive Lead	Nic Firth

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Incidents & Risk**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Incident Rate - Moderate+ Harm	The number of patient safety incidents causing moderate+ harm, calculated as an incidence rate for every 10,000 bed days.	<= 2.7	2.77	→	M J J A S O	▲
Patient Safety Alert Breaches	The number of national patient safety alerts not completed to deadline.	<= 0	0	↑	M J J A S O	●
Duty of Candour Breaches	Total number of duty of candour breaches of regulation in month.	<= 0	0	→	M J J A S O	●
Never Event Incidence	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur.	<= 0	0	→	M J J A S O	●

Incident rate performance is based on data from a rolling 6-month period. Performance is based on date of incident reporting, not date of incident.

Patient Safety Incident Rate

- In October there has been an increase in the overall number of patient incidents reported, but still within normal variance. This coincides with an increase in the number of moderate or above harm patient incidents reported.
- Nine have been reported:
  - A falls case was reviewed at Harm Free Care (HFC) panel and confirmed to be as a result of a clinical episode.
  - A delayed lab test was presented at Patient Safety Response Group (PSIRG) and an After-Action Review is being undertaken by Clinical Support Services with support from Women, Children and Integrated Community Services.
  - After multiple ED attendances a patient has had a salpingo-oophorectomy, moderate harm has been confirmed and a Rapid Review is being prepared to be presented at PSIRG.
  - A historic case of severe harm has been identified as part of the Paediatric Audiology Lookback.
  - A delayed diagnosis of cancer was presented at PSIRG and a PSII has been declared.
  - The four remaining cases are awaiting a review to confirm the level of harm.
- The Incident Review Group meets weekly to review patient incidents, identify trends, escalate new issues, implement learnings, and take immediate actions.
- Pressure ulcer incidents are reviewed at the Pre Harm Free Care Panel on a weekly basis.
- Patient falls incidents are reviewed at the Falls Review Panel on a weekly basis.
- Security related incidents are reviewed at the Security & Safeguarding Meeting on a weekly basis.
- Discharge incidents are reviewed at the Discharge Concerns Panel on a monthly basis.

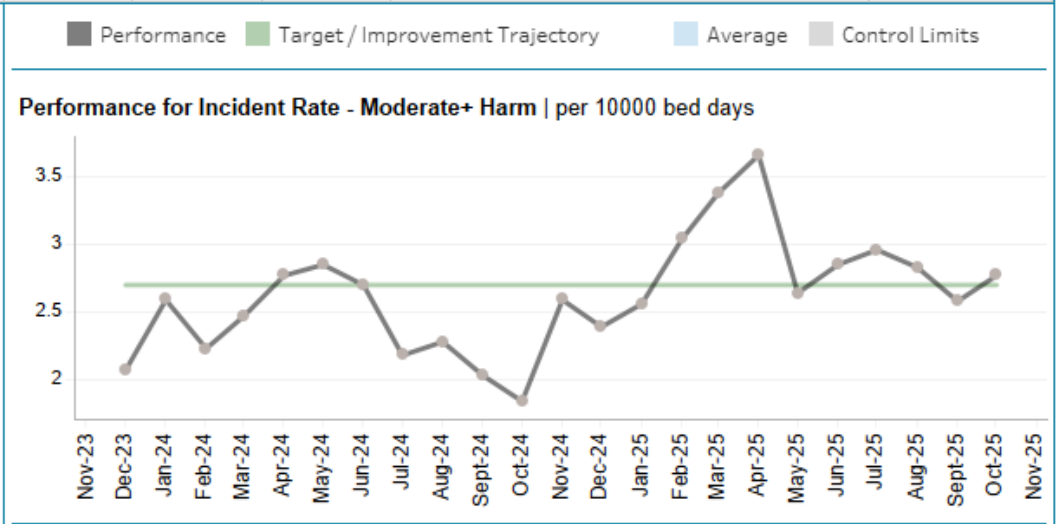
Patient Safety Alert Breaches

- There were no National Patient Safety Alerts with a completion deadline in October 2025.
- At the end of October there were no overdue National Patient Safety Alerts.

Duty of Candour Breaches

- There were 7 incidents where letters opening Duty of Candour were due to be sent in October 2025.
- At the end of October there were no incidents that breached their due date.

Update provided by	Catherine Toksoy
Executive Lead	Nic Firth



Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Maternity**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Rate of Registrable Stillbirths	Calculated as a rate per 1000 registrable births.	<= 0	0	↘	M J J A S O	●
Smoking at Time of Delivery (SOTD)	The number of women known to be smokers at the time of delivery, as a percentage of all deliveries in the month.	<= 5.1%	2.7%	↑	M J J A S O	●
Avoiding Term Admissions	Number of full-term babies admitted to neonatal units, calculated as a percentage of all babies born. Based on babies born at 37 weeks or above only.	<= 5%	5.9%	→	M J J A S O	▲

Smoking at time of delivery 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.

SATOD

- Local Euroking October 2025 data, specifically for deliveries initially booked at SNFT, shows the SATOD rate as 2.7%, much improved compared to last month and back under target.
- At least one incorrect SATOD status was highlighted to have been documented last month, and we are awaiting the outcome of another possible documentation error, so this will reduce the unusually high SATOD rate last month.
- If reviewing ALL deliveries across October, which includes 1 concealed pregnancy and a further transferred booking who were both smoking at time of delivery, the SATOD rate is 3.45%, still under Trust target.

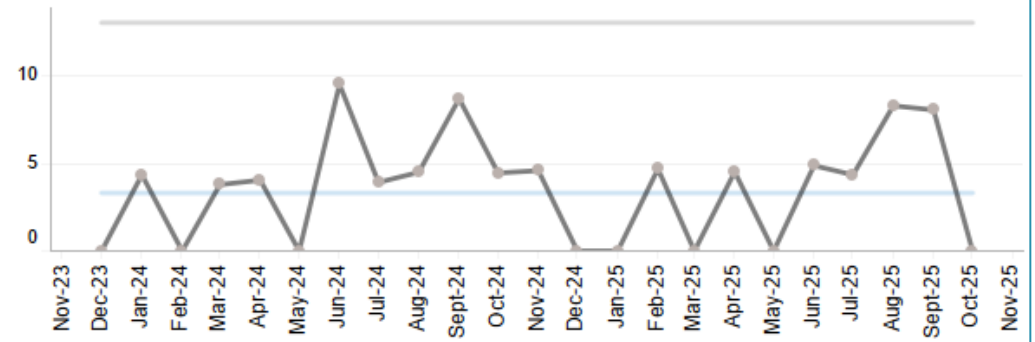
ATAIN

- X11 babies:
  - X1 from the Postnatal Ward to Neonatal Unit for respiratory distress
  - X10 from Labour Ward (Delivery Suite or Birth Centre): x8 for respiratory distress; x1 for feeding and weight loss; x1 for birth trauma following a BBA at home (concealed pregnancy)
  - 5.9% - An increased overall rate from last month, and above Trust target. A thorough review of each case will be undertaken.

Signed off by	Sharon Hyde
Executive Lead	Nic Firth

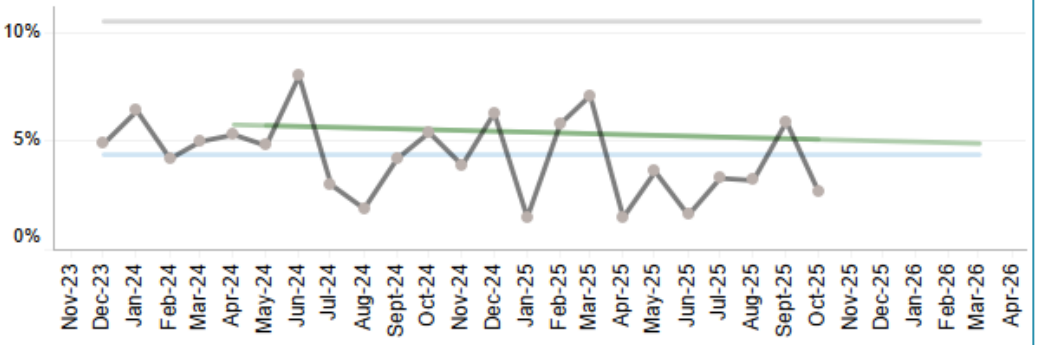
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Rate of Registrable Stillbirths



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Smoking at Time of Delivery (SOTD)



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Quality **Maternity**

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
3rd or 4th degree tears	The number of women who had a 3rd or 4th degree tear at delivery, calculated as a percentage of all women with a vaginal birth. Calculated as a rolling 3 months avera..	<= 2%	3.1%		M J J A S O	
Postpartum Haemorrhage	Number of women with a recorded postpartum haemorrhage of 1,500ml or more, calculated as a percentage of all women with submitted birth record.	<= 2.5%	3.4%		M J J A S O	

Performance for 3rd or 4th degree tears is based on data from a rolling 3-month period.

3rd/4th degree tears

- Local Euroking data shows 3 deliveries with a 3rd degree tear in October 2025:
  - X3 Forceps deliveries, all 3b tears (10% of all instrumental deliveries for the month)
  - No mention of episiotomy performed on Euroking documentation, which will be reviewed for both accuracy and/or required follow up with the person who performed the instrumental.
- This represents 3.1% of all singleton vaginal deliveries for the month (excluding below 37 weeks gestation and breech deliveries).
- While this remains above the Trust target of 2%, it reflects a sustained notable improvement compared to significantly higher rates in previous months.

Postpartum Haemorrhage

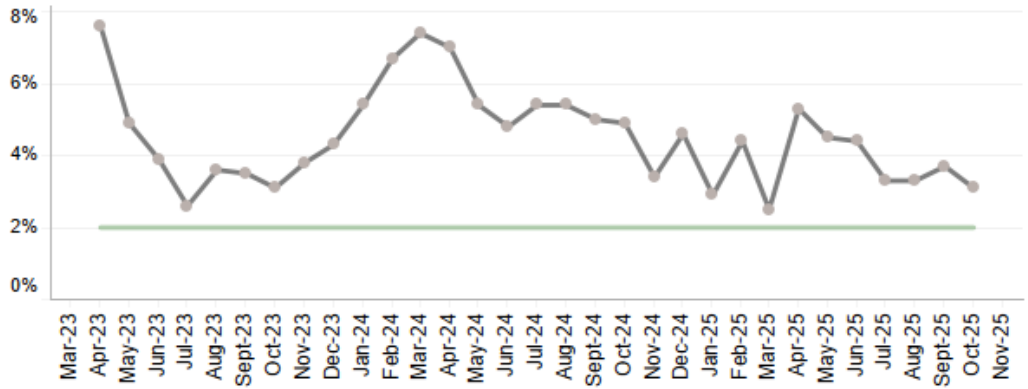
- In October 2025, a total of 7 PPHs equal to or above 1500mL were diagnosed – a rate of 3.4% of deliveries.
- Although this is a rise from last month and above Trust target, it remains lower than recent previous months.
- None of these PPHs reached over 2500mL.
- To note, the introduction of the uterotonic Carbetocin commenced 28th July.

Curtis,Soile
28/11/2025 13:13:25

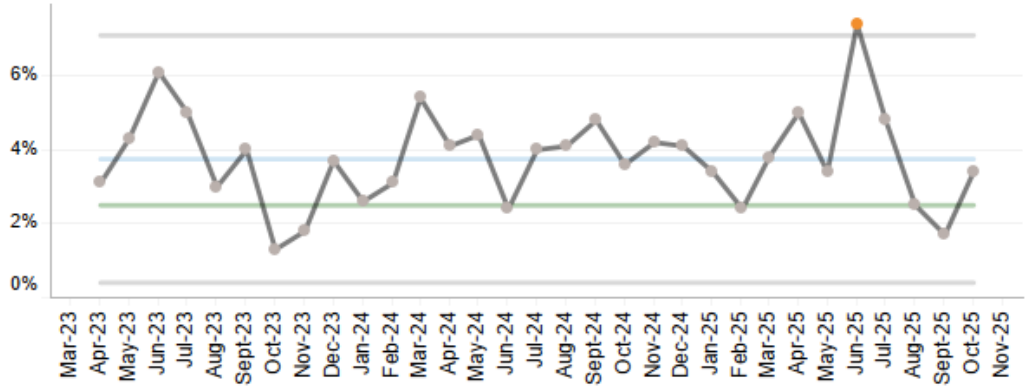
Signed off by	Sharon Hyde
Executive Lead	Nic Firth

Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for 3rd or 4th degree tears



Performance for Postpartum Haemorrhage



The latest data point is within the control limits. This is viewed as common cause or normal variation

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Emergency Department** 4-hour

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
4hr Standard — The number of patients who were admitted, discharged, or leave ED within 4 hours of their arrival, as a percentage of all patients attending the ED.	>= 64.9%	67.1%	→	M J J A S O	

Performance Summary

- Despite a small decrease, weekly performance against the 4hr standard (including Community UTC) maintains the improvements seen since the turn of the year
- The average daily attendances per week have increased slightly in October to 316
- Acuity has also increased in month with the early circulation of respiratory viruses in the community

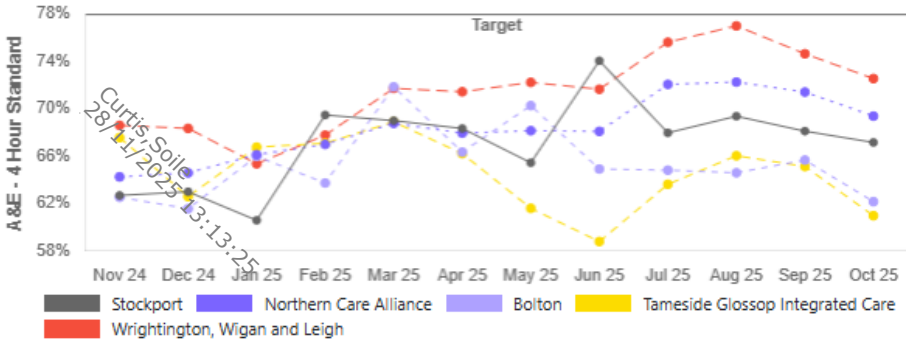
Risks and Issues

- Resident doctor industrial action
- Anticipated risk due to the refurbishment of the UTC / Minors area starting December
- Ambulance conveyance activity and HO45

Actions and Mitigations

- 4-hour clinical standards meeting with full specialty representation
- Implementation of an ambulatory major's model, with a dedicated waiting room medical team to include a senior decision maker
- Introduction of bookable appointment slots for the UTC and minor injuries
- New CDU pathway to include low risk chest pain
- New pathway for all Medical GP referrals to go direct to SDEC
- Implementation of the acuity tool to replace MTS triage
- 3 x weekly review of all non-admitted breaches to understand where further improvement scope lies
- Implementation of Vocera

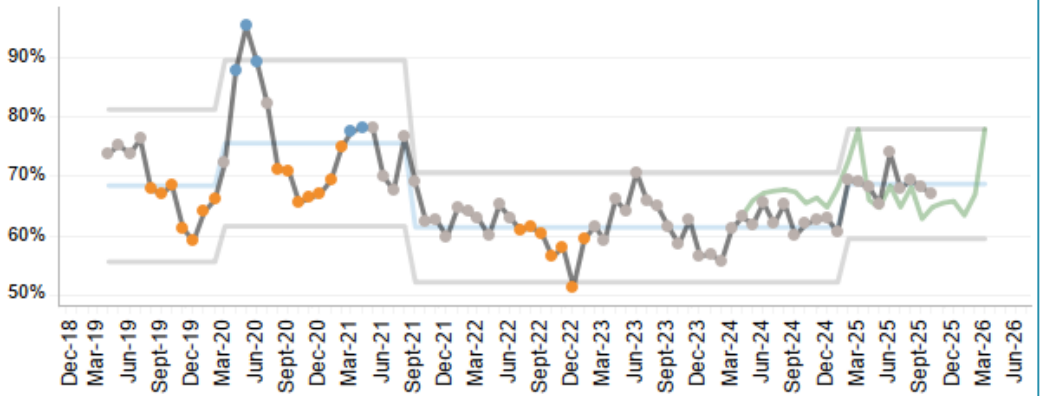
Benchmark data for 4hr Standard from Public View – October 2025



Signed off by	Ruth McNulty
Executive Lead	Jackie McShane

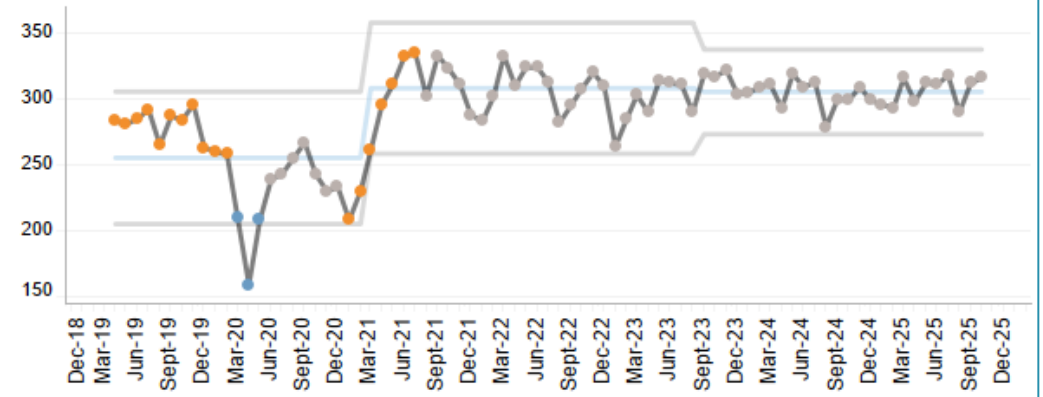
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for 4hr Standard



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Average daily hospital attendances to department



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Operations **Emergency Department** 12-hour

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
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.	<= 10%	15.4%		M J J A S O	

Performance Summary

- The number of patients waiting longer than 12 hours increased which was impacted by a lower discharge profile on certain days. This was due to increase in respiratory illness, increasing the need for oxygen.
- Some under utilisation of the community capacity due to patients being over the acceptance criteria

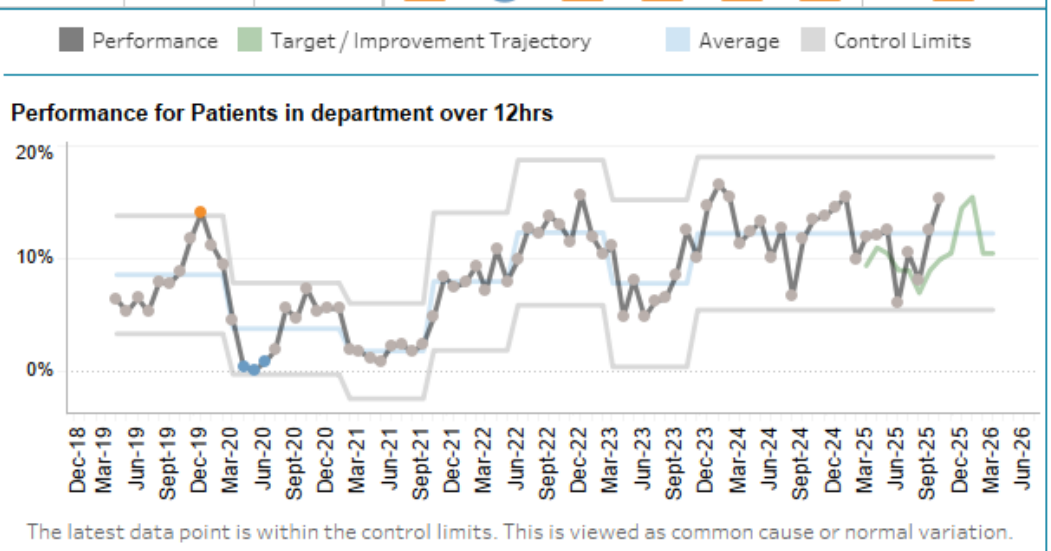
Risks and Issues

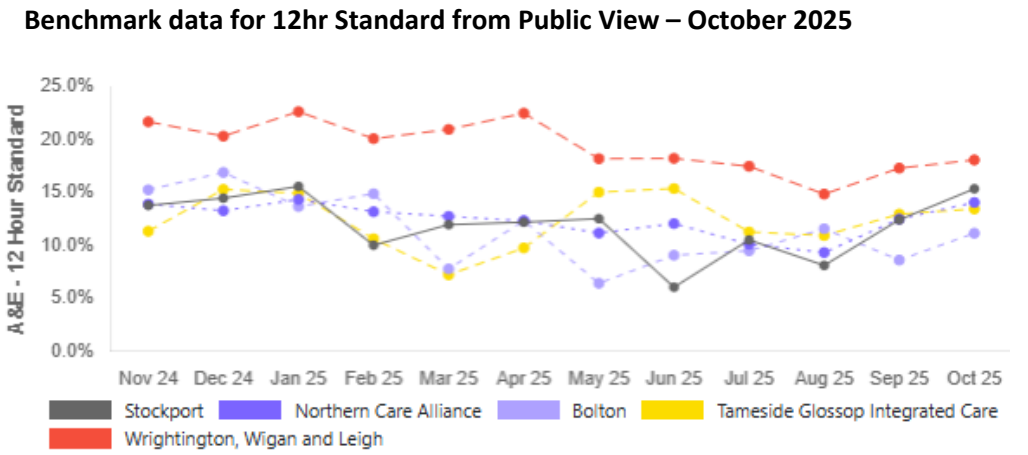
- Challenges embedding the new Pennine Care Mental Health model within the new EUCC footprint.
- Requirement to use non designated, unstaffed corridor space in times of escalation – delay to ambulance handover, patient dignity and privacy
- Inconsistently robust organisational flow and reduction in bed-based community capacity

Actions and Mitigations

- Specialty escalation process now in use
- Newly agreed fractured NOF pathway
- Transport options later into the evening
- Appropriate escalation processes for long waiting patients

Curtis,Soile
28/11/2025 13:13:25





Signed off by	Ruth McNulty
Executive Lead	Jackie McShane

Integrated 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	81	→	M J J A S O	▲
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.	<= 92%	96.3%	→	M J J A S O	▲
Timely discharge	The number of patients discharged from hospital on the same day as their discharge ready date, as a percentage of all patients patient discharges.	<= 79%	80.8%	↗	M J J A S O	▲

Performance Summary

- The average number of patients with a No Criteria to Reside was 81 in October. Except for September, we have seen a month-on-month increase in numbers since March this year, with numbers now at the same level as January. For comparison, the number reported in October 2024 was 63.
- Adult G&A bed occupancy for October was 96.3% but has not changed significantly since January 2025.
- The percentage of discharges made on the Discharge Ready Date for September is 80.8% and has been above the monthly trajectory since April 2025.

Risks and Issues

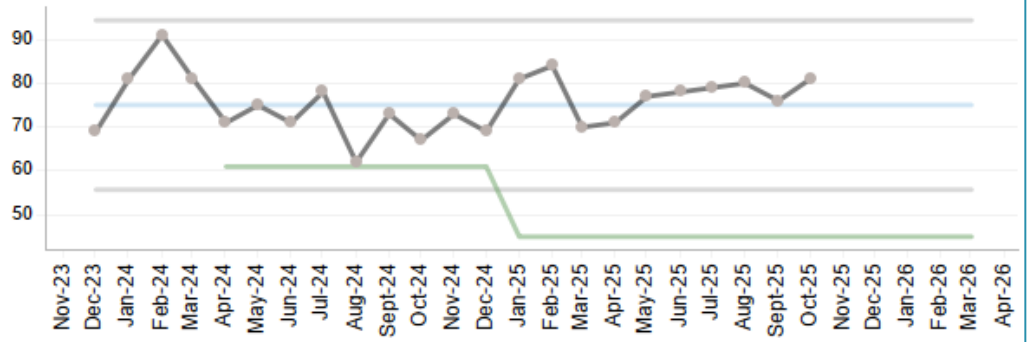
- Reduction in community capacity for Pathways 2 - 3, for Stockport. (Bramhall Manor reducing D2A bed capacity from 15 beds to zero at the end of August.) has resulted in a significant increase in unmet need placements since the 1st September 2025
- Community capacity in Pathways 1 - 3, for Derbyshire, 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 and earlier discharges in the day.

Actions and Mitigations

- System partner agreement for pathway 3 identified referrals to be discharged via Spot purchase. Supported by nurse and therapy input to facilitate complex discharge planning .
- Continue twice weekly system meetings in place to review Pathway 2/3 delays over 48 hours.
- Stockport ASC Reablement team (REaCH) commenced operating from 1st September over 7 days; accepting patients at a weekend and directly on discharge from hospital. This will release the D2A team to accept other patients and increase the overall capacity for Pathway 1 discharges.
- Continued Programme of Flow on stroke wards to support earlier conversations with stroke patients and their families re discharge planning and ongoing therapy support.
- Pilot now commenced to use trust minibus for pathway 1 Stockport discharges and D2a bed-bases to support earlier discharges.. Minibus to be operated by D2A staff providing a better patient journey.
- Options appraisal re Saffron ward, Pennine Care, to understand what could be done differently to widen admission criteria and improve flow.

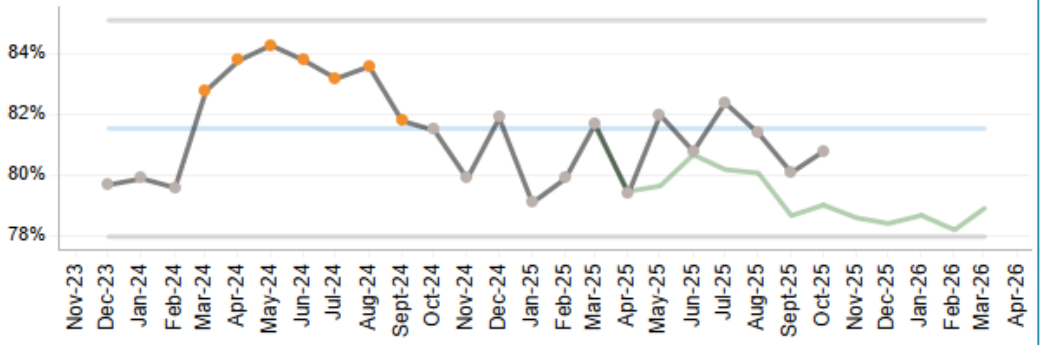
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for No criteria to reside (NCTR)



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Timely discharge



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Updated provided by	Liza McIlvenny
Executive Lead	Jackie McShane

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Diagnostics** Audiology

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Diagnostics: Audiology	The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	<= 83.1%	96.6%		M J J A S O	

Performance Summary

- The diagnostic position has begun to recover in October. 6-week performance has reduced slightly from 97.2% to 96.6%, but the total number of patients breaching 6-weeks has reduced by 148 this month.
- The backlog reduction has been greatly supported by insourcing with Health Harmonie, which commenced mid-October.
- 136 paediatric patients have been seen in clinics provided by Health Harmonie in just over 2 weeks.

Risks and Issues

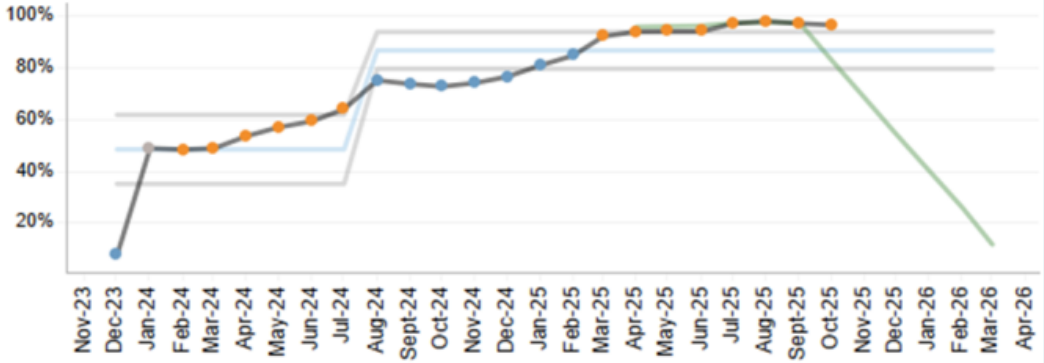
- Paediatric (5yrs and under) service remains paused
- Look back ongoing since November 2024
- Fragile workforce

Key Actions

- Recruitment of a new Audiology service lead - successful candidate appointed and recruitment checks ongoing – start date to be confirmed
- Health Harmonie to run additional clinics at East Cheshire Trust, providing more capacity to see paediatric patients and reduce backlogs further – November 2025
- Health Harmonie to open clinics at Woodley for under 5's, which will run 7-days per week – available capacity and start date to be confirmed
- Continual Monitoring of long waits, booking longest waits in order
- Ongoing Strategy Meetings with ICB, Executive Team and Division

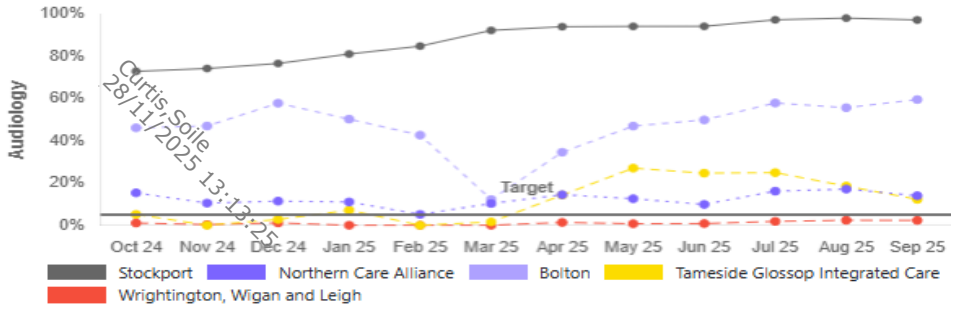
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Diagnostics: Audiology

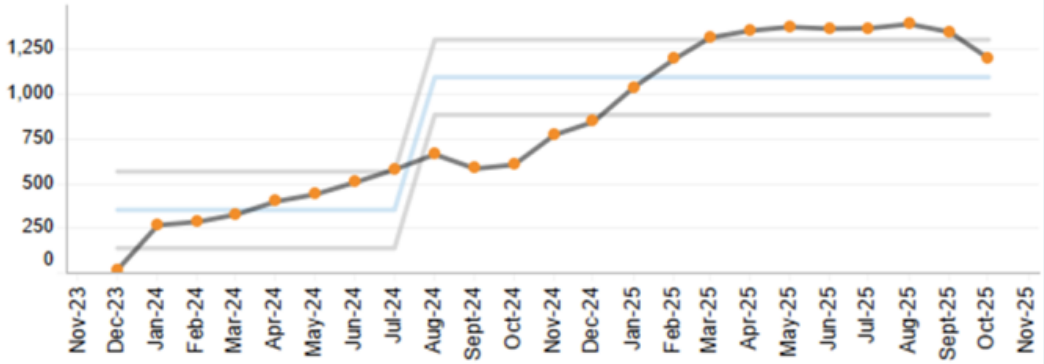


There have been 7 or more consecutive data points above the mean. This shift could be viewed as a concern.

