

Public Board Meeting

Thu 05 December 2024, 09:30 - 11:50
Pinewood House Education Centre



Agenda

09:30 - 09:30 1. Apologies for absence
0 min

09:30 - 09:30 2. Declaration of interests (Verbal)
0 min
All

09:30 - 09:35 3. Patient Story (Verbal)
5 min
Information Nicola Firth

09:35 - 09:35 4. Minutes of Previous Meeting - held on 3 October 2024 (Paper)
0 min
Decision Marisa Logan-Ward
📄 04 - Public Board Minutes - 3 October 2024.pdf (11 pages)

09:35 - 09:40 5. Action Log (Paper)
5 min
Information Marisa Logan-Ward
📄 05 - Public Board Action Log - December 2024.pdf (2 pages)

09:40 - 09:50 6. Chair's Report (Paper)
10 min
Discussion Marisa Logan-Ward
📄 06 - Chairs Report - December 2024.pdf (5 pages)

09:50 - 10:00 7. Chief Executive's Report (Paper)
10 min
Discussion Karen James
📄 07 - Chief Executive's Report - December 2024.pdf (5 pages)

PLANNING

10:00 - 10:15 8. Corporate Objectives & Outcome Measures 2024/25 - Mid-Year Review (Paper)
15 min

Curtis Soile
29/11/2024 10:06:11

PERFORMANCE

10:15 - 10:45 9. Integrated Performance Report (Paper)

30 min

Discussion

Karen James / Executive Directors

- Quality
- Operational Performance
- Workforce
- Finance


 09a - Integrated Performance Report - Front Sheet.pdf (2 pages) 09b - Integrated Performance Report - December 2024.pdf (23 pages)

10:45 - 10:55 10. Financial Position - Month 7 (Paper)

10 min

Discussion

John Graham

 10a - Financial Position Report Month 7 2024 Front Sheet.pdf (3 pages) 10b - Financial Position Month 7 2024-25.pdf (17 pages)

10:55 - 11:05 COMFORT BREAK

10 min


PEOPLE

11:05 - 11:15 11. Safer Care (Staffing) Report (Paper)

10 min

Discussion

Nicola Firth / Andrew Loughney



 11a - Safe Staffing Report - Front Sheet.pdf (2 pages) 11b - Safe Staffing Report - December 2024.pdf (26 pages)

11:15 - 11:25 12. Trust Values & Behaviours (Paper)

10 min

Decision

Amanda Bromley

 12a - Trust Values and Behaviours - Front Sheet.pdf (7 pages) 12b - Appendix 1 - Stockport's Current Values and Behaviours.pdf (3 pages) 12c - Joint Values Screensaver.pdf (1 pages) 12d - Joint Values1.pdf (1 pages) 12e - Joint Values2.pdf (1 pages)

QUALITY

11:25 - 11:35 13. Annual EPRR Report - Core Standards and Statement of Compliance (Paper)

10 min

Discussion

John Graham

Curtis Soile
29/11/2025 10:46:10

STANDING COMMITTEE REPORTS

11:35 - 11:50 14. Board Committees - Key Issues Reports:

15 min

Discussion

14a - Board Standing Committees Key Issues Reports - Front Sheet.pdf (2 pages)

14.1. People Performance Committee (Paper)

Information

Beatrice Fraenkel

14b - People Performance Committee Key Issues Report - November 2024.pdf (2 pages)

14.2. Finance & Performance Committee (Paper)

Information

Anthony Bell

14c - Finance & Performance Committee Key Issues Report - October 2024.pdf (3 pages)

14d - Finance & Performance Committee Key Issues Report - November 2024.pdf (4 pages)

14.3. Quality Committee (Paper)

Information

Mary Moore

14e - Quality Committee Key Issues Report.pdf (6 pages)

14.4. Audit Committee (Paper)

Information

David Hopewell

14f - Audit Committee Key Issues Report - September 2024.pdf (3 pages)

14g - Audit Committee Key Issues Report - November 2024.pdf (4 pages)

CLOSING MATTERS

11:50 - 11:50 15. Any Other Business (Verbal)

0 min

11:50 - 11:50 16. Board Work Plan & Attendance - For Information (Paper)

0 min

16a - 2024-25 Board of Directors Annual Workplan.pdf (4 pages)

16b - Board of Directors 2024-25 Attendance.pdf (1 pages)

DATE, TIME & VENUE OF NEXT MEETING

11:50 - 11:50 17. Thursday 6 February 2025, 9.30am, Pinewood House Education Centre

0 min

11:50 - 11:50 18. Resolution:

0 min

"To move the resolution that the representatives of the press and other members of the public be excluded from the

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

Curtis Soile
29/11/2024 10:46:10

STOCKPORT NHS FOUNDATION TRUST
Minutes of a meeting of the Board of Directors held in public
Held on Thursday 3 October 2024, at 9.30am in Pinewood House Education
Centre, Stepping Hill Hospital

Members Present:

Dr Marisa Logan-Ward	Interim Chair
Dr Samira Anane	Non-Executive Director
Mr Anthony Bell	Non-Executive Director
Mr Paul Buckley	Director of Strategy & Partnerships*
Mrs Nicola Firth	Chief Nurse
Mr John Graham	Chief Finance Officer / Deputy Chief Executive
Mr David Hopewell	Non-Executive Director
Dr Andrew Loughney	Medical Director
Mrs Jackie McShane	Director of Operations
Mrs Mary Moore	Non-Executive Director

In attendance:

Mrs Rebecca McCarthy	Trust Secretary
Dr Tushar Mahambrey	Deputy Medical Director
Mr Paul Featherstone	Director of Estates & Facilities (for item 113/24)
Ms Nadia Walsh	Freedom to Speak Up Guardian (for item 114/24)
Ms Nesta Featherstone	Associate Nurse Director for Infection Prevention & Control (for item 117/24)
Dr Annie Lowe	Public Health Registrar (for item 118/24)

Apologies:

Mrs Amanda Bromley	Director of People & OD
Mrs Beatrice Fraenkel	Non-Executive Director
Mrs Karen James	Chief Executive
Dr Louise Sell	Non-Executive Director

* indicates a non-voting member

Quoracy:

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

Quorate: Yes

REF No/Yr.	ITEM	ACTION OWNER
103/24	Apologies for Absence The Interim Chair welcomed everyone to the meeting. Apologies for absence were noted as above.	
104/24	Declarations of Interest There were no declarations of interest.	
105/24	Patient Story The Board of Directors watched a video regarding a 'Breathe Easy' research study. The story highlighted a patient's research journey and the positive impact the research study had on the patient's chronic condition and overall hospital experience.	

	The Board of Directors received and noted the Patient Story.	
106/24	Minutes of Previous Meeting The minutes of the previous meeting held on 1 August 2024 were agreed as a true and accurate record.	
107/24	Action Log The action log was reviewed and annotated accordingly.	
108/24	Chair's Report The Interim Chair presented a report reflecting on recent activities within the Trust and the wider health and care system. The Board of Directors received an update on the following: <ul style="list-style-type: none"> - Operational and financial pressures - External partnerships - Trust activities - Governors - Strengthening Board oversight - Other activities. The Board of Directors received and noted the Chair's Report.	
109/24	Chief Executive's Report The Deputy Chief Executive/Chief Finance Officer presented a report providing an update on local and national strategic and operational developments, including: <ul style="list-style-type: none"> - Outcome of the Lord Darzi Review - GM System - Trust Operational Performance - National Inpatient Survey Results - Community Diagnostic Centre - Key Successes and Celebrations <p>Mr Anthony Bell, Non-Executive Director, welcomed the opening of the Community Diagnostic Centre, noting that he had attended the launch event with partners had been in attendance.</p> <p>In response to a question from Mr Anthony Bell, Non-Executive Director, regarding the GM Sustainability Plan, the Deputy Chief Executive/Chief Finance Officer advised that the Sustainability Plan set out how the system would return to financial balance by addressing the underlying deficit and securing a sustainable future through management of demand and implementation of new models of care year on year. He stated that the work was in progress and highlighted the importance of individual organisations delivering savings, noting the Trust's own challenges in this area. Furthermore, the Deputy Chief Executive noted alignment with the Darzi Review and focus on health prevention.</p> <p>In response to a question from Mr David Hopewell, Non-Executive Director, seeking assurance that quality was being considered in response to the Enforcement Undertakings, the Deputy Chief Executive/Chief Finance Officer confirmed the impact on quality was being considered in ensuring achievement of the financial plan in line with available resources.</p>	

	<p>In response to a question from Mrs Mary Moore, Non-Executive Director, querying impact of the General Practitioner (GP) collective action, the Director of Operations commented that potential impact was being reviewed alongside primary care colleagues. The Board acknowledged positive relationship between primary and secondary interface and heard that the position was being closely monitored at system and locality level.</p> <p>In response to a question from Mrs Mary Moore, Non-Executive Director, the Director of Operations briefed the Board on the implementation of the Right Care Right Person approach, which included changes to how mental health incidents were handled and provided an overview on discussions held at the GM Integrated Care Board (ICB).</p> <p>The Board of Directors received and noted the Chief Executive's Report.</p>	
110/24	<p>Integrated Performance Report</p> <p>The Deputy Chief Executive introduced the Integrated Performance Report (IPR), which included exception reports for areas of most significant note.</p> <p>Quality</p> <p>The Chief Nurse and Medical Director presented the quality section of the IPR and highlighted challenges and mitigating actions regarding sepsis, infection prevention & control (IPC), pressure ulcers, complaints, incidents and maternity due to under-achievement in month.</p> <p>The Board heard that timely administration of antibiotics within the necessary timescales continued to be challenging, with out of hours prescribing being a key theme in delays. The Medical Director highlighted new NICE guidance on sepsis and advised that the Trust was introducing a new transformation programme in this area.</p> <p>The Chief Nurse advised that reported infection rates for Clostridium Difficile (CDiff) and E.Coli continued to be above trajectory, albeit rates were showing an improving trend. The Board heard about partnership working on antibiotic stewardship.</p> <p>The Chief Nurse reported an increase in pressure ulcers and highlighted focused work in this area.</p> <p>The Chief Nurse advised that written complaint rates had shown some improvement since May, however performance against timely response to complaints was below target in month.</p> <p>The Board heard that the Trust had received written confirmation from NHS England that it was to be stepped down from the Maternity Safety Support Programme due to improvements made.</p> <p>Operations</p> <p>The Director of Operations presented the operational performance section of the IPR and highlighted challenges and mitigating actions regarding Emergency Department (ED) performance, diagnostics, cancer, Referral to Treatment (RTT), community, outpatient efficiency, outpatient procedures and theatre efficiency metrics due to under-achievement in month.</p>	

	<p>The Board heard that performance against ED 4-hour and 12-hour metrics showed some signs of improvement, albeit performance was still outside the target thresholds. The Director of Operations advised that action plans were in development to support the new national ED 4-hour ambition of 78% by March 2025.</p> <p>The Director of Operations advised that the diagnostic position continued to be challenged due to backlogs in MR, Echo and Audiology, highlighting Audiology a particular area of concern due to capacity shortfall.</p> <p>The Director of Operations reported positive performance against cancer metrics in month, particularly around 62-day performance. She advised that while the 28-day faster diagnostic standard continued to perform above local projections, performance had fallen short of the national target for August 2024.</p> <p>The Board heard that significant improvements had been made to the Trust's RTT position in 52, 65, and 78-week waits. It was noted that the Trust was performing well against trajectory plan for 65+ week waits.</p> <p>The Director of Operations advised that new metrics for virtual ward utilisation and urgent community response had been added to the report this month. She reported that virtual ward utilisation had shown a decrease since May 2024.</p> <p>The Director of Operations advised that outpatient efficiencies in relation to Did Not Attend (DNA) and clinic utilisation had shown improvements since the previous month. It was noted that patient initiated follow ups continued to perform well above the projected levels, but work continued to achieve the target of 5%. The Board heard that outpatient procedure levels had been added to the repot this month, with rates showing a steady decrease across the reporting period and were currently under planned levels.</p> <p>The Director of Operations advised that while the Trust continued to show significant improvements in theatre utilisation compared to the previous year, performance had been challenged by disruption from the Emergency & Urgent Care Centre construction. She noted that business continuity meetings had been reinstated to improve communication and mitigate impact from any future disruptions.</p> <p>In response to a question from Dr Samira Anane, Non-Executive Director, regarding access to MR scans, the Director of Operations stated that direct access to the Community Diagnostic Centre was not available yet.</p> <p>Mr Anthony Bell, Non-Executive Director, recognised areas of improvement, including RTT, 52- and 65-week and 62-day cancer performance, but raised a concern regarding the size of the challenge to achieve the ED 4-hour trajectory by the end of March 2025. The Director of Operations acknowledged the risks in this area and briefed the Board on mitigating actions, noting that the Trust had signed up to programmes of support from the Emergency Care Improvement Support Team (ECIST) and Get It Right First Time (GIRFT).</p>	
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	<p>In response to a question from the Interim Chair regarding the ED challenge, the Director of Strategy & Partnerships and Director of Operations briefed the Board on conversations being held at GM Integrated Care Board (ICB) level in this area. The Director of Operations noted that the Trust remained in Tier 1 monitoring for Urgent Care and stressed the importance of locality-wide approach to addressing the issue. The Medical Director highlighted schemes discussed at GM Winter Planning and it was noted that the Finance & Performance Committee would review recommendations from the national teams and assurance on meeting trajectories.</p> <p>People The Chief Finance Officer presented the people section of the IPR and highlighted challenges and mitigating actions regarding sickness absence, agency costs, turnover, appraisal rates and mandatory training due to under-achievement in month. He briefed the Board on mitigating actions, including a review of the exit process to support turnover and actions being taken to improve appraisal compliance.</p> <p>In response to a question from Mr Anthony Bell, Non-Executive Director regarding turnover and the loss of organisational and patient knowledge, the Chief Finance Officer, Director of Operations and Medical Director briefed the Board on mitigating actions in this area. It was recognised, however, that the loss of expertise was difficult to fully mitigate despite good recruitment and handover processes.</p> <p>Finance The Chief Finance Officer presented the finance section of the IPR, noting that more detailed financial information was provided within the Finance Report.</p> <p>The Board of Directors received and noted the Integrated Performance Report.</p>	
111/24	<p>Finance Report The Chief Finance Officer presented a report providing an update on the financial performance for Month 5 2024/25.</p> <p>The Board heard that the Trust had a deficit of £22.4m at Month 5 2024/25, which was an adverse variance of £0.1m against plan, primarily driven by unfunded industrial action costs.</p> <p>The Chief Finance Officer advised that the Trust had delivered savings of £5.0m at Month 5, which was £0.9m ahead of plan. It was noted that the savings plan was weighted towards the second half of the financial year and focus remained on delivering recurrent savings.</p> <p>The Board heard that the Trust was forecasting to deliver the financial plan for 2024/25, subject to risks highlighted. It was noted that the Trust's cash position remained on the significant risk register as a score of 25, and while cash borrowing had not been required in August 2024, further borrowing had been drawn in September 2024.</p> <p>The Chief Finance Officer advised that agency costs remained above the 3.2% target at 3.5% in August, however this was an improved position from</p>	