Benchmark data from Public View – September 2025



Performance for Diagnostics: Audiology Breaches



There have been 7 or more consecutive data points above the mean. This shift could be viewed as a concern.

Signed off by	Karen Hatchell
Executive Lead	Jackie McShane

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Diagnostics** Endoscopy

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Diagnostics: Endoscopy	The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	<= 10.6%	14.6%		M J J A S O	

Performance Summary

- Diagnostic performance continues to improve, with performance for October 14.6% compared to 26.9% in August. Performance remains above the planned trajectory of 10.6%.
- Since the appointment of the locum endoscopist, both overall waiting list numbers and patients over 6-weeks are reducing week on week. The number of patients over 6-weeks has now reduced 212 in September, to 141 in October.

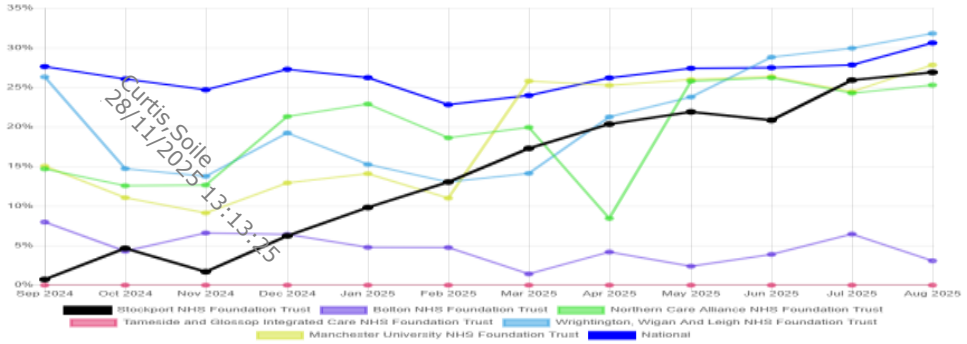
Risks and Issues

- Demand continues at a historically high level
- Locum endoscopist fixed term contract will cease in November. Options under review for maintaining capacity that will meet demand. In the short term this will require operator WLI sessions.

Key Actions

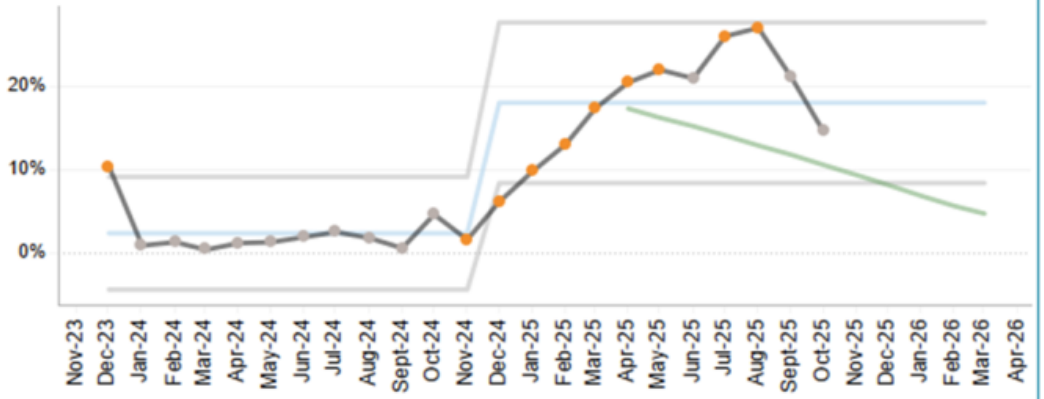
- Continuation of 6-day call reminder service to try and reduce number of cancellations and DNAs.
- Continue to maximise booking utilisation
- Source a replacement for the locum endoscopist

Benchmark data from HED – August 2025



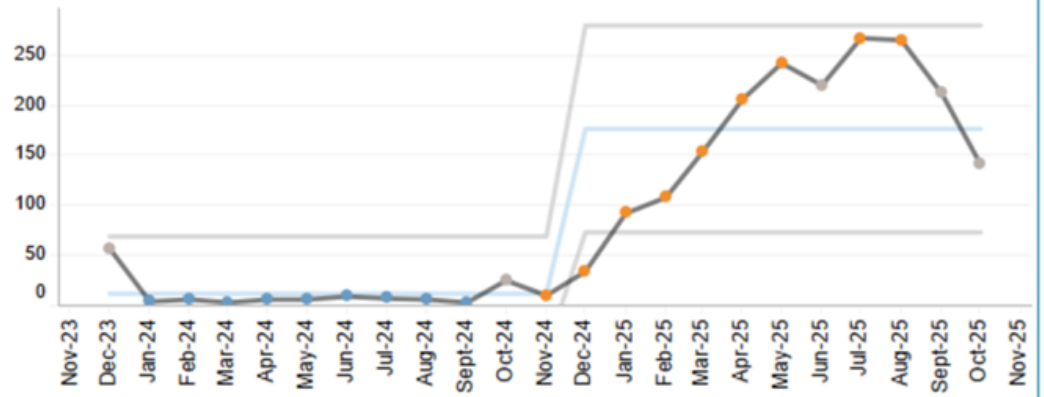
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Diagnostics: Endoscopy



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Diagnostics: Endoscopy breaches



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Signed off by	Mike Allison
Executive Lead	Jackie McShane

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Diagnostics** Echo

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
Diagnostics: Echo — The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.	<= 4.8%	12.6%		M J J A S O	

Performance Summary

- Diagnostic performance has stabilised and has been variable between 11% and 13% for the last several months. Latest performance for October is 12.6%.
- There were 173 diagnostic breaches for October, compared with 159 in September. Most breaches of the standard are due to capacity shortfall for stress echo, with just 2 breaches related to patient choice.
- Locum consultant covering any cancelled Stress Echo list due to consultant annual leave/COW weeks, meaning we're utilising 100% of the Stress Echo capacity available.
- Trajectory for Stress Echo completed, reflecting the gap between demand and capacity for Stress Echo

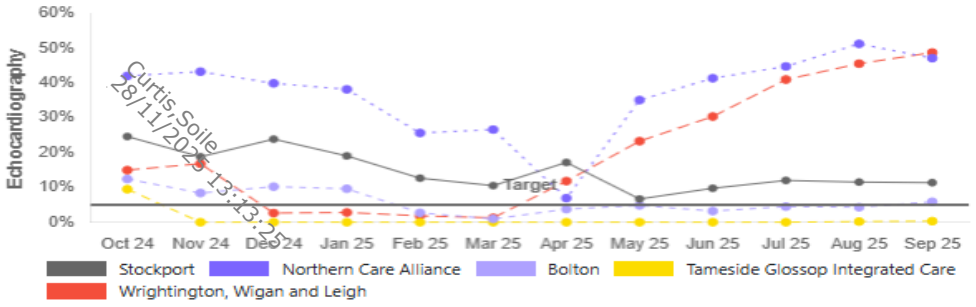
Risks and Issues

- DNA rates remain high at 15% for Stress Echo
- Stress Echo demand and capacity gap - without additional staffing or outsourcing, the number of patients breaching the 6-week standard will continue to increase
- Stress Echo staffing support

Key Actions

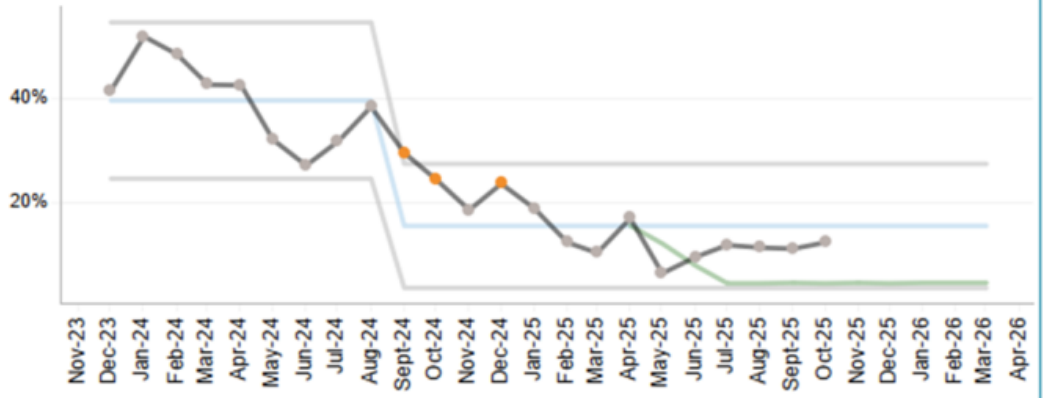
- SDP agreed for insourcing of Stress Echo capacity via SET agency – November 2025
- SDP for additional consultants completed and submitted to DD for approval and submission to OMG – November 2025
- Work is underway to bring in a text-reminder service – December 2025.
- Additional physiologist to be trained in Stress Echo, increasing available capacity – April 2026.

Benchmark data from Public View – September 2025



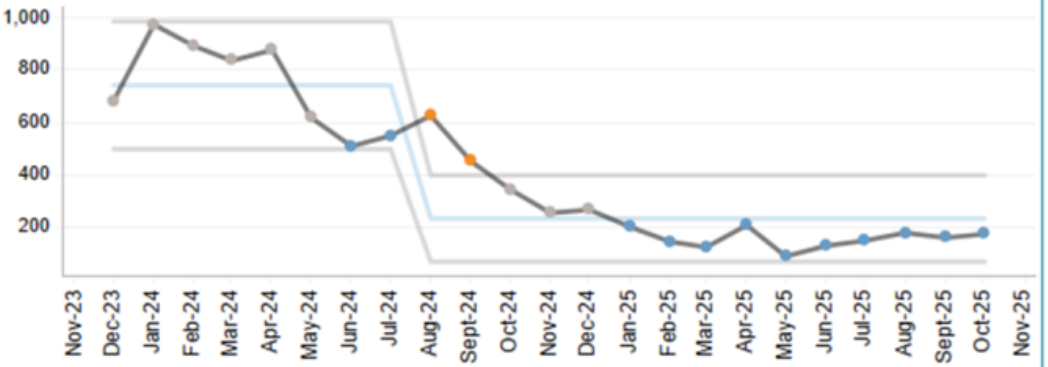
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Diagnostics: Echo



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for Diagnostics: Echo breaches



There have been 7 or more consecutive data points below the mean. This shift could be viewed as an improvement.

Signed off by	Ruth McNulty
Executive Lead	Jackie McShane

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Cancer**

	Target	Actual	6-month trend	Previous Performance	1-month Forecast
31-day standard — The percentage of patients on a cancer pathway that have started treatment within 31 days of their diagnosis.	>= 94.4%	89.7%	↘	M J J A S O	▲

Performance Summary

- The final 62-day performance for September is 71.8% , slightly below the 72.1% trajectory. The latest performance for October is 81.8% and on track to achieve trajectory.
- The 31-day performance is currently below the National standard of 96%.

Risks and Issues.

- Robotic theatre capacity is insufficient for demand. This is the key driver of the adverse 31-day and 62-day position.
- Access to the mutual aid Robotic lists at the Christie has now ceased exacerbating the capacity deficit.
- Lung Consultant capacity inadequate for demand.

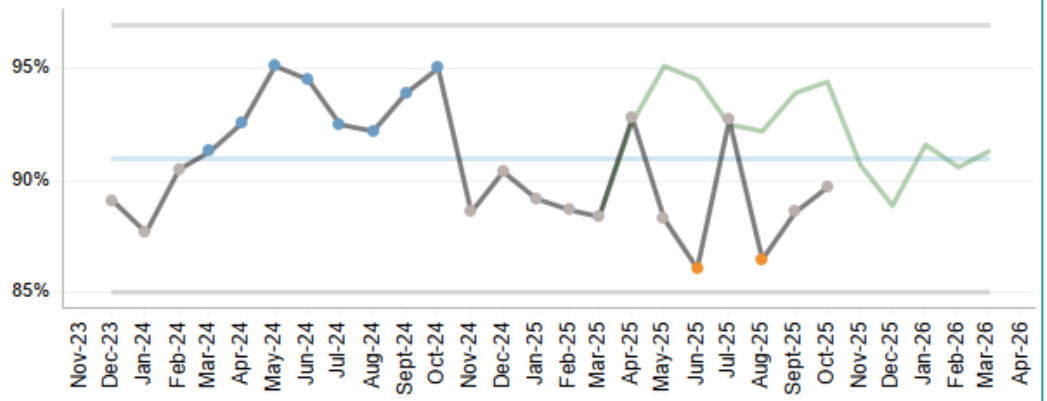
Actions and Mitigations

- Additional robotic theatre sessions job planned in the evenings and weekends
- Business case in development for 2nd robot
- Independent sector capacity options for robotic surgery being explored
- SDP in development for alternative to robotic prostate surgery
- SDP in development for additional Consultants in Lung.

Curtis.Soile 28/11/2025 13:13:25

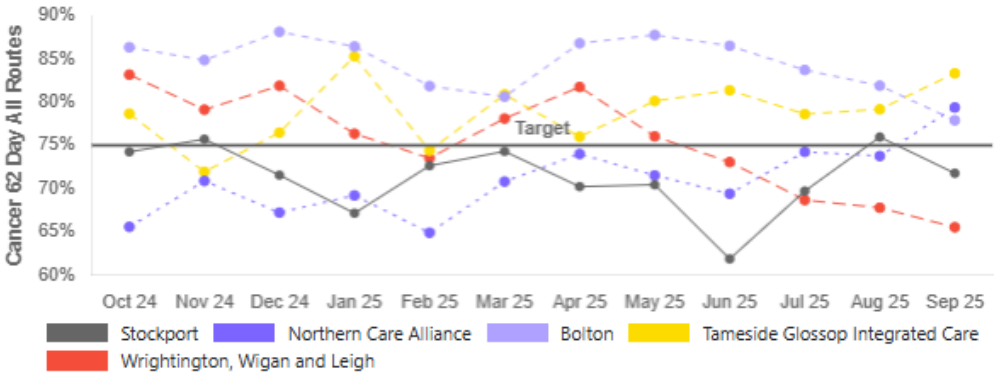
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for 31-day standard



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Benchmark data from Public View – September 2025



Signed off by	Andrew Tunnicliffe
Executive Lead	Jackie McShane

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.	>= 58.5%	57.8%	↑	M J J A S O	▲
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	7	→	M J J A S O	▲
Wait for first attendance 18-week ..	Percentage of patients waiting for first attendance who have been waiting less than 18 weeks	>= 65.4%	65%	↑	M J J A S O	▲

Performance Summary

- 52-week wait performance – Small decrease in month but remain ahead of plan.
- 65-week wait performance - 7 reported breaches for October, an increase on the previous month.
- 18-week wait performance –57.76%, slightly behind plan of 58.50%
- Wait for first attendance 18-week% - 65%, slightly behind plan of 65.40% (Improvement on last month)

Risks and Issues

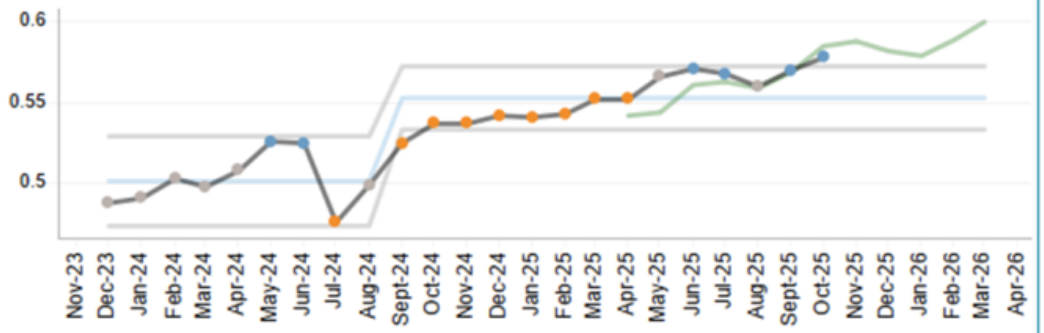
- **Long wait times for 1st appointment** across several specialties.
  - Action/Mitigation: Increase activity Q3-4 through extra capacity supported by service developments approved via IPT elective business case. Short-term additional capacity initiatives also mobilised non-recurrently.
- **Long waits for external diagnostics** at MFT and Salford - primarily for PH manometry, SeHCAT scans and Bravo capsule tests (Gastro and UGI).
  - Action/Mitigation: Internal and external escalation processes for diagnostic long wait delays remain in place.
- **Capacity constraints for complex Gynaecology procedures** listed late in the pathway, including robotically assisted surgery.
  - Action/Mitigation: Additional consultant commenced in September, increasing outpatient capacity. Continue use of consultant connect to triage referrals and manage demand more efficiently through specialist advice and guidance. Business case in development for 2nd robot.
- **Orthopaedic knee elective backlog.**
  - Action/Mitigation: Additional independent sector capacity approved for circa 50 patients. New substantive consultant to commence in January to fill long term vacancy.
- **Digital dictation backlog** impacting RTT validation
  - Action/Mitigation: Outsourcing typing project commenced to reduce letter backlog.

The current forecast is zero 65-week breaches by the end of November, noting potential risks on a small volume of patients related to the above issues.

Signed off by	Andrew Tunnicliffe
Executive Lead	Jackie McShane

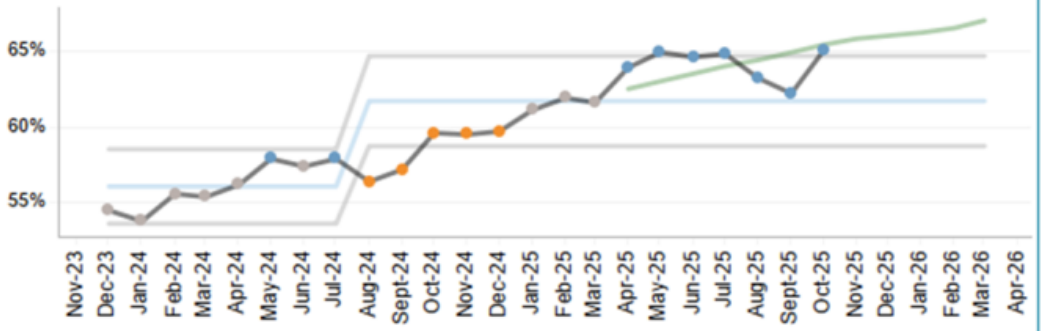
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Incomplete pathways 18-week %



The latest data point is above the upper control limits. This could be viewed as an improvement.

Performance for Wait for first attendance 18-week %



There have been 7 or more consecutive data points above the mean. This shift could be viewed as an improvement.

Integrated Performance Report
Exception

BUSINESS INTELLIGENCE

NHS Stockport NHS Foundation Trust

Operations **Outpatient Efficiencies** DNA

	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%	6.5%	→	M J J A S O	▲

Performance Summary

- The DNA rate for October is reported as 6.5%. Although this is a slight reduction from September, there have been no significant changes to performance.
- We are maintaining improvements seen since March 2025 and continue to benchmark as the best performing Trust in GM, as well as below the national median.

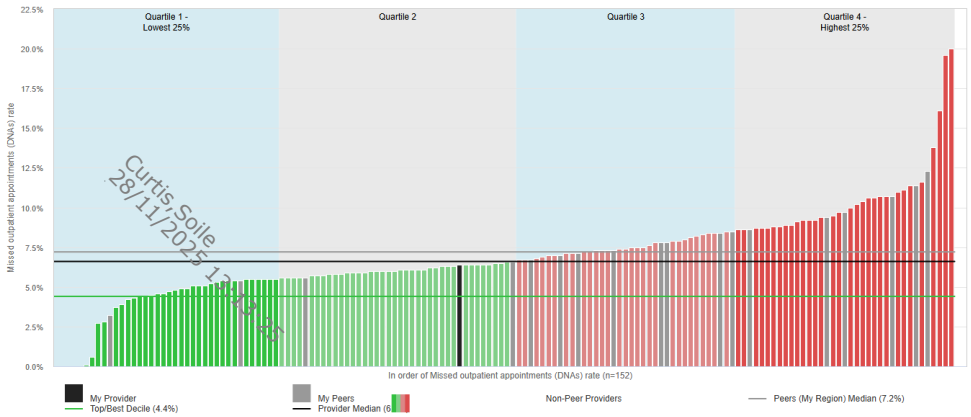
Risks and Issues

- Fluctuation in outpatient booking centre capacity could impact DNA rates. Recruitment to turnover and increased WTE from IPT funding are in place.
- Processes relating to reminder service

Actions and Mitigations

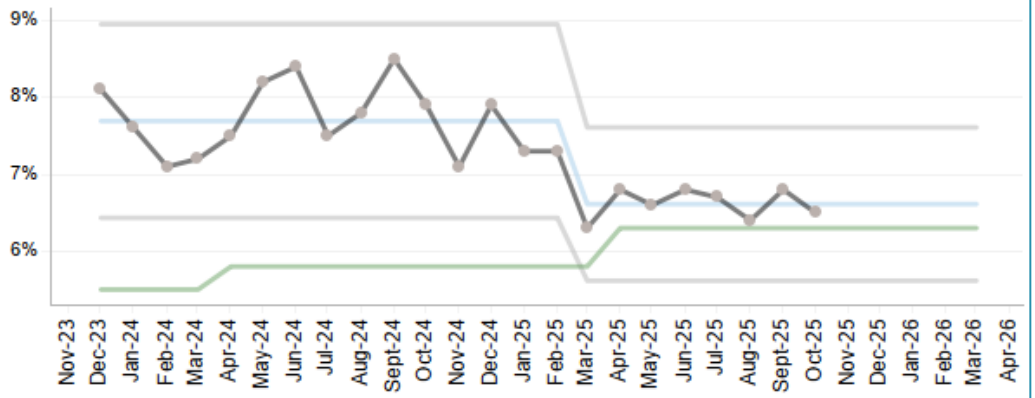
- Ongoing T&F group work with operational divisions and specialities continues.
- Ongoing reminder validation, both prospective and retrospective, continues weekly.
- Calls to high-risk patients are ongoing daily. A data review is awaited by BI to improve the quality of the information.

Outpatient DNAs rate – Benchmark data from Model Hospital – Aug25



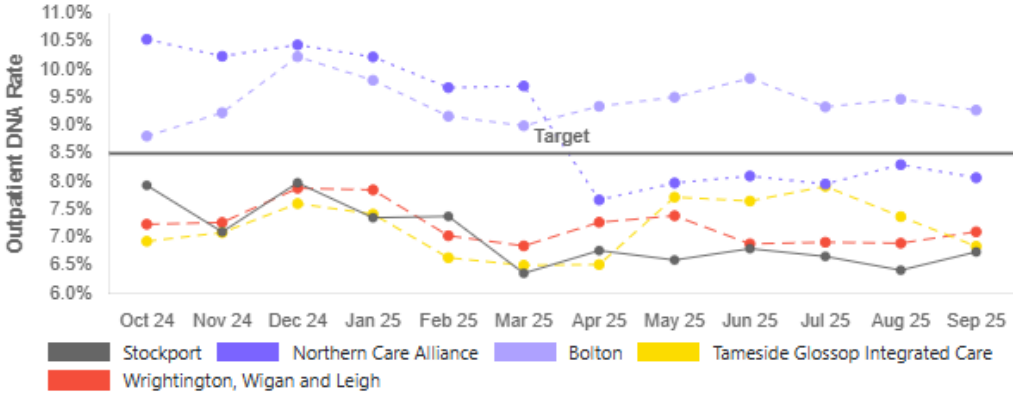
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Outpatient DNA rate



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Benchmark data from Public View – September 2025



Signed off by	Mike Allison
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.	>= 43.7%	41.5%	↓	M J J A S O	▲

Performance Summary

- The percentage of appointments in October recorded as a New attendance or Outpatient Procedure was 41.5%, which is below trajectory and continues the downward trend.
- Year-to-date performance is 42.5% and the rolling 12-month rate is 43.2%.
- Benchmarking data from HED shows the Trust to be below the national average rate (46.17%) and placed in quartile 2.
- Performance is driven by the large proportion of follow up activity being undertaken.

Risks and Issues

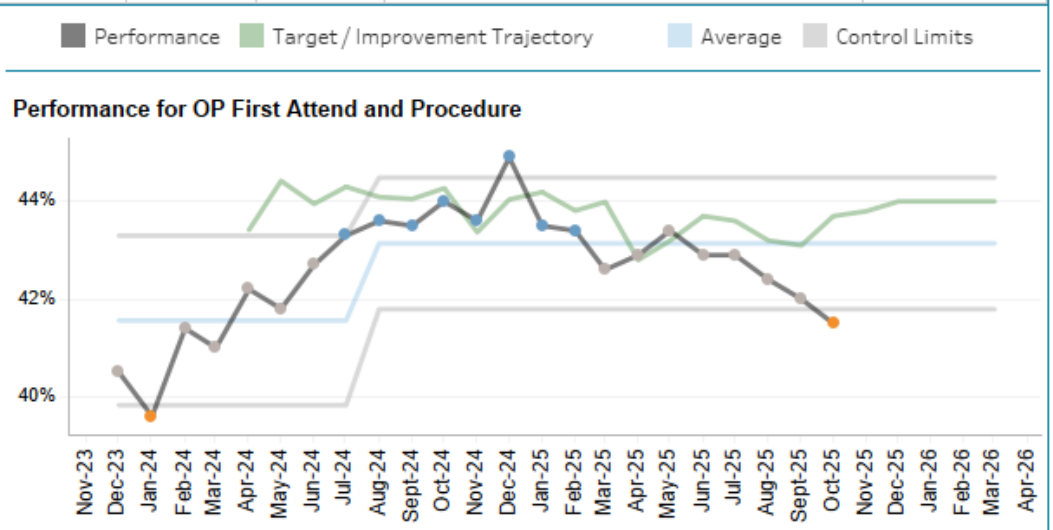
- Disruption to outpatient services displaced following the closure of OPB has impacted on the position, evident in the benchmarking performance of procedures for dental services.
- Poor engagement by clinicians recording procedures within the digital electronic outcome form (CLIO).
- Transcription errors by administrative staff who transcribe the data into Patient Centre.
- Missing procedure codes on the electronic outcome form CLIO.

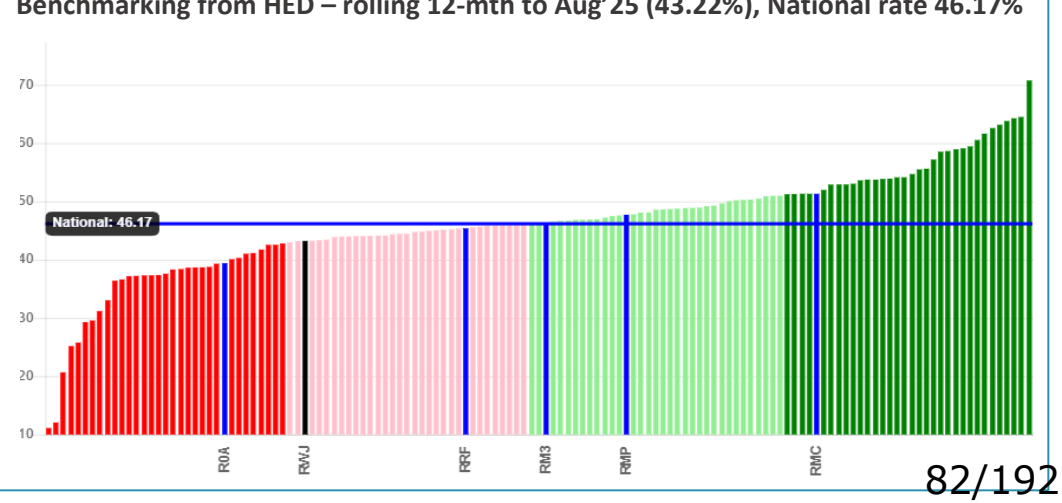
Actions and Mitigations

- Improvements expected with the opening of the new OP building and move back on site for displaced specialties.
- Ongoing sign-off process with divisions to ensure procedures performed in clinic are listed on CLIO.
- Development to CLIO to add any additional procedures so they can be captured.
- Ongoing review of specialty procedure benchmarking to highlight areas of concern.
- Ongoing validation and engagement with administrative staff about correct recording processes on PAS.
- Continued distribution of data quality reports highlighting transcribing errors.
- Attendance at Clinical Review Groups to raise awareness and importance of data recording on CLIO.

Curtis,Soile 28/11/2025 13:13:25

Updated provided by	Debbie Hope
Executive Lead	Jackie McShane





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%	78.8%	→	M J J A S O	▲

Performance Summary

- Capped touch-time utilisation performance dipped to 78.8% in October from 80.2% in September (Main theatres 80.6%, Maple Suite 68.2%, Stockport Eye Centre 69.2%)
- Decrease in the number of on-the-day cancellation in October compared to September
- Booking utilisation is 97%

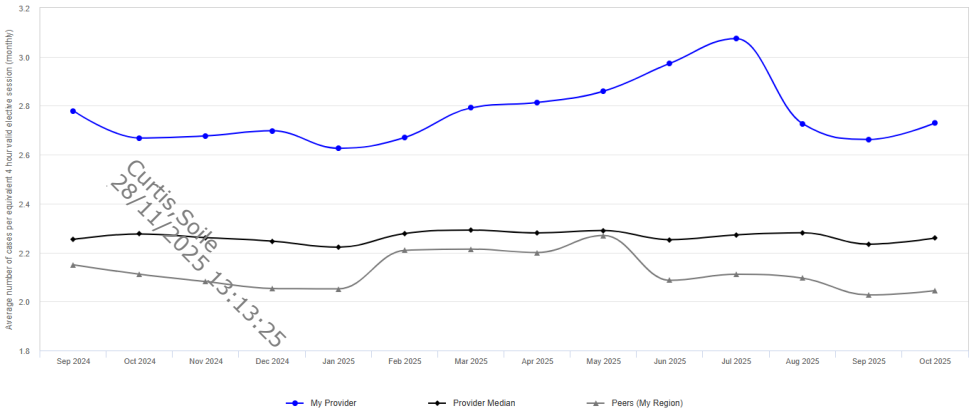
Key Risks/Issues

- Although improved, kit related issues remained a challenge in October.
- Pre-op capacity and anaesthetic pressures remain

Actions and Mitigations

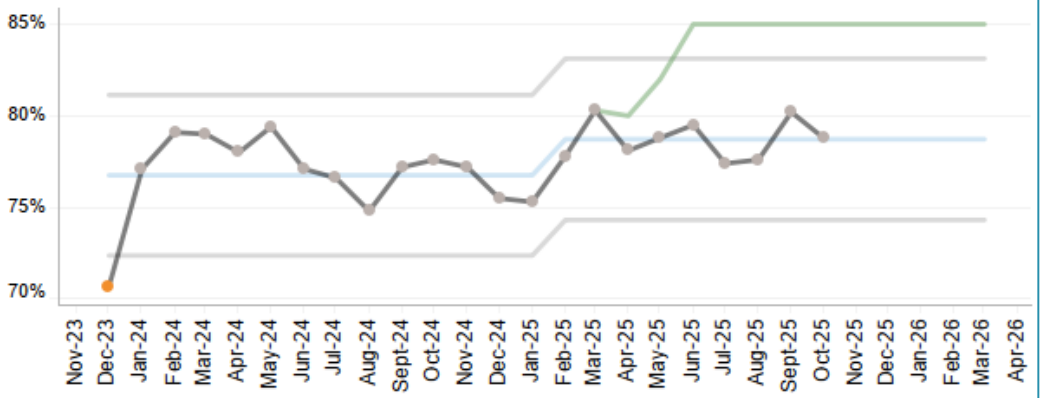
- Reviewing of lists to prioritise urgent cases to mitigate the impact of pre-op and anaesthetic issues.
- Change of 6-4-2 theatre format to include review of past activity and to challenge booked utilisation of lists.
- Interim Anaesthetic rota co-ordinator in place and settling into the role.
- Audit of Maple suite undertaken to identify productivity opportunities

Averages cases per session - Benchmark data from Model Hospital – Oct25



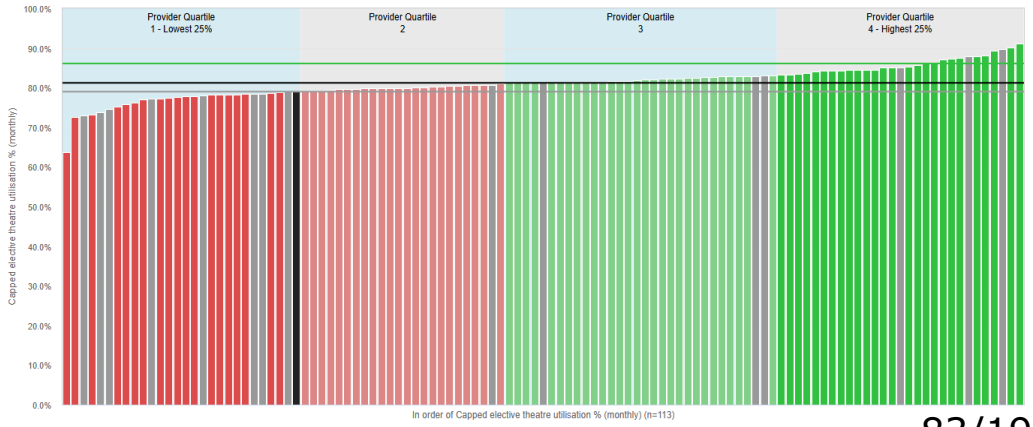
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Capped Touch Time Utilisation



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Capped touch time utilisation - Benchmark data from Model Hospital – Oct25



Signed off by	Karen Hatchell
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%	↘	M J J A S O	▲

The in-month sickness rate rose to 5.99%, up from 5.64% in September and 0.49% above the Trust's target of 5.5%, however, this is lower than October 2024 (6.05%).There has been a 0.8% rise in short-term sickness (long-term sickness decreased by 0.45%), with Cold/Cough/Flu recording the 2nd highest sickness reason behind mental health related illnesses. Cold/Cough/Flu accounts for 15.44% of time lost due to sickness but accounts for the highest number of episodes in October – 31.94%. MSK, Gastro and Injury/Fractures are also among the top 5 reasons for sickness in October.

Cold/flu/influenza episodes increased by 60% compared to September, with an additional 612 days lost, with 28% of these absences within WC&ICS. Within E&F, the increased sickness rate is driven by an increase is Back and other MSK problems, as well as a significant increase in Cold/Cough/Flu sickness. Days lost to mental health related sickness remains the most common reason for sickness, however, there have been no significant changes to days lost for this reason.

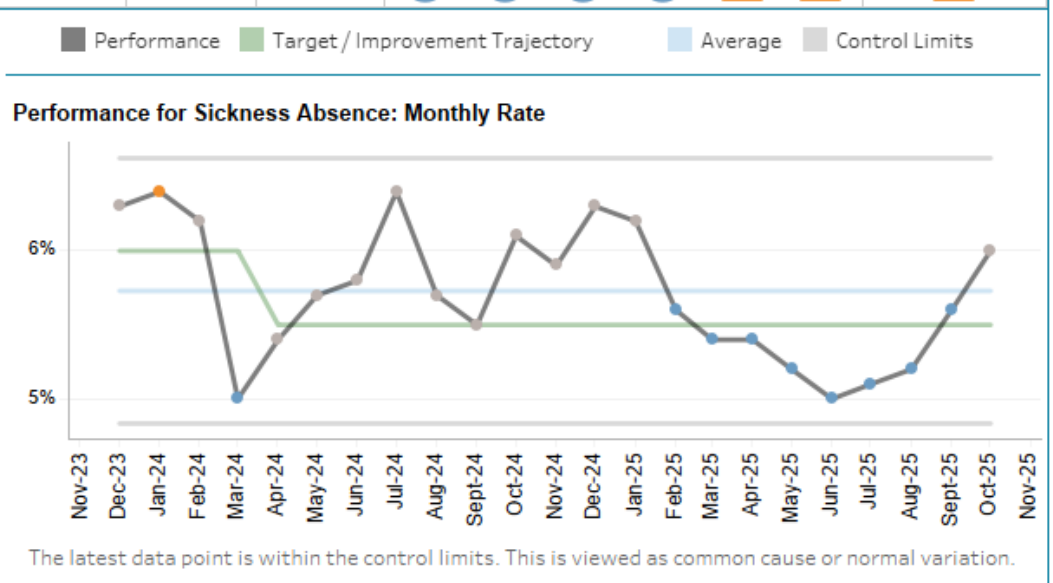
Actions and updates

The People & OD team are continuing to support managers with managing absence. A number of individuals are progressing to the final supporting attendance meetings under the Trust's Absence Policy, 7 individuals are no longer working at the organisation due to their ill health and/or their attendance.

Additional dates have been advertised for the Managing Absence Supporting Wellbeing training (2 dates in December and 2 dates in January).

A review of the Policy is underway with Staff Side and Tameside & Glossop ICFT to align process.

Curtis.Soile 28/11/2025 13:13:25



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%	90.1%	↑	M J J A S O	▲

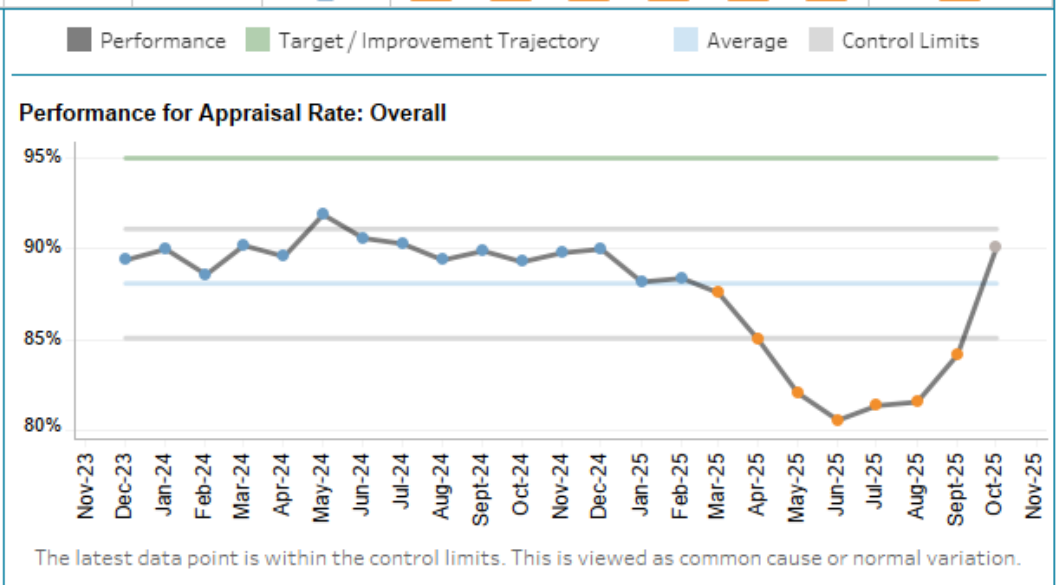
At the close of the extended appraisal window (31 October 2025), the Trust achieved 90.1% compliance, against the target of 95%. While this falls short of the overall compliance goal, it represents significant progress compared to August (81.6%) and July (80.5%), particularly as this was the first year a formal cascade process and dedicated window for non-medical appraisals were introduced.

Many teams have now completed their appraisals; however, there remain some individuals who have either not had an appraisal or had one outside the cascade expectations. This requires immediate action to ensure all staff benefit from an appraisal in the 2025 round and better planning for the 2026 appraisal window to embed the cascading approach effectively.

To maintain focus and provide assurance, the following actions are in place:

- **Enhanced compliance monitoring:** Weekly exception reports will be shared until the end of December, highlighting those individuals who have not had an appraisal since the end of April. These reports will support targeted follow-up and divisional oversight. HR Managers will continue to include appraisal compliance as a standing agenda item in all divisional leadership meetings during this time.
- **Direct follow-up and accountability:** On the first exception report, People and OD will contact everyone listed (across all levels) to identify reasons for non-completion and/or when the appraisal conversation is booked, with managers required to prioritise completion of any remaining appraisals before 31 December.
- **Forward planning for 2026:** Early scheduling of appraisals for 2026 will begin in February 2026, with all appraisals for colleagues up to band 7 expected by the end of June 2026, reducing delays and ensuring the cascade process runs smoothly.

Curtis,Soile
28/11/2025 13:13:25



The latest data point is within the control limits. This is viewed as common cause or normal variation.

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%	87.9%	→	M J J A S O	▲
Cash Balance	The amount of cash balance in Trust accounts. Figures displayed are millions per month.		34.4	→	M J J A S O	
CIP Cumulative Achievement	The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement.	>= 0%	13.6%	↑	M J J A S O	●
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%	80.3%	↑	M J J A S O	▲

Risks

There are some key risks in the plan, which will be monitored throughout the year:

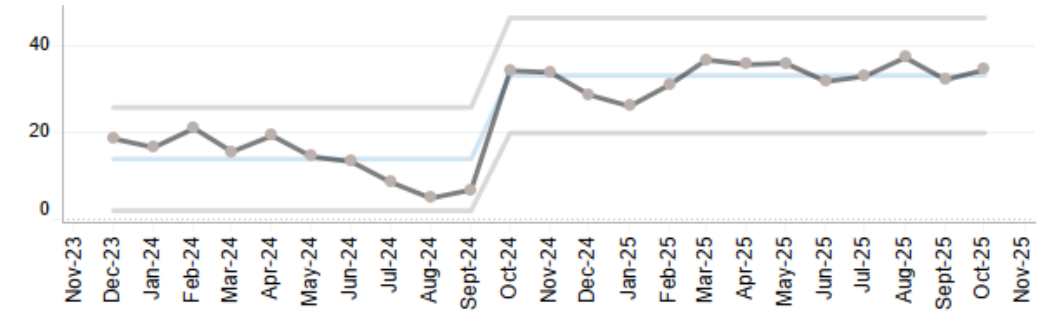
- Payments for variable activity within ICB contracts which have been formally rejected and will not be paid in 2025/26.
- Inflationary pressures over and above those included in planning assumptions.
- Costs of industrial action – mitigations for the July £0.6m cover costs were identified, but costs of cover for the November industrial action have not been included in the forecast, and mitigations not yet identified. This is a risk of £0.5m to £1.0m.
- The requirement for enhanced care
- Risk to receipt of deficit support funding due to overall GM financial position. November's payment expected on the 1st has been temporarily held back awaiting outcomes from the NHSE review meetings during the month.
- Although we aren't currently forecasting to require revenue support funding in 2025/26 this is subject to the assumptions above.

Curtis.Soile 28/11/2025 13:13:25

Signed off by	Kay Wiss
Executive Lead	John Graham

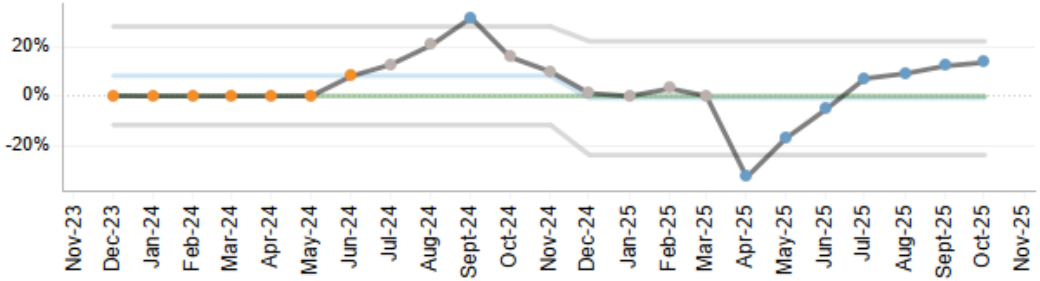
Performance | Target / Improvement Trajectory | Average | Control Limits

Performance for Cash Balance



The latest data point is within the control limits. This is viewed as common cause or normal variation.

Performance for CIP Cumulative Achievement



There have been 6 or more consecutive data points larger then the previous data point. This trend could be viewed as an improvement.

NHS Stockport NHS Foundation Trust

				Agenda No.	14
Meeting date	**4th December 2025**	**Public**	**X**	**Confidential**	
Meeting	Board of Directors				
Report Title	Financial Position Month 7 2025/26				
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 7 2025/26, 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

	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 agreed a balanced financial plan for 2025/2026 with a CIP(STEP) programme of £29.2m.

The Trust has a planned deficit of £6.6m at the end of Month 7 and the Trust is re[porting a favourable variance of £0.2m against the plan. A detailed finance paper was presented to the Finance & Performance Committee on the 20th November 2025 and this paper is the summarised key extracts from that paper.

From an overall plan perspective at this stage in the financial year the Trust is forecasting a balanced

year-end position in a best-case scenario; however there remain elements of risk to delivery of this plan where a likely case is a deficit of £6.5m to plan.

The Trust has transacted its full year savings target of £29.2m and at Month 7 £17.5m has been delivered which is £2.1m ahead of the profiled plan. £16.6m (81%) of the recurrent requirement has been delivered.

Agency expenditure to Month 7 is £3.9m against a plan of £3.7m and this represents a 26% reduction on 2024/25 run rate but is less than NHSE's minimum reduction of 30%. In October there were the equivalent of 40 WTE agency staff; 23 nurses, 16 medical staff and 1 other clinical staff.

Bank costs to Month 7 are £20m which is below the plan of £21m and represents a 15% reduction which is higher than the required NHSE minimum expectation of 10%.

The Trust's cash balance at the end of October 2025 was £35.1m against a plan of £24.8m. There are outstanding creditors where there is currently on-going work to resolve as well as transfers of cash expected in December.

The Trust has spent £8.5m on capital costs to Month 7 against a plan of £14.7m, with spend to date relating to the Outpatients Modular Build and the Emergency Care Campus. The forecast is to deliver plan for the year.

Stockport Foundation Trust

Finance Report Month 7 2025/2026

John Graham - Chief Finance Officer

Contents

Key Messages

NHS Stockport NHS Foundation Trust

Summary of Financial Position

- After 7 months of the financial year the Trust is reporting a **£0.2m favourable variance against plan** for system reporting purposes and a **net deficit of £6.6m**
- **STEP of £29.2m** has been transacted, delivering **100% of the in-year target**. To date £17.5m has been delivered which is £2.1m ahead of the profiled plan. £16.6m (81%) of the recurrent requirement has been delivered.

Key Metrics

- **Agency spend of £3.9m** is £0.2m worse than plan to date, though below plan in month. This represents a **26% reduction** on 2024/25 run rate but is less than NHSE's minimum expectation of a 30% reduction.
- **Bank spend of £20.0m** is £1.0m better than plan and represents a **15% reduction** on 2024/25 run rate, which is better than NHSE's minimum expectation of a 10% reduction.
- The cash balance at the end of October 2025 was **£35.1m.**
- The Capital forecast for 2025/2026 is in line with the £41.5m plan, which has been increased by £4.0m from last month.
- WTE worked has reduced by 5 in October to 6,195, which is **41 below plan.**

Forecast Outturn & Key Risks

The Trust plan for 2025/2026 is break-even for system reporting purposes, including £43.2m deficit support funding. The forecast is in line with plan for external reporting purposes.

The Trust forecast scenarios for likely and worst range between £6.6m and £8.3m away from plan, based on the key risks below:

- Payments for variable activity within ICB contracts which have now been formally rejected and will not be paid in 2025/26
- Divisional positions within budget, and all pressures are contained within funding available including winter and acuity pressures.
- Inflationary pressures over and above those included in planning assumptions.
- Costs of industrial action – mitigations for the July £0.6m cover costs were identified, but costs of cover for the November industrial action have not been included in the forecast, and mitigations not yet identified. This is a risk of £0.5m to £1.0m.
- The requirement for enhanced care.
- Risk to receipt of deficit support funding due to overall GM financial position. November's payment expected on the 1st has been temporarily held back awaiting outcomes from the NHSE review meetings during the month. Although we aren't currently forecasting to require revenue support funding in 2025/2026 this is subject to the assumptions on deficit support funding and the other risks highlighted above.

Overall Financial Position

Stockport NHS Foundation Trust

Income & expenditure Position	October 2025 (M07) Budget £m	October 2025 (M07) Actual £m	October 2025 (M07) Variance £m	Year to Date Budget £m	Year to Date Actual £m	Year to Date Variance £m	Forecast Budget £m	Forecast Actual £m	Forecast Variance £m	Annual Plan £m
Total Income	**42.5**	**42.6**	**0.1**	**297.2**	**297.4**	**0.2**	**514.0**	**516.4**	**2.5**	**514.0**
Substantive Staff	(27.8)	(27.4)	0.4	(196.4)	(195.3)	1.0	(336.2)	(340.1)	(3.9)	(336.2)
Bank Staff	(2.6)	(2.4)	0.2	(18.0)	(17.1)	1.0	(30.9)	(26.8)	4.1	(30.9)
Agency Staff	(0.5)	(0.4)	0.1	(3.7)	(3.9)	(0.2)	(6.3)	(5.6)	0.7	(6.3)
Pay Costs	(30.9)	(30.2)	0.6	(218.1)	(216.3)	1.8	(373.4)	(372.5)	0.9	(373.4)
Drugs	(2.1)	(2.3)	(0.2)	(14.3)	(14.3)	(0.0)	(24.6)	(24.7)	(0.1)	(24.6)
Clinical Supplies & Services	(2.3)	(2.8)	(0.4)	(17.2)	(18.7)	(1.6)	(28.4)	(31.1)	(2.7)	(28.4)
Other Non Pay Costs	(4.8)	(4.8)	0.1	(39.5)	(39.1)	0.4	(61.1)	(60.1)	1.0	(61.1)
Below the Line	(2.2)	(9.2)	(7.0)	(15.1)	(22.1)	(6.9)	(26.8)	(33.7)	(6.9)	(26.8)
Total Expenditure	**(42.4)**	**(49.3)**	**(6.9)**	**(304.2)**	**(310.6)**	**(6.4)**	**(514.3)**	**(522.2)**	**(7.9)**	**(514.3)**
TRUST SURPLUS / (DEFICIT)	**0.1**	**(6.7)**	**(6.8)**	**(7.0)**	**(13.1)**	**(6.1)**	**(0.3)**	**(5.8)**	**(5.5)**	**(0.3)**
System reporting adjustments	0.0	6.8	6.8	0.2	6.6	6.4	0.3	5.8	5.5	0.3
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**0.2**	**0.2**	**0.0**	**(6.8)**	**(6.6)**	**0.3**	**0.0**	**0.0**	**(0.0)**	**0.0**
Stockport Trust Efficiency Programme (STEP)	2.2	2.6	0.4	15.4	17.5	2.1	29.2	29.2	-	29.2
Efficiencies as % of expenditure	*5.2%*	*5.2%*		*5.1%*	*5.6%*		*5.7%*	*5.6%*		*5.7%*
Capital expenditure	(3.6)	(1.1)	2.4	(14.7)	(8.5)	6.1	(41.5)	(41.5)	-	(41.5)
Cash & equivalents				24.8	35.1	10.2	31.6	12.7	(18.9)	31.6

Run Rate Analysis

Stockport NHS Foundation Trust

Run Rate Trends - Rolling 15 months - £000s

Month	Income	Non-Pay	Pay	Total
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	64,303	(29,909)	(51,217)	(16,823)
Apr-25	41,342	(12,124)	(30,458)	(1,241)
May-25	41,976	(12,483)	(30,822)	(1,328)
Jun-25	42,602	(13,100)	(31,095)	(1,593)
Jul-25	43,602	(11,549)	(32,766)	(713)
Aug-25	41,614	(13,069)	(30,194)	(1,649)
Sep-25	42,578	(12,881)	(30,761)	(1,064)
Oct-25	42,387	(19,047)	(30,218)	(6,878)
FOT 2025/26	**514,367**	**(147,577)**	**(372,545)**	**(5,755)**

Previous Month Actuals	42,578	(12,881)	(30,761)	(1,064)
M07 Actuals	42,387	(19,047)	(30,218)	(6,878)
Movement (M07 v M06)	(191)	(6,166)	543	(5,814)
% Movement	-0.4%	47.9%	-1.8%	

Key Movements

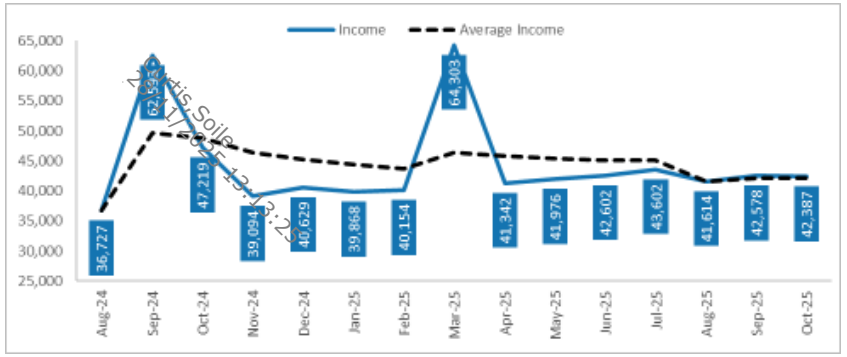
The graphs and tables in this slide give a rolling 15-month view of income, pay and non-pay expenditure trends.

The non-pay cost increase in month is the £7.1m asset transfer of the Meadows from 1st October 2025, which is non-cash. Pennine Care NHS FT have the opposite entry as agreed and this is excluded from system reporting.

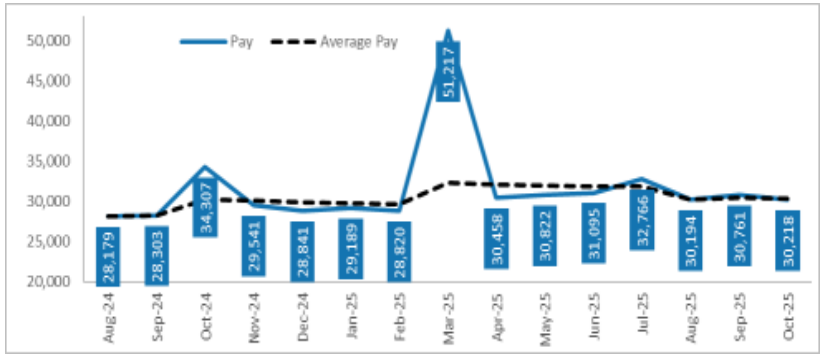
2025/26 run rate has increased for the pay award, change in national insurance rates (NI), MR service transfer (cost transfer from non-pay to pay) and phase 1 transfer of neuro rehab services to NCA. Phase 2 of the transfer should take place before 31st March 2026.

Covering industrial action in July 2025 cost £0.6m, and if planned strike action goes ahead in November 2025 this will have a further adverse impact on the pay run rate.

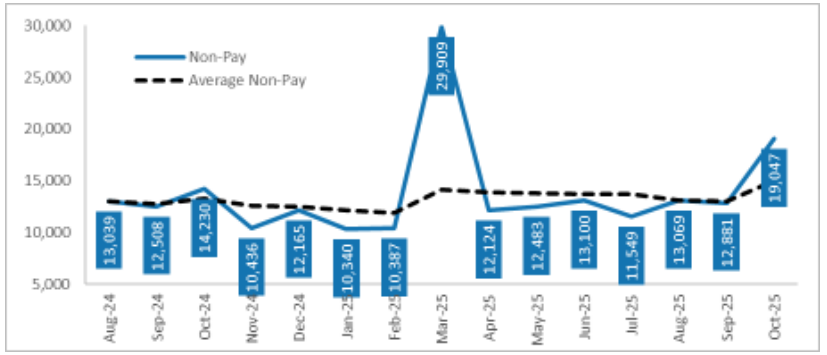
Income £000s



Pay £000s



Non-Pay £000s



NHS
Stockport
NHS Foundation Trust

Income & Variable Activity Payments

Income Position

Income & expenditure Position	October 2025 (M07)			Year to Date			Forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Greater Manchester ICB (Core and delegated)	32.1	32.2	0.0	227.2	227.0	(0.2)	389.2	389.3	0.1
Derby and Derbyshire ICB (Core and delegated)	3.2	3.2	0.0	22.5	22.5	0.0	38.5	38.5	(0.0)
Cheshire and Merseyside ICB (Core and delegated)	1.8	1.8	(0.1)	12.9	12.8	(0.1)	22.1	22.0	(0.1)
Specialised Commissioning	0.3	0.4	0.1	2.0	2.2	0.2	3.4	3.6	0.2
Low value activity	0.2	0.2	0.0	1.1	1.1	0.0	1.9	1.9	0.0
Local Authority	0.5	0.5	0.0	4.0	4.0	0.0	6.8	6.8	0.0
Injury cost recovery scheme	0.1	0.1	0.0	0.4	0.5	0.1	0.7	0.9	0.3
Other income from patient care	0.4	0.2	(0.2)	2.3	1.5	(0.8)	10.1	9.2	(0.9)
Clinical Income from Patient Care Activities	**38.7**	**38.5**	**(0.1)**	**272.4**	**271.7**	**(0.8)**	**472.6**	**472.2**	**(0.5)**

The clinical income year to date position is adverse to plan by £0.8m. The Trust year end forecast is £0.5m adverse to plan for year end, the £0.8m Neuro-rehab Phase 1 transfer has been adjusted in plan since month 6. Conversations are on-going with commissioners around final contract offers for 2025/26 and how the share of income will be allocated to points of delivery. The values in the table above represent the latest confirmed values.

Activity and corresponding financial targets have been loaded into the Trust's Service Line Activity Monitoring (SLAM) system, aligned to the Annual Plan. The next slide shows the performance against the variable elements of the Trust's contracts. It should be noted that plans have only been finalised with Greater Manchester ICB and Specialist Commissioning, other commissioners are still subject to change.

Contract Performance – Variable Activity

Clinical Income	Year to Date at October 2025									
	Activity Actuals vs Activity Plan					Price Actuals vs Price Plan				
	Activity Plan	Activity Actual	Activity Variance	%	% change from Sept	Price Plan £m	Price Actual £m	Price Variance £m	%	% change from Sept
Day Case	19,046	20,679	1,633	9%	0%	16.7	17.9	1.1	7%	0%
Elective	3,587	3,176	(411)	-11%	-1%	15.1	13.0	(2.1)	-14%	-1%
Elective Excess Bed Days	505	394	(111)	-22%	-16%	0.2	0.1	(0.0)	-23%	-16%
Outpatient Procedure	25,067	26,696	1,629	6%	-4%	5.4	5.8	0.4	7%	-4%
Outpatient First Attendance	61,482	61,524	42	0%	0%	13.4	13.4	0.1	1%	0%
Sub Total - Elective Plan	**109,687**	**112,469**	**2,782**			**50.8**	**50.3**	**(0.5)**	**-1%**	**-1%**
Drugs	-	-	-	0%	0%	6.8	6.6	(0.1)	-2%	0%
Devices	-	-	-	0%	0%	1.2	1.6	0.4	31%	4%
Other Variable	1,270	1,173	(97)	-8%	4%	0.5	0.5	(0.0)	-3%	4%
Sub Total - Other Variable	**1,270**	**1,173**	**(97)**			**8.5**	**8.7**	**0.2**	**3%**	**1%**
Total - Variable	**110,957**	**113,642**	**2,685**			**59.3**	**59.0**	**(0.3)**	**-1%**	**0%**

The elective plan is showing a small underperformance of £0.5m to the end of October. This has not been factored into the financial position due to Divisional recovery plans in place. GMICS have notified the Trust that they are not expecting to pay for elective overperformance, and they are likely to propose activity management plans to align financial performance with agreed plans. This could result in ceiling / caps being applied to 'variable' elements of the contract. The information is based on actual activity.

Risk relating to payment for Excluded Drugs & Devices

There is an overperformance against plan of £0.39m for devices and underperformance on drugs of (£0.14m). In line with ICB discussions and national guidance this is being treated as pass through. Corresponding expenditure budgets have been set to cover the net increase in expenditure of £0.1m in October.