	<p>July 2024. It was noted that agency expenditure remained a key focus within the financial plan and performance was overseen by the Workforce Efficiency Group.</p> <p>The Chief Finance Officer advised that to date, the Trust had spent £4.1m against a Capital Plan of £4.3m, and highlighted expenditure relating to the Emergency & Urgent Care Campus, the MRI scheme and essential network cabinet refresh.</p> <p>The Board of Directors received and noted the Finance Report.</p>	
112/24	<p>Revenue Support Application</p> <p>The Chief Finance Officer presented a report providing contextual information regarding the revenue support public dividend capital (PDC) application for Quarter 3 2024/25, stating that, without cash support, the Trust would be below its minimum cash balance and would require revenue support PDC funding of £4 million.</p> <p>The Chief Finance Officer confirmed that revenue support PDC was available to the Trust to support its revenue expenditure through a defined process. The Board heard that the application process for Quarter 3 had been updated and required providers to submit applications for a quarter but also updated on a monthly basis. In response to a question from Mr Anthony Bell, Non-Executive Director, the Chief Finance Officer provided further clarity regarding the updated process.</p> <p>The Board heard that the Chair and Chief Executive of the Trust must approve any PDC revenue support request by the Trust in the form of a letter, noting that this was a change from previous submissions where Board resolutions were required.</p> <p>The Chief Finance Officer advised that national conversations were ongoing regarding deficit support at system level and guidance on the pay award funding for 2024/25. He noted that as confirmation of the payment arrangements for deficit support and pay award funding was outstanding, no additional income forecast had been included in this submission. Furthermore, he stated that if further clarification was issued, the application would be updated to reflect income notifications and adjust the request for cash support accordingly.</p> <p>The Board of Directors reviewed the revenue support PDC application for Quarter 3 2024/25, including the plans in place to manage cash, and approved formal sign off of the application for £4 million PDC revenue support in Quarter 3 2024/25 by the Chair and Chief Executive of the Trust.</p>	
113/24	<p>Estates & Facilities Update Report</p> <p>The Director of Estates & Facilities presented a report providing an update regarding the recent Six-Facet Survey, projected 5-year backlog maintenance investment required, backlog maintenance risk classification, governance processes in relation to the ongoing management of the Trust estate, the process undertaken regarding risk assessments, links with business continuity plans and the process by which the Trust's limited capital was allocated.</p>	

	<p>In response to a question from the Interim Chair querying link between the report and the Estates Strategy, the Director of Estates & Facilities stated that the Trust routinely explored opportunities with the local authority to rationalise estate options in the context of capital constraints. The Chief Finance Officer advised that all aspects of capital allocation and prioritisation was considered through the Capital Programme Management Group and the Director of Strategy & Partnerships noted regular communication with the GM Integrated Care Board (ICB) to highlight the capital related risks.</p> <p>The Medical Director highlighted the importance of proactively mitigating the adverse clinical impact of the deteriorating estate, whilst being cognisant of the capital constraints. The Director of Estates & Facilities acknowledged the comment and advised that clinical teams would attend the risk group meetings going forward to enable a more rounded view of the risks, reflecting the recent peer reviews.</p> <p>In response to a question from Mr Anthony Bell, Non-Executive Director, querying when the effectiveness and appropriateness of the Estates & Facilities governance structure had last been audited, it was noted that the last audit had taken place 3-4 years ago and it was agreed to consider inclusion of a repeat audit in the 2025/26 Internal Audit Plan. The Chief Finance Officer suggested exploring an audit across both Stockport and Tameside to ensure consistency in approach. (ACTION)</p> <p>Mrs Mary Moore, Non-Executive Director, commented that adverse incidents linked to the deteriorating estate were considered through the Quality Committee and noted that she would welcome an overarching review on the consequences of the Outpatients B closure incorporating quality, operational performance, people and finance (ACTION)</p> <p>The Board of Directors reviewed and noted the Estates & Facilities Update Report.</p>	<p>Chief Finance Officer</p> <p>Director of Operations</p>
114/24	<p>Freedom To Speak Up</p> <p>The Freedom to Speak Up Guardian presented a report providing an overview of Freedom to Speak Up activities since the previous report.</p> <p>The Board of Directors noted ongoing work to raise the profile of speaking up, the cases raised with the Freedom to Speak Up (FTSU) Guardian, and themes and trends observed.</p> <p>The FTSU Guardian highlighted the recruitment of FTSU Champions to support her in her role, and noted activities planned during the FTSU month in October.</p> <p>In response to a question from the Medical Director regarding the Equality, Diversity & Inclusion (EDI) data included in the report, the FTSU Guardian confirmed that the information was discussed and triangulated with the EDI Team to enable learning. In response to a request from the Medical Director, the FTSU Guardian agreed to add labels to the coloured charts to ensure they could be understood by colourblind colleagues.</p> <p>In response to a question from Mrs Mary Moore, Non-Executive Director, the</p>	

	<p>FTSU Guardian advised that staff were able to raise concerns anonymously if preferred.</p> <p>The Interim Chair reflected on previous concerns regarding timely response by managers to issues raised, the FTSU Guardian confirmed an improved position in this area, noting a greater understanding of FTSU.</p> <p>The Board of Directors received and noted the Freedom to Speak Up Report.</p>	
115/24	<p>Safe Care (Staffing) Report</p> <p>The Chief Nurse and Medical Director presented a report providing assurances and risks associated with safe staffing, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks. It was noted that the report included information on the Pathology staff group, as previously requested. In response to a question from the Interim Chair, the Medical Director and Director of Operations briefed the Board on Histopathology, noting improved performance in this area.</p> <p>The Board acknowledged the ongoing high levels of operational demand within the acute and community services, which was having an impact on patient and staff experience. It was noted that demands within the Emergency Department remained significant, impacted by large numbers of patients who no longer require a hospital bed, and that this demand and consequent adverse impact on patient flow was being operationally managed by senior teams and on-call colleagues with continual dynamic risk assessments conducted.</p> <p>The Board heard that robust staffing had been implemented throughout the industrial action, ensuring that the Trust was safely staffed and able to provide high quality patient care.</p> <p>The Board of Directors received and noted the Safe Care (Staffing) Report.</p>	
116/24	<p>Medical Appraisal and Revalidation Report</p> <p>The Medical Director presented a report detailing the Trust's medical appraisal and revalidation processes, its Quality Assurance (QA) mechanisms and the numbers of appraisals completed. He briefed the Board on the content of the report and confirmed that the Trust had generally robust processes in place for medical appraisal and revalidation, including positive engagement. It was noted, however, that the active recruitment of new appraisers was an ongoing area of focus.</p> <p>In response to a question from Dr Samira Anane, Non-Executive Director, querying appraisal of Trainees and Resident Doctors, the Medical Director confirmed that these were undertaken by the Lead Employer.</p> <p>The Board of Directors received and noted the report and approved the annual return for sign off by the Chief Executive.</p>	
117/24	<p>Annual Infection Prevention Control Report</p> <p>The Associate Nurse Director Infection Prevention Control (IPC) presented</p>	

	<p>the Annual Infection Prevention & Control Report 2023/24 and an associated presentation. She presented a summary of the mandatory reporting and IPC activities from the previous year, key achievements, key challenges, benchmarking data and forward objectives. The Board of Directors were informed that several IPC targets had not been achieved in year, noting the challenges and actions to implement learning in 2024/25.</p> <p>The Chief Nurse thanked the Associate Nurse Director IPC for her innovative, pragmatic and driven leadership approach and the support provided to the operational teams in navigating and implementing IPC guidance.</p> <p>The Director of Strategy & Partnerships welcomed the strategic aim of transitioning IPC to support net zero in sustainability.</p> <p>The Board of Directors received and noted the Annual Infection Prevention Control Report 2023/24.</p>	
118/24	<p>Health Inequalities Self-Assessment</p> <p>Dr Annie Lowe, Public Health Registrar, stated the Trust's responsibility to identify, address and mitigate health inequalities and presented a self-assessment tool that had been completed by the Executive Team to assess the Trust's current response to health inequalities.</p> <p>The Board heard that the self-assessment tool included 25 questions across the following four key domains, representing key enablers for the Trust to effectively address health inequalities:</p> <ol style="list-style-type: none"> 1. Build public health capacity and capability 2. Data, insight, evidence and evaluation 3. Strategic leadership and accountability 4. System partnerships <p>The Board noted the score and maturity rating for each domain, acknowledging key areas for improvement required to develop the Trust's approach to health inequalities. It was noted that a health inequalities focused Board Development Session would be held on 7 November 2024 to explore the Trust's role in tackling and mitigating health inequalities and identify next steps.</p> <p>Dr Samira Anane, Non-Executive Director, expressed view that it was helpful to consider the report in the context of the Darzi Review and highlighted the importance of the prevention agenda.</p> <p>In response to a question from Mr Anthony Bell, Non-Executive Director, regarding benchmarking and opportunities for joint working with Tameside, it was noted that partnership working opportunities for addressing health inequalities would be explored.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Reviewed and approved the Health Inequalities Self-Assessment Report • Reviewed and approved the recommended next steps. • Reconfirmed its commitment to tackling health inequalities in the population that it serves. 	

Curtis Soile
29/11/2024 10:46:10

119/24	<p>PLACE – Locality Provider Partnership</p> <p>The Director of Strategy & Partnerships presented a report providing an overview of the collaborative working arrangements within Stockport and the focused work being taken forward within the locality regarding health and care. He briefed the Board on the content of the report, providing contextual information on the overall place-based collaborative structure, relevant strategies and plans in place and an update on progress being made within the provider partnership.</p> <p>In response to a question from the Medical Director, the Director of Strategy & Partnerships advised that the Trust was reviewing priorities in relation to secondary prevention.</p> <p>The Board of Directors received and noted the PLACE – Locality Provider Partnership Report.</p>	
120/24	<p>Board Assurance Framework 2024/25 – Quarter 2</p> <p>The Deputy Chief Executive/Chief Finance Officer presented the Board Assurance Framework (BAF) 2024/25 as at the end of Quarter 2, noting that all BAF risks were regularly reviewed by relevant Board Committees. He briefed the Board on the report and the principal risks and associated mitigations. Furthermore, a gap analysis between current and target risk score was provided. It was noted that Principal Risks 2.1, 3.1, 3.2, 3.3 and 5.1 were overseen by the Board of Directors due to the cross cutting nature of the risk and consideration of such matters via the Board of Directors, and that these risks had been reviewed by the Lead Director.</p> <p>It was noted that the risk associated with the Trust's ageing estate remained the highest scoring risk on the BAF. The Board heard that other significant risks related to operational performance, specifically non-elective care; finance, including delivery of the annual financial plan and future financial sustainability; and quality of care, the latter largely impacted by the estate challenges.</p> <p>Mr Anthony Bell, Non-Executive Director, noted triangulation of risks between the BAF and reporting through the Board of Directors and Board Committees.</p> <p>The Board of Directors reviewed and approved the Board Assurance Framework 2024/25 as at Quarter 2, including action proposed to mitigate risks.</p>	
121/24	<p>Board Committees – Key Issues Reports</p> <p>People Performance Committee</p> <p>The Acting Chair of People Performance Committee (Mrs Mary Moore, Non-Executive Director) presented the key issues report from the People Performance Committee meeting held on 11 September 2024. She briefed the Board on the content of the report and detailed key people related issues considered.</p> <p>The Board of Directors reviewed and confirmed the People Performance Committee Key Issues Report, including actions taken.</p> <p>Finance & Performance Committee</p>	