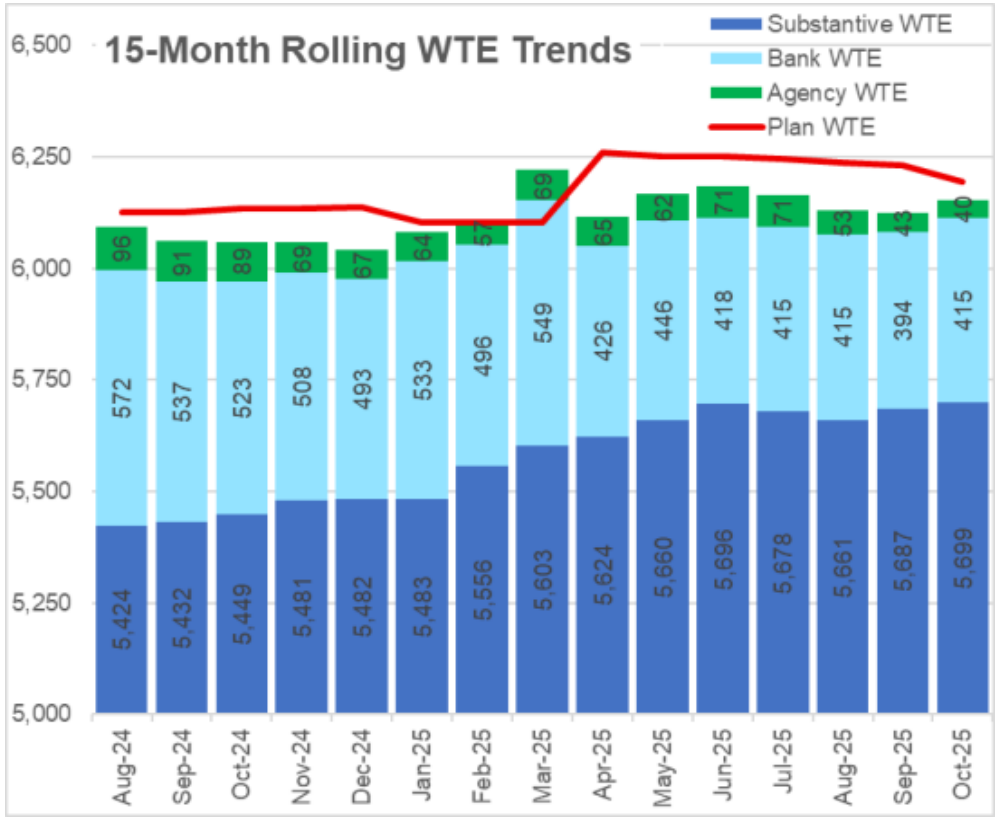
NHS
Stockport
NHS Foundation Trust

Workforce & Temporary Staffing

Staff and WTE reconciliation - WTE

Stockport NHS Foundation Trust

Month	Substantive WTE	Bank WTE	Agency WTE	Total WTE	*Bank % of WTE*	*Agency % of WTE*	Plan WTE	Variance to Plan
Aug-24	5,424	572	96	6,092	*9.4%*	*1.6%*	6,127	(34)
Sep-24	5,432	537	91	6,060	*8.9%*	*1.5%*	6,127	(66)
Oct-24	5,449	523	89	6,060	*8.6%*	*1.5%*	6,134	(74)
Nov-24	5,481	508	69	6,058	*8.4%*	*1.1%*	6,134	(76)
Dec-24	5,482	493	67	6,042	*8.2%*	*1.1%*	6,136	(94)
Jan-25	5,483	533	64	6,080	*8.8%*	*1.1%*	6,103	(23)
Feb-25	5,556	496	57	6,109	*8.1%*	*0.9%*	6,103	6
Mar-25	5,603	549	69	6,221	*8.8%*	*1.1%*	6,103	118
Apr-25	5,624	426	65	6,115	*7.0%*	*1.1%*	6,258	(144)
May-25	5,660	446	62	6,168	*7.2%*	*1.0%*	6,252	(84)
Jun-25	5,696	418	71	6,185	*6.8%*	*1.2%*	6,251	(66)
Jul-25	5,678	415	71	6,164	*6.7%*	*1.1%*	6,244	(80)
Aug-25	5,661	415	53	6,129	*6.8%*	*0.9%*	6,238	(109)
Sep-25	5,687	394	43	6,124	*6.4%*	*0.7%*	6,232	(108)
Oct-25	5,699	415	40	6,154	*6.7%*	*0.6%*	6,195	(41)
Movement in month	**13**	**21**	**(3)**	**30**	***0.3%***	***-0.1%***	**(36)**	**66**
Movement since April	**75**	**(11)**	**(25)**	**39**	***-0.2%***	***-0.4%***	**(63)**	**102**

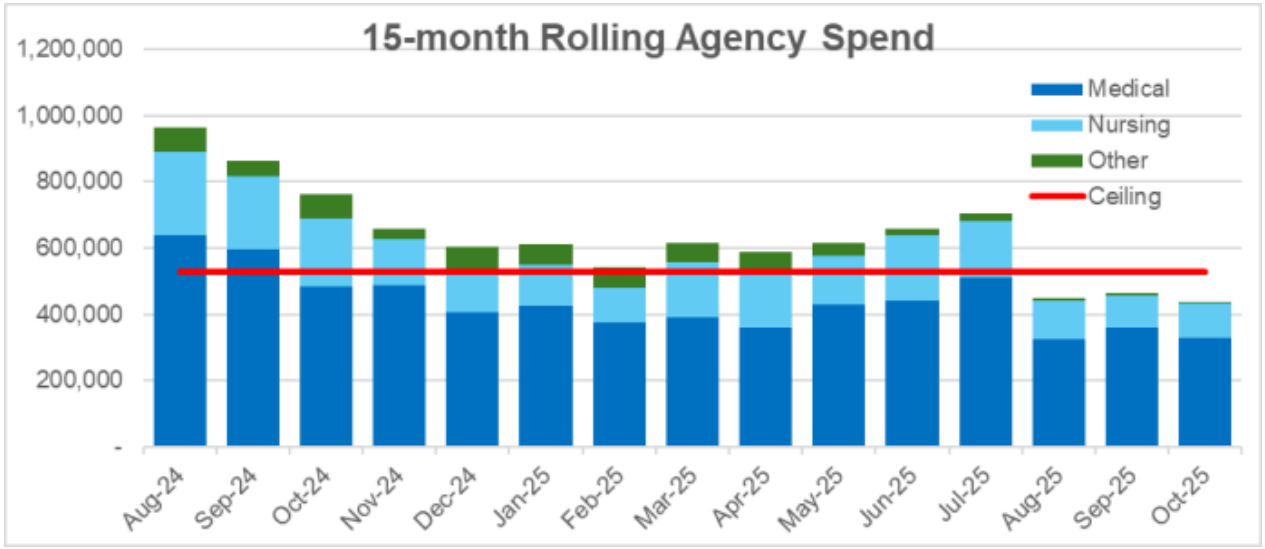


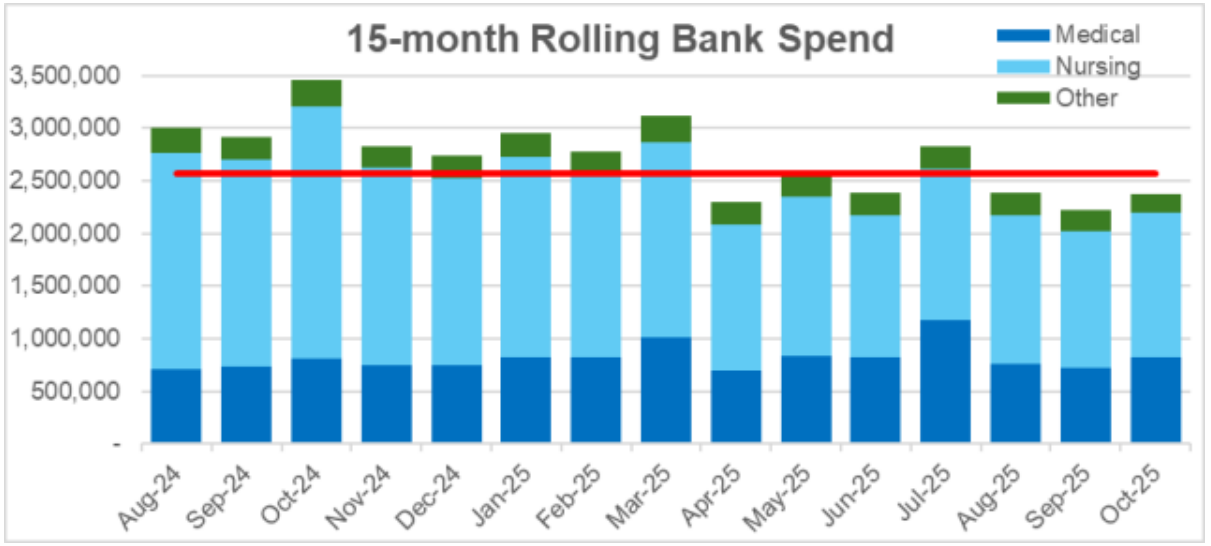
WTE Summary

Total WTE has increased by 30 between September and October 2025, a total increase of 39 since April. Total WTE is 41 WTE below plan in October.

The WTE plan reduces by 32wte from October linked to CIP schemes expected to be in place for the second half of the year.

Staff and WTE reconciliation - £





The Trust has submitted a compliant annual plan for 2025/2026 which includes a 30% reduction in bank and a 10% reduction in agency, based on 2024/2025 M08 forecast out-turn. The Trust's annual expenditure limits are therefore £30.9m for bank and £6.3m for agency. The above charts show the target reduction level as a flat line, though this is not being directly monitored in the Trust's monthly Provider Finance Return (PFR).

October agency costs are £0.4m, which is £0.1m below the ceiling – agency spend has now been below the ceiling for 3 consecutive months. There has been an average reduction of 26% compared to the 30% target.

Bank costs in October are £2.4m, which is £0.2m below the ceiling; bank spend has been below the ceiling for the 7 months of the financial year when industrial action cover costs are excluded. There has been an average reduction of 15% compared to the 10% target. If planned industrial action goes ahead in November this will increase bank costs, as in July.

Trust Efficiency Programme

STEP (Stockport Trust Efficiency Programme)

NHS Stockport NHS Foundation Trust

The Trust STEP target for 2025/2026 is £29.2m, of which £20.5m (70%) is recurrent and £8.6m (30%) is non-recurrent.

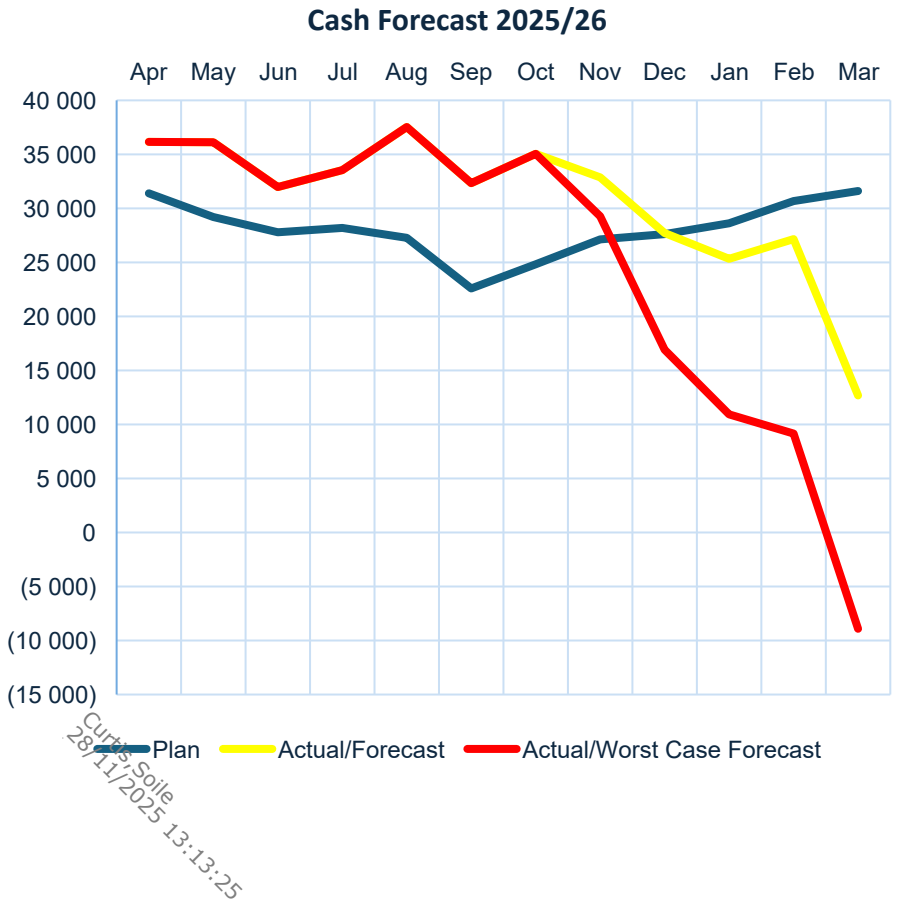
★ **In year £29.5m (101%) of the full year CIP target has been delivered, and £16.6m (81%) of the recurrent target.**

For external reporting purposes STEP is reported in line with plan; however divisions are encouraged to keep transacting in year schemes to support identification of non-recurrent underspends being removed from individual cost centre positions in year and prompt recurrent review. The recurrent shortfall has increased to £2.1m, and this assumes delivery of a further £1.9m RAG rated schemes before March 2026. Bringing these plans to fruition and closing the recurrent gap must be the key focus for divisions to support delivery of the financial plan in year and into 2026/27.

			2025/26 In Year £'000						2025/26 Recurrent £'000						
Division	**Target YTD**	**Delivered YTD**	**Target - FYE**	**Delivered**	**Green**	**Amber**	**Red**	**Gap**	**% Identified**	**Target Recurrent**	**Delivered**	**Green**	**Amber**	**Red**	**GAP**	**% Identified**
Medicine and Urgent Care	2,877	2,619	4,933	4,933	-	-	-	(0)	100%	3,476	3,523	-	-	-	(47)	101%
Surgery	2,268	2,268	3,889	3,559	72	33	535	(310)	108%	2,740	1,265	312	46	28	1,090	60%
Women & Children	1,175	1,974	2,228	3,168	7	-	-	(947)	143%	1,570	1,333	51	-	-	186	88%
Integrated Care	1,082	1,141	1,854	2,031	127	-	-	(304)	116%	1,307	741	336	-	-	230	82%
Clinical Support Services	1,178	1,500	2,305	2,629	283	29	11	(647)	128%	1,624	822	492	261	112	(62)	104%
Estates & Facilities	858	377	1,470	602	81	29	46	712	52%	1,036	243	51	76	96	571	45%
Corporate	949	918	1,627	1,637	1	-	-	(11)	101%	1,146	839	2	-	-	306	73%
Sub-total Divisions	**10,387**	**10,797**	**18,306**	**18,560**	**571**	**90**	**592**	**(1,507)**	**108%**	**12,899**	**8,765**	**1,243**	**382**	**236**	**2,273**	**82%**
General Trust	5,023	6,702	10,894	10,979	-	133	-	(218)	102%	7,676	7,811	-	-	-	(135)	102%
TOTAL	**15,410**	**17,499**	**29,200**	**29,539**	**571**	**223**	**592**	**(1,725)**		**20,575**	**16,576**	**1,243**	**382**	**236**	**2,138**	
TOTAL IDENTIFIED		**17,499**		**TOTAL IDENTIFIED**				**30,925**			**TOTAL IDENTIFIED**				**18,437**	
	YTD gap	*(2,090)*				*In Year gap*		*(1,725)*						*Recurrent gap*	*2,138*	
	% Identified	**114%**				***% Identified***		**106%**						***% Identified***	***90%***	

Cash, Capital & PFI

Cash



Cash balances at the end of October were £35m - £34.5m for the Trust and £0.5m for the Pharmacy Shop, an increase of £2.7m from September.

The Annual Plan for cash for October 2025 was £24.8m – therefore an improved cash balance of £10.2m compared to plan.

The cash forecast has been updated based on current run rate, known cash commitments and risks and the reduction of £2.1m depreciation funding and £0.8m Neurorehab funding both of which are now expected to be transacted from December. The graph shows that the Trust cash balances are forecasting a significant variance from Plan with a March 2026 outturn of £12.7m – which is a variance from Plan by £18.9m. This is an increase of £0.6m from the figure reported previously, arising from an assessment of all cashflows including pay, ICB income and capital spend.

Cash balances are anticipated to fall to approximately £27.7m by the end of December 2025 before falling to £12.7m by March 2026. The payment profile includes a phased plan for the outstanding payments owed to the Trust utility supplier over the next 6 months, along with an increase in capital payments in the final quarter of the year.

The Trust did not receive its non-recurrent deficit funding for November (£3.6m), however the actual forecast on the graph shown assumes receipt of this in mid November. The graph includes a worst case forecast which shows the risk of removal of this funding for Quarters 3 and 4 (£21.6m). The Trust would require cash support in March without this funding. There are no mitigations profiled yet to offset the threat to income, however the forecasts shown do not include potential income from Derbyshire ICS (£5.4m),UEC D2A (£1.7m) and Future Funding Flows (£1.2m).

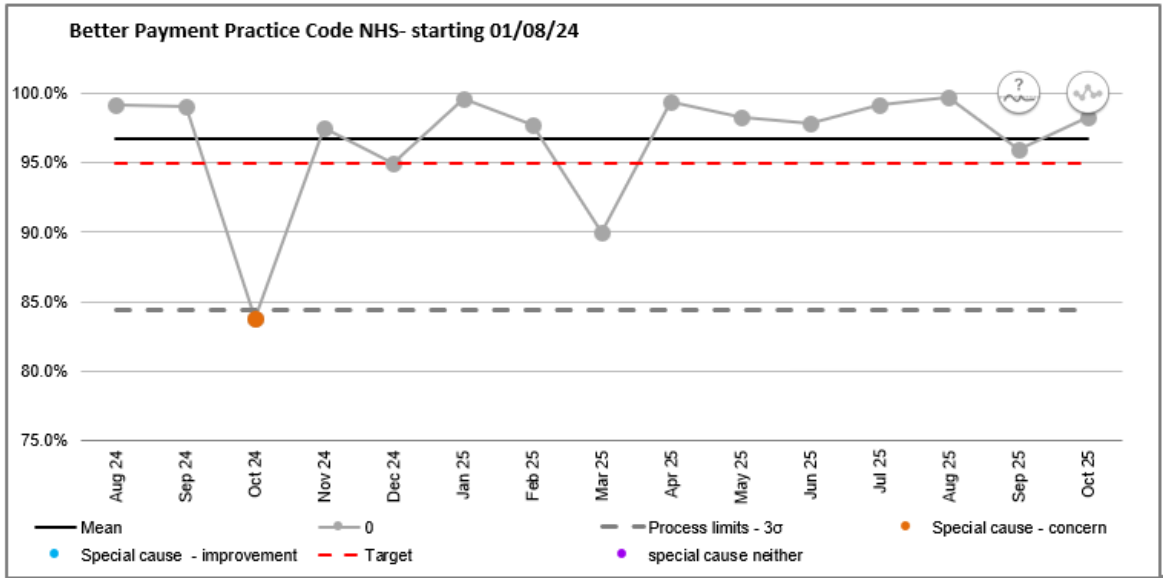
Cash

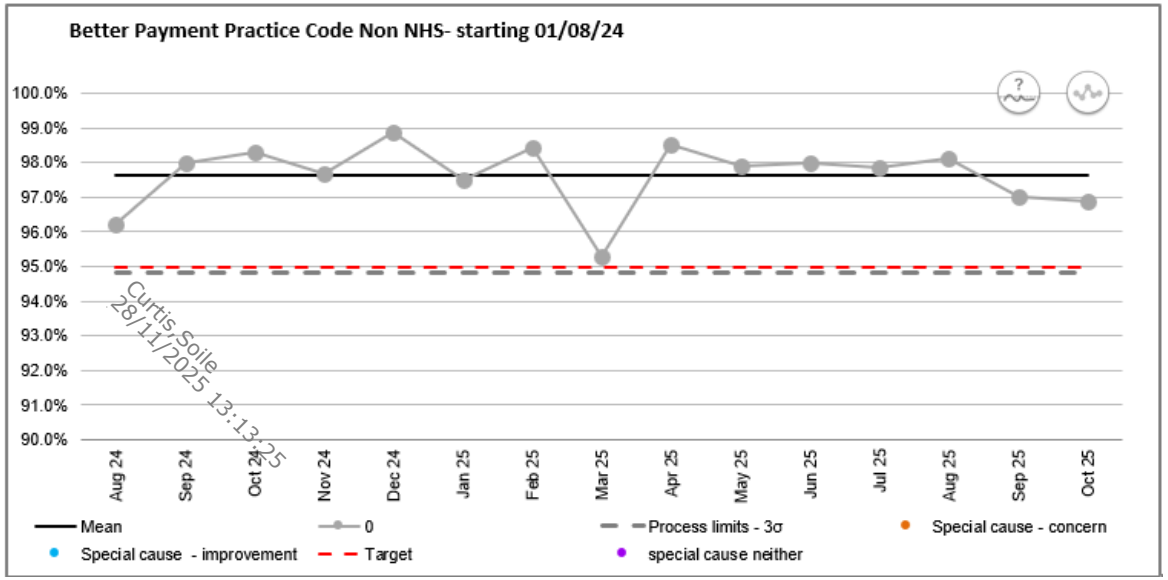
	October	November	December	January	February	March
Cash and cash equivalents at beginning of period		35,049	32,871	27,717	25,333	27,156
- Capital		5,095	5,376	5,589	5,197	9,617
- Revenue		29,954	27,495	22,128	20,137	17,540
In month movements						
Capital		281	213	(392)	4,420	(7,514)
Revenue (Excluding cash releasing efficiencies impact)						
- Income		40,108	38,470	40,666	42,810	40,192
- Pay		(31,823)	(32,137)	(31,871)	(32,116)	(32,395)
- Other expenditure		(12,193)	(13,086)	(12,193)	(14,694)	(16,687)
Cash releasing efficiency savings		1,449	1,386	1,407	1,404	1,933
Cash and cash equivalents at end of period	35,049	32,871	27,717	25,333	27,156	12,686
- Capital	5,095	5,376	5,589	5,197	9,617	2,102
- Revenue	29,954	27,495	22,128	20,137	17,540	10,583
Lowest cash balance in period		32,868	26,828	25,330	25,330	12,598

Change In Cash Forecast From Previous Month	1,580	3,728	1,358	2,509	5,107	625

- The above table show the NHSE reporting of the cash forecast to March 2026.
- Cash at the end of October is £35m which is £1.6m higher than the balance forecast previously, which includes income at approximately £0.7m higher than previously forecast and expenditure £0.9m lower than previously forecast. Income in November is expected to be higher than previously forecast due to the reprofiling of the depreciation and neurorehab ICB repayments into December.
- The cash position is expected to improve in February as a result of capital PDC receipts, prior to falling in March as a result of capital spend.
- The forecast highlights where efficiency savings materialise as cash. Planned efficiency savings for the year are £29.2m, of which £17.6m are forecast to be cash-releasing. Cash releasing efficiency savings in October were £1.9m, bringing the total for the year to date to £10m.
- The Cash Monitoring Group will continue to closely monitor the Trusts cash position. The risk of not having sufficient cash to operate was revised to a score of 15 in October 2025

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 as a trend in the charts opposite and summary in the table below.

Better payment practice code	BPPC M05		BPPC M06		BPPC M07	
	Number	Value £000's	Number	Value £000's	Number	Value £000's
Non NHS						
Total Bills paid in the year	3805	14,825	4436	18,197	5509	18,892
Total bills paid within target	3733	14,742	4303	17,817	5337	18,702
Percentage of bills paid within target	98%	99%	97%	98%	97%	99%
NHS						
Total Bills paid in the year	419	1,891	570	2,289	810	2,667
Total bills paid within target	418	1,890	547	2,232	796	2,591
Percentage of bills paid within target	99%	99%	96%	98%	98%	97%
Total						
Total Bills paid in the year	4224	16,716	5006	20,486	6319	21,559
Total bills paid within target	4151	16,633	4850	20,048	6133	21,293
Percentage of bills paid within target	98%	99%	98%	98%	97%	99%

Capital

	September 2025 (M06)			Year to Date			Forecast		
Division £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Estates	(1.0)	(0.5)	0.5	(8.6)	(6.5)	2.0	(16.2)	(16.2)	-
Equipment	(0.1)	(0.2)	(0.1)	(0.3)	(0.4)	(0.2)	(1.8)	(1.8)	-
Digital	(2.5)	-	2.5	(5.3)	(1.0)	4.3	(22.3)	(22.3)	-
Sub-total	**(3.6)**	**(0.7)**	**2.9**	**(14.2)**	**(7.9)**	**6.1**	**(40.3)**	**(40.3)**	**-**
IFRS16	-	(0.5)	(0.5)	(0.5)	(0.5)	-	(1.2)	(1.2)	-
Total Capital	**(3.6)**	**(1.1)**	**2.4**	**(14.7)**	**(8.5)**	**6.1**	**(41.5)**	**(41.5)**	**-**

Key Points

- An additional £4.0m has been added to the plan in respect of additional PDC (£2.5m) and UEC Incentive funding (£1.5m) for the below schemes:
    - £1.3m Cyber Risk Reduction
    - £1.0m Phase 2 Estates Safety
    - £0.2m GM Digital Pathology
    - £1.5m UEC additional capital allowance to facilitate the revenue to capital transfers in the income and expenditure plan – this is not currently cash backed.
- The year-to-date underspend of £6.1m includes £2.5m for EPR. The year-to-date budget includes £15m for EPR, however it is anticipated that this budget will be revised in the coming months. The remaining variance of £3.6m relates to rephasing of the capital plan; re-aligning with the plan over the remainder of the year.
- No slippage has been declared on the year-end reforecasting exercise.
- The Meadows has now formally been transacted, bringing the IFRS16 lease allocations for 2025/26 in line with budget.

Statement of Financial Position

	As at 31/03/2025 £000's	As at 31/10/2025 £000's
Total Non-current assets	**243,326**	**239,961**
Current assets and (Liabilities)		
Inventories	951	926
Trade receivables and accrued income	15,184	19,451
Assets held for sale	7,050	-
Cash and cash equivalents	36,725	34,482
Current liabilities	(69,480)	(73,137)
Provisions	(1,443)	(1,381)
Net Current Assets/Liabilities	**(11,012)**	**(19,658)**
Total Assets Less Current Liabilities	**232,313**	**220,304**
Non-current (Liabilities)		
Borrowings: leases	(8,040)	(8,509)
Borrowings: DHSC Capital Loans	(12,223)	(12,223)
Provisions	(2,789)	(2,789)
Total Non Current Liabilities	**(23,052)**	**(23,521)**
Total Assets Employed	**209,261**	**196,782**
Financed By Taxpayers Equity		
Public dividend capital	262,692	263,348
Revaluation reserve	59,614	59,614
Income and expenditure reserve	(113,046)	(126,180)
Total Taxpayers Equity	**209,261**	**196,782**

- At month 7, the increase in receivables predominantly relates to prepayments increases totalling £4m, of which £1.4m relates to the prepayment of clinical negligence insurance to NHS Resolution (paid in ten instalments per national requirement). Other significant prepayments include CQC, Theatres Maintenance Contracts, and IT Contracts.
- Current liabilities as at month 7 includes £2.9m of deferred NHSE Education funding and also includes £1.2m for the repayment of depreciation which is now scheduled to be repaid from December.
- The asset transfer and lease contracts for The Meadows asset has now concluded and a right asset of use asset and corresponding lease liability has been included at an opening value of £0.487m.

Meeting date	4th December 2025		Public	X	Confidential	Agenda item
Meeting	Board of Directors					15
Title	Revenue Support 2025/26					
Lead Director	John Graham Chief Finance Officer	Author	Lisa Byers Associate Director of Finance – Financial Services			

Recommendations made / Decisions requested

The Board are requested to ratify the Board Resolution attached in Appendix A.

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
	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
	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 purpose of this report is to inform the Board of Directors of the position regarding the 2025/26 Provider Revenue Support arrangements from the Department of Health & Social Care (DHSC).

Recommendation

The Board are requested to ratify the Board Resolution attached in Appendix A which recommends that multiple requests for PDC revenue support in 2025/26 Q4, to a maximum of £15,000,000, is taken.

Approval of this resolution provides the Trust with the authority and flexibility to access additional funding if required and is based on the cash scenario of not receiving the remaining Deficit Support Financing.

1. Purpose

1.1 The purpose of this report is to inform the Board of Directors of the position regarding the 2025/26 Provider Revenue Support arrangements from the Department of Health & Social Care (DHSC).

2. Background

2.1 The Trust financial plan for 2025/26 is break-even, including £43.2m deficit support funding (DSF). The key risks associated with delivery of the plan will be monitored and reported monthly, they are:

- The Trust current best-case year-end position is a deficit of £6.6m, this however includes £1.5m revenue to capital transfers and £1.9m of technical adjustments that are not cash backed.

- The Trust has received months 1-7 DSF. Month 7 DSF, along with future months, will be withdrawn if GM system performance does not improve in line with NHSE expectations.

- a significant change in the 2025/26 process is the involvement of regions in the assessment of revenue support PDC requests, therefore the GM ICB should be the Trust's first port of call if revenue support PDC is required. This is on the basis that 2025-26 Integrated Care Systems (ICSs) have submitted a balanced plan, and it is assumed income covers expenditure, so expectation is Providers should be able to locally manage cash and explore ICSs solution.

2.2 Provider Revenue Support PDC is available for cash-distressed Providers, once all system and local solutions have been explored and Provider has not been in receipt of alternative cash support. Revenue support must be applied for monthly, and each application requires the Board resolution, completed revenue support documentation, working capital information, cash flows, and utilisation requests. The revenue support documents are personalised to the Trust by the DHSC upon issue.

2.3 All revenue support requests will also require a joint letter from the Chief Executive and Chair that outlines that Trust is on track against plans; measures are in place on cash and cost controls; and confirmation that workforce plans (WTE) are on track.

2.4 The current board resolution is based on the cash scenario of not receiving the remaining DSF and has explored all regional support for inter cash transfers.

2.5 Approval of this resolution provides the Trust with the authority and flexibility to access additional funding if required. Importantly, this does not create an obligation to draw down or fully use the facility. Utilisation will be determined strictly by actual cash requirements and prevailing circumstances.

2.6 Attached at Appendix A is the resolution to be ratified by the Board, which is to be signed by the Chair and Chief Executive and sent to DHSC, in line with the draw-down of the revenue PDC.

3. Recommendations

3.1 The Board is requested to ratify the Board Resolution attached in Appendix A which recommends that multiple requests for PDC revenue support in 2025/26 Q4, to a maximum of £15,000,000, is taken.

Appendix A

Board Resolution

Statement from the Chair and Chief Executive of Stockport NHS Foundation Trust, regarding the Board of Director's approval of Revenue Public Dividend Capital Support.

We certify that a paper was presented to the Board of Directors on Thursday 4th December 2025 regarding the proposed Revenue Public Dividend Capital (PDC) (henceforth referred to as the Finance Documents). This recommends that multiple requests for PDC revenue support for Q4 totaling £15,000,000 is taken.

We confirm that the Board has accepted this recommendation and therefore approves the facility on behalf of the Trust.

In line with the Finance Documents, we also confirm that the Board has:

a) approved the terms of, and the transactions contemplated by, the Finance Documents to which it is a party; and resolved to execute the Finance Documents to which the Trust is a party;

b) authorised the Chief Finance Officer to execute the Finance Documents to which the Trust is a party, on its behalf; and

c) authorised the Chief Finance Officer to sign and/or dispatch all documents and notices (including the Utilisation Request) in connection with the Finance Documents to which the Trust is a party, on its behalf.

David Wakefield - Chair
Stockport NHS Foundation Trust

Signature:

Karen James - Chief Executive
Stockport NHS Foundation Trust

Curtis Soile 28/11/2025 13:13:25

Signature
Dated:

NHS Stockport NHS Foundation Trust

				Agenda No.	16
Meeting date	4 December 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

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 an Alert, Advise & Assure 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 in October and November 2025, noting areas of alert, advice and assurance.

NHS Stockport NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	28 October 2025
Quorate	Yes

The Quality 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: • Paediatric Audiology Update • Mersey Internal Audit Agency Spot Checks Review Update • Infection Prevention & Control Report & CDiff Deep Dive • Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) Reviews • NHS England QIA Framework • Quality & Safety Integrated Performance report • Winter Resilience Planning • Annual National In-Patient Survey • Standing Subgroup Alert, Advise & Assure Reports: - Patient Safety Group - Clinical Effectiveness Group - Patient Experience Group • Quality Committee Work Plan & Attendance 2025/26
2.	**Alert**	Concerns regarding paediatric audiology and consequent adverse impact on children, the diagnostic target and future sustainability of the service. While the Committee noted that recovery was underway with a provider commissioned by the Greater Manchester Integrated Care Board (GM ICB), it was acknowledged that the impact of external support would take time to embed. Mersey Internal Audit Agency (MIAA) Spot Checks Review – Concerns regarding issues identified regarding fundamentals of care. The Committee noted and supported the associated mitigating actions.
3.	**Advise**	The Committee received a bi-annual Infection Prevention & Control (IPC) update report and a CDiff Deep Dive report, following a review of year-on-year increased cases. The Committee welcomed an improved CDiff performance. The Committee received an Alert, Advise & Assure Report providing an update on winter resilience performance. It was noted that the monthly report would be provided to Quality Committee and Finance & Performance Committee over the winter period. The Committee received a report outlining the key findings from the Adult Inpatient Survey 2024 and noted that the lowest scoring areas would be addressed with the divisions.

		The Committee acknowledged opportunity for further refinement of Committee reporting through joint governance arrangements.
4.	**Assure**	Cost Improvement Programme (CIP) Quality Impact Assessment (QIA) Reviews – The Committee continues to have oversight of proposed schemes. Furthermore, the Committee received a report providing a gap analysis from the recommendations to the QIA Framework guidance published by NHS England. The Committee agreed to receive the finalised QIA process for approval. Quality & Safety Integrated Performance Report – The Committee welcomed the improvements in pressure ulcer performance, cancer faster diagnosis and Referral to Treatment recovery.
5.	**Referral of Matters/Action to Board/Committee**	No matters referred
6.	**Report compiled by:**	Mr David Curtis (Acting Chair of Quality Committee / Non-Executive Director)
7.	**Minutes available from:**	Mrs Soile Curtis (Deputy Company Secretary)

NHS
Stockport
NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Louise Sell, Non-Executive Director
Date of Meeting	25 November 2025
Quorate	No.

The Quality 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: • Quality & Safety Integrated Performance Report • Winter Resilience Planning • CIP QIA Reviews - Newly Progressing and Newly Developed CIP High Level Plans - Quarterly Review of Quality and Safety Impact of CIPs and Other Savings • Patient Safety Report – Q2 • Learning from Deaths: - Learning from Deaths Report – Q1 - Outcome of End of Life Data Review • Mental Health: - Update on Executive Level Escalation with Pennine Care - Updated Iteration of Draft Mental Health Plan • Maternity Services: - Maternity Perinatal Quality Report - Quarterly Perinatal Mortality Review Tool (PMRT) Report – Q2 - Claims Score Card Q1 and Q2 - One to One Care in Labour Action Plan • StARS Progress Report • Standing Subgroup Alert, Advise & Assure Reports: - Patient Safety Group - Trust Integrated Safeguarding Group - Health & Safety Joint Consultative Group - Patient Experience Group • Quality Committee Work Plan & Attendance 2025/26
2.	**Alert**	Winter Resilience Planning – The committee heard that there was a significant pressure on the plans to mitigate 12 hour delays. External pressure came from delays in placement to pathway 3 and 4 due to the spot purchase, and delays to assessment and admission of patients presenting with mental health crises. These are being escalated at the locality group and with executive colleagues at Pennine Care. An internal speciality escalation event was effective and will be repeated.
3.	**Advise**	Quality & Safety Integrated Performance Report – Infection Prevention – rates of clostridium difficile remain with target, and there were no methicillin resistant staphylococcus aureus cases in October. A deep dive into elevated rates of

		Escherichia Coli has identified several samples as the result of re-testing of known positive community cases, and has noted the impact on rates of the Trust being a major urology specialist centre. The committee received assurance that although we continue to deliver antibiotics later than expected, no resultant harm has been identified. A sepsis transformation project report has been delayed until January. Rates of hospital acquired pressure ulcers remain below target and community acquired ulcers show a non-significant 6 month reducing trend. The committee sought assurance about the nature of lapses in care. CIP QIA Reviews – The committee reviewed the newly approved QIAs and gained assurance about the rationale for decision making. The QIA high level reports do not contain information on the EIA but the committee was informed that the process behind the summary documents includes EIA and that this will be more explicit in the revised documentation due following NHSE guidance. The committee received updates on the outcome of previously transacted schemes, noting that one scheme had resulted in 8 incident reports, classed as no harm. It was noted that while one scheme had carried a risk of poor staff morale, the outcome, albeit anecdotally was an improvement in morale. Patient Safety Report – the rate of all incidents and patient safety incidents remains within process limit controls. The rate of incidents associated with moderate harm remains steadily increased since April 2025 and the reason for this will be subject to further analysis. Duty of candour was applied in all appropriate cases. Patient safety learning responses and safety actions were undertaken in line with PSIRF. Liaison with the coroner is ongoing to ensure alignment between PSIRF requirements as set out by NHSE and requirements for inquests. Three Prevention of Future Death notifications were received in the quarter. The PALS teams ability to resolve concerns by early engagement has been reduced by sickness in the team, leading to a 6 week delay. The committee heard that a mitigation plan in now in place with a member of staff recruited to focus on clearing the backlog. The quarterly complaints timely response rate has also been impacted, standing at 89.3%. Most common themes remain communication and clinical treatment and the committee reviewed lessons learned from complaints. Learning from Deaths – the process remains embedded. One outcome 1 case occurred in the quarter, 6 outcome 2 cases, 95 outcome cases and 20 outcome 4. Learning was shared appropriately. The committee received the National Audit of Care at the End of Life report and noted ongoing progress in improving patient experience in the hospital and community. Work with partners to ensure death occurs in the most appropriate setting requires ongoing focus. Mental Health – the committee received and commended the draft mental health plan and requested a further update on implementation and resource requirements.

4.	**Assure**	Winter Resilience Planning – The target to increase staff flu vaccination rates by 5% has been achieved, albeit this was an unambitious target and so all measures are continuing to maximise the final position. Quality & Safety Integrated Performance Report – The Trust continues to report a Standardised Hospital Mortality Index within the expected range. Maternity Services – the committee received papers which provide assurance that the Trust remains on track to achieve compliance with the 10 safety actions for CNST year 7. The committee sought information about training compliance in non-consultant locally employed doctors and assurance that they are supported to access training. The Board has previously received information about an elevated 3rd and 4th degree tear rate and work to improve this is focusing on births in the birthing pool. The services continue to submit evidence to the Local Maternity and Neonatal System oversight panel and to develop eventual exit criteria from enhanced surveillance. The committee sought assurance about how well the red flag system is working and heard that the management team continue to ensure that all appropriate incidents are identified as such and reported. The committee commended good progress in providing continuity of care to people in deprived areas through the deployment of Assistant Practitioners, with a second area planned. StARS Progress Report – the Trust is on track to achieve targets to maintain blue and green status rates and to have no more than 25 % red outcomes overall. Maintaining two scheduled assessments each week is not always possible due to operational pressures or key individual unavailability, however 28 of 30 planned were carried out. The committee heard about recent improvement in 2 clinical teams who have found it most challenging to move out of the red status and noted a range of actions for improvement. They noted that the standards performing least well aligned with the recent MIAA quality spot check, confirming the effectiveness of internal controls. The committee agreed the proposed changes to the standards (subject to ratification at a quorate committee).
5.	**Referral of Matters/Action to Board/Committee**	None
6.	**Report compiled by:**	Dr Louise Sell (Chair of Quality Committee / Non-Executive Director, Senior Independent Director, Deputy Chair)
7.	**Minutes available from:**	Mrs Soile Curtis (Deputy Company Secretary)

NHS Stockport NHS Foundation Trust

				Agenda No.	17
Meeting date	4 December 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

	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 an Alert, Advise & Assure 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 in November 2025, noting areas of alert, advice and assurance.

NHS Stockport NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	People Performance Committee
Chair of Committee/Group	Beatrice Fraenkel, Non-Executive Director (Committee Chair)
Date of Meeting	13 November 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 • Attendance Management Update • Joint Equality, Diversity & Inclusion Strategy • Request or Action on Racism Including Antisemitism – Letter from NHS England • Improving Resident Doctors Working Lives • Chaplaincy Report • Health & Wellbeing • Freedom to Speak Up – Q1 & Q2 • Guardian of Safe Working – Q2 • Staff Survey • Widening Participation • Safer Care (Staffing) Report • Maternity Bi-Annual Workforce Staffing Report • Nursing & Midwifery Establishments • Fit & Proper Persons Internal Audit • Alert, Advise & Assure Reports: - Joint Health & Wellbeing Group - 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 will continue to seek assurance in areas below trajectory including: • Sickness absence – Increased in September and is above target at 5.67% (target: 5.50%) • Appraisals – Overall appraisal compliance in September was 83.55%, an increase from 80.57% in August (target: 95%) • Agency expenditure – Performance against the 1.5% agency spend as a percentage of pay bill is slightly above target at 1.51%, albeit improved position from August was noted. Ongoing improvement actions relating to the above metrics were acknowledged. The Committee received a report providing an overview of sickness absence levels within the Trust, noting that stress/anxiety/depression remained the most common reason for sickness absence. The Committee heard that the Trust's sickness absence rate remained slightly above target but compared favourably

		with peers. Mitigating actions were noted, with a compassionate, person-centred approach to attendance management acknowledged. The Committee reviewed a draft Joint Equality, Diversity & Inclusion (EDI) Strategy 2026-29 between Stockport NHS Foundation Trust (SFT) and Tameside & Glossop Integrated Care NHS Foundation Trust (T&G). The Committee recommended the joint strategy to the Board of Directors for approval, acknowledging pending divisional actions. The Committee received a letter sent by NHS England (NHSE) to all NHS Trusts, calling for action to strengthen efforts against racism, antisemitism, Islamophobia and all forms of discrimination across the NHS. The Committee endorsed the actions outlined in the letter. The Committee received a report providing an update on the Trust's Health & Wellbeing Programme, aiming to support staff's mental and physical wellbeing, improve retention and enhance patient care. The Committee noted that the Trust's wellbeing initiatives were delivering strong engagement and improvements in staff wellbeing, with continued focus on proactive health management, inclusive support and data-driven planning acknowledged. The Committee received a report providing an update on this year's Staff Survey process, including current completion rates and ongoing actions to encourage participation. The Committee received a Safer Care (Staffing) Report, which provided 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. The Committee received a report providing an update on the Trust's midwifery and neonatal workforce for the period April to September 2025. The report provided assurance that safe staffing standards were being met in line with the National Quality Board and NICE guidance for maternity settings. Furthermore, the report supported compliance with Safety Action 5 of the NHS Resolution Maternity Incentive Scheme (Year 7), which requires robust midwifery workforce planning. The Committee noted staffing data for midwifery, obstetric and maternity anaesthetic teams, acknowledging systems in place to ensure safe staffing and safe, continuous care for women, birthing people and babies across all settings. The Committee approved the Biannual Nurse Staffing review (full report available within the People Performance Committee meeting papers). The Committee heard that while staffing levels were sufficient in most areas, the review had identified some areas requiring further review of nursing levels. Another review to take place in early 2026 and be presented to the Board.
4.	**Assure** Curtis Soile 28/11/2025 13:13:25	Positive assurance received around the following People metrics: • Time to hire, which measures the time between vacancy authorisation to start date booked, decreased in September to 57 days from 29 in August, and meets the overall Trust target of 57 days. • Mandatory training compliance at 96.03%, which is above target of 95%. • Turnover (adjusted) remains compliant at 10% and is below target of 11.5%.

		The Committee received a report providing an update on progress being made against NHSE's 10 Point Plan to improve working conditions for resident doctors. The Committee heard that the Trust was on track to deliver the NHSE 10 Point Plan, with clear governance, engagement and monitoring mechanisms in place. The Committee received a report providing an overview of the work, achievements and challenges of the Trust's Chaplaincy and Spiritual Care Team. The Committee welcomed the strong, inclusive pastoral care and acknowledged the vital role of the Chaplaincy Team in supporting staff and patient wellbeing across the Trust. The Committee noted positive assurance regarding the growth of the Freedom to Speak Up initiative and associated learning. The Committee received a report providing an overview of the Guardian of Safe Working activity between 1 August 2025 and 31 October 2025. The Committee heard that no immediate safety concerns had been identified and noted forthcoming changes to the reporting system. The Committee received a Widening Participation Report and noted positive assurance regarding the widening participation and vocational learning offer, providing career opportunities for communities across Stockport. The Committee received a report detailing the outcome of the Fit & Proper Persons Internal Audit. The Committee noted the outcome of 'Substantial Assurance', confirming strong compliance and control measures. The Committee heard that implementation of actions was scheduled from October 2025 to April 2026, with several already underway or completed. Furthermore, it was noted that a Joint Fit & Proper Person Policy for SFT and T&G was being produced.
5.	**Referral of Matters/Action to Board/Committee**	The Committee recommended the Joint Equality, Diversity & Inclusion Strategy 2026-29 between SFT and T&G to the Board of Directors for approval, acknowledging pending divisional actions.
6.	**Report compiled by:**	**Beatrice Fraenkel, Non-Executive Director**
7.	**Minutes available from:**	**Soile Curtis, Deputy Company Secretary**

NHS Stockport NHS Foundation Trust

Meeting date	4th December 2025	**Public**	x	**Agenda No**	18
Meeting	Trust Board				
Report Title	Freedom to Speak Up - Update				
Director Lead	Amanda Bromley, Director of People and OD	**Author**	Nadia Walsh – Freedom to Speak Up Guardian		

Paper For:	**Information**		**Assurance**		**Decision**	
Recommendation:	The Trust Board is recommended to note the contents of the report and the actions being taken to progress the Freedom to Speak Up agenda.					

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

	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's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	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 transformation 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 recovery 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

The purpose of this report is to provide the Trust Board with an update on the Trust position in relation to the Freedom to Speak Up (FTSU) agenda and assurance on the approach and activities of the Freedom to Speak Up Guardian (FTSUG). The report focuses on the last 6 months activity due to the short absence of the FTSUG.

Overview of FTSU Role Activities: The Freedom to Speak Up (FTSU) Guardian supports a culture of openness by encouraging staff to raise concerns safely. The Guardian regularly meets with senior leaders, including the CEO, Chair, and Non-Executive Lead for FTSU, to keep leadership engaged with FTSU priorities. Fortnightly one-to-one meetings with their line manager provide further support. Each month, the Guardian also conducts site walkabouts and visits teams across departments to maintain direct engagement, fostering trust and approachability.

FTSU Case Data Overview:

The main theme in Q1 was worker safety and wellbeing were 64 concerns raised came from Surgery and related to a change in NHSP rates; Other themes include inappropriate attitudes and behaviours, all involving managers, citing poor examples of empathy, compassion and civility.

5 concerns were received by email during Q2 but were not actioned until Q3 due to absence. No further information is available currently.

FTSU Champions: We are reviewing the FTSU Champion network following feedback and changes in colleagues' capacity to fulfil the role.

FTSU Activity updates: Three short FTSU videos were produced with the Transformation Team and shared via Comms. Videos included

- What is a Freedom to Speak up Guardian and how can they help
- What are Freedom to Speak up Champions and how can they help
- Highlights from the Policy and Strategy

Speaking Up in Bloom ran in May with on-site drop-ins and resource sharing to normalise speaking up and signpost routes.

FTSU Week ran from 13th October to 17th October. Throughout the week we looked back at inspiring figures from history who used their voices to create change for themselves and for others

Next Steps: I will continue to focus on refining our approach to FTSU including the FTSU Champion network.

We will also revisit the Reflection and planning Tool early in 2026 to tie in with receipt of the NHS Staff Survey results.

Learning: To ensure the learning from FTSU cases is captured and shared effectively, I collaborate with HR and governance teams to triangulate data and identify any emerging patterns or systemic issues. This ensures that key learning is shared across relevant departments and informs improvements in processes. Additionally, I engage in informal discussions with union representatives, fraud teams, EDI and leadership to share insights and trends that arise from FTSU concerns.

Feedback

Q1. Four Feedback forms were issued in Q1; Zero were returned.

Q2. No feedback forms were issued in Q2.

Equality and Diversity Data

Q1. Four Equality and Diversity forms were issued; Zero were returned

Q2. No Equality and Diversity forms were issued in Q2

Resources: The Guardian currently works part-time two days a week at both Stockport and Tameside & Glossop Integrated Care NHS Foundation Trust. The time commitment for the role is considered on an annual basis as part of the yearly review of the Trust's FTSU arrangements.

Currently in the absence of the Guardian, staff raise concerns with the Director of People and OD or one of our Freedom to speak up Champions, the Trust also highlights the various mechanisms within which staff can raise concerns which includes their line manager, their line manager's line manager and any Executive Director.

Recommendations: The Board of Directors is recommended to note the contents of the report and the actions being taken to progress the Freedom to Speak Up agenda here at the Trust.

1. Introduction

The purpose of this report is to provide the Trust Board with an update on the Trust position in relation to the Freedom to Speak Up (FTSU) agenda and assurance on the approach and activities of the Freedom to Speak Up Guardian (FTSUG). The report focuses on the last 6 months activity due to the short absence of the FTSUG.

2. Overview of FTSU Role Activities

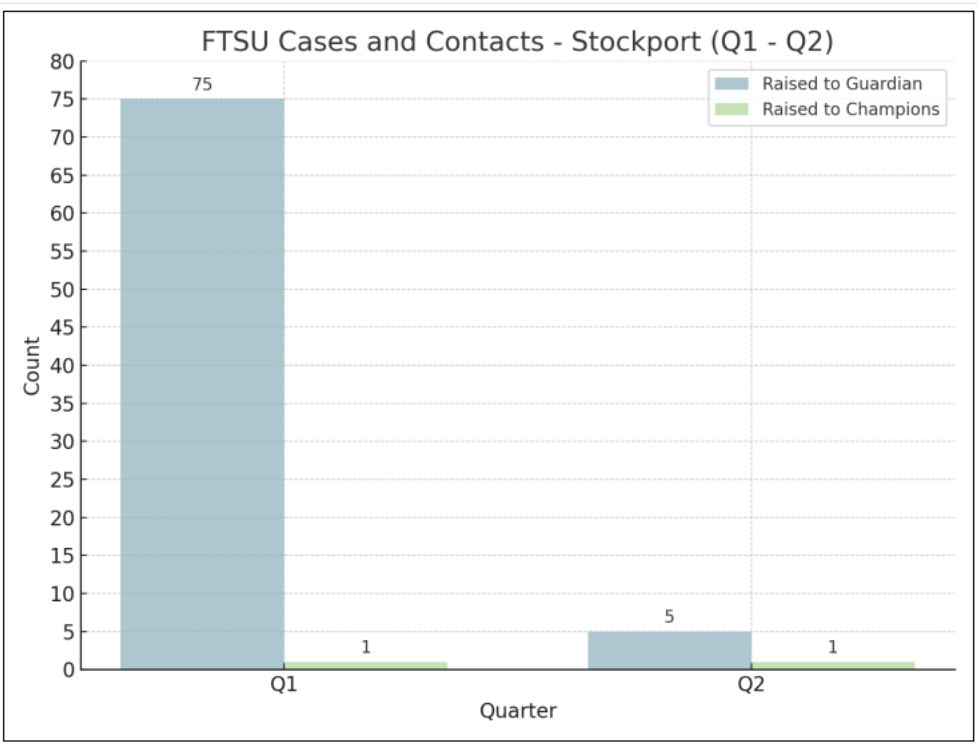
The Freedom to Speak Up (FTSU) Guardian supports a culture of openness by encouraging staff to raise concerns safely. The Guardian regularly meets with senior leaders, including the CEO, Chair, and Non-Executive Lead for FTSU, to keep leadership engaged with FTSU priorities. Fortnightly one-to-one meetings with their line manager provide further support. Each month, the Guardian also conducts site walkabouts and visits teams across departments to maintain direct engagement, fostering trust and approachability.

3. National Freedom to Speak up Training

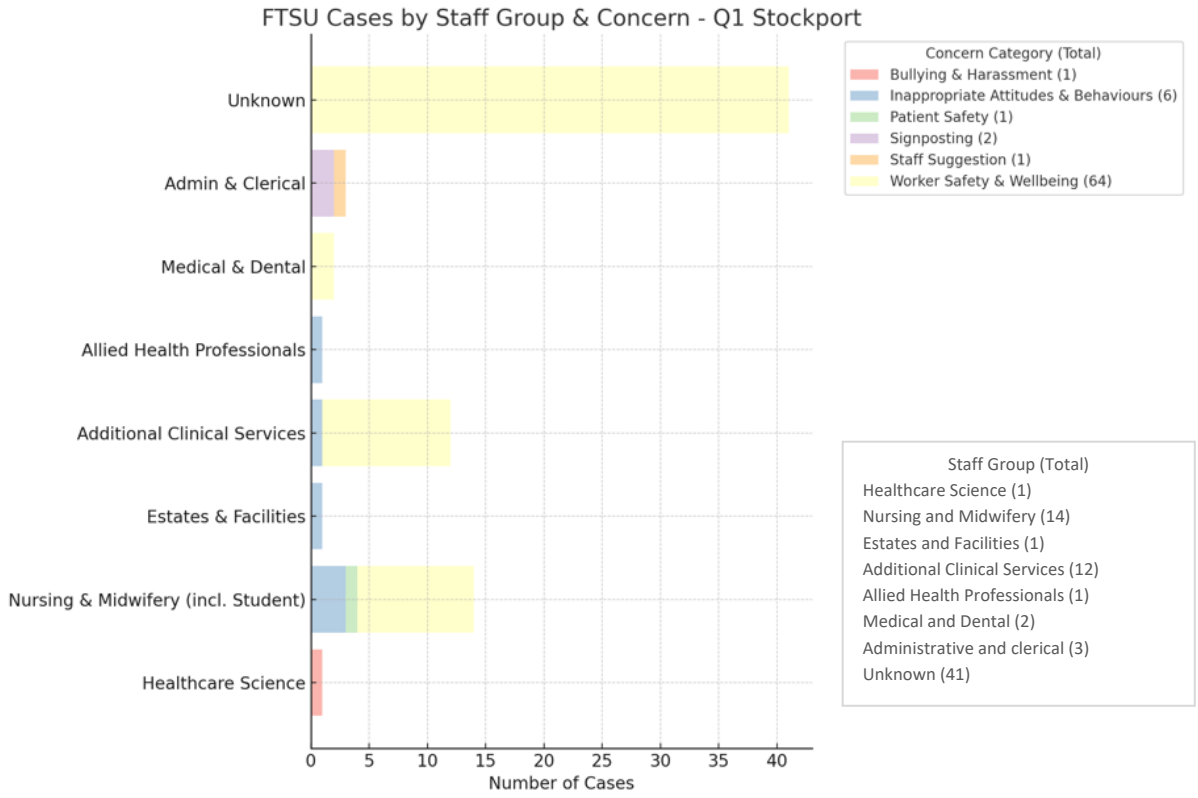
Training data has been requested however due to data quality issues it is not able to be accurately reported in this report. The Head of Education & Training is aware of the issues to ensure this is corrected in time for the next report. She is also linking in with her opposite number at Tameside & Glossop ICFT to ensure the data for both Trusts is aligned.

4. FTSU Case Data Overview

The table below details the number of cases received through the Freedom to Speak Up channel per quarter.



The details of the cases by worker groups have been highlighted below for a clearer understanding of the distribution across staff groups and areas of work. Additionally, the breakdown of cases based on the reporting element has been incorporated



4.1 Open Cases

All cases from Q1 are closed and 5 from Q2 remain open.

Key Findings:

Q1 Key findings - 75 concerns were raised this quarter. The main theme was worker safety and wellbeing were all 64 concerns raised came from Surgery and related to a change in NHSP rates. Staff shared the impact the change was having on their health and wellbeing and highlighted the potential impact this could have on patient safety. This incident was raised at Board by Marissa Logan-Ward and is actively being managed.

There were 6 reports of inappropriate attitudes and behaviours, all involving managers/team leaders, citing poor examples of empathy, compassion and civility.

The bullying and harassment matter progressed to a grievance alleging less favourable treatment between colleagues, with issues linked to gender identity.

A single patient-safety contact by a student nurse could not be progressed as the reporter did not attend the scheduled meeting despite follow-up.

Q1 Champion Contacts – 1 case was raised this quarter from Estates and Facilities and related to signposting

Q2 Key findings - 5 concerns were received by email during Q2 but were not actioned until Q3 due to absence. No further information is available currently.

Q2 Champion Contacts – 1 case was raised this quarter from Allied Health Professionals and related to inappropriate attitudes and behaviours from a line manager.

5. FTSU Champions

We are reviewing the FTSU Champions network following feedback and changes in colleagues' capacity to fulfil the role. The review will introduce a refreshed role description and selection criteria to ensure Champions are engaged, supported by their line managers, and able to contribute meaningfully to a proactive Speak Up culture.

6. FTSU Activity updates

Three short FTSU videos were produced with the Transformation Team and shared via Comms. Videos included

- What is a Freedom to Speak up Guardian and how can they help
- What are Freedom to Speak up Champions and how can they help
- Highlights from the Policy and Strategy

Speaking Up in Bloom ran in May with on-site drop-ins and resource sharing to normalise speaking up and signpost routes.

FTSU Month is now FTSU Week and it ran from 13th October to 17th October. Throughout the week we looked back at inspiring figures from history who used their voices to create change for themselves and for others. Their stories remind us that speaking up matters and encourages us all to use our voice to protect patients, support colleagues, and shape a culture where everyone belongs.

7. Next Steps

I will continue to focus on refining our approach to FTSU in particular the FTSU Champion network, by creating a revised FTSU Champion role description and training materials.

The Reflection and Planning Tool is due to be refreshed in early 2026, to tie in with the receipt of the 2025 Staff Survey Results. The output should inform the Trust's Speaking Up plan through trust specific actions; these actions will form and drive the wider organisational plan.

During the Q3, key insights and recommendations were set out in the FTSU report. It would be helpful to revisit these and incorporate them into the refresh of the Reflection & Planning Tool.

Recognising that some recent FTSU themes touch on leadership behaviours, I've suggested the developing C.A.R.E Leadership Way SharePoint include supportive speaking-up guidance for managers, to help nurture a compassionate and open speaking-up culture across the organisation.

8. Learning

To ensure the learning from FTSU cases is captured and shared effectively, I collaborate with HR and governance teams to triangulate data and identify any emerging patterns or systemic issues. This ensures that key learning is shared across relevant departments and informs improvements in processes. Additionally, I engage in informal discussions with union representatives, fraud teams, EDI and leadership to share insights and trends that arise from FTSU concerns.

9. Feedback

Q1. Four Feedback forms were issued in Q1; Zero were returned.

Q2. No feedback forms were issued in Q2.

10. Equality and Diversity Data

Q1. Four Equality and Diversity forms were issued; Zero were returned

Q2. No Equality and Diversity forms were issued in Q2

11. Resources

The Guardian currently works part-time – two days a week at both Stockport and Tameside & Glossop Integrated Care NHS Foundation Trust. The time commitment for the role is considered on an annual basis as part of the yearly review of the Trust's FTSU arrangements.

Currently in the absence of the Guardian, staff raise concerns with the Director of People and OD or one of our Freedom to speak up Champions, the Trust also highlights the various mechanisms within which staff can raise concerns which includes their line manager, their line manager's line manager and any Executive Director.

12. Recommendations

The Board of Directors is recommended to note the contents of the report and the actions being taken to progress the Freedom to Speak Up agenda here at the Trust.

NHS Stockport NHS Foundation Trust

Meeting date	4 December 2025	**Public**	✓	**Agenda No.**	19
Meeting	Board of Directors				
Report Title	Joint Equality, Diversity and Inclusion Strategy 2026-29				
Director Lead	Amanda Bromley, Director of People & OD	**Authors**	Lisa Gammack, Deputy Director of Organisational Development, and Stuart McKenna, Assistant Director of HR (Inclusion and Colleague Experience)		

Paper For:	**Information**		**Assurance**		**Decision**	✓
Recommendation:	The Board are asked to approve the draft Workforce EDI Strategy 2026–2029 and note that the Divisional EDI Action Plan will be submitted to the People Performance Committee in January 2026 for assurance.					