	<p>The Chair of Finance & Performance Committee (Mr Tony Bell, Non-Executive Director) presented the key issues report from the Finance & Performance Committee meeting held on 19 September 2024. He briefed the Board on the content of the report and detailed key financial and operational issues and associated key risks considered. He highlighted a Cost Improvement Plan Deep Dive to be considered at the Committee meeting in October.</p> <p>The Board of Directors reviewed and confirmed the Finance & Performance Committee Key Issues Report, including actions taken.</p> <p>Quality Committee The Chair of Quality Committee (Mrs Mary Moore, Non-Executive Director) presented the key issues report from the Quality Committee meeting held on 24 September 2024. She briefed the Board on the content of the report and detailed key quality related issues considered.</p> <p>The Board of Directors reviewed and confirmed the Quality Committee Key Issues Report, including actions taken.</p> <p>Audit Committee The Chair of Audit Committee (Mr David Hopewell, Non-Executive Director) provided a verbal update from the Audit Committee meeting held on 17 September 2024, detailing key issues considered. It was noted that the written Key Issues Report would be presented to the Board of Directors in December.</p> <p>The Board of Directors received and noted the verbal Audit Committee Key Issues Report, including actions taken.</p>	
122/24	<p>Any Other Business There was no other business.</p>	
123/24	<p>Board Work Plan & Attendance The Board of Directors noted the Board Work Plan and Attendance for 2024/25.</p>	
124/24	<p>Date and Time of Next Meeting Thursday 5 December 2024, 9.30am, Pinewood House Education Centre.</p>	
125/24	<p>Resolution <i>"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".</i></p>	

Signed: _____ Date: _____

BOARD OF DIRECTORS PUBLIC MEETING ACTION TRACKER

Action Log Ref No/Yr.	Meeting Date	Minute Ref	Item	Action	Responsible	Status
01/24	1 August 2024	92/24	Learning from Deaths Report	Consider inclusion of highlighting any patients suffering from mental health issues in future Learning from Deaths Reports. Update October 2024: Action referred to Quality Committee to be taken forward as part of the quarterly Learning from Deaths Report.	Medical Director	Closed
02/24	1 August 2024	92/24	Learning from Deaths Report	The Director of Operations referred to potential harm caused by poor patient flow, as stated in the report, and queried how this information could be shared with locality teams to highlight the importance of patient flow. The Chief Nurse proposed sharing the Learning from Deaths Report at the Stockport locality-wide Quality Meeting. Update December 2024 – To be shared via Stockport Quality Collaborative Group, 10 th December.	Chief Nurse / Medical Director	Closed
03/24	3 October 2024	113/24	Estates & Facilities Update	In response to a question from Mr Anthony Bell, Non-Executive Director, querying when the effectiveness and appropriateness of the Estates & Facilities governance structure had last been audited, it was noted that the last audit had taken place 3-4 years ago and it was agreed to consider inclusion of a repeat audit in the 2025/26 Internal Audit Plan. The Chief Finance Officer suggested exploring an audit across both Stockport and Tameside to ensure consistency in approach. Update December 2024 – Highlighted at Audit Committee, November 2024. To be considered	Chief Finance Officer / Mersey Internal Audit Agency	February 2025

Curtis Soile
29/11/2024 10:46:10

Action Log Ref No/Yr.	Meeting Date	Minute Ref	Item	Action	Responsible	Status
				further by the Audit Committee as part of draft Internal Audit Plan 2025/26 review.		
04/24	3 October 2024	113/24	Estates & Facilities Update	Overarching review of the impact of Outpatients B closure incorporating quality, operational performance, people and finance.	Director of Operations	February 2025

On agenda
Not due
Overdue
Closed

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

Curtis Soile
29/11/2024 10:46:10

Stockport NHS Foundation Trust

				Agenda No.	6
Meeting date	5 December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Chair's Report				
Director Lead	Dr Marisa Logan-Ward, Interim Chair	Author	Dr Marisa Logan-Ward, Interim Chair		

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

This paper relates to the following Annual Corporate Objectives

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
X	5	Drive service improvement through high quality research, innovation and transformation
X	6	Use our resources efficiently and effectively
X	7	Develop our estate and digital infrastructure to meet service and user needs

This paper relates to the following 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
	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

The paper relates to the following CQC domains-

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

Where issues are addressed in the paper-

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

Executive Summary

<p>This report provides an update on matters of interest, which have arisen since the last Board meeting held in October 2024 including:</p> <ul style="list-style-type: none"> - Independent Review of Care Quality Commission (CQC) - Development of 10 Year Health Plan - Budget - NHS England: Evolution of Operating Model - NHS Greater Manchester - Trust Activities

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1.0 Purpose of the Report

The purpose of this report is to inform the Board of Directors on matters of interest arisen since the last Board meeting held in October 2024.

2.0 National

2.1 Independent Review of Care Quality Commission (CQC)

On 15 October, the Department of Health and Social Care (DHSC) published the full report of Dr Penny Dash's review into the operational effectiveness of the CQC, and CQC published the findings of Sir Mike Richards' independent review of the regulator's single assessment framework and its implementation.

The two reviews made complementary recommendations including:

- A fundamental reset of the organisation, reverting to its previous model of three chief inspectors leading sector-based inspection teams, and consideration of the appointment of a fourth chief inspector to lead regulation of mental health and inspections under the Mental Health Act.
- Abandoning the concept of a 'single assessment framework' covering all sectors regulated by CQC, while retaining existing key questions and quality statements.
- Improving operational performance, including the quality and timeliness of reports.
- Rebuilding expertise within the organisation, and its relationships with providers.
- Fixing technical issues with the provider portal and addressing registration backlogs.
- Formally pausing ICS assessments.
- Working closely with providers to improve its approach to assessment and inspection.
- Revisiting the use of one-word ratings.

The Health and Social Care Secretary has now asked Dr Dash to conduct two further reviews. The first examining the roles and remits of six key organisations (CQC, the National Guardian's Office, Healthwatch England and the Local Healthwatch network, the Health Services Safety Investigation Body, the Patient Safety Commissioner, and NHS Resolution), and will make recommendations on how patient safety could be strengthened via a different approach to national oversight. The second review will focus on quality and its governance. The findings from these reviews will also inform the Government's 10 Year Health Plan.

2.2 Development of 10 Year Health Plan

In September 2024, it was reported that the Lord Darzi's independent investigation of the NHS in England had been published, setting out the major themes to be explored in the upcoming 10 year plan for the NHS. These included focus on moving from hospital to community care; from analogue to digital; and from treating sickness to preventing it.

The Government has commenced a public engagement exercise, seeking views from members of the public, those who work in health and care in England, and organisations, to shape the new 10 Year Health Plan for England, which it intends to publish in Spring 2025.

2.3 Budget

At the end of October 2024, the Chancellor of the Exchequer, Rt Hon Rachel Reeves MP, delivered the new Government's one year budget (termed Phase 1) setting out an updated 2024/25 spend and next year's planned funding. A longer-term spending review (Phase 2) will follow in late spring.

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2.4 NHS England: Evolution of Operating Model

Ahead of the 10 Year Health Plan, the Secretary of State for Health and Social Care, Rt Hon Wes Streeting MP and Amanda Pritchard, NHS England, Chief Executive launched a package of reforms via their respective speeches at the NHS Providers Annual Conference held in Liverpool in November 2024.

Further to this I attended a webinar with Wes Streeting MP and Amanda Pritchard, who reaffirmed the reforms intended to ensure Integrated Care Boards (ICBs) focused on strategic commissioning, with primary responsibility for ensuring the planning and provision of services based on population health needs, whilst NHS England focused on planning, assurance and improvement support, for organisations struggling with quality, finance, or access standards.

In line with the above, NHS England have set out its intention to refresh its current operating model, with an updated NHS Oversight and Assessment Framework, underpinned with a new NHS Performance, Improvement and Regulation Framework which will assess systems/providers against a set of criteria.

In addition, plans for a new pay framework for very senior managers (VSM) and a new NHS management and leadership framework were announced.

2.5 The Insightful Provider Board

In support of the above NHS England have also published two guidance documents: the 'Insightful Provider Board', and the 'Insightful ICB Board'. These guides aim to support provider boards and ICB boards, respectively, to turn data into useful insight, considering effective governance practice around board reporting and assurance-seeking, including suggested measures that boards might wish to consider using for planning, monitoring and seeking assurance about progress.

The Director of Informatics will lead a review of the guidance to identify any areas of improvement for the Board.

3. Greater Manchester

As previously reported, NHS England (NHSE) have published the Enforcement Undertakings that set out the improvements required by the GM Integrated Care Board (GM ICB), covering; Leadership and Governance; Quality; Financial Sustainability; Performance and Assurance. A Single Improvement Plan has developed by the GM ICB, alongside a Sustainability Plan, to set out how the system returns to financial balance.

Notwithstanding the receipt of a non-recurrent cash allocation, the achievement of the GM ICS financial plan 2024/25 remains a significant challenge, with all Trusts considering further action to be enacted to support delivery of the 2024/25 financial position.

GM ICB has also recently been consulting on a refresh of their Green Plan.

4. Trust Activities

Since the last Board meeting, I have continued to undertake a range of other activities, including:

- Attended the Trust's 'Make a Difference' Staff Awards
- Attended the Trust's Staff Long Service Celebration

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- Attended the Volunteer Long Service Awards
- Chaired the Interview Panel for Consultant Urologists
- Completed in-person Civility Saves Lives Training
- Met with the Trust's Freedom to Speak Up Guardian
- Chaired Board of Directors (Private)
- Attended Board Development session – focus on Health Inequalities
- Chaired the Council of Governors Meeting
- Chaired the Remuneration Committee
- Attended the Charitable Funds Committee
- Chaired the Informal Non-Executive Director/Governors meeting
- Attended a meeting of Stockport Locality Chairs hosted by The Together Trust.
- Attended the launch of the Stockport Health & Wellbeing Strategy hosted by Stockport County Community Trust.
- Participated in the 10 Year Health Plan – North West Leadership Engagement Event
- Participated in a North West Region moderation panel for Trust submissions for Anti-Racist Framework status awards.
- Attended the NHS North West System Leaders Engagement Session
- Attended the Greater Manchester and East Cheshire Chairs Meeting
- Attended the Greater Manchester Non-Executive Directors Session

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				Agenda No.	7
Meeting date	5 December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Chief Executive Officer's Report				
Director Lead	Karen James, Chief Executive	Author	Rebecca McCarthy, Trust Secretary Helen O'Brien, Head of Communications		

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

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
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	6	Use our resources efficiently and effectively
	7	Develop our estate and digital infrastructure to meet service and user needs

The paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

X	PR1.1	There is a risk that the Trust does not deliver high quality care to service users
	PR1.2	There is a risk that patient flow across the locality is not effective
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X	PR3.1	There is a risk that place-based partnership working does not effectively support delivery of Stockport ONE Health & Care (Locality) Board priorities and address health inequalities in

		Stockport
	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
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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

<p>This report draws the Board's attention to key matters including:</p> <ul style="list-style-type: none">- GM System- Trust Operational Pressures- Key Successes & Celebrations

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1. Purpose of the Report

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

2. Greater Manchester & Place

2.1 Greater Manchester Integrated Care System

The Executive Directors and I are engaged in the Greater Manchester (GM) System Improvement meetings, developing workstreams in response to the enforcement undertakings. These meetings include NHS England (NHSE) Regional Teams alongside GM.

Achievement of the GM financial position 2024/25 remains a challenge, with discussions ongoing with all providers regarding action to achieve the 2024/25 system plan. Of note is discussion regarding the anticipated funding gap relating to pay award agreements.

Provider Oversight Meetings (POM) continue to take place monthly with focus on financial and operational performance. The Trust continues to discuss the Trust's risk to the capital programme.

2.2 Greater Manchester national roll out of new AI solution to help accelerate lung cancer diagnosis

Hospitals in Greater Manchester are to start using AI (artificial intelligence) technology which will help doctors to detect diseases, including lung cancer, quicker.

Our Trust is one of the seven NHS Trusts across the region to be using the new technology over the next few months as part of a partnership between Greater Manchester Cancer Alliance, Greater Manchester Imaging Network and global health tech firm Annalise.ai.

It will see an AI-powered chest X-ray decision-support system used to read chest X-rays. The tool can detect up to 124 findings on chest radiographs – which will help healthcare professionals detect diseases, including lung cancer, quicker.

The project forms part of a wider programme of work being led by the Greater Manchester Cancer Alliance, with the aim of improving cancer outcomes and experiences for the population of Greater Manchester.

2.3 Stockport Locality

Stockport's Director of Public Health has published their [annual report](#) with a focus on health inequalities in the borough. The report highlights the importance of more support and resources needed for those already disadvantaged or at higher risk/need and contains encouraging case studies from ongoing work in Stockport involving Stockport NHS foundation Trust, including the Enhanced Pathway for Midwifery, Family Nurse Partnership support for vulnerable children and School Nursing LGBTQIA+ toolkit. The report recommends wide-ranging actions for Stockport partners.

3. Trust

3.1 Operational Performance

Demand continues to increase for non-elective care, and as we head into the winter months, we are already starting to see the impact of seasonal respiratory illnesses. Performance against the 4-hour standard and patients waiting over 12 hours is below the Trust trajectory and national access standards.

We continue to implement our regular Multi Agency Discharge Events, working with our partners to ensure that we maintain patient flow through the system, and this month we will also be holding a health and social care collaborative event to raise awareness of the options available from our partners and the third sector when discharging patients.