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's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
	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 transformation 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 recovery 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

Stockport FT's Workforce EDI Strategy currently runs from 2022-2025, while Tameside and Glossop ICFT's Workforce EDI Strategy runs from 2023-2026. These differing timelines presented an opportunity to develop a single, unified Workforce EDI Strategy for 2026-2029, enabling both Trusts to:

- Improve efficiency by aligning efforts.
- Focus on key development areas where data shows inequality persists.

The strategy builds on achievements to date and is informed by the latest EDI metrics and national NHS People Plan priorities.

Development Process

- **Summer 2025 Consultation:** A joint consultation exercise was undertaken across both Trusts. Results were reported to the Combined EDI Steering Group in August 2025.
- **Drafting:** Consultation responses, combined with local and national EDI standards, informed a draft set of organisational priorities/actions.
    - Additionally, based on divisional EDI data, local priorities are being co-developed for divisions, alongside Corporate Services' specific EDI actions. This exercise will be concluded by end of early December 2025.
- **Stakeholder Engagement:** The draft strategy has been socialised with various stakeholders, including:
    - Divisional triumvirate teams
    - Managers and staff
    - Staff networks
    - People & OD representatives
    - Staff side representatives
    - Council of Governors

- **Governance Milestones:**
  - The draft strategy was presented to the Combined EDI Steering Group on 21 October 2025.
  - The People Performance Committee reviewed the draft strategy on 13 November 2025 and approved its presentation to the Board. The Committee requested that the finalised Divisional EDI Action Plan, detailing measurable objectives and timelines, be presented to the Committee in January 2026 for assurance.

Strategic Focus for 2026-2029

The strategic EDI objectives have been designed to align with the Trust's core values of Compassion, Accountability, Respect, and Excellence, ensuring that our approach to EDI reflects and reinforces these principles in all aspects of organisational culture and practice.

The strategy aims to:

1. Advance Representation: Increase diversity at all levels, particularly senior leadership.
2. Foster Inclusive Culture: Strengthen belonging and psychological safety for all staff.
3. Ensure Equitable Development: Provide fair access to career progression and training.
4. Embed Data-Driven Action: Use robust EDI metrics to monitor and report progress transparently.

Governance

Any changes to the Trusts' governance arrangements will be reflected in the published version of the strategy without requiring the strategy to return to the Board for further approval. This ensures flexibility while maintaining alignment with organisational governance arrangements.

Next Steps

- Subject to Board approval, the strategy will be finalised and implemented from January 2026.
- The detailed Divisional EDI Action Plan will be presented to the People Performance Committee in January 2026 for assurance.
- Progress will be monitored bi-monthly by the Combined EDI Steering Group, every six-months by the People Performance Committee and reported annually to the Board.

NHS
Tameside and Glossop Integrated Care
NHS Foundation Trust

NHS
Stockport
NHS Foundation Trust

Our Joint Workforce Strategy for Equality, Diversity and Inclusion

2026 – 2029

Stockport NHS Foundation Trust

&

Tameside & Glossop Integrated Care NHS Foundation Trust

Our Joint Workforce Strategy for Equality, Diversity and Inclusion 2026 – 2029

Contents

Foreword

Our Equality, Diversity, and Inclusion (EDI) Strategy

Our vision is to be an organisation where equality, diversity, and inclusion are at the heart of everything we do. We aim to create an environment where every colleague can reach their full potential, and every patient receives the highest standard of compassionate care.

Our mission is to embed EDI into our core business. We are committed to building a diverse workforce and an inclusive culture not just because it is the right thing to do, but because it makes us stronger. We will achieve this by making EDI a natural part of everyone's every day, ensuring that the quality of our colleague experience directly enhances the quality of our patient experience.

Across both Tameside and Glossop and Stockport, we serve wonderfully diverse communities, a rich tapestry of different backgrounds, experiences, and cultures. This diversity is our strength, but we also recognise that it comes with a responsibility to address the significant inequalities that persist.

This joint strategy sets out our ambitious plan to tackle these inequalities head-on. It is our roadmap to becoming truly inclusive organisations. For our colleagues, it means fostering a culture where everyone feels they belong, where they can bring their whole selves to work, and where they have the opportunity, to thrive and develop, regardless of their background.

Achieving our shared vision will not be easy, and it will require the dedication of every member of our team. This joint strategy is a call to action for all of us to champion diversity, challenge discrimination, and work together to build a fairer and healthier future for everyone across Stockport and Tameside and Glossop.

We are confident that by working together with our colleagues and our community partners, we can make a real and lasting difference. We look forward to the journey ahead and to the positive changes we will achieve together.

Amanda Bromley
Director of People and Organisational Development.

Karen James OBE
Chief Executive Officer.

1. Introduction

This Equality, Diversity, and Inclusion (EDI) Strategy is our public commitment to cultivating that environment. It is more than a policy; it is a cornerstone of our organisational identity, directly supporting the ambitions of the 10-year NHS plan, and developed alongside the new joint Trust strategy. We firmly believe that the quality of patient experience is intrinsically linked to the experience of our staff. Therefore, creating a workplace where every colleague feels a true sense of belonging is not just the right thing to do – it is essential for patient safety, quality of care, and our success as leading local employers.

We embark on this strategy with honesty and a clear sense of purpose. Our own data from the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), and the annual NHS Staff Survey highlights where we must improve. We know that colleagues with protected characteristics can experience greater inequality in career progression and are more likely to face bullying, harassment, or abuse. This is a reality we will not ignore.

This document sets out our vision and our high-impact actions to accelerate change. It details our commitment to dismantling barriers, promoting compassionate and inclusive leadership, and ensuring equity of opportunity for every member of our team. By embedding EDI into the heart of everything we do, we will create a fairer, more inclusive organisation that celebrates diversity and enables all our people to thrive.

For Tameside and Glossop, this represents a third EDI strategy, and for Stockport, our second. Through both Trust's previous iterations, we have seen some initial successes and improvements in the diversity of our respective workforces.

Building upon the foundational successes we have already achieved we recognise that now is the time to accelerate our journey. We cannot be complacent. Our ambition is to move forward with renewed vigour and determination – to go further and at pace. This next phase of our strategy is about increasing the pace and deepening the impact of our equality, diversity, and inclusion work, ensuring that inclusivity is not just an initiative, but is systemically embedded into the core of our organisational culture, our practices, and the everyday experiences of our staff and the patients we serve.

2. The Strategic Context

The Trust is subject to a number of legal and contractual obligations in relation to equality, diversity and inclusion. These provide some of the evidence base and backdrop to our approach to developing our action plan.

Our Legal Requirements:

Human Rights Act 1998

The Human Rights Act aims to give further effect in UK law to the rights contained in the European Convention of Human Rights. In particular, public authorities have a duty under the Act not to act incompatibly with rights under the European Convention of Human Rights (ECHR).

Equality Act (2010)

The Equality Act (2010) prohibits discrimination because of a protected characteristic. In addition, the Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to:

- eliminate discrimination, harassment, and victimisation
- advance equality of opportunity
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Specific duties require public bodies to :

- publish information to demonstrate compliance with the PSED annually
- prepare and publish equality objectives at least every four years

NHS Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) was introduced in 2014/2015 and included in the NHS Standard Contract for NHS Providers in 2015/2016. It comprises of nine metrics covering staff diversity, black and minority ethnic (BME) recruitment relative likelihoods, career development, disciplinary, responses to the national staff survey on equal opportunities, in career development, experiences of harassment, bullying and diversity.

The NHS Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) comprises a set of metrics that enable us to compare the experiences of our disabled and non-disabled staff, to develop an action plan, and to demonstrate that all NHS Trusts will be required to comply with reporting and action planning each year.

The NHS National EDI Delivery Plan

The EDI Improvement Plan aims to tackle prejudice and discrimination – both direct and indirect – within NHS workplaces. It supports the NHS 10 year plan by improving workplace culture and staff experiences, ultimately enhancing retention and attracting diverse talent. The high impact and specific actions within the plan are incorporated into this strategy and our priorities and objectives.

3. Anti-Racism

Both organisations strive to be unequivocally anti-racist institutions. We recognise that simply being "not racist" is insufficient. Instead, we are actively committed to identifying, challenging, and dismantling the systemic and structural racism that exists within our organisation and the wider society. This commitment is fundamental to our core mission of providing equitable care for all our patients and creating a just and inclusive environment for every member of our workforce.

We understand that racism, in all its forms – from overt discrimination to subtle microaggressions – causes profound harm. It creates barriers to career progression for our ethnic minority colleagues, negatively impacts health outcomes for our diverse patient populations, and undermines the very principles of the NHS. Our goal is to create a culture where every individual feels safe, valued, and empowered to thrive.

Our Framework for Action: The NW BAME Assembly

To guide our journey, we have formally adopted the principles and methodologies outlined in the NHS North-West Black, Asian and Minority Ethnic (BAME) Assembly's Anti-Racism Framework. This evidence-based framework provides a clear and robust roadmap for creating meaningful and sustainable change. It moves beyond performative gestures to embed anti-racist practices into our policies, processes, and organisational culture.

Our adoption of this framework is a public declaration of our intent. It holds us accountable to a recognised standard and connects us to a regional movement dedicated to eradicating racial inequality in the NHS. The framework's key pillars will shape our strategic actions, focusing on:

- **Leadership and Accountability:** Ensuring senior leaders are visible champions for anti-racism.
- **Data and Measurement:** Using data to identify disparities and measure the impact of our interventions.
- **Organisational Culture:** Fostering an environment where conversations about race are encouraged and staff feel psychologically safe to speak up.
- **Recruitment and Progression:** Creating equitable pathways for career development for our ethnic minority colleagues.
- **Patient Care:** Ensuring our services are culturally competent and tackle health inequalities, by ensuring that all of the communities we serve are able to access our services in an equitable way.

Building on Our Foundation: The Bronze Award

We are proud to have achieved the Bronze Award from the NW BAME Assembly. This award formally recognises the foundational work we have undertaken to acknowledge the existence of systemic racism and our commitment to beginning the process of dismantling it. It signifies that we have successfully:

- Established senior leadership sponsorship for anti-racism.
- Begun the process of analysing our data to understand racial disparities.
- Initiated crucial conversations about race and racism across the organisation.

However, we view this Bronze Award not as a destination, but as the starting point of our journey. It is the solid foundation upon which we will build a more ambitious and impactful

programme of work. Our strategy is now focused on embedding the actions required to progress towards the Silver and Gold awards, demonstrating a deeper, more mature, and more effective anti-racist culture. We will use the feedback from our Bronze assessment to target areas for improvement and accelerate our progress.

By aligning our EDI strategy with this respected framework and building on our Bronze Award status, we are making a clear, measurable, and sincere commitment to becoming a truly anti-racist organisation.

4. Our Values

At the heart of our Joint EDI Strategy lies a deep alignment with our values: Compassion, Accountability, Respect, and Excellence. These values are not just guiding principles – they are the foundation of how we create an inclusive, equitable and supportive environment for our staff, patients, and communities.

Compassion: We treat everyone with kindness, empathy and understanding. Compassion drives our commitment to recognising and responding to diverse needs of individuals and communities. It means actively, valuing lived experiences and ensuring that our services and workplaces are welcome and inclusive for all – especially those who may face barriers due to inequality or discrimination.

Accountability: We take ownership of our actions and their impact. In the context of EDI, accountability means being transparent about where we are, where we need to improve, and how we will get there. We will monitor progress, report openly, and hold ourselves to high standards in tackling inequality, addressing bias, and promoting fair access to opportunities across both organisations.

Respect: We value every person's dignity, identity and voice. Respect is central to fostering a culture where differences are celebrated and everyone feels safe to be themselves. We are committed to challenging discrimination, promoting inclusive behaviours, and ensuring that respect is embedded in every interaction – whether among colleagues, with patients, or in our wider community engagement.

Excellence: We strive to be the best in everything we do. Excellence in EDI means going beyond compliance – it means being pro-active, innovative and ambitious in creating equitable systems and inclusive cultures. We will invest in training, leadership, and continuous improvement to ensure our Trust is a place where diversity thrives and everyone can reach their full potential.

5. Our Local Communities

Stockport

294,800

Total Population (2021)

Tameside

231,100

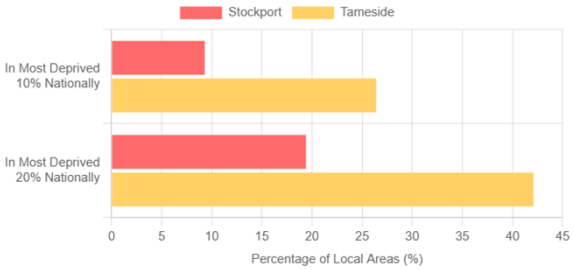
Total Population (2021)

While geographically close, Stockport and Tameside have distinct population sizes and demographic profiles. Stockport is the larger of the two boroughs, with a noticeably older population structure compared to Tameside's younger demographic base.

Population Age Structure Comparison

Stockport has a higher proportion of residents aged 65 and over, while Tameside has a larger percentage of its population in the 0-17 age group.

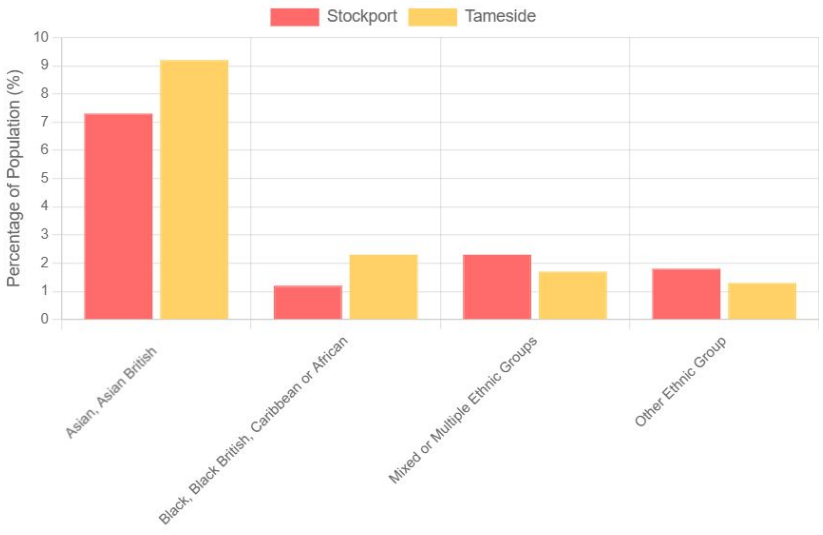
Deprivation Levels

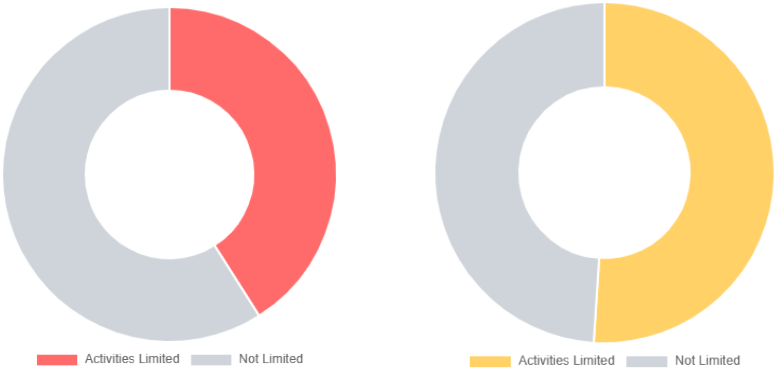


This chart shows the percentage of each borough's local areas (LSOAs) that fall within the most deprived 10% and 20% of areas in England.

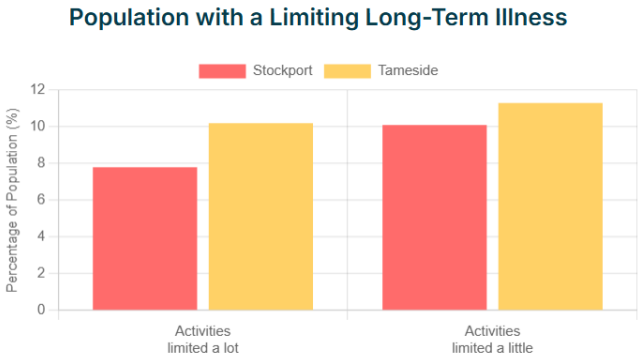
Socio-economic conditions vary significantly between the two boroughs. The Index of Multiple Deprivation (IMD) reveals that Tameside faces greater challenges with deprivation compared to Stockport, which impacts various aspects of life for its residents.

While both Stockport and Tameside are becoming more ethnically diverse, they exhibit different patterns and proportions. Tameside generally has a higher percentage of non-White residents, reflecting a more established diverse community, while Stockport is experiencing rapid growth in its minority ethnic populations from a traditionally less diverse base.



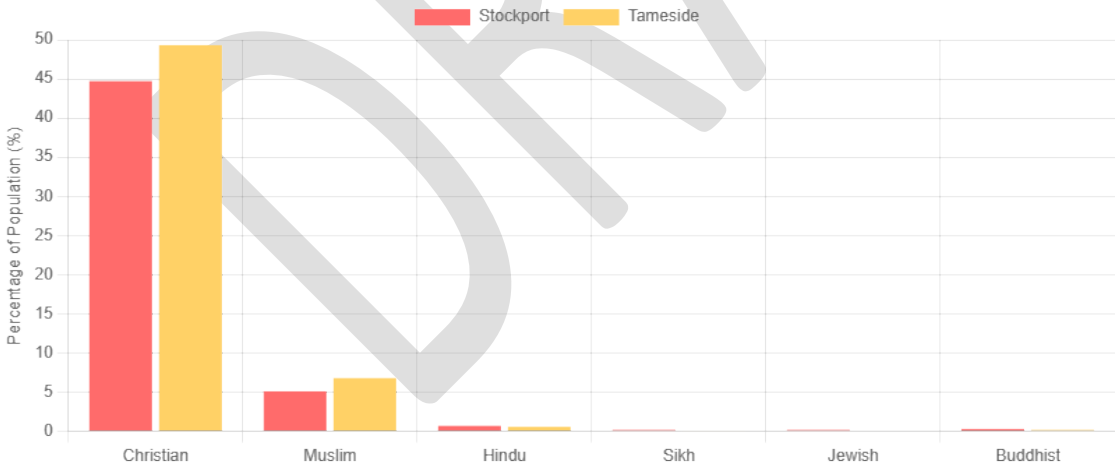


For the population aged 65 and over, the impact of limiting long-term illness is stark. A significantly higher proportion of Tameside's older residents are affected by disability (51%) compared to Stockport (41%), highlighting a greater need for health and social care support services.



Tameside has a higher proportion of residents whose day-to-day activities are limited by a long-term health problem or disability (Census 2021).

Health outcomes are closely linked to socio-economic factors, creating noticeable health inequalities between the boroughs. Life expectancy and the prevalence of limiting long-term illnesses highlight this disparity. The proportion of residents with a disability or limiting long term illness is higher for residents across Tameside than it is for residents across Stockport.

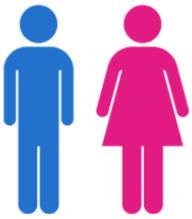


Across both boroughs, Christianity was the most frequently reported religion, with Tameside having a higher proportion of Christian residents than Stockport. Of the minority represented faith across both boroughs, Islam was the second most frequent faith, with Tameside having a slightly higher proportion of Muslim residents compared to Stockport.

6. Our Workforce at a Glance

Sex

At Stockport, 71% of the workforce are women, and 29% are men, whereas at Tameside 78% of the workforce are women and 22% men.



Ethnicity

At both Trusts, around 30% of the entire workforce are from Black, Asian or Minority Ethnic (BAME) backgrounds.

Disability

At Stockport 6% of the workforce have a disability or long-term health condition, compared to 7.2% at Tameside. We know the figures to be higher than this, as they are reported through the staff survey at closer to 20%.

Sexual Orientation

At both Trusts, around 3% of the workforce identify as Lesbian, Gay or Bisexual. This equates to the known national census data.

Religion or Belief

We know that all major religions are represented in our workforce, as well as those who have no specific religion or belief. From the workforce, Christianity is the largest represented religion, with around half of the workforce identifying with the Christian faith.

7. Our Journey So Far

The Stockport NHS FT strategy ran from 2022-2025 whilst the Tameside and Glossop ICFT EDI strategy ran from 2023-2026. Each strategy, along with specific objectives, set a number of ambitious targets in relation to workforce equality.

Before we set out our future ambitions, it is important to reflect on and celebrate the progress we have made together. The following section provides highlights of our key achievements and activities, showcasing some of the progress to date:

In strengthening our approach to recruitment, we have:

- Created stronger links with local community groups and are continuing to enhance our reach around recruitment. We have an ongoing relationship with Active Tameside, Stockport One, both local authorities, local offices of the Department of Work and Pensions and others in improving our reach in terms of recruitment.
- Enabled candidates to apply for a job vacancy using an alternative method to Trac.
- Started to provide all candidates with additional information about the interview they are invited to attend and supplied the questions that will be asked, prior to the day of the interview. The aim is to help individuals with a neurodivergent condition to prepare meaningful responses to the questions and alleviate any feelings of anxiety about the interview. So far, we have received positive feedback from candidates about this approach.
- Continued to maximise our social media presence to promote careers and job vacancies.
- Introduced processes to enable our job adverts to reach marginalised groups.
- Enhanced the support for volunteers who are seeking paid employment.

In improving the culture and behaviours of both organisations, we have:

- In partnership with our staff network, we have developed an organisational anti-racism statement, appointed Board level leads for our work on anti-racism, established a cross divisional group looking at WRES data, and successfully achieved a Bronze award in the NW Anti-Racism Framework.
- Held listening events with all our staff networks. Their feedback has shaped the focus/theme of their network meetings for the 12 months ahead.
- Continued to deliver the Big Conversation Programme to elicit additional information about the lived experience of our colleagues. This is triangulated with data from the staff survey, Freedom to Speak Up (FTSU) reports and other workforce metrics.
- Continued to roll out training on workplace adjustments to improve the lived experience of disabled colleagues.
- Launched the refreshed values and behaviours – Compassion, Accountability, Respect and Excellence – and embedding them into everything we do.
- Appointed a network of FTSU champions to support the work of the FTSU Guardian.
- Held curiosity cafes with employees that provided the opportunity for individuals to share their experiences of bullying, harassment and incivility.
- Rolled out sexual safety training, using a targeted approach.

- Launched the online anonymous reporting tool for colleagues to report unwanted conduct.

Recognising the career progression remains an area of inequality that requires addressing, we have:

- Established a Career Progression Task Group to add additional pace to this element of our work. We have developed a mechanism to identify specific inequality within promotion and progression. This data will routinely be reported in the annual EDI monitoring report and is being proactively used by the career progression for all working group, to ensure that interventions are appropriately targeted.
- The group has set an ambitious program of delivering interventions to ensure that progression is available to all who seek it.

Against some of the targets set out in the previous strategies, each Trust has made some significant progress, which is summarised in the tables below for each organisation:

Tameside

Target by Dec 2026	Jan 2023	Jul 2023	Oct 2023	May 2024	Oct 2024	May 2025	Oct 2025	Direction of Travel
Within the clinical workforce we will increase the proportion of BAME staff at Band 7 from 7% to 8%	7%	9%	10.2%	11.3%	11.6%	11.5%	12.0%	Target achieved (will be continually monitored)
Within the clinical workforce we will increase the proportion of BAME staff at Band 9 from 0% to 5%	0%	0%	0%	0%	0%	0%	0%	Target not achieved
Target by Dec 2026	**Jan 2023**	**Jul 2023**	**Oct 2023**	**May 2024**	**Oct 2024**	**May 2025**	**Oct 2025**	**Direction of Travel**
Within the non-clinical workforce we will increase the proportion of BAME staff at Band 7 from 7% to 8%	7%	14%	12.1%	10.8%	12.5%	13.6%	12.9%	Target achieved (will be continually monitored)
Within the non-clinical workforce we will increase the proportion of BAME staff at Band 8A from 4% to 8%	4%	6%	5.9%	20.7%	21.4%	16.7%	15.6%	Target achieved
Within the non-clinical workforce we will increase the proportion of BAME staff at Band 8C from 6% to 8%	6%	6%	7.1%	6.7%	13.3%	13.3%	8.8%	Target achieved (will be continually monitored)
Within the non-clinical workforce we will increase the proportion of BAME staff at Band 8D from 0% to 8%	0%	0%	0%	0%	0%	0.0%	0%	Target not achieved
Within the non-clinical workforce we will increase the proportion of BAME staff at Band 9 from 0% to 8%	0%	0%	25%	25%	20%	20%	14.3%[1]	Target achieved
There will be an improvement in the relative likelihood of BAME applicants being appointed from shortlist, with the figure being less than 1.5	2.39	1.09 *(taken from our 2023 WRES submission)*		1.68 ↑ *(taken from our 2024 WRES submission)*		1.58↓ *(taken from our 2025 WRES submission)*		Improvement on the previous year, and still above target.

[1] It should be noted that the numbers within this group are very small.

Target by Dec 2026	2021 Staff Survey	2022 Staff Survey	2023 Staff Survey	2024 Staff Survey	Direction of Travel
An increase in the proportion of BAME staff and disabled staff responding positively in respect of career progression to 50%	BAME staff: 39.8%	BAME staff 45.5%	BAME staff 49.23%	BAME staff: 52.15%↑	Achieved
	Disabled staff: 49.5%	Disabled staff: 48.0%	Disabled staff:48.3%	Disabled staff: 51.86%↑	Achieved

Stockport

Objective	Baseline	Target	May 2023	Oct 2023	May 2024	Oct 2024	May 2025	Oct 2025	Progress
Increase in the BAME diversity (non-clinical)									
Bands 1-4	10.5%	12.5%	12.5%	13.1%	13.9%	15%	16.5%	16.6%	Target exceeded
Bands 5-7	6.9%	8%	9.3%	11.1%	10.5%	10%	10.2%	10.2%	Target exceeded
Bands 8A+	3%	8%	3.8%	4.8%	4.5%	4.0%	4.0%	5.2%	Improvement on baseline, however no change in 12 months
Increase BAME diversity (clinical – non M&D)									
Bands 1-4	18.4%	20.4%	24.7%	29.2%	29.8%	30.6%	35.1%	35.6%	Target exceeded
Bands 5-7	17.7%	19.7%	20.5%	26.7%	27.3%	28.4%	30.4%	48.1%	Target exceeded
Bands 8A+	5.1%	8%	6.4%	6.3%	5.7%	6.4%	6.3%	6.8%	Improvement on baseline
Increase disabled/LTC diversity									
Whole Trust	3.2%	8.2%	3.4%	4.7%	5.2%	6.1%	6.4%	6.4%	Improvement on baseline
Increase disabled/LTC diversity (non-clinical)									
Bands 1-4	4.4%	8.8%	5.2%	6.3%	6.7%	7.3%	8.0%	8.4%	Improvement on baseline
Bands 5-7	3.7%	7.4%	3.5%	4.0%	5.0%	6.5%	6.8%	6.5%	Improvement on baseline
Bands 8A+	2.6%	5.2%	1.4%	5.8%	4.5%	6.3%	7.1%	6.9%	Target achieved
Increase disabled/LTC diversity (clinical – non M&D)									
Bands 1-4	3.4%	6.8%	3.7%	4.5%	5.5%	6.1%	6.4%	6.1%	Improvement on baseline
Bands 5-7	2.9%	5.8%	3%	4.9%	5.3%	5.8%	6.3%	6.6%	Target achieved
Bands 8A+	2%	4%	1.4%	3.6%	4.0%	3.4%	4.6%	5.1%	Target achieved
Increase in disabled representation on the Board									
Min 1 person	0%	6.1%	0%	0%	0%	0%	0%	0%	No improvement
Address gender pay gap (GPG)									
Reduce mean GPG in line with public sector economy	23.77%	GPG as per 2026, or 15.5% whichever is smaller	22.79%	22.79%	16.96%	19.96%	17.8%	17.8%	Significant reduction on baseline figure
Reduce mean bonus GPG	51.45%	<10%	53.08%	53.08%	31.31%	31.31%	34.0%	34.0%	Significant reduction on baseline figure

Objective	Baseline	Target	Oct 2023	May 2024	Oct 2024	May 2025	Oct 2025	Progress
Reduced relative likelihood disparity regarding entry into disciplinary processes (BAME) to parity								
	1.14	1	1.14	1.85 (*taken from our 2024 WRES submission)*		0.75 (*taken from our 2025 WRES submission)*		Target exceeded
Reduced relative likelihood disparity regarding entry into capability processes (disabled / LTC) to parity								
	1.22	1	4	9 (*taken from our 2024 WRES submission)*		13.9 (*taken from our 2025 WRES submission)*		Worsening position compared to baseline[2]
Reduced relative likelihood disparity regarding shortlisting and being appointed from shortlisting (BAME)								
	2.43	<1.5	2.49	1.24 (*taken from our 2024 WRES submission)*		1.62 (*taken from our 2025 WRES submission)*		Target was achieved in 2024, but since fallen below target
Reduced disparity regarding discrimination from managers / team leaders in staff survey (BAME)								
	18.1%	<12%	15.4%	13.5% (*taken from our 2024 WRES submission)*		15.3% (*taken from our 2025 WRES submission)*		Worsening position from the previous year
Reduced disparity regarding harassment, bullying or abuse from managers/team leaders in staff survey for (disabled / LTC)								
	24%	<10%	19.9%	14.78% (*taken from our 2024 WRES submission)*		16.8% (*taken from our 2025 WRES submission)*		Improved position on baseline, but worsening over the last 12 months
Proportion of BAME staff across each of the AfC clusters (All AfC staff)[3]								
	Jan 2022	**May 2023**	**Oct 2023**	**May 2024**	**Oct 2024**	**May 2025**	**Oct 2025**	**Progress**
Bands 1-4	15.6%	21.1%	21.0%	21.7%	22.6%	25.9%	26.2%	Since the start of the strategy, there has been a 10.6% growth in the proportion of BAME staff in this group
Bands 5-7	19.3%	25.2%	25.2%	25.7%	26.7%	28.6%	29.8%	Since the start of the strategy, there has been a 10.5% growth in the proportion of BAME staff in this group
Bands 8A+	5.3%	5.6%	5.8%	5.3%	5.8%	5.7%	6.8%	Since the start of the strategy, there has been 1.5% growth in the proportion of BAME staff in this group

[2] It should be noted that a figure of 13.9 is a result of 1 disabled person and one non-disabled person entering capability, and demonstrates the mathematical limitations of this metric with such small numbers
[3] Metric reviewed in 2023 to establish the proportions of BAME staff in each AfC range, as a proxy for career progression.

Proportion of BAME staff across the medical workforce								
	Jan 2022	**May 2023**	**Oct 2023**	**May 2024**	**Oct 2024**	**May 2025**	**Oct 2025**	**National data sets**
Foundation Trainees	27.3%	42.1%	43.4%	41.6%	48.1%	47.4%	38.5%	46.2%
Specialist and Associate Specialists	70.9%	76.8%	77.3%	60.3%	76.1%	80.1%	75.3%	57.5%
Consultants	45.5%	44.7%	44.2%	45.6%	46.3%	45.2%	45.9%	39.0%

8. Developing this Strategy

The following chart provides a timeline of the steps undertaken in the development of this strategy, identifying the key themes, stakeholder and all staff engagement, through governance and approval.

Identification of Key Themes

Through the presentation of key workforce and staff survey data, the combined EDI steering group identified key consistent challenges where inequality persists:

- Inclusive recruitment
- Career progression
- Culture and behaviours

Staff Consultation

Building on the key themes identified by the Combined EDI Steering Group, a Trust wide survey was carried out to capture the views and ideas of staff. A total of 435 responses were analysed, through both quantitative and qualitative analysis.

Developing Our Draft Strategy

Utilising existing organisational and divisional workforce data, survey feedback, and mandated requirements, the strategy was drafted to set out a clear set of both organisational and divisional priorities. These were presented back to key stakeholders, including:

- Staff Networks
- People Board (TGH) / People Engagement and Leadership Group (SFT)
- Combined EDI Steering Group
- Workforce Committee (TGH) / People Performance Committee (SFT)

Finalising the Strategy and Approval

The finalised strategy was presented to the Joint Executive Management Team and Board of Directors for approval and publication.

9. Our EDI Strategic Priorities for 2026-2029

Our EDI Strategic Priorities *(Linked to our C.A.R.E. values)*		Our Key Areas of Focus
Compassion:	**Priority 1:** **Foster a culture of belonging and psychological safety and inclusive career development**	• Ensuring that our people policies are co-designed with stakeholders, and promote belonging and psychological safety. • Strengthening leadership and management approaches and fostering and improving working relationships within teams and across the organisation. Promote inclusive and quality career conversations and mentoring to support aspirations and progression.
Accountability:	**Priority 2:** **Embed EDI into leadership, governance and workforce development**	• Integrate specific, measurable EDI performance objectives into the annual appraisal process for all leaders and managers. Promote continuous learning and development to build inclusive leadership capabilities. • Ensure that we utilise our EDI workforce data (as with other workforce metrics) locally to identify disparities, track improvements and create actionable insights.
Respect:	**Priority 3:** **Eliminate inequalities in experience, opportunity and access to career pathways**	• Implement the Anti-Racist Framework Silver Level actions. • Strengthen allyship and anti-discrimination training across all levels, including the development of anti-racism training. • Ensure equitable access to training, development, leadership pathways, with a focus on career progression for underrepresented groups. • Through our inclusive recruitment practices and career progression work, effectively remove barriers to recruitment and progression for disabled people. • Creating an inclusive and systematic approach to talent management and succession planning, plus taking positive action to eliminate discrimination and under representation.
Excellence:	**Priority 4:** **Build a diverse, skilled and inclusive workforce through fair recruitment and talent development**	• Review and reform recruitment, promotion, and disciplinary processes to remove/mitigate potential bias. • Improve leadership diversity and invest in targeted talent development for underrepresented groups. • Embed career progression and succession planning into workforce development, ensuring all staff have opportunities to grow and thrive.

10. Mainstreaming and Divisional Priorities

This strategy development represents a shift from viewing EDI as a separate, 'specialist' function to one where it is an embedded part of all our decisions, processes, and service delivery – a principle known as mainstreaming equality.

This mainstreaming approach recognises that every team, every service, and every individual within our organisations play a critical role in shaping our culture and outcomes. The following objectives, informed by our comprehensive EDI data, provide specific objectives for each division. These are not prescriptive directives, but rather evidence-based opportunities for each division to take ownership and lead change. The data provides a mirror, allowing us to see where disparities may exist within our workforce, and empowers divisions to address them proactively.

Ultimately, the responsibility for EDI does not sit with a single department or an EDI lead. It belongs to every member of our workforce. The collective sum of individual and team-level actions is what will turn this strategy from a document into a reality, driving meaningful improvements for our staff.

The objectives provided in the following section offers a starting point for dialogue, planning, and action. It is an invitation for every division to reflect on their data, understand their unique context, and develop and deliver tangible plans that will contribute to a more equitable and inclusive organisation. By working collaboratively, we will create an environment where everyone feels valued, respected, and empowered to deliver their best, and where health and care outcomes are truly equitable for all we serve.

Divisional objectives are presented in **appendix one** of this document ***(to follow)***.

In addition, recognising that the corporate functions have a critical role in enabling and supporting the delivery of divisional priorities, each corporate services function is provided with key priorities in the delivery of this strategy. These are provided in **appendix two *(to follow)***.

11. Governance Arrangements

The Director of People and Organisational Development ultimately holds accountability for the EDI work programme. However, all colleagues have a responsibility to ensure we achieve our EDI ambitions.

The diagram below highlights the overall governance structure of how the delivery of this plan will be monitored actioned:

Inclusion and Colleague Experience Team

Lead and co-ordinate the co-production of the EDI plan and deliver assigned activities in support of the Joint EDI Strategy being delivered.

Combined EDI Steering Group

Set the strategic direction of EDI related activity, commission task and finish/working groups and monitor the delivery of this strategy and its' associated action plan.

Workforce Committee (Tameside)

People Performance Committee (Stockport)

Set the direction, approve quality and provide oversight and assurance.

Board of Directors

Achieving the objectives set out in the EDI Plan to ensure compliance with legal, contractual and regulatory requirements and allocation of resources.

Will continue to support the Board level EDI champion to fulfil their responsibilities.

12. Measuring Impact and Performance

To ensure we are not only making progress but also achieving a positive impact, we have established the following framework for monitoring and evaluation. The end point from our existing strategy provides the baseline for our work moving forward. It is against this starting point, and with our values as our guide, that we will measure our progress, hold ourselves accountable, and drive the continuous improvement necessary to build a truly inclusive culture for our colleagues.

Strategic Priority	How Will We Measure Progress	Specific Targets
Foster a culture of belonging and psychological safety and inclusive career development	• NHS staff survey results on inclusion, psychological safety, and belonging. • Staff network meetings: attendance numbers and meeting effectiveness feedback. • Evaluation outcomes of mentoring and career development initiatives / programmes. • Uptake of career conversations and progression support across all staff groups, ensuring that career conversations are of the highest quality for all colleagues.	• BAME staff will score 60% (or more) positively in relation to career progression through the national staff survey. • Disabled staff will score 60% (or more) positively in relation to career progression through the national staff survey. • An increase in the proportion of disabled and non-disabled staff reporting the last instance of abuse by 10% by the end of the strategy. • An increase in the proportion of disabled staff who report that adjustments have been made by 10% by the end of the strategy. • A reduction in the proportion of BAME staff who have experienced discrimination by 10% by the end of the strategy.
Embed EDI into leadership, governance and workforce development	• Inclusion of EDI objectives in leadership appraisals – via the annual audit of appraisal performance objectives. • Completion rates of leadership training. • Evidence of utilising EDI data in workforce planning and decision-making.	• Ensure EDI objectives are included in all leadership appraisals (Band 8A and above). • Ensure 95% of newly appointed and promoted line managers complete the 'C.A.R.E. Leadership Way Workshop within 3 months of starting in role. • We will be able to see evidence of EDI discussed at Board and senior leadership meetings.

Eliminate inequalities in experience, opportunity and access to career pathways	• WRES and WDES indicators (e.g. representation, experience, access to development). • Training completion rates for anti-racism and allyship programmes. • Analysis of access to leadership programmes by protected characteristics. • Monitoring of internal promotions rates and progression by protected characteristics.	• Improvement by 5% in the proportion of BAME staff at Band 8A+. • Improvement in the proportion of Disabled staff at Band 8A+ by 5%. • Improvement in the proportion of BAME staff at Band 8B+ by 5%.
Build a diverse, skilled and inclusive workforce through fair recruitment and talent development	• Diversity of applicants, shortlisted candidates and successful hires. • Audit outcomes of recruitment and promotion processes. • Representation of underrepresented groups in leadership roles. • Evaluation of targeted talent development programmes / initiatives. • Exit interview themes and retention data by demographic group.	• Both Trusts will have a WRES relative recruitment ratio of 1.0. • Both Trusts will have a WDES relative recruitment ratio of 1.0.

13. Our EDI Strategy Action Plan/Priorities: Organisational Objectives

Our action plan outlines the year one priorities for advancing EDI at both Trusts. It is built on the requirements, both locally and nationally, and has been co-created through consultation with our colleagues and key stakeholders.

Source	Action	Responsibility	Link to our Strategic priorities
Consultation feedback	Implement a structured "Return to Work" support package for those returning from parental leave to ensure career momentum is maintained.	Operational HR	1, 3, 4
Consultation feedback	Overhaul existing training to focus on practical, scenario-based learning. Use interactive, face-to-face workshops as the primary delivery method, supplemented by bite-sized digital refreshers.	Inclusion and Colleague Experience Team	All
Consultation feedback; NW Anti-racism framework (Silver)	Create and roll out specific training modules on unconscious bias, microaggressions, anti-racism, neurodiversity to build deeper understanding.	Inclusion and Colleague Experience Team	All
Consultation feedback	In partnership with staff networks, develop and widely publicise an annual calendar of events, awareness days, and cultural celebrations (e.g., Pride, Black History Month, Diwali, Eid). Ensure all celebrations have an educational component, sharing stories and information to foster understanding and empathy.	Inclusion and Colleague Experience Team, Communications Team	1 & 4
Progression data; NW Anti-racism framework (Silver); National High Impact Action	Design and implementing a Talent Management & Succession Planning Framework	Talent, Leadership and OD Consultancy	2 & 4
Progression data; NW Anti-racism framework (Gold);	Creation and implementation of talent development and pipeline plan for BAME directors or associate non-executive director programme.	Talent, Leadership and OD Consultancy	All

Consultation feedback	Partner with the NW BAME Assembly to create a mentorship programme for BAME talent within our organisations.		
Progression data	Implement a Mentoring Programme Pilot for newly appointed band 7 & 8A nursing, AHP, and midwifery staff at both organisations.	Talent, Leadership and OD Consultancy	2, 3 & 4
Progression data	Create a Women's network that empowers female employees, both clinical and non-clinical in their career progression.	Inclusion and Colleague Experience Team	All
Progression data; NW Anti-racism framework (Silver)	Establish a Trust-wide reverse mentoring programme and ensure that 75% of Executive and Non-Executive Directors and their direct reports have been part of a racial equality reverse mentoring programme over the past three years.	Talent, Leadership and OD Consultancy	2, 3 & 4
NW Anti-racism framework (Silver)	All leaders at Band 8A and above must have an appraisal/ personal development plan goal agreed around equality, diversity and inclusion, and a process to report annually the percentage of these goals that have been met.	Talent, Leadership and OD Consultancy	2, 3 & 4
WDES, National delivery plan	Take proactive steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured by the annual NHS staff survey results.	Operational HR	All
National delivery plan	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams.	Talent, Leadership and OD Consultancy	2, 3 & 4
NW Anti-racism framework (Silver)	Ensure BAME talent is intentionally included across organisational talent programmes. Numbers should reflect the need for positive action to increase diversity within leadership roles. Must have set targets and a published talent trajectory for BAME representation across every level of the organisation.	Talent, Leadership and OD Consultancy	2, 3 & 4
Legal changes	Implement any recommendations, as a result of NHSE guidance, following the Supreme Court judgement in the case of *FWS v Scottish Ministers.*	Inclusion and Colleague Experience Team	2, 3 & 4

Meeting date	4th December 2025	**Public**	✓	**Agenda No**	20
Meeting	Board of Directors				
Report Title	Improving Resident Doctors Working Lives				
Director Lead	Dilraj Sandher, Joint Chief Medical Officer	**Author**	Emma Cain, Deputy Director of People & OD and Tushar Mahambrey, Deputy Medical Director		

Paper For:	**Information**		**Assurance**	**X**	**Decision**	
Recommendation:	The Board of Directors are requested to note the contents of this paper and progress being made with regards to the 10 Point Plan.					

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

The paper relates to the following CQC domains.

	Safe		Effective
	Caring		Responsive
✓	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
	PR2.2	There is a risk that the Trust's services do not fully support neighbourhood working
	PR3.1	There is a risk in implementing the new provider collaborative model to support delivery of Stockport ONE Health & Care (Locality) Board priorities
	PR3.2	There is a risk that the Trust does not deliver a joint clinical strategy with East Cheshire NHS Trust
✓	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 transformation 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 recovery 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	N/A
Sustainability (including environmental impacts)	N/A

Executive Summary

This paper provides an update to the Board of Directors on the Trust's progress in implementing the NHS England 10-point plan aimed at improving working conditions for resident doctors. The plan was introduced following continued concerns about issues such as payroll errors, rota management, access to rest facilities, and unnecessary repetition of training, as highlighted in NHS England's letter "Getting the basics right for resident doctors" (August 2025).

Progress Highlights:

- Appointment of Board Member SRO – Mr Dilraj Sandher
- Appointment of 2 resident doctor peer representatives.
- Task and Finish Group established and led by Dr. Tushar Mahambrey, with cross-departmental representation, meeting regularly to drive and monitor progress.
- Engagement of the Resident doctor representatives and the Mess President in place, providing feedback and participating in solution development.
- Out-of-hours on-call parking, portfolio learning flexibility, and access to mess facilities are being addressed, with ongoing reviews for further improvements.
- Hot meal vending options are available 24/7, with plans to enhance catering standards.
- On-call rooms are provided for rest, with a review of their utilization underway.
- Self-assessment and audit completed and submitted as required.
- Work schedules and rota information are provided in line with the Code of Practice, with challenges in communication being addressed.
- Annual leave booking is reported as consistent and fair, pending further national guidance.
- Senior and peer lead for resident doctor issues have been appointed and are reporting to the board.
- The Trust is enrolled in the national payroll improvement programme, with systems updated to reduce payroll errors.
- Statutory and mandatory training duplication has been eliminated through MoU compliance.
- Preparations are underway for the national Exception Reporting reforms, with implementation planned for February 2026.
- Study leave expense reimbursement processes have been reviewed and streamlined.
- Reviews of rotation management and the Lead Employer model are ongoing at the national level.

The Board is requested to note the contents of this paper and receive assurance that the Trust is delivering on the 10-point plan initiatives, with robust governance and engagement mechanisms in place to address challenges and sustain improvements.

Improving Resident Doctors Working Lives

1. Purpose

1.1 The purpose of this paper is to provide the Board of Directors with an update on the progress made against the NHS England ten key initiatives aimed at improving working conditions for Resident Doctors.

2. Introduction

2.1 On 28th August 2025 NHS England issued a letter titled ‘Getting the basics right for resident doctors’ which detailed that despite previous commitments, resident doctors continue to raise issues with how they are treated as a rotating part of the workforce, with persisting issues in relation to payroll errors, poor rota management, lack of access to rest facilities and hot food, and unnecessarily repeating training.

2.2 The letter highlighted that the Government is continuing to hold constructive conversations with the BMA RDC over their dispute but stated that the NHS must not wait in making improvements to working conditions for resident doctors and sets out clear expectations for NHS England and providers, with a 12-week delivery window for initial actions and further milestones extending into 2026. This includes a 10-point plan which will immediately be included in the NHS Oversight Framework.

3. Summary of the 10-Point Plan

1. Trusts should take action to improve the working environment and wellbeing of resident doctors.
2. Resident doctors must receive work schedules and rota information in line with the Code of Practice
3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing.
4. All NHS trust boards should appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to trust boards.
5. Resident doctors should never experience payroll errors due to rotations.
6. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating.
7. Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours.
8. Resident doctors should receive reimbursement of course related expenses as soon as possible.
9. We will reduce the impact of rotations upon resident doctors’ lives while maintaining service delivery.
10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate.

3.1 Of these, actions 3, 7, 9 and 10 have no local requirements for action, with actions for NHS England and/or NHS Employers

4. Delivering the 10-Point Plan

4.1 In order to ensure that the 10-point plan is assessed and our actions are aligned to achieve the outcomes and actions identified a Task and Finish Group has been established. The group is led by Dr Tushar Mahambrey, supported by the Deputy Director of People & OD.

4.2 To ensure that progress is made, within the 12-week period set out by NHS England the task and finish group meets on a fortnightly basis, with a shorter sprint meeting established in the weeks between. The group membership includes representatives from Medical Education, Medical HR, Estates & Facilities, and resident doctor peer representatives.

4.3 Upon receipt of the NHS England letter a forum with resident doctor representatives was undertaken to receive feedback on their experience of the areas detailed in the 10-point plan. Peer Resident Doctor representatives, along with the Mess President have been engaged in the process and a follow up form is scheduled for the end of October.

5. Assurance Framework

5.1 The following table details the progress made against the 10-point plan initiatives and provides assurance that the Trust is on-track to understand its position, implement changes where practicably possible and to identify actions which are more challenging to achieve and will continue beyond the 12-week period.

Trust 10 Point Plan to Improve Resident Doctors' Working Lives				
No	**NHSE Requirement**	**Actions**	**Status**	**Comments/Next Steps**
1.	Trusts should take action to improve the working environment and wellbeing of resident doctors. Trusts are expected to take meaningful steps to improve the working environment for resident doctors. Issues will vary by location, so trusts can adapt implementation to reflect local needs and operational realities in these and other areas:	a) Where possible, provide designated on-call parking spaces.	a) Out of hours on-call car parking spaces available.	a) It is acknowledged that daytime parking remains challenging, however all Resident Drs have ID badge access and parking enforcement will improve the position.
		b) Provide Residents, if not already available, the autonomy to complete portfolio and self-directed learning from an appropriate location for them	b) This is available to Resident Doctors.	b) Feedback from resident doctors showed inconsistency in understanding & application across specialities. Despite this information being shared at induction, many Resident Doctors reported that there was lots of information shared in the session, consequently not all the information has been regularly reviewed. Updated communication on self-directed learning has been shared with all Resident Drs and Educational Supervisors, and alternative methods of communication are being explored with the peer representatives
		c) Access to mess facilities, rest areas, and lockers in all hospitals, including new builds	c) Mess facilities are available; however, it is too small.	c) Expansion of the current mess footprint is not feasible. Consideration to a 2nd location underway in the Portakabin near ED. A visit of estates and peer group representatives is being coordinated & will take place in late early November. Subject to the evaluation of this space as suitable, an application will be progressed through the space management utilisation process. Following feedback from Resident Doctors on the Mess facilities an additional microwave is being sourced for the mess. A review of locker accessibility is underway. Findings will be reviewed in mid-November. The initial feedback is that there is inconsistency in access to lockers for the resident doctors.

		d) A 24/7 out-of-hours menu offering hot meals and cold snacks for staff.	d) Hot meal & cold snack vending options for staff are available 24/7	No further action required.
		e) Offer Beds free of charge to allow rest post duty periods.	e) There is provision of on-call rooms for those medical staff on an on-call rota & available post duty as required	e) A review of the utilisation of this facility has been completed and confirms that the rest rooms in Willow House are available for medical staff to rest post shift and are used as required, no further action required.
		f) Within the next 12 weeks every trust should: Conduct a self-assessment of the	f) Completed the survey/self-assessment and submitted by 12th September 2025.	No further action required.
		g) This audit and subsequent plans must be approved by the trust's people committee. Trusts will be expected to provide updates for national reporting on progress.	g) Assurance framework in place, update presented to November's People Performance Committee meeting.	Further updates to be presented to the People Performance Committee.
2.	Resident doctors must receive work schedules and rota information in line with the Code of Practice	a) From now, and for all rotations going forward NHS England must provide at least 90% of trainee information to trusts 12 weeks prior to rotations commencing. b) From now, Trusts must use this information to ensure that resident doctors receive their work schedules at least 8 weeks in advance and detailed rotas no later than 6 weeks before the rotation begins.	a) Achieved b) Achieved – 96% for August 2025 rotation (4 not achieved due to late notification from Lead Employer)	Challenges to the delivery of these requirements relate to Lead Employer timeliness of communication. Progress against action 9. is anticipated to improve this position.
3.	Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing	Within 12 weeks, NHS England will: conduct a review of how annual leave is currently. agreed and managed for our resident doctors. This review will identify areas of improvement and lead to recommendations to ensure a more consistent, transparent, and supportive approach across all trusts.	NHS England Action: NHS England is to produce guidance by 20th November.	In anticipation of the guidance from NHS England we have engaged with the resident doctors who have not reported any significant challenges with taking annual leave within their rotations. We will await the guidance and review the position.

4.	All NHS trust boards should appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to trust boards.	appoint a senior named lead for resident doctors' issues. (where one is not already in place), and a resident doctor peer representative, to report to the board.	Complete – Joint Chief Medical Officer is the senior named lead for resident doctor issues and x2 peer representatives have been nominated from the resident doctors (& are members of the working group).	Process for the peer representatives to report to Board are being considered by the Joint Chief Medical officer and Board Secretary.
5.	Resident doctors should never experience payroll errors due to rotations	Within the next 12 weeks, every trust should: Participate in the current roll out of the national payroll improvement programme and ensure that payroll errors because of rotations are reduced by a minimum of 90% by March 2026. All organisations are required to establish a board-level governance framework to monitor and report payroll accuracy and begin national reporting as required.	The Trust is enrolled in the national programme, and contact details have been submitted to NHS England for monthly data submissions. Although the final data requirements are pending, internal systems have been updated to align with the draft templates provided. Many of the programme's recommended measures are already in place or underway.	Many of the programme's recommended measures are already in place or underway, including: • Revised over/underpayment policy. • Electronic payroll change forms. • Robotic Process Automation (RPA). • Regular submission reminders and 100% payroll check for resident doctors. • Attendance at induction sessions and responsive support systems. The payroll team has made considerable progress in aligning with the NHS 10-Point Plan, particularly in reducing errors related to doctor rotations and preparing for national reporting. While the current error rate is low, targeted enhancements are being introduced to further strengthen accuracy and transparency. Governance structures are being formalised to ensure robust oversight and accountability at all levels.
6.	No resident doctor will unnecessarily repeat statutory and mandatory training when rotating	Within the next 12 weeks if they are not already doing so, every trust should: Comply with agreements set out in the MoU signed by all trusts in May 2025 by ensuring acceptance of prior training	Complete: MoU signed in May 2025; prior training is accepted.	No further action required.
7.	Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours	A new national Framework Agreement for Exception Reporting was agreed on 31 March 2025 and will be rolled out for implementation in due course. The changes agreed	NHS Employers have published information on exception reporting reforms. The Guardian of Safe Working and Medical HR	Awaiting further information and guidance.

		simplify the reporting process for resident doctors, ensure they are being fairly compensated for the additional hours they are required to work, and will support the safety of their working hours	Team have begun preparations for implementing in February 2026.	
8.	Resident doctors should receive reimbursement of course related expenses as soon as possible	Within the next 12 weeks every trust should: Review their current processes to ensure they can reimburse resident doctors upon submission of valid receipts for all approved study leave-related expenses, including travel and subsistence	Complete: a review of the process has been undertaken, and resident doctors will be reimbursed upon submission of receipts via the Easy Expenses system.	No further action required
9.	We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery	A review of how rotations are managed is underway led by the Department for Health and Social Care (DHSC).	NHS England Action	Awaiting further details from NHSE
10.	We will minimise the practical impact upon resident doctors of having to move employers when they rotate	NHS England is committed to extending the Lead Employer model to cover all resident doctors	NHS England Action	By October 2025, NHS England will: develop a comprehensive and financially sustainable roadmap, for expanding Lead Employer arrangements across the system.

6. Summary

6.1 Good progress has been made to engage with the resident doctors and ensure, via their nominated representatives that they are kept informed on the implementation of the 10-point plan. Areas where further work continues is:

- Identifying a second mess location; a visit of estates and the peer group representatives is being coordinated and is anticipated to take place in early November. Subject to the evaluation of this space as suitable, an application will be progressed through the space management utilisation process.
- On our behalf, our payroll service, which is provided Tameside, is engaged in the national payroll programme with many of the programme's recommended measures are already in place or underway. The payroll team has made considerable progress in aligning with the NHS 10-Point Plan, particularly in reducing errors related to doctor rotations and preparing for national reporting. While the current error rate is low, targeted enhancements are being introduced to further strengthen accuracy and transparency. Governance structures are being formalised to ensure robust oversight and accountability at all levels.
- We have undertaken an exercise to understand any challenges resident doctors have in relation to taking annual leave and there is consistency reported in being able to book annual leave, with no specific challenges identified. We await the publication of the NHS England guidance by 20th November and will review this once received.
- Preparations for the exception reporting reforms are on track for February 2026.
- The task and finish group will continue to meet, implementing changes and escalating concerns as appropriate via the Joint Executive Team.

7. Recommendations

7.1 The Board of Directors is requested to note the contents of this paper and receive assurance that the Trust is delivering on the 10-point plan initiatives, with robust governance and engagement mechanisms in place to address challenges and sustain improvements.

NHS Stockport NHS Foundation Trust

				Agenda No.	21
Meeting date	4 December 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**	Lisa Byers, Assistant Director of Finance		

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

	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

This 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
	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	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 an Alert, Advise & Assure 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 Audit Committee meeting held in November 2025, noting areas of alert, advice and assurance.

NHS Stockport NHS Foundation Trust

ALERT, ADVISE & ASSURE (AAA) REPORT	
Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell
Date of Meeting	18th November 2025
Quorate	Yes

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

1.	**Agenda**	The Committee considered an agenda which included the following: • Risk Management Committee Key Issues Report – November 2025 • Feedback from Board Committees • Internal Audit Progress Report • Internal Audit Follow Up Report November 2025 • Anti-Fraud Progress Report November 2025 • External Audit Progress Report • Board Assurance Framework Mid-Year Review • Review of Waivers April to September 2025 • Standing Financial Instructions (SFI) Breaches April to September 2025
2.	**Alert**	The Committee noted continued delays in implementing IT actions from the MIAA Follow-Up Report. The Chief Finance Officer confirmed that a Standard Operating Procedure will be developed, reviewed by the Executive Team, with any changes to risk status or completion dates must be approved by the Executive Team and Audit Committee with supporting rationale.
3.	**Advise**	It was agreed that the 2026/27 Internal Audit Plan will include a focus on digital resilience and cyber security – including consideration of a joint review with Tameside & Glossop Integrated Care NHS Foundation Trust. Recommended to undertake the audit in Q2 to include learnings from the Cyber Assessment Framework (DSPT) review. The Committee were made aware of a small number of overpayment matters. The Director of Finance and Associate Director of Finance will investigate root cause and associated opportunity to strengthen internal controls and link findings to the risk register if considered necessary. The Committee received a Risk Management Committee Key Issues Report, following its November 2025 meeting, providing an overview of ongoing oversight of risk management and significant risks on the corporate risk register. Discussion regarding risk of delayed or missed cancer diagnosis due to follow-up processes discussed, including specific actions and broader review of follow up appointments. Discussion regarding the remaining 2025/26 programme and 2026/27 Internal Audit Plan. Review of the Electronic Patient Record management case to be intertied into Q4 2025/26 or 2026/27. The draft Internal Audit Plan for 2026/27 will be presented to the Audit Committee in February. Following on from the mid-year review of the Board Assurance Framework

		(BAF), the Committee acknowledged the differential in scoring between the digital risk score on the BAF, and several significant operational digital risks, noting this would be considered at next review. The Committee requested a briefing note outlining the governance arrangements for the Quality Control North West (QCNW) pharmacy arrangement.
4.	**Assure**	The Committee were assured on progress of the Internal Audit Plan for 2025/26 Performance indicators all rated green. The Committee received the Anti-Fraud Report for November 25 and an update on the status of current investigations. The Committee were presented with the mid-year review of the Board Assurance Framework 2025/26 and assured that no significant control issues were identified and systems were working appropriately. The Committee received and noted the Review of Waivers and Standing Financial Instructions Breaches Reports.
5.	**Referral of Matters/Action to Board/Committee**	No matters to refer.
6.	**Report compiled by:**	David Hopewell, Chair of Audit Committee (Non-Executive Director)
7.	**Minutes available from:**	Soile Curtis, Deputy Company Secretary

NHS Stockport NHS Foundation Trust

				Agenda No.	22
Meeting date	4th December 2025	**Public**	X	**Confidential**	
Meeting	Board of Directors				
Report Title	Joint Corporate Governance Model				
Director Lead	David Wakefield, Joint Chair Karen James, Chief Executive	**Author**	Paul Buckley, Director of Strategy & Partnerships Rebecca McCarthy, Trust Secretary		

Paper For:	**Information**		**Assurance**		**Decision**	X
Recommendation:	With effect from 1st April 2026, the Board of Directors is asked to agree to: • Establish a Joint Committee with Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) to be known as the Joint Board, with maximum delegation from each statutory Board; supporting documentation (Terms of Reference, Trust Constitution Scheme of Reservation & Delegation) to be approved in March 2026. • Establish Joint Committees with TG ICFT for Quality, People and Finance & Performance; supporting documentation (Terms of Reference and Work Plans) to be approved in March 2026. • Align Remuneration Committee and Charitable Funds Committee to operate in common with TG ICFT equivalents; supporting information (Terms of Reference and Work Plans) to be approved in March 2026. • Develop a Collaboration Agreement, to be approved in March 2026. • Note the outcome of the board composition review to support transition to the joint governance model, which will be presented to the Board in February 2026, noting it is the Council of Governors responsibility to appoint Non-Executive Directors. • Note a pooled budgets assessment will be presented at the joint SFT and TG ICFT board development session in February 2026. • The Go / No Go Criteria framework, with implementation of the above recommendations subject to 'Go' conditions being met.					