Regarding elective care, we continue to reduce the number of patients waiting over 65 and 52 weeks from referral to treatment. From a cancer perspective, we are continuing to achieve our improvement trajectory for the 28-day faster diagnosis standard each month and good progress continues to be made against the 62-day cancer standard improvement trajectory.

3.2 Hospital Site / Estate Issues

Our hospital featured within the media throughout October due to the ongoing estates issues.

The age of our estate was one of the reasons for our application to the Government's New Hospitals Fund in 2023, which was unfortunately unsuccessful. While we still have ambitions to build new facilities for the people of Stockport, we are also realistic about the amount of capital funding that is likely to be available to maintain the current hospital buildings, meaning we are likely to experience more issues as the result of our ageing buildings. As reported to the Board of Directors in October, estates and facilities risks are regularly assessed, reviewed and escalated where appropriate, with the clinical divisions now attending the Estates and Facilities Risk and Governance Group so that appropriate clinical risk linkages can be made to assist with divisional emergency planning. Further structural surveys are also taking place of the new Condition Category D assets identified in the 2024 Six-Facet survey.

Furthermore, we are very aware of the continued problems around on-site parking. In part due to ongoing building work, coupled with the growing number of cars which want to park for work or appointments. We are currently looking at a raft of measures to help ease demand on spaces and promote parking safety in the future.

3.3 Operational Planning 2025/26

Building on learning from previous years, our planning activities commenced in October to understand our current baseline for activity, performance, finance and workforce and to review service capacity and priorities for the following year. A Joint Executive Oversight Group for planning has been established across Stockport and Tameside & Glossop to streamline processes where possible and to ensure consistency in approach.

NHS Greater Manchester has drawn on lessons learned from 2024/25 and developed a GM Planning Handbook with a revised workplan and timeline to assist providers.

4. Success & Celebrations

4.1 Stepping Hill Hospital safest for abdominal surgery

A new report shows Stepping Hill Hospital is one of the safest in the country for emergency abdominal surgery. The 9th annual National Emergency Laparotomy Audit (NELA) report shows our Trust as being in the top three acute trusts in the country in terms of survival rates for emergency laparotomies during the year 2022/23. The report also shows the mortality rate is less than half the national average.

Care for patients with these serious conditions involves close co-operation and team-working from many staff at the hospital, including surgical theatre teams, the emergency department, critical care, surgical wards, radiology, and lab teams. I would like to thank and congratulate the whole team for their continued hard work, which ensures we can offer the highest quality and safest care to our patients.

4.2 Stockport NHS Foundation Trust awarded Menopause Friendly Accreditation

We have recently been awarded the Menopause Friendly Accreditation established by Henpicked. As with other NHS Trusts, a high proportion of our workforce is women aged 45-55, many of whom are experiencing menopause in the workplace.

In order to achieve the Menopause Friendly Accreditation, we had to demonstrate evidence to an Independent Panel of our effectiveness in five key areas, namely: culture, policies and practices, training, engagement and working environment.

Gaining accreditation was an important way to achieve national recognition of the measures which we have taken including:

- Being one of very few NHS trusts to establish a specialist menopause clinic for its staff members
- Establishing a Staff Facebook group and café for menopause discussion to encourage openness on the subject
- Having the backing of the Trust board for the subject and introducing other measures such as optional lighter uniforms

4.3 Honouring those who Make a Difference Every day

Outstanding care and dedication was celebrated as we held our annual Making A Difference Every Day awards on the evening of Friday 11th October.

Staff from across Stockport's NHS were among those shortlisted, as well as volunteers and members of the public who have led on fundraising for Stockport NHS Charity.

It was a fantastic evening recognising the excellence in both Stepping Hill Hospital and local community NHS services.

4.4 Awarding decades of NHS service and care

Years of service, care and dedication were recognised at our Long Service Awards held Stockport Country's Edgeley Park. Staff working at both Stepping Hill Hospital and community services were awarded for either 20, 30 or 40 years NHS service.

We also recognised years of hard work and dedication from our volunteers, who recently attended this year's Long Service Awards. Volunteers were each celebrating either 5, 10 or 15 years working at the hospital, with over 220 years of service celebrated in total. The awards and meal were a great opportunity to thank them all for everything they do and the vital role they play.

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				Agenda No.	8
Meeting date	5 December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Mid-year Progress Review of Trust Objectives and Key Outcome Measures				
Director Lead	Paul Buckley, Director of Strategy and Partnerships	Author	Matthew Edwards, Strategy and Partnerships Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	<p>The Board of Directors are asked to note:</p> <ul style="list-style-type: none"> - The mid-year progress against the Trust objectives and key outcome measures. - Where rated red or amber, the actions outlined to improve performance. - The approach to developing Trust objectives and key outcome measures for 2025/26. 					

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
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✓	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

<p>The report indicates the mid-year progress towards the delivery of the Trust's objectives.</p> <p>Out of the 50 objectives, there are 6 currently recorded as red, 19 recorded as amber, 22 recorded as green, and 3 recorded as blue.</p>

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Mid-year progress review of Trust objectives and key outcome measures

1. Purpose

- 1.1 The purpose of this report is to present a mid-year progress report against the Trust's corporate objectives and key outcome measures for 2024/25.

2. Background

- 2.1 Following approval by the Trust Board to maintain the same overarching Corporate Objectives for 2024-25, a set of outcome measures were developed and aligned to Executive Directors' portfolios. These allow the Executive Team and Board to monitor key programmes of work, enabling the Trust to meet its statutory obligations and deliver its strategic plans.

3. Progress Update

- 3.1 The report indicates progress towards objectives using a rating system, incorporating the colours of red, amber, green and blue. Red is an expectation that this will not be delivered in year as planned, amber are off track but recoverable by year end, green is achievable by year end and blue is already completed.
- 3.2 Out of the 50 objectives, there are 6 currently recorded as red, 19 recorded as amber, 22 recorded as green, and 3 recorded as blue.
- 3.3 There are some acronyms used in the report, which are highlighted below:

ACP- Advanced Clinical Practitioners

CNST- Clinical Negligence Scheme for Trusts

EIA- Environmental Impact Assessment

EUCC- Emergency and Urgent Care Campus

FBC- Full Business Case

FTSU- Freedom to Speak Up

LMNS- Local Maternity and Neonatal System

NEETS- Not in Employment, Education or Training

OBC- Outline Business Case

PSIRF- Patient Safety Incident Response Framework

StARS- Stockport Accreditation and Recognition Scheme

WEG- Workforce Efficiency Group

WDES- Workforce Disability Equality Standard

WRES- Workforce Race Equality Standard

YTD- Year to Date

4. Approach to developing Trust objectives for 2025/26

- 4.1 The identification of corporate objectives flow from national guidance, regional and locality plans, which and are reflected in the Executive Directors objectives set each year.

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- 4.2 Engaging the Board in developing the Trust objectives will bring other external perspectives and advice on issues relating to the delivery of the Trust's strategic priorities. It allows for constructive challenge and helps the Board to fulfil its leadership responsibilities to deliver the Trusts strategy and vision.
- 4.3 At the Board Development session in March a draft set of Trust objectives and outcome measures for 2025/26 will be shared for discussion to enable these to be in place in April 2025.

5. Recommendation

- 5.1 The Board of Directors are asked to note;
 - a) The mid-year progress against the Trust objectives and key outcome measures.
 - b) Where rated red or amber, the actions outlined to improve performance.
 - c) The approach to developing Trust objectives and outcome measures for 2025/26.

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Our Objectives for 2024/25

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

Our Vision

To improve health outcomes for our population and influence wider determinants of health, through collaboration with our health and care partners



Corporate Objectives 2024/25

1 - Deliver personalised, safe and caring services		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
Deliver national waiting time / performance requirements, including: <ul style="list-style-type: none"> 78% seen within 4hrs in ED by March 25 	R	The Trust did not meet the 4hr performance trajectory in September, achieving 60.0% (in line with historic September performance) against the in-month trajectory of 67.4%. YTD 63.0%. There is a continued focus on delivering the agreed trajectory and the national standard for the remainder of the year.
<ul style="list-style-type: none"> 92% bed occupancy for G&A, Paeds and Adult Critical Care across 2024/25 	G	Bed occupancy for the total G&A bed base YTD stands at 92.1% which is in line with trajectory. When broken down by area, there is a higher occupancy across the adult bed base of 93.5%, and lower occupancy in paediatric and critical care areas (Paediatric G&A 60.3%, Adult Critical Care 67.7%).
<ul style="list-style-type: none"> Maintain zero waits of over 65 weeks for elective care by Sep 24 	R	Latest position for September is 71 patients waiting over 65 weeks. Many were due to patient choice or complexity factors. This represents an 89.3% reduction since the end of March 2024, and a 94.7% reduction over the past 12 months. We anticipate that we will have zero by the end of December. This timescale allowing for the patients choosing to wait to be treated and for the complex pathways to be resolved.
<ul style="list-style-type: none"> Reduce waits of over 52 weeks for elective care by end of Mar 25 	A	Latest position for September is 1640 patients waiting over 52 weeks. This represents a 48.8% reduction since the end of March 2024, and a 58.2% reduction over the past 12 months. we forecast to maintain reduction in line with our trajectory for end of March-25 which is 1178.
<ul style="list-style-type: none"> 77% performance against cancer faster diagnosis standard by Mar 25 	G	The Trust reported compliance with the performance standard for 6 consecutive months between February and July 2024, ahead of trajectory. Performance for August-September has fallen slightly but remains above the improvement trajectory. Final position for August = 76% October performance is 80% and we are expecting to keep achieving this standard.
<ul style="list-style-type: none"> 70% performance against cancer 62 day waits standard by Mar 25 	G	The Trust remains on track against its improvement trajectory and achieved compliance >70% for July to September-24.
<ul style="list-style-type: none"> 95% performance diagnostic tests in under 6 weeks by Mar 25 	A	Latest position for September is 82.7%. Endoscopy and Radiological imaging reported compliance. Significant backlog and capacity challenges remain within Audiology and Echocardiography. Recovery plans in place, including the use of insourcing to provide additional capacity and the use of the Community Diagnostic Centre.
<ul style="list-style-type: none"> Improve access to virtual wards by ensuring utilisation is consistently above 80%, with a focus on frailty, acute respiratory infection, heart failure and CYP. 	A	Utilisation stands at 47.2% with fluctuating performance that does achieve 80% but inconsistently. Increased focus on step down pathways, which to date have typically made up only a 1/5th of all referrals. New pathways in development in line with the national Operating Framework published in August 2024 to support the required utilisation.

1 - Deliver personalised, safe and caring services		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
<ul style="list-style-type: none"> 85% Theatre Utilisation 	A	78.1% utilisation and is the second best in GM. General Surgery, Urology and Gynae are above peer and national medians, with Urology at 85.4%. There has been significant disruption to specialities throughout September due to EUCC construction. Full transformation programme running for theatres which supports productivity & efficiency. Noise issue due to resolve by end of Feb, so providing no delays, there's no reason why position can't be resumed, allowing achievement of 85% target by the end of the year.
<ul style="list-style-type: none"> Proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 	A	Currently at 41.8% for the 6-month period to September, lower than the national requirement and the 44% submitted in our operational plan. The Trust is in the second quartile and benchmarks against a national rate of 44.03% and GM peers 43.64%. Specialty level analysis is being undertaken alongside an ongoing review of outpatient procedure coding.
To ensure the new Patient Safety Incident Response Framework (PSIRF) is embedded across the organisation.	B	PSIRF launched on 1st April 2024 and is being embedded through training sessions organised/delivered by Aqua related to PSIRF and Compassionate Engagement, and those in Governance roles completed relevant HSSIB courses. Oversight of embedding PSIRF and learning responses via Patient Safety Incident Response Group (PSIRG) and Incident Response Group (IRG) meetings.
To improve the quality and safety of our services through delivery of the Quality and Safety Strategy Objectives for 2024/25.	A	<p>Progress towards objectives is regularly communicated to Quality Committee, which includes;</p> <ul style="list-style-type: none"> Being on Track with progress against implementation of Saving Babies Lives Care Bundle Implementation Plan v3 as detailed in CNST Safety Action 6 Smoking At Time Of Delivery rate 4.3%- On a downward trajectory to achieve national target of 4% (reduced from 5.3%) Transition for young people to adult services continues to be a priority. Work continues with NHS E to implement the transition program for Diabetes. Target of 5% Reduction in overall number of falls per 1000 bed days (BD) = Ratio 2.68 per 1000 BD. Current 306 = 2.71 per 1000 BD. 90% target for Timely recognition of Sepsis. Currently at 98%
Continue to implement the three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition.	G	Quarterly submissions provided to LMNS shows progress being on track for full implementation. 10/10 CNST year 5. CNST Year 6 in progress and on track for achieving 10/10 safety actions. Joint LMNS and Regional team visit on 15 th October 2024 to review Maternity & Neonatal collaborative working. Formal feedback is awaited. Neonatal - Fi Care accreditation Green with reassessment due 26 th November. Compliant with all but one standard for CNST, which relates to tier 1 medical cover. A business case is awaiting feedback from commissioners.
To continue the roll out of the StARS Accreditation Programme,	G	Q2 results show an improvement from the end-of-year 2023/24 position. Two

1 - Deliver personalised, safe and caring services		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
improving the number of areas achieving 'green' and 'blue' status.		clinical areas were reassessed by the Blue StARS panel after 12 months, and retained their blue status, indicating embedded quality and safety practices. Additionally, 2 more clinical areas achieved their 4th green result in Q2 and can now apply to retain their Blue StAR status. In community care, 2 District Nursing Teams earned 3 consecutive green results and now eligible to apply for blue stars status. With more areas achieving green and blue status, the frequency of assessments has decreased, it allows us to consider expanding the program.