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

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

Further to significant preparatory work since the start of the 2025/26, this paper sets out proposals for implementing a Joint Corporate Governance Model between Tameside and Glossop Integrated Care NHS Foundation Trust (TG ICFT) and Stockport NHS Foundation Trust (SFT), effective from 1 April 2026. The model aims to strengthen collaboration, streamline decision-making, and enhance assurance across both organisations while maintaining statutory accountability.

Following extensive joint board development sessions and legal review, Option 3 – establishing a Joint Committee (known as the Joint Board) with maximum delegation from each statutory Board – is recommended. This approach provides the greatest opportunity for cross-organisational learning, sharing best practice, and clarity of governance.

Furthermore, it is proposed to establish Joint Committees for Quality, People, and Finance & Performance, and to align the statutory Remuneration and Charitable Funds Committees so they operate in common across both Trusts. For 2026/27, Audit Committees will remain separate to meet statutory requirements, but their work plans will be aligned. A formal Collaboration Agreement will be developed to set out the principles and governance arrangements underpinning the partnership. In addition, an assessment of pooled budget arrangements will be undertaken as part of future phases, recognising the potential for transformation and improved efficiency this could enable.

Implementation will be subject to agreed Go/No Go criteria, ensuring legal compliance and operational readiness.

Whilst the arrangements are focussed on commencement from 1 April 2026, the wider programme of work will continue throughout 2026/27 to ensure the new arrangements are embedded and have been reviewed.

The proposed model aligns with both Trusts' strategic objectives, supports NHS England statutory guidance, and is designed to deliver improved efficiency, stronger assurance, and better outcomes for the populations served.

The TG ICFT Board considered the above recommendations at its meeting on 27th November 2025.

1. Introduction

1.1 The Trust has been working collaboratively with Tameside & Glossop Integrated Care NHS Foundation Trust (TG ICFT) for several years and during this time has explored ways to align both corporate and clinical services.

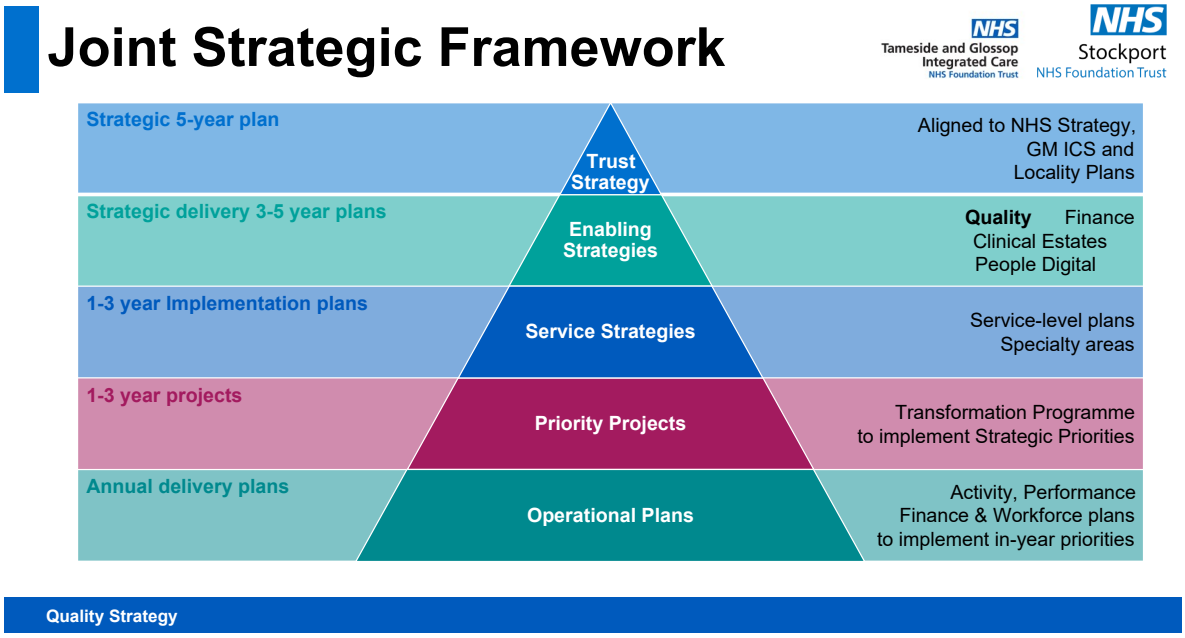
1.2 The Board of Directors have been engaged in a series of focussed joint development sessions with the Board of Directors of TG ICFT throughout 2025, to discuss the ongoing strategic alignment, the development of a new Joint Organisational Strategy, and cementing this is revised and aligned corporate governance arrangements.

1.3 As a statutory NHS Foundation Trust, the Board is being presented with the proposals for consideration and support.

2. Context

2.1 The Trust has a new joint strategic framework in place that has developed over time and more recently become demonstrably more aligned.

Figure 1 – Joint Strategic Framework



2.2 Throughout 2025 discussions have progressed and considered the development of joint corporate governance arrangements, in line with the development of the Joint Organisational Strategy.

2.3 In July 2025, the Board supported the consideration of joint corporate governance arrangements and decision-making that was framed around the following point:

- Ensuring the retention of organisational sovereignty and accountability.
- Enhancing the effectiveness of both Trust's corporate governance arrangements and decision-making and deliver high quality assurance.
- Where possible, allowing streamlined and single reporting internally and externally on relevant issues.
- Providing ease of understanding for internal and external stakeholders of governance & decision-making structures.

- Reducing duplication and bureaucracy including the number of meetings and time spent in meetings - ensure effective and efficient use of resources (including Executive Director & Senior Leadership time).
- Aligning with both Trust's strategic ambitions, ultimately enhancing the organisation's performance for the benefit of the populations served.

2.4 A range of joint governance models used by NHS provider trusts across the country were reviewed, with three main options identified for consideration at this stage:

Option 1: Stay the same
Does not meet the requirement for aligned governance and decision making. Unlikely to deliver the required objective and benefits.

Option 2: Committees in Common
Meets the requirement for aligned governance and decision-making through a committees 'in common' approach and likely to deliver required benefits, although could still potentially be seen to dilute the local board autonomy. This option would reduce duplication and time spent in meetings, albeit it is a 'complex' governance approach, especially where different executive and non-executive directors.

Option 3: Joint Committee
Meets the requirement for aligned governance and decision making and likely to deliver the required benefits but perceived risk to organisational sovereignty.

2.5 Option 3 was supported as it offers the greatest opportunities for cross-organisational learning, sharing of best practice, and assurance, while also providing clarity of governance.

3. Proposed Changes

3.1 At the joint development session in November 2025, the Board was presented with a series of recommendations having received detailed legal advice on the options afforded to the Trust, the summary of which allows the Trust to progress on the basis that:

'.. establishing a joint committee was introduced by the Health and Care Act 2022 inserting section 65Z5 into the existing NHS Act 2006. Section 65Z5 of the NHS Act 2006, which permits Trusts to delegate their functions or exercise them jointly with another "relevant body" (defined within section 65Z5(2) as NHS England, an ICB, an NHS Trust, an NHS Foundation Trust or such other body as may be prescribed) or a local authority or combined authority.

Where functions are exercised jointly, section 65Z6 of the NHS Act 2006 enables the Trusts exercising functions jointly to form a joint committee for that purpose and enables the joint committee to establish a pooled fund out of which payments may be made towards expenditure incurred in the joint exercise of the Trusts' functions'.

3.2 The recommendations will each be taken in turn.

- **Establish a Joint Committee (known as the Joint Board) from 1 April 2026 with maximum delegation from each statutory Board.**
The Boards of the Trusts would remain as separate, statutory Boards, but with maximum delegation to a Joint Committee (the Joint Board), in line with the NHS (Joint Working and Delegation Arrangements) (England) Regulations 2022 and NHSE Statutory Guidance, Feb

2024. Supporting documents (Terms of Reference, Constitutions, and Schemes of Reservation & Delegation) would be presented to each Board for approval.

- **Establish Joint Committees for Quality, People and Finance and Performance.**
  Create joint committees for Quality, People, and Finance & Performance, replacing current non-statutory meetings. To mitigate against information overload and support continuous improvement, reports to the joint committees would focus on Board-level indicators (Insightful Provider Board Guidance, Oversight Framework, Planning Guidance) with consistent reporting style and training to support implementation.

- **Maintain Audit Committees as separate for each Trust with aligned workplans for 2026/27.**
  It is a statutory requirement for each Trust to have its own Audit Committee, although such committees may operate in common. For 2026/27, the SFT and TG ICFT Audit Committees would remain separate but adopt aligned work plans. Keeping the committees distinct during the first year of joint governance arrangements would ensure each Trust has discrete oversight of governance, risk management, and internal control, and recognises that each Trust has its own External Auditor reporting solely to its Audit Committee.

- **Establish Committees in Common for Remuneration and Charitable Funds Committee.**
  As above, it is a statutory requirement for each Trust to have its own Remuneration Committee and Charitable Funds Committee, although such committees may operate in common. Operating Remuneration and Charitable Funds Committees in common across both Trusts would reduce duplication while maintaining statutory independence. Operating in common does not constitute a merger of the two Trusts' charitable funds.

- **All Non-Executive Directors to become joint posts and include in the review of the board composition subject to discussion with Council of Governors.**
  Both Trusts already share a largely joint executive director structure and a Joint Chair. Furthermore, the Council of Governors has recently appointed Mr David Curtis as a Non-Executive Director (NED), with David now a NED on both Boards. Moving to joint NED roles is a natural next step, supporting the development of a Joint Board and wider governance integration planned for 2026/27. The benefits include consistent oversight, shared accountability, stronger collaboration, and greater efficiency. This approach was supported in principle by the SFT and TG ICFT Councils of Governors Nominations Committee in November and will form the basis of the ongoing board composition review.

- **Develop a Collaboration Agreement.**
  A Collaboration Agreement setting out shared vision, principles, governance, information sharing, and escalation processes to be presented to Boards for approval.

- **To assess and present options for pooled budgets at the next joint development session.**
  Assess options for pooled budgets under section 65Z6 NHS Act 2006 at the next joint development session, recognising potential for the Trusts to work differently and deliver more joined-up care, supporting innovation and local solutions.

4. Go / No Go Criteria

4.1 Implementing a new governance system is complex and requires careful oversight. To ensure the joint governance model is both legally compliant and operationally viable, a set of go/no go criteria have been established to assess readiness for transition.

4.2 The criteria cover statutory and legal requirements as well as operational matters affecting Board operations, committees, and subgroups. They will ensure all regulatory obligations are met and that processes, reporting structures, and escalation pathways are in place before changes are enacted.

4.3 A draft framework was reviewed at the joint development session in November 2025, with final criteria incorporated following feedback (**Appendix 1)**.

Appendix 1: Go / No Go Criteria

Criteria (Go)	Criteria (No go)
In line with the legal advice received, establish a joint committee of the two Trust Boards, with maximum delegation, and a single term of reference, and revise the governance documents of each Trust to reflect its establishment	
Legal advice has confirmed the proposed structure, delegation, and terms of reference are compliant with statutory requirements and the NHS England Statutory Guidance on delegation and joint working.	Legal advice identifies that the proposed committee structure, delegation or terms of reference are non-compliant with statutory requirements or the NHS England Statutory Guidance on delegation and joint working, creating for the Trusts a risk of challenge or regulatory intervention.
The joint committee's terms of reference are finalised, clearly detailing its delegated functions, scope, and decision-making process, and are approved by both Trust Boards.	The terms of reference are not finalised, are vague on the delegated functions, or they include functions which should not be exercised jointly and are vague on the decision-making process. The terms of reference are not approved by both Trust Boards.
All necessary constitutional amendments have been made in accordance with the process for amendments set out in each Trust's Constitution and aligned Schemes of Reservation and Delegation (SORDs) for both SFT and TGICFT to delegate agreed functions to the joint committee have been drafted and approved by their respective Boards.	One or both Trusts' Constitutions and/or SORDs have not been updated or aligned to clearly reflect the establishment of the joint committee and delegate functions to it, or amendments are incomplete/not yet approved.
Include all Executives and Non-Executive Directors on both Boards as members of joint committee	
The Boards have reached agreement on the total number of joint posts across the two Boards and on whether to retain non-joint Non-Executive Directors (NEDs), balancing the desire for closer integration with the need for independent scrutiny.	There is ongoing unresolved debate or disagreement between the Boards regarding the total number of joint posts and the optimal long-term composition of non-executive leadership and how to manage the potential for conflicts in any future statutory transaction.
The Boards have reached agreement on Executive Director posts, ensuring that the Executive Director members of the Trust Boards meet statutory requirements and have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.	There is ongoing unresolved debate or disagreement between the Boards regarding Executive Director posts and/or the Executive Director members of the Trust Boards do not meet statutory requirements or have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.
The Councils of Governors have reached agreement on Non-Executive Director posts, ensuring that the Non-Executive Director members of the Trust Boards have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.	There is ongoing unresolved debate or disagreement between the Councils of Governors regarding Non-Executive Director posts and/or the Non-Executive Director members of the Trust Boards do not have the skills, knowledge and experience to ensure the Trusts comply with their statutory responsibilities as well-led organisations.

Criteria (Go)	Criteria (No go)
The above agreements are appropriately documented in Board and/or Council of Governor resolutions.	The Boards and/or Council of Governors have not agreed one or more of the above and therefore agreements are not documented in Board / Council of Governor resolutions.
Each Trust Board to delegate as many of the Boards' functions to the joint committee as is permitted, in line with the NHS England Statutory Guidance on the delegation and joint exercise of functions, to realise its potential for efficiency and joint decision-making in line with the agreed joint Organisational Strategy **To decide whether to delegate all such functions on day one of the joint committee's operation or gradually over a period of time**	
The Boards have agreed the remit of the joint committee and the functions that will be delegated to it from day one, and the joint committee's terms of reference and each Trust's SORD has been finalised/amended to reflect those delegations. The Boards have agreed that the proposed operation of the joint committee is in line with the developing joint Organisational Strategy.	There is ongoing unresolved debate or disagreement between the Boards regarding the remit of the joint committee and the functions that will be delegated to it and/or the joint committee's terms of reference and each Trust's SORD have not been finalised/amended to reflect agreed delegations and/or the proposed operation of the joint committee is not deemed to be in line with the developing joint Organisational Strategy.
The Boards have considered the establishment of a pooled fund concurrent with the establishment of the joint committee and if confirmed they are to be implemented to enable the joint committee to implement its decisions swiftly and efficiently	
The pooled fund arrangements are agreed and clearly documented in the collaboration agreement or otherwise, with all necessary detail as recommended by legal advice and as advised by Trust finance teams.	The pooled fund arrangements are not agreed and/or are not clearly documented leading to delays and bureaucracy once the joint committee begins making decisions which require financial input.
Retain separate Audit, Charity, and Remuneration Committees to meet statutory requirements and comply with NHS England guidance on functions excluded from joint exercise but hold meetings "in common" with aligned agendas, where this is determined as appropriate	
The separate statutory committees (Audit, Remuneration, Charity) have made decision to remain separate or operate 'in common'. Where meeting 'in common' aligned terms of reference are in place to ensure a collaborative approach to their sovereign responsibilities has been agreed. Where remaining separate, work plans have been standardised.	The statutory committees are not aligned on their processes, with no 'meetings in common', suggesting a lack of operational integration needed for the overall joint governance model to function efficiently and effectively.
Consider structure and operation of other Board committees and whether joint committees or meetings "in common"	
Each Trust Board has agreed the structure and operation of other Board committees. The committee's terms of reference are finalised, clearly detailing its delegated functions, scope, and decision-making process, and are approved by both Trust Boards, along with work plans.	There is disagreement as to the structure and operation of other Board committees and the respective committees of each Trust are not aligned on their processes or have not committed to a joint committee or 'meetings in common'.
Draft and execute a formal collaboration agreement between SFT and TGICFT	
A collaboration agreement is approved and entered into by both Trusts, setting out matters such as collaborative principles and behaviours, the	The Trusts do not have an agreed, finalised collaboration agreement, or the drafted agreement fails to include necessary detail recommended by

Criteria (Go)	Criteria (No go)
role of each Trust and governance arrangements, in line with legal advice.	legal advice.
Establish a reporting framework	
A consistent reporting template has been agreed and implemented across both Trusts. Training delivered to all relevant staff on reporting expectations and template use. Reporting cycle aligned with joint governance calendar and escalation routes clearly defined. Agendas and papers produced in consistent style, with confidence papers can be distributed within agreed timescales.	A consistent reporting template has not been agreed across both Trusts and relevant staff are unclear on reporting expectations. Reporting timelines unclear or misaligned with governance schedules
Establish information sharing & document management procedures	
Shared document management system implemented and tested for storing and sharing papers Board/Board Committee level papers. Information-sharing protocols agreed and embedded in governance processes.	No common system for document storage/sharing. Protocols not agreed or tested.
Engage with and report on above activity to Councils of Governors.	
The respective Councils of Governors have been engaged throughout, have shared views and provided support for the proposed changes.	There has been minimal engagement with the Councils of Governors and explicit support is absent.

NHS Stockport NHS Foundation Trust

				Agenda No.	23
Meeting date	4th December 2025	**Public**	**X**	**Confidential**	
Meeting	Trust Board				
Report Title	Emergency Preparedness Resilience & Response (EPRR) Core Standards 2025/26				
Director Lead	John Graham Accountable Emergency Officer (AEO)	**Author**	Jennifer Kilheeney Head of E&F Governance & Compliance		

Paper For:	**Information**	**X**	**Assurance**		**Decision**	
Recommendation:	The Board is asked to note the declaration of **'Partially Compliant'** against the 2025/26 Emergency Preparedness Resilience and Response (EPRR) Core Standards.					

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
	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	**X**	Responsive
	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
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
	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
	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
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

All NHS-funded organisations are required to complete an annual emergency preparedness, resilience and response (EPRR) assurance process to formally document their current level of organisational readiness for responding to emergencies and to record their compliance against the NHS England Core Standards for EPRR. The process requires NHS organisations to undertake a self-assessment against applicable standards and to submit a statement of compliance, signed by the Accountable Emergency Officer, that declares the organisation's overall level of compliance.

Stockport NHS Foundation Trust declared an overall compliance rating of **Partially Compliant** having assessed itself as **77%** compliant with the 62 standards applicable to an Acute Trust.

An assurance meeting for Stockport NHS Foundation Trust took place on 21 October 2025, during which representatives from the EPRR Team at NHS Greater Manchester reviewed the Trust's submission (including associated evidence) and confirmed the **Partially Compliant** rating.

There are notable gaps against criteria within Domain 5 (Training & Exercising) and Domain 9

(Business Continuity) – see section 2.2 (Figure 1) of the following report.

NHS
Greater Manchester

EPRR Annual Assurance Process 2025/26

Assurance Meeting Summary

Stockport NHS Foundation Trust

Version: **Draft 02**

Part of Greater Manchester Integrated Care Partnership

NHS
Greater Manchester

EPRR Annual Assurance Process 2025/26

Trust Visit Details	
Trust Name:	Stockport NHS Foundation Trust
Date, Time of Trust Visit:	21 October 2025, 10:00
Trust Attendee(s):	• Anthony Dempsey, EPRR Manager
NHS GM Attendee(s)	• Stephen Maxwell, EPRR Manager

Document Contents

Document Control

Version	Date	Comment
Draft 01	21-Oct-2025	Initial draft of Trust visit summary document
Draft 02	28-Oct-2025	Draft sent to Trust for agreement

1.0 Introduction

1.1. All NHS-funded organisations are required to complete an annual emergency preparedness, resilience and response (EPRR) assurance process to formally document their current level of organisational readiness for responding to emergencies and to record their compliance against the NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR). The process requires NHS organisations to undertake a self-assessment against applicable standards and to submit a statement of compliance, signed by the Accountable Emergency Officer (AEO), that declares the organisation's overall level of compliance.

1.2. Within Greater Manchester, the assurance process is coordinated by the NHS Greater Manchester EPRR team. For the 2025/26 assurance process, Trusts were asked to submit their statement of compliance and self-assessment by 30th September 2025. Ahead of the submission deadline, Trusts were informed that after an initial review of self-assessments by NHS Greater Manchester EPRR team, members of the team would make a site visit to discuss the outcome of self-assessment with the Trust EPRR lead. Site visits were scheduled in advance of the submission deadline and Trust EPRR leads were provided with an indication of the visit format.

1.3. The assurance meeting for Stockport NHS Foundation Trust took place on 21st October 2025. The meeting was attended by Anthony Dempsey (EPRR Manager) for Stockport NHS Foundation Trust and by Stephen Maxwell (EPRR Manager) for NHS Greater Manchester.

1.4. This document provides an overview of Stockport NHS Foundation Trust's self-assessment against the 2025/26 EPRR core standards. It also gives a summary of the discussions held during the site visit about supporting evidence and EPRR risks.

2.0 Outcome of Trust Self-assessment

2.1. For the 2025/26 EPRR assurance process, Stockport NHS Foundation Trust declared an overall compliance rating of **Partially Compliant** having self-assessed itself as **77%** compliant with the core standards the organisation is expected to achieve.

2.2. Figure 1 below provides a summary of the ratings given by Stockport NHS Foundation Trust for the applicable core standards.

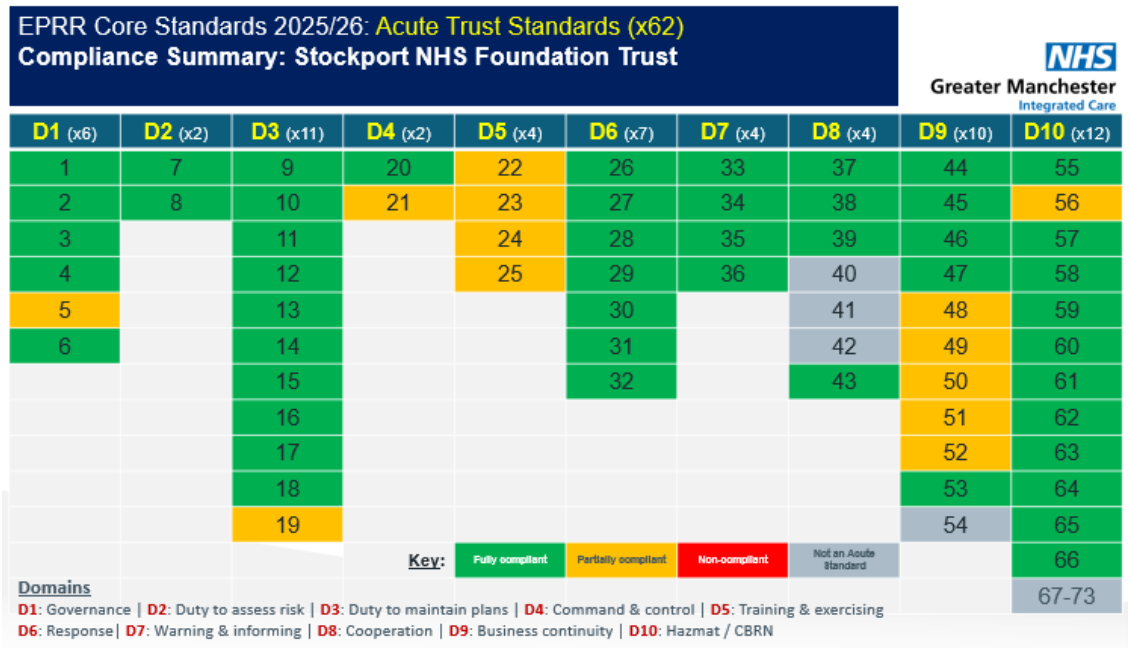


Figure 1. Summary of Stockport NHS Foundation Trust's 2025/26 EPRR self-assessment

62 of the core standards are applicable to Stockport NHS Foundation Trust. A breakdown of the organisation's ratings for these standards is as indicated in the table below

Standards rated as 'Fully compliant'	48
Standards rated as 'Partially compliant'	14
Standards rated as 'Non-compliant'	0

3.0 Successes this year

3.1. The Trust have reorganised their EPRR documentation to align to core standards to ensure that the Trust is delivering its EPRR programme against core standard requirements and are following good practice.

3.2. The Trust has improved the governance of EPRR through the alignment and harmonisation of EPRR groups, across Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trusts, into a 2 monthly alternating cycle.

3.3. The consistency and level of organisation of EPRR has improved overall throughout the Trust. For example, the improvements in Powered Respiratory Protective Suits (PRPS) and Chemical, Biological, Radiological and Nuclear Defence (CBRN) equipment storage, distribution and arrangements now have a suitable level of rigor.

3.4. Hazardous Materials (HAZMAT) / Chemical, Biological, Radiological and Nuclear Defence (CBRN) has had a specific focus of the EPRR programme to bring it up to standard. The HAZMAT/CBRN training programme is a particular example of good practice. The Trust has also delivered a tabletop HAZMAT/CBRN exercise. The Trust has developed a partnership with the Northern Care Alliance (NCA) to deliver "EMERGO"[1] HACMAT/CBRN training.

3.5. The EPRR programme has also focused on building the foundations of wider resilience and are engaging with other Trusts who share sites.

4.0 Challenges this year

4.1. EPRR Resource is limited. The current EPRR Manager has been in place since February 2024 and works 0.5WTE for this Trust. Other Acute Trusts in GM have between 2WTE and 5WTEs working on EPRR. The current self-assessment is based on plans and arrangements which are in place and up to date, however the continued maintenance and sustainability of these standards may be difficult to deliver.

4.2. The EPRR Manager role is split across two Trusts (0.5WTE in each) which means that some improvements are aspirational.

4.3. It has been difficult to achieve a culture of engagement with EPRR within the Trust, which has an impact on delivery of the EPRR workplan.

[1] "EMERGO" is a simulation system used worldwide for education and training in emergency and disaster management.

5.0 Evidence Review for Selected Standards

5.1. During the site visit to Stockport NHS Foundation Trust on 21 October 2025, evidence relating to the standards listed below was considered.

Ref.	Domain	Standard name	Trust rating
14	Duty to Maintain Plans	Countermeasures	Fully Compliant (Same)
D5	EPRR Training	Multiple	Partially Compliant (Same)
D9	Business Continuity	Multiple	Partially Compliant (Same)
59	Hazmat/CBRN	Decontamination capability availability 24/7	Fully Compliant (improved)
61	Hazmat/CBRN	Equipment – Preventative Programme of Maintenance	Fully Compliant (improved)

5.2. For standard 14 - Countermeasures, this standard has remained assessed as Fully Compliant. The Trust maintains a countermeasures plan, which incorporates information on the request, delivery, and supply of countermeasures. They have aligned the plan to GM multi-agency outbreak plans.

5.3. For domain 5 – EPRR Training, there were multiple standards which have remained Partially Compliant when compared to last year. An existing EPRR training programme is in place. The Trust are currently finalising the development of an EPRR e-learning package, in conjunction with the Trust Learning Manager. They have made progress on updating Loggist training in particular. The Trust are working towards ensuring training records are updated appropriately, possibly using the Electronic Staff Record (ESR) as the recording method to align to other Trust Continued Professional Development (CPD) practices. Commanders attend the external Principles of Health Command course, but they also attend a local commanders course to give Stockport specific arrangements. It is an area that is expected to be Fully Compliant next year.

5.4. For domain 9 – Business Continuity, there were multiple standards which have remained Partially Compliant when compared to last year. The Trust have a

Business Continuity policy, Business Continuity Management System, Business Impact Assessments and Business Continuity Plans (BCPs) in place. However, it has difficult to progress this work to full maturity considering the lack of resources. Plans are in place to improve these standards and achieve maturity in business continuity.

5.5. For standard 59 - Decontamination capability availability 24/7, this standard has improved from Partially Compliant to Fully Compliant. The Trust has undergone a substantial redevelopment of Stepping Hill Emergency Department, which has improved the storage facilities and availability of Powered Respirator Protective Suits (PRPS) and other decontamination equipment. Previously Powered Respirator Protective Suits (PRPS) were stored in a separate container and building which had no dedicated Powered Respirator Protective Suits (PRPS) storage. This has now been addressed, having now been incorporated into the new Emergency Department, rather than separate building. The Trust now has a dedicated decontamination area, that leads to a green zone, which then has an entrance into the Emergency Department. A runoff metal grid which captures the contaminated water and stores it before removal is also in place.

5.6. For standard 61 - Equipment – Preventative Programme of Maintenance, this standard has improved from Partially Compliant to Fully Compliant. The HAZMAT/CBRN Lead within the Emergency Department is leading a proactive system for keeping Powered Respirator Protective Suits (PRPS) up to date. A positive report was received from North West Ambulance Service (NWAS) following their HAZMAT/VBRN inspection. The EPRR Manager works with Respirex to deliver a comprehensive review programme. Records of maintenance and annual servicing are maintained and are comprehensive. The Trust has split the suits into two locations to ensure that they are not all lost in the event of a fire.

5.7. Additionally, for standard 5 – EPRR resource, the NHS Greater Manchester EPRR Manager raised concerns that this standard should be assessed as Partially Compliant rather than Fully Compliant. The rationale for this is that the EPRR Manager is employed on a 0.5WTE for this Trust, when other comparable Acute Trusts in Greater Manchester employ between 2-5WTEs to deliver EPRR. This leaves little resilience for if the EPRR Manager is off sick, as has been the case recently, which has left core EPRR responsibilities not covered, such as the updating of SBAR reports. The main concern is around the sustainability of EPRR delivery in the Trust when the role is currently split across two Trusts.

5.8. Finally, standard 49 – Data Security Protection Toolkit (DSPT) was also discussed. It was clarified that this standard is checked against the published rating on the Data Security Protection Toolkit (DSPT) website, which for this Trust was “Approaching Standards” (checked on 20/10/2025). As the Trust could confirm that a plan was in place to address this a rating of Partially Compliant was agreed.

6.0 EPRR Risks and Mitigations

6.1. With only 1 0.5 WTE employed concerns have been raised over whether this is an adequate EPRR resource for an Acute Trust.

6.2. Achieving Business Continuity maturity and maintenance needs the time and resources to achieve the active management of business continuity.

7.0 Other

7.1. The Trust action plan for 2026/27 will focus on completing the Hazmat/CBRN risk assessment process, as well as ensuring Emergency Preparedness Resilience and Response training core standards are Fully Compliant.

7.2. The Trust has been challenged on standard 5 and standard 49 which have both been agreed to downgraded to Partially Compliant.

7.3. The NHS Greater Manchester EPRR team would like to thank the Stockport NHS Foundation Trust EPRR team for their work on this year's Core Standards Assurance self-assessment.