2 - Support the health and wellbeing needs of our community and colleagues		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	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	Current sickness rate as of October is 6.28% against a target of for this year of 5.5%. Continuation of health and wellbeing initiatives, including Occupational Health, Staff MSK Service, Promote Access to Work mental health support, Staff Psychological Wellbeing Service and Staff Menopause service to support staff to remain in work, reduce absence length and return to work as soon as possible, with reasonable adjustments in place.
To take an active role in the delivery of Locality Provider Collaborative programmes to improve primary/secondary health and wellbeing outcomes through evidence-based interventions.	G	The Trust is fully engaged in the locality provider partnership work. We plan to review progress in next 6 months.
The Trust Strategy is refreshed during Q4 following the appointment of a new chair	R	Initial engagement has taken place with the Board. This is now likely to run later into late 2025 to align with the joint chair recruitment and will be jointly developed with Tameside & Glossop ICFT.
The Trust Planning round is undertaken and completed in Q3-Q4 2024/25.	G	A joint Planning Executive oversight group is now in place as is a planning team to oversee the planning round both externally and internally. The Trust is engaged with the GM planning hub and the locality to ensure plans are robust and aligned.

3 - Develop effective partnerships to address health and wellbeing inequalities.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
To progress further integration of corporate functions across Tameside and Stockport which includes HR, BI, IT, Strategy and Estates.	G	Each Director has identified areas, which will be subject to Executive Team review in Q3 to ensure they demonstrate what further integration will take place and the timescales for doing so.

3 -Develop effective partnerships to address health and wellbeing inequalities.

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	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.	A	We have established the joint Clinical Service Partnerships Group for this work and are developing the case for change with the clinical teams. Progress is also being made on Divisional Strategies that will inform a joint Clinical Strategy with Tameside & Glossop ICFT.
To monitor the benefits of collaboration between Tameside & Glossop and Stockport	G	We have developed a process for identifying and monitoring the anticipated benefits associated with the collaborative work between both Trusts. This will be brought to the Executive Team for review in Q4 and reported to the Board thereafter.
To increase participation and awareness of the wider partnership agenda across locality and GM collaborative programmes e.g. GM Sustainability Plan	G	The first report on the locality programmes was presented to the Board in October. The GM update was not provided but will be in the new year as planned. GM has now produced a Sustainability Plan, which will be presented to the Board in December.
Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people	A	The Trust has completed a self-assessment and held a Board Development Session in support of the work on addressing health inequalities. This will help inform the Trust's Health Inequalities 2025 workplan, which will include the establishment of a multidisciplinary Health Inequalities Group to act as a focus point for relevant Trust activities.
Support the locality vision for development of an intermediate care facility ensuring it supports the needs of the Trust and Community Patient Population.	A	Further work has taken place to develop the FBC with the local authority, which includes exploring options for a formal agreement. The Programme Board in place has requested that the FBC is completed before the end of March 2025.

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	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.	A	We continue to develop the leadership and management skills of our workforce, which included the roll out of the civility saves lives training, which 48% of the workforce has completed to date. We have seen an increase in positive working relationships with the 6.93 score in our 2023 staff survey. Previous scores were 6.71 in 2022 and 6.68 in 2021. Mandatory training rates have been above the 95% target since April 2024, the latest performance for September is 94.5%.
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	The workforce has seen an increase in several diverse roles including ACP's and Physicians Associates, who deliver top quality care to patients. The Trust has 180 live apprentices across 36 distinct apprenticeship programmes which aid the development of the workforce
Continue implementation of the Equality, Diversity & Inclusion Strategy focussing on progression/talent management and	A	The Trust's continues to implement the EDI Strategy 2022-25. There has been an improvement on our 2023 NHS Staff Survey Score on 'We are compassionate and

4 - Develop a diverse, talented and motivated workforce to meet future service and user needs

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
improving colleague experience.		inclusive' score of 7.41 (this is compared to 7.22 in 2022 and 7.29 in 2021). Our specific WRES and WDES targets are: Reduced relative likelihood disparity regarding entry into disciplinary processes (BAME) to parity (Target = 1; Currently=1.85) Reduced relative likelihood disparity regarding entry into capability processes (disabled / LTC) to parity (Target=1; Currently= 9) Reduced relative likelihood disparity regarding shortlisting and being appointed from shortlisting (BAME) (Target = <1.5; Currently = 1.24 (Target achieved) Reduced disparity regarding bullying & harassment from managers / team leaders in staff survey (BAME) (Target=<12%; Currently=21.6%) Reduced disparity regarding discrimination from managers/team leaders in staff survey for (disabled / LTC) (Target=<10%; currently 14.8%).
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	Across the Trust there has been several employment opportunities for residents of both localities, with the undertaking of 120 T-Levels [increase by 20% from 100 (10% of which are non-clinical), 36 Pre-Employment Placements (inc NEETS & Care Leavers) and 120 Work Experience placements.
To reduce bank and agency usage, particularly premium expenditure in line with NHSE targets.	A	Workforce Efficiency Group (WEG) continues to focus on temporary staffing spend. In October 2024, 2.3% of the total pay bill related to agency usage, below the 2024/25 target of 3.2%. This is a decrease of 0.7% compared to month 6. Please note that these figures are impacted by the pay award arrears made to staff in October. By removing the pay award costs, the agency usage would be 2.9%, which is a decrease of 0.1% compared to last month. The YTD position is 3.1% of the total pay bill related to agency usage, below the 3.2% target. The number of bank shifts compared to agency shifts was 85%, which is above the GM target of 75%.
Increase staff retention and attendance through implementation of all elements of the People Promise retention interventions	G	The turnover rate in October was 11.7% below our target of 12.5%, but an increase of 0.09% compared to August 2024. This is a reduction compared to September 2023 (14.56%). Recently, we have carried out a review of the exit interview process and made improvements to increase the response rate. In line with our OD Plan, we have facilitated a series of 'Curiosity Café's' enabling participation from staff to come and talk about their career journeys, and their experience of development opportunities.
To respond proactively to staff survey feedback to demonstrate improvements.	G	Our 2023 staff survey results showed significant improvement across all the People Promise theme scores. Examples of activity since the previous survey include: – Introduced the new Let's Talk Conversation Toolkit to help improve the quality of appraisal discussions.

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4 - Develop a diverse, talented and motivated workforce to meet future service and user needs

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
		<ul style="list-style-type: none"> – Design and launch of a new 1-day 'Introduction to Compassionate & Inclusive Leadership' course aimed at first line and middle managers. – A Reverse Mentoring Scheme involving BAME & disabled staff has been launched. – Delivered the Civility Saves Lives Programme. Introduced training on workplace adjustments and conducting EIAs. – Consulted our workforce on a refreshed set of Trust values and behaviours. Recruited 12 FTSU Champions to support the FTSU Guardian. – Continued to promote and enhance our staff health and wellbeing offer including the publication of a monthly staff HWB newsletter. <p>The 2024 NHS staff survey is currently open until the end of November 2024. Our initial results will be received in January 2025 and we will continue to analyse our survey results and narrative feedback to help shape future improvements</p>

5 - Drive service improvement through high quality research, innovation and transformation.

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
Develop locality-wide research programmes through facilitation of system wide trials.	G	<p>The Trust has an active and expanding portfolio of hosted research studies serving multiple specialities. Last report at RD&I Committee covered Year 2 reporting period to date for strategic delivery 01-Nov-2023 – 30-Sep-2024:</p> <ul style="list-style-type: none"> – 36 new studies opened at Stockport across 15 specialities, compared to 27 new studies across 15 specialities in Year 1 reporting (01-Nov-2022 – 31-Oct-2023). – 13 studies opened at Tameside across 8 specialities, compared to 15 new studies across 9 specialities in Year 1 reporting. Overall increase when both Trusts considered jointly.
To implement the Trust Research and Development Strategy objectives for 2024/25.	G	Strategic delivery of the 5-year RD&I strategy is coming to end of year 2 with ~80% on target: Key areas to work on to bring delivery back on target are improving the research infrastructure and development of a full quality management system across the 2 sites to provide consistency and efficiency in research delivery. Both areas have been reviewed and there is a plan in place to progress these significantly over the next 6-9 months.
To implement the Trust Transformation & Service Improvement strategy objectives for 2024/25.	G	There are 12 active transformation programmes currently in progress all of which are on track.

5 - Drive service improvement through high quality research, innovation and transformation.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
To deliver, in partnership, the Community Diagnostic Centre, to the agreed specification by Q3 2024/25.	B	CDC opened on 1st August 2024. Provision of MR/CT/Dexa scanning & ECHO with over 2000 patients seen in the first 2 months. Full IT integration work progressing. Addition of Ultrasound & Teledermatology planned for late 2024.
To complete an update of the Trust's website.	G	The Trust Website is still in the process of being updated and is expected to be completed in March 25.

6 - Use our resources efficiently and effectively.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
To deliver the Trust's Financial, Revenue and Capital Plan.	A	The Trust is £0.3m adverse to plan at the halfway point in 2024/25 financial year with a total deficit of £0.6m following the release of additional support from GM ICB. The current forecast is that the year-end planned deficit of £0.3m will be delivered. The Trust has spent £3.3m less capital than planned to date, following the release of £6.1m CDEL funding and cash to purchase the Meadows on 30th September 2024. Continuing to progress schemes that were part of the original non-compliant plan will result in a gap of £15.7m between funding and expenditure at year end.
To deliver the Trust's financial efficiency programme (STEP/CIP).	G	The Trust is ahead of the profiled CIP target at M06 with £6.2m delivered against a plan of £4.7m. However, the profiled requirement for savings significantly increases in the second half of the year. Recurrently £4.1m has been delivered, which is a £8.2m shortfall for 2025/26.
To complete the final accounts for the year end which receive a compliant audit report.	G	On track to deliver as planned.
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.	A	The Trusts performance report encompasses the following metrics (Theatre Productivity/ utilisation, Patient per list, Outpatient utilisation, Remote attendances, DNA rates, PIFU rates, Utilisation of A&G and LOS – Elective & non-elective) to help improve operational and clinical productivity, as well as utilising opportunities highlighted through GIRFT, model health system, benchmarking and best practice guidance.

7 - Develop our Estate and Digital infrastructure to meet service and user needs.		
Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
To complete the Emergency Department (ED) expansion scheme.	R	The ED expansion scheme is now due to be completed in May 2025 following some delays within the programme.

7 - Develop our Estate and Digital infrastructure to meet service and user needs.

Key Outcome Measures <i>How will we know we will have achieved our objectives?</i>	RAG Rating	Mid-Year Progress
To complete the Meadows PFI handback process.	B	The Meadows PFI hand back process was completed in September 2024. A further piece of work will now be taken forward with Pennine Care NHS FT on the facility.
To complete the EPR Business Case and recruitment process across both Tameside and Stockport	A	The OBC process has been completed and the FBC is now due to be completed by July 2025. The process has been delayed by changes of process at a national level and because of difficulties in closing 'financial gaps'. The OBC is due for consideration at the national EPRIB (EPR Investment Board) on December 11th, 2024.
The rollout of the new digital Laboratory Information System is completed.	R	Go live date pushed back beyond October. Blood sciences/ haematology implementation due September 2025, following analyser replacement which needs to be done beforehand as current support for analysers ceases in July 25. Cellular pathology & microbiology is likely for potential go live in March 2025.
To agree a plan for the replacement or refurbishment of the Beech House datacentre to mitigate significant issues with cooling equipment.	A	Feasibility study recently agreed by the Executive Team in September. An options appraisal will be generated and a plan as an outcome of this.
To develop and implement a Way Finding Strategy.	R	Scoping work continues for this by the Facilities Team Matron who is leading on this process. The earliest expected completion has been stated as April 2025.
To deliver the Trust's Green Plan objectives for 2024/25	G	Progress has been made towards objectives, which includes Joint Green Plan Delivery Group established across TGICFT and SFT, with agreement to create Joint Green Plan for 2025. Funding received for developing a Heat Decarbonisation Plan and work currently underway with contractors. Working closely with Stockport Council on opportunities to connect to a Heat Network to provide a net zero heating solution for the Trust. Secured funding to cap Nitrous Oxide manifold system that will lead to reduction in CO2 from anaesthetic gasses.
To continue to engage key stakeholders in the development of the new hospital OBC and to complete a transition plan for the hospital site to address the poor capital stock.	A	The Strategic Outline Business Case for new hospital has been completed. The existing property stock within the Trust is being managed within current constraints of available funding.
To develop a business continuity plan for Pathology services to address the fragility of the estate.	G	A business continuity plan is on track and scheduled to be developed by Q4 2024-25
To progress the revised TIF scheme to build a new Outpatient facility subject to NHSE approval.	A	The short form business case has been completed and sent to NHSE for approval. A range of queries have been received and resolved. An outcome is expected at the end of Q3.

				Agenda No.	9
Meeting date	5 th December 2024	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		Assurance	X	Decision	
Recommendation:	The Board of Directros is asked to note and discuss performance against the reported metrics, including the described issues that are affecting performance and any mitigating actions to improve performance.					

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

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

Integrated Performance Report

Reporting period

October 2024

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Introduction

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

Quality Highlight

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

- SHMI Mortality rates continue to be low, with Stockport reported with the lowest rates across GM.
- The Trust continued to perform well against the Sepsis timely recognition metric, with 98% reported in-month for October, and 98% reported as a rolling 12-month average. Antibiotic administration performance continues to be challenged, with out-of-hours prescribing being a key theme in delays.
- Reported infection rates for C.Diff show no significant changes, although are reported below average for October. E.Coli rates appear to be stable, with consistent rates reported over the last 12 months.
- We continue to perform well against all Stroke and Falls metrics.
- Pressure ulcers across all categories and settings show no significant changes to reported numbers, although Hospital Category 2 pressure ulcers do appear to show an increase for October. There have been no Hospital Category 3 & 4 pressure ulcers reported since July 2024.
- The Trust written complaints rate has not changed significantly, with the latest position reported just above average. Timely response to complaints has shown a steady decline since June 2024 with performance for September and October flagged as a significant change. This is in part due to concluding several of our oldest and more complex overdue cases.
- Smoking during pregnancy performance has not changed significantly but is currently above the target threshold for October 2024.
- There have been no maternity department diverts since August 2024.

Operations Highlight

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

- Performance against the ED 4-hour and 12-hour metrics have not seen any significant changes in October 2024. Both are currently reported below the planned trajectory.
- The number of patients with “No criteria to reside” remain above the trajectory level. Adult G&A bed occupancy is currently above target, but below the planned trajectory.
- The diagnostic position continues to be challenged due to backlogs in Echo and Audiology, although Echo has shown significant improvement since September 2024.
- All reported cancer standards have achieved targets for October 2024.
- Significant improvements seen in our RTT position on the number of 52+, 65+, and 78+ week waits.
- Virtual ward utilisation hasn’t shown any significant changes for October 2024 and remains below the target threshold of 80%.
- Outpatient efficiencies in PIFU and Clinic Utilisation continue to perform well with both achieving their targets in October. DNA rates remain above the target threshold, and a deep dive is planned for November to review prevalent factors.
- There have been no significant changes to performance in theatre capped touch time utilisation. EUCC construction remains a significant challenge that has contributed to a deteriorating activity plan and negatively impacted capped elective theatre utilisation.

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, Turnover, Appraisal rates and Mandatory training.

- Monthly sickness absence rates remain above the target threshold. Anxiety, stress, and depression remain the main reason for absence periods.
- Agency costs continue to show an improved position compared with earlier in the year, with the latest position for October 2024 the lowest percentage of PAY costs across the reporting period.
- Workforce turnover shows a strong improvement in performance trend since August 2023 with the last several months reported below average.
- No significant changes to appraisal rates across all staff groups with the latest position for October 2024 just below the 90% average.
- Mandatory training rates have seen a decreasing trend over the last several months. The downward trend reflects new starters in August, and September, as well as underutilisation of training sessions due to an increase in withdrawals from training sessions.

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Finance Highlight

The Trust has a plan with an expected deficit of £2.5m for the financial year 2024-25. In September 2024 GM received an additional £175m non-recurrent deficit support funding to allow the system to achieve overall planned break even for 2024/25. The Trust has received £41.3m of additional income to improve the planned deficit, which is supported by cash. The deficit assumes delivery of an efficiency target of £24.6m of which 50% is recurrent.

At month 7 2024-25, the Trust position is adverse to plan by £1.3m – a deficit of £2.0m. The adverse position is due to:

- (£0.6m) cost of industrial action
- (£1.2m) estimated elective recovery fund (ERF) under performance
- (£0.5m) pay award pressure
- (£0.2m) enhanced care
- £1.2m cost improvement (STEP) programme ahead of the profiled plan

Stockport Trust Efficiency Programme (STEP) is profiled on a stepped basis with an increased requirement in the second half of the year. The STEP target has overachieved to month 7 by £1.2m and to date full year savings of £18.2m (74% of the full year target) have been actioned of which £4.9m is recurrent.

The Trust maintained sufficient cash in October. As a result of the deficit support funding, discussions are required regarding the repayment of the revenue support PDC received in 2024/25.

The Trusts capital plan for 2024/25 is £30.1m. The submitted plan is now compliant, but there are still challenges with cash as the current forecast expenditure is £45.2m and continues to be discussed with NHSE.

Integrated Performance Report

Scorecard

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Quality Scorecard							
Mortality: HSMR	Sep-23 to Aug-24	≤ 100		→	100	●	●
Mortality: SHMI	Aug-23 to Jul-24	≤ 100		→	94	●	●
Sepsis: Antibiotic administration	Nov-23 to Oct-24	≥ 90%		→	74.8%	▲	▲
Sepsis: Timely recognition	Nov-23 to Oct-24	≥ 90%		→	97.9%	●	●
C.diff infection rate	Nov-23 to Oct-24	≤ 32.75		→	36.14	▲	▲
Covid-19 infection rate	Nov-23 to Oct-24			↓	1.48		
E. coli infection rate	Nov-23 to Oct-24	≤ 31.41		→	33.88	▲	▲
MRSA infection rate	Nov-23 to Oct-24	≤ 0		↑	0.45	▲	▲
Stroke: Overall SSNAP Level	Jun-24	≥ C		→	A	●	●
Falls causing moderate+ harm	Oct-24	≤ 22	2	→	0	●	●
Falls due to lapses in care	Oct-24	≤ 425	114	→	8	●	●
Falls rate	Oct-24	≤ 3.51	2.69	→	2.04	●	●
Pressure Ulcers: Community, Cat 2	Oct-24	≤ 114	72	→	9	●	▲
Pressure Ulcers: Community, Cat 3&4	Oct-24	≤ 38	34	→	5	▲	▲
Pressure Ulcers: Hospital, Cat 2	Oct-24	≤ 79	40	→	10	▲	●
Pressure Ulcers: Hospital, Cat 3&4	Oct-24	≤ 8	10	→	0	●	▲
Complaints: Timely response	Oct-24	≥ 95%	94.6%	↓	87%	▲	▲
Complaints: Written Complaints Rate	Oct-24	≤ 7.9	9.14	→	10.06	▲	▲
Never Event Incidence	Oct-24	≤ 0	1	→	0	●	
Patient Safety Alerts	Oct-24	≤ 0	13	→	1	▲	
Patient Safety Incident Investigatio..	Oct-24		15	→	0		
Patient Safety Incident Rate	May-24 to Oct-24			↓	91.24		
Early Neonatal Deaths	Oct-24	≤ 0	2	↓	1	▲	▲
Maternity Diverts	Oct-24	≤ 0	3	→	0	●	●
Registrable Stillbirth Rate	Oct-24	≤ 0	4.88	→	4.46	▲	▲
Registrable Stillbirths	Oct-24	≤ 0	8	→	1	▲	▲
Smoking In Pregnancy	Oct-24	≤ 4%	4.6%	→	5.4%	▲	▲

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.

● target achieved
▲ target not achieved

↑ strong improvement
→ improvement
→ no significant change
↓ deterioration
↓ strong deterioration

	Reporting Period	Target 24/25	Actual YTD	6-mth Trend	Actual Month	Current Period	1-mth Forecast
Operational Scorecard							
4hr Standard	Oct-24	≥ 78%	62.8%	→	62%	▲	▲
Patients in department over 12 hrs	Oct-24	≤ 2%	10.2%	→	11.9%	▲	▲
No criteria to reside (NCTR)	Oct-24	≤ 61	496	↑	66	▲	▲
Adult G&A Bed Occupancy	Oct-24	≤ 92%	93.7%	↑	93.6%	▲	▲
Diagnostics: 6 Week Standard	Oct-24	≤ 5%	19.3%	→	14.5%	▲	▲
62-day standard	Oct-24	≥ 70%	71.6%	→	71.4%	●	●
Patients waiting 63 days and over	Oct-24	≤ 49		↑	44	●	●
28-day standard (FDS)	Oct-24	≥ 77%	79.3%	→	80.7%	●	●
14-day standard (2WW)	Oct-24	≥ 93%	97.3%	→	97.2%	●	●
Incomplete pathways 18-week %	Oct-24	≥ 92%		↑	53.7%	▲	▲
52-week breaches	Oct-24	≤ 1566		↑	1524	●	●
65-week breaches	Oct-24	≤ 0		↑	62	▲	▲
Virtual Ward Utilisation	Oct-24	≥ 80%	60.1%	→	58.5%	▲	▲
Urgent Community Response	Sep-24	≥ 70%		→	96.9%	●	●
Outpatient DNA rate	Oct-24	≤ 6.3%	7.9%	→	7.9%	▲	▲
Outpatient clinic utilisation	Oct-24	≥ 90%	94%	→	93.3%	●	●
Patient initiated follow up (PIFU)	Oct-24	≥ 5%	4.8%	↑	5.2%	●	●
OP First Attend and Procedure	Oct-24	≥ 46%	42.9%	→	43.2%	▲	▲
Capped Touch Time Utilisation	Oct-24	≥ 85%	77.2%	→	77.6%	▲	▲

Workforce Scorecard

Substantive Staff-in-Post	Oct-24	≥ 90%	92.9%	→	92.5%	●	●
Sickness Absence: Monthly Rate	Oct-24	≤ 5.5%	5.8%	→	6.3%	▲	▲
Workforce Turnover	Oct-24	≤ 12.7%	12.7%	↑	12.8%	▲	▲
Staff Retention Rate	Oct-24		98.8%	→	99%		
Appraisal Rate: Overall	Oct-24	≥ 95%	90.4%	→	89.3%	▲	▲
Mandatory Training	Oct-24	≥ 95%	94.9%	↓	93.9%	▲	▲
Agency Costs %	Oct-24	≤ 3.2%	3.1%	→	2.3%	●	●

Finance Scorecard

Capital Expenditure	Oct-24	≤ 10%		↓	-25.5%	●	●
Cash Balance	Oct-24			↑	34.2		
CIP Cumulative Achievement	Oct-24	≥ 0%		→	15.8%	●	●
Financial Controls: I&E Position	Oct-24	≤ 0%		↓	118.4%	▲	▲

Quality Sepsis

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Sepsis: Timely recognition	The number of patients who are screened for sepsis, as a percentage of those eligible patients audited.	>= 90%	97.9%	➡	● ● ● ● ● ●	●
Sepsis: Antibiotic administration	The number of patients who received IV antibiotics within agreed timescales for sepsis patients, as a percentage of eligible patients audited and found to have sepsis.	>= 90%	74.8%	➡	▲ ▲ ▲ ▲ ▲ ▲	▲

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

- 98% timely recognition sepsis in October.
- 12 month rolling figure now 98% ahead of 90% trust target.
- 2 Audit fails: 1 in Medicine & 1 in Surgery
- Both timely recognition fails occurred Out of Hours and 2222 not utilised.

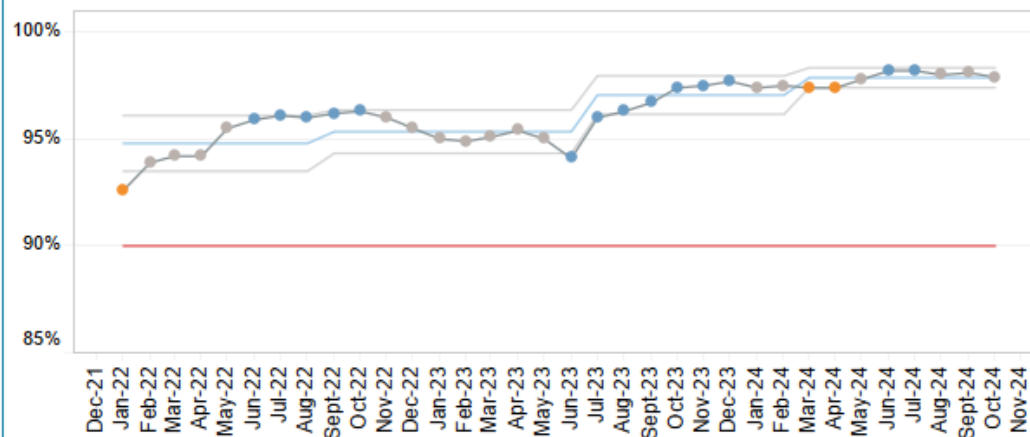
Antibiotic administration

- 70% Timely Antibiotic Administration in October.
- 7/8 fails were red flag triggers, 1 was an amber flag fail.
- 4 fails within Division of Surgery and 4 fails in Medicine).
- Mean antibiotic delay was 76mins
- Themes:
 - Delayed nurse administration in 6 incidents; a need to re-cannulate, unavailability abx and abx prescribed as scheduled dose were factors in 3 of these incidents. Delayed prescribing occurred in 2 incidents, both on admission to ward from ED, one of these incidents involved a patient who was a transfer from another trust.
- 7/8 fails occurred Out of Hours: 2222 utilised appropriately in 2/6 Red Flag Out of Hours incidents.
- Mean time for nurse to administer antibiotics from due time was 54mins.
- Sepsis6 completed by clinician in 2/8 incidents.
- In October Sepsis6 was finalised by clinician in 31% forms. 12 month rolling figure now 23%. Sepsis6 not completed by clinician in any of these incidents.

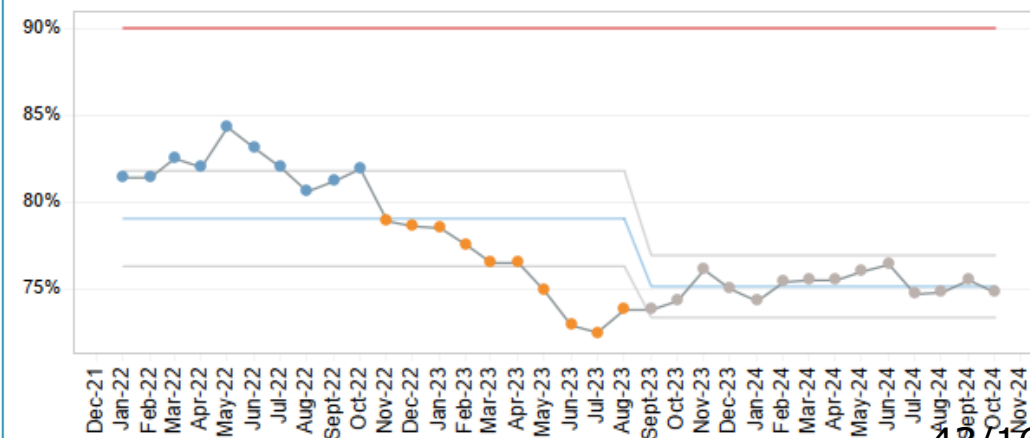
Key Events/ Ongoing Issues

- D2 sepsis star October
- 10 staff attended link nurse training day 23/10/24
- Next Sepsis Steering meeting 21/11/24
- Transformation support due to commence this month to facilitate implementation updated Sepsis NICE guidance.

Performance for Sepsis: Timely recognition



Performance for Sepsis: Antibiotic administration



Update provided by	Emily Abdy
Executive Lead	Andrew Loughney

Quality Infection Prevention & Control

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
C.diff infection rate	The number of hospital-onset Clostridioides Difficile (C. diff) infections per 100,000 bed days for patients aged 2 years and older.	<= 32.75	36.14	↗	▲▲▲▲▲▲	▲
MRSA infection rate	The number of hospital-onset Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia infections per 100,000 bed days.	<= 0	0.45	↗	▲▲▲▲▲▲	▲
E. coli infection rate	The number of Escherichia Coli (E. coli) bacteraemia infections per 100,000 bed days.	<= 31.41	33.88	↗	▲▲▲▲▲▲	▲

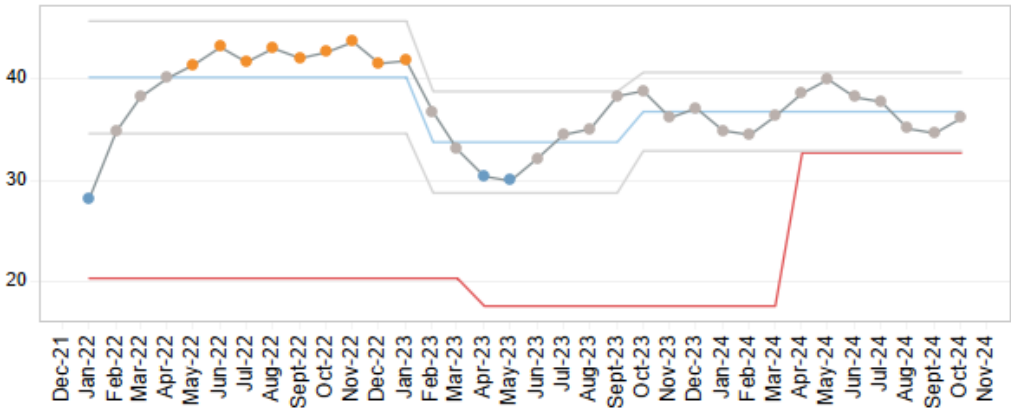
Performance is based on data from a rolling 12-month period. Performance for the current month is based on pre-validated data, and a fully validated position is updated one month in arrears.

- C.diff infection rate**
- There was 7 HOHA and 3 COHA cases in October, totalling 53 YTD. The Trust is over the projected threshold of 42.6 for the end of October.
 - 45 cases have been presented to the HCAI Panel; 8 cases are scheduled for review during November. The most common themes for learning remain ensuring appropriate antibiotics are prescribed, reviewed and stopped in a timely manner and embedding IPC standard practices across the Trust.
 - The latest National figures (August 2024) rates Stockport second out of the seven GM Trusts which is an improvement from the previous month. Out of the 42 ICB's across the UK, GM is ranked 39th which the same as the previous month.

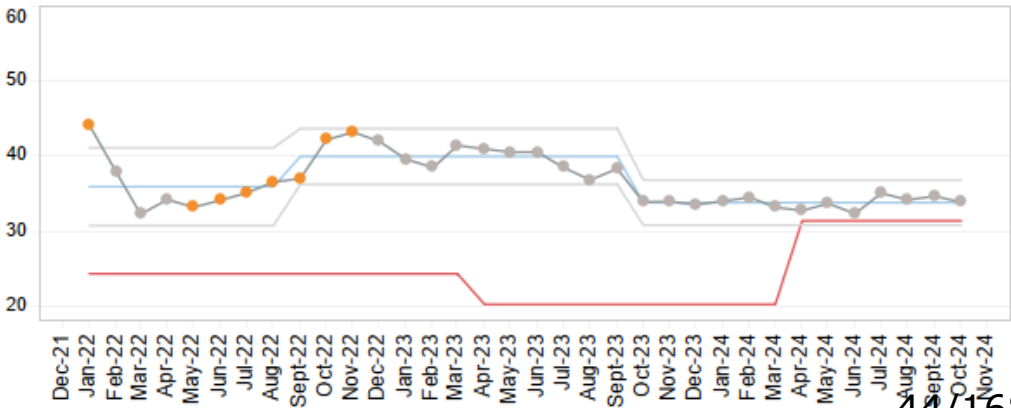
- MRSA infection rate**
- The Trust had 0 cases of MRSA Bacteraemia in October against a zero-tolerance threshold.
 - The latest National figures (August 2024) rates Stockport first out of the seven GM Trusts which is the same as the previous month.

- E. coli infection rate**
- There were 3 HOHA and 1 COHA case in October totalling 44 cases YTD. The Trust is over the projected threshold of 40.8 for the end of October.
 - The latest National figures (August 2024) rates Stockport fourth out of the seven GM Trusts which is the same as the previous month.
 - The task and finish group continues to review and finalise documentation around the care and management of urinary catheters to support practice.

Performance for C.diff infection rate



Performance for E. coli infection rate



Quality Pressure Ulcers

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Hospital, Category 2	Total number of category 2 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	<= 6	10	↘	● ● ▲ ● ● ● ▲	●
Hospital, Category 3&4	Total number of category 3 and category 4 pressure ulcers in a hospital setting - includes device-related pressure ulcers.	<= 0	0	➡	▲ ▲ ▲ ▲ ● ● ●	▲
Community, Cat 2	Total number of category 2 pressure ulcers in a community setting.	<= 9	9	↘	● ▲ ▲ ▲ ● ▲ ●	▲
Community, Category 3&4	Total number of category 3 and category 4 pressure ulcers in a community setting - includes device-related pressure ulcers.	<= 3	5	➡	▲ ▲ ▲ ▲ ● ● ▲	▲

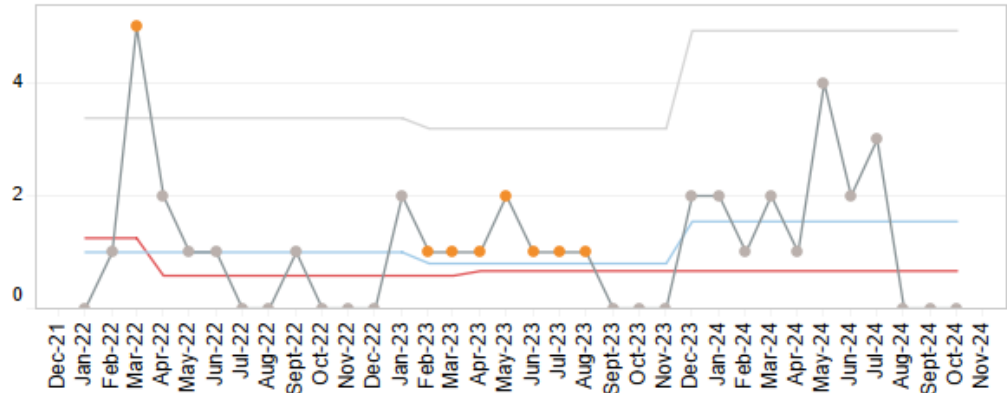
- Hospital**
- The Trust has set a target to reduce the number of hospital acquired pressure ulcers caused by a lapse in care. The Trust has also set targets around the time frame for investigation of pressure ulcer incidents with a focus on learning from incidents according to the PSIR framework.
 - This month (October data) we have had 10 category 2 pressure ulcers reported: five as a result of a medical device. All pressure ulcer incidents are investigated for any lapses in care where learning and improvement can be identified.
 - This month demonstrates a significant increase in pressure ulcer incidents in relation to medical devices, a review into the devices used for non-invasive ventilation was conducted and the division is working with procurement to try an alternative device.
 - Ongoing pressure ulcer reduction and improvement strategies are in place as we look now to the winter; reviewing our equipment plans, ongoing work to develop the data analysis from the launch of pressure ulcer prevention documentation on patient track, and planning engagement events for 'International Stop the Pressure Day'.
 - The Trust is aiming to achieve no hospital acquired Category 3 or 4 pressure ulcers as a result of a lapse in care. This month (October data) there have been no Category 3&4 pressure ulcers.

- Community**
- The Trust has set a target to reduce the number of community acquired pressure ulcers as a result of a lapse in care. The Trust has also set target around the time frame for investigation of pressure ulcer incidents with a focus on learning from incidents according to the PSIR framework.
 - This month (October data) we have had 9 category 2 pressure ulcers reported. All pressure ulcer incidents are investigated for any areas of lapses in care where learning and improvement can be identified.
 - This month there has been an improvement noted in the timeliness of investigation, with the outcomes of 6 out of the 9 incidents completed and the 3 outstanding still within the timeframe for completion. No lapses in care have so far been identified.
 - The Trust is aiming to achieve no Category 3 or 4 pressure ulcers as a result of a lapse in care.
 - This month (October data) there have been 5 Category 3 & 4 pressure ulcers in the community.
 - Each incident of a category 3 or 4 pressure ulcer is investigated and reviewed to identify any learning or lapses in care. No lapses in care have been identified in any of the incidents.

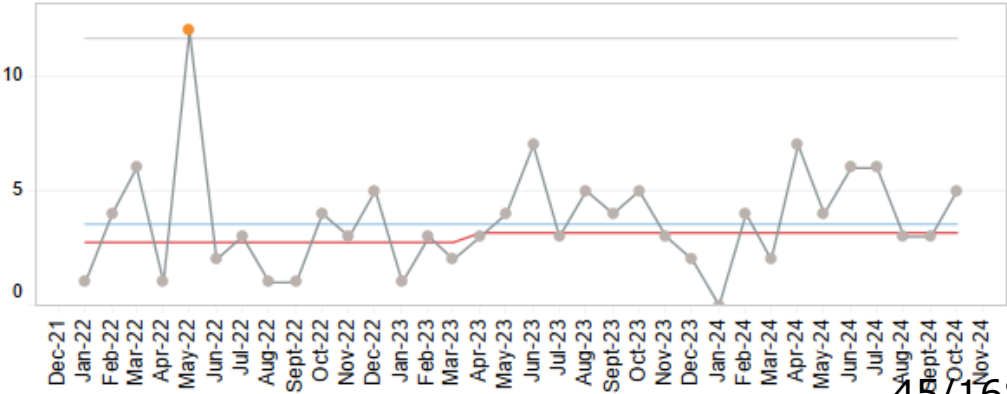
Update provided by Lisa Gough

Executive Lead Nic Firth

Performance for Pressure Ulcers: Hospital, Cat 3&4



Performance for Pressure Ulcers: Community, Cat 3&4



Quality Complaints

		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.	<= 7.9	10.06	➡	▲ ▲ ▲ ● ▲ ▲	▲
Timely response	The total number of formal complaints responded to within agreed timescales, as a percentage of all formal complaints responded to.	>= 95%	87%	⬇	● ● ● ▲ ▲ ▲	▲

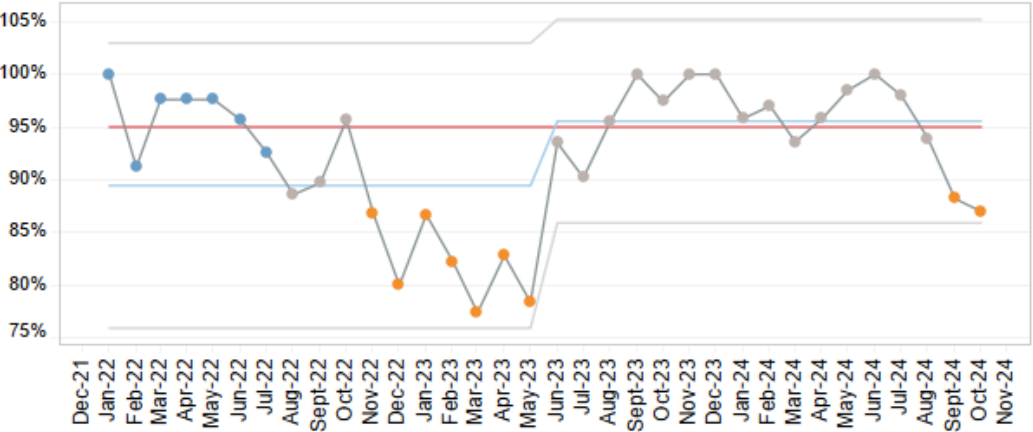
- Timely response**
- There were 54 complaint responses sent out in October 2024, of which 47 were sent within the agreed timeframe, resulting in a 87% response rate.
 - We acknowledge that we have recently had a reduction in the response rate below the target of 95%. This is as a result of concluding a number of our oldest and overdue cases. It is also due to a number of complex cases taking longer than expected to ensure that a more thorough and meaningful investigation was undertaken. The complaints team have also experienced some difficulties in obtaining timely and meaningful responses but continue to work with Divisions to make improvements.

- Written Complaints Rate**
- 55 formal complaints were received in October 2024 - Clinical Support Services = 4, Integrated Care = 2, Medicine & UC = 18, Surgery = 20, Women & Children = 10, Corporate = 0, Estates & Facilities = 1
 - The PALS & Complaints team continue to receive high number of contacts from patients or on behalf of patients with a 29% increase this year compared to 2023.
 - Top five themes for formal complaints in October 2024 was as follows:
 - Communication
 - Clinical treatment
 - Patient care
 - Staff values & behaviours
 - Appointments
 - Top five themes for informal concerns in October 2024 was as follows:
 - Appointments
 - Communication
 - Admin procedures & record management
 - Access to treatment or drugs
 - Waiting time

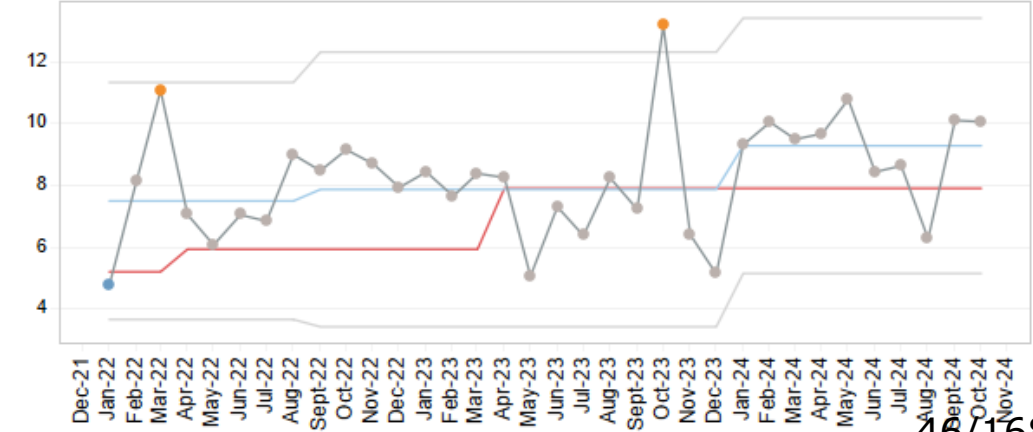
Curtis Soile
29/11/2024 10:46:10

Signed off by	Natalie Davies
Executive Lead	Nic Firth

Performance for Complaints: Timely response



Performance for Complaints: Written Complaints Rate



Quality Incidents & Risk

		Target	Actual	6-month trend	Previous Performance	1-month Forecast
Patient Safety Incident Rate	The number of patient safety incidents, calculated as an incidence rate for every 1000 bed days. This average is calculated using a rolling 6 months of data.		91.24	↓		
Patient Safety Alerts	The number of national patient safety alerts not completed to deadline.	<= 0	1	↗	▲ ▲ ▲ ▲ ● ▲	
Patient Safety Incident Investigations	A count of the patient safety incident investigations (PSII) that have been declared in month.		0	↗		
Never Event Incidence	Total number of never events. Never events are serious, largely preventable patient safety incidents that should not occur.	<= 0	0	→	● ▲ ● ● ● ●	

Patient Safety Incident Rate

- There are no issues related to patient incidents to report.
- The Incident Review Group meets on a weekly basis to review incidents with a focus on those where harm has been attributed, as well as other topics of interest.
- 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 & Safeguarding Meeting takes place to review Security related incidents.

Patient Safety Alerts

- There were two National Patient Safety Alerts with completion deadlines in October 2024:
 - One was completed by its deadline date:
NatPSA/2024/011/DHSC - Discontinuation Of Kay-Cee-L (Potassium Chloride 375mg/MI) (Potassium Chloride 5mmol/5ml) Syrup
 - One was completed after its deadline date.
NatPSA/2024/004/MHRA - Reducing Risks For Transfusion-Associated Circulatory Overload. This alert is now closed.
- At the end of October there were no overdue National Patient Safety Alerts

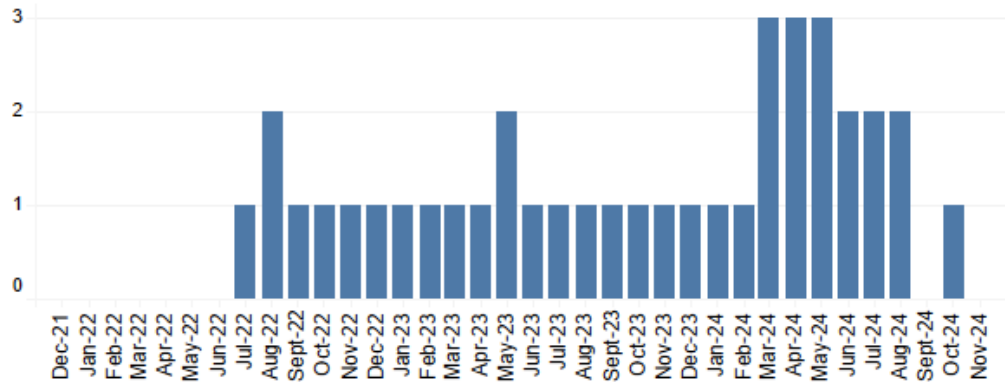
Patient Safety Incident Investigations

- There were no Patient Safety Incident Investigations declared in October 2024.

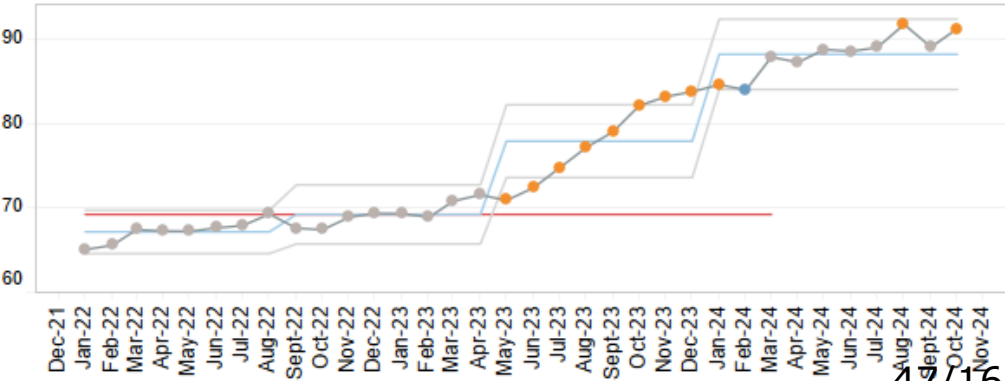
Never Event Incidence

- There were no never events reported in October 2024.

Showing number of Patient Safety Alerts



Performance for Patient Safety Incident Rate



Signed off by Natalie Davies

Executive Lead Nic Firth

Quality Maternity

Early Neonatal Deaths	The number of babies born with signs of life, that have died within the first 7 completed days of life.	<= 0	1	↓	▲●●●●▲	▲
Registrable Stillbirths	The number of babies born without signs of life due to stillbirth or termination of pregnancy that occurs after a gestation of 24 weeks (168 days) or more.	<= 0	1	→	●▲▲▲▲	▲
Registrable Stillbirth Rate	Calculated as a rate per 1000 registrable births.	<= 0	4.46	→	●▲▲▲▲	▲
Smoking In Pregnancy	The number of women known to be smokers at the time of delivery, as a percentage of all deliveries in the month.	<= 4%	5.4%	↘	▲▲●●▲	▲
Maternity Diverts	The total number of occasions the maternity unit has been unable to admit women during the reporting period.	<= 0	0	→	●●●▲●●	●

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

Early Neonatal Deaths
The service has had 0 babies born over 24 weeks that have died within 7 days of birth in October. However, we did have a twin delivery (Dichorionic and Diamniotic) at 21+5 weeks gestation where Twin Two was born alive and passed away within an hour. So technically a registrable livebirth – Neonatal Death for Twin Two. Twin One had no signs of life and at 21+5 is documented as a late miscarriage below 24 weeks.

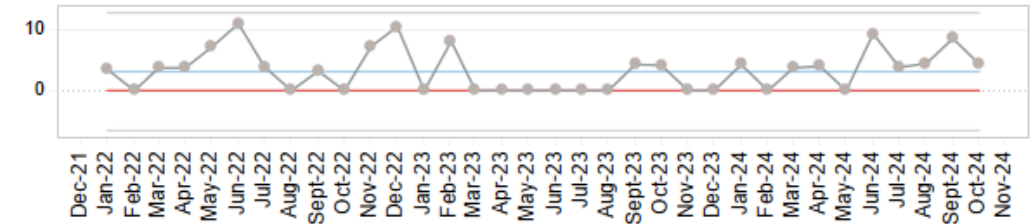
Registerable stillbirths
There was 1 Registerable Antepartum Stillbirth in October which was a registerable termination of pregnancy (TOP) for anencephaly. This baby was Twin Two from a Dichorionic and Diamniotic twin pregnancy diverted to our care whilst St. Mary’s was on Divert. The twins were delivered via EMCS at 32+2 and twin two expected SB as had already had Fetocide for anencephaly.

Registerable stillbirth rate
The registerable stillbirth rate for October is 4.46%, almost half than September’s rate of 8.7%, back down to our average rate in most recent months.

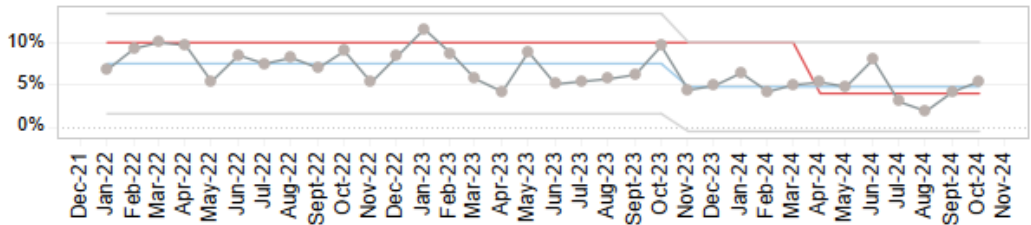
Smoking in pregnancy
The percentage of women (who had booked and gone on to deliver with us) who were smoking at time of Delivery in October was 5.4%, just above the Trust target of 4%.

Target	Actual	6-month trend	Previous Performance	1-month Forecast
<= 0	1	↓	▲●●●●▲	▲
<= 0	1	→	●▲▲▲▲	▲
<= 0	4.46	→	●▲▲▲▲	▲
<= 4%	5.4%	↘	▲▲●●▲	▲
<= 0	0	→	●●●▲●●	●

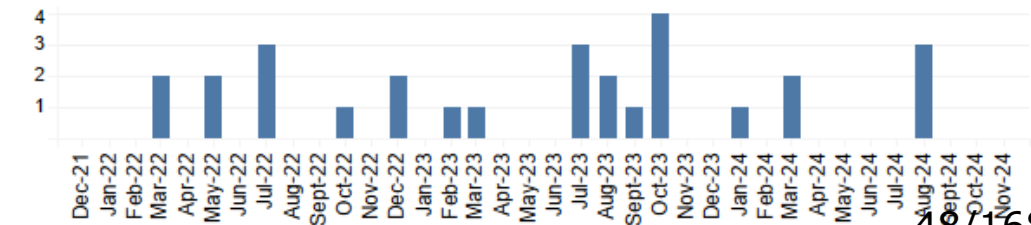
Performance for Registrable Stillbirth Rate



Performance for Smoking In Pregnancy



Performance for Maternity Diverts



Operations Emergency Department

4hr Standard	The number of patients who were admitted, discharged, or leave A&E within 4 hours of their arrival, as a percentage of all patients attending A&E.
Patients in department over 12 hrs	The number of patients spending 12 hours or more in department, as a percentage of all patients attending the emergency department.

Performance Summary

- October 2024 performance against the UEC 4hr standard saw an increase from 60% in September to 62%
- Levels of attendances remained static month on month
- Admissions to hospital from ED increased to 94 per day, 31% conversion rate, this does include admissions to the new SDEC and CDU pathways
- October saw a significant increase in 12 hour waits in ED to 1105 compared to 942 in September 2024. Robust processes for managing, reviewing, and providing assurance for assessment of harm in respect to 12hr breaches are embedded within the service.

Risks and Issues

- EUCC estate changes continue to impact on operational flow of the department
- Lack of a dedicated CDU facility in the department which includes inpatient beds
- Reduced escalation space to manage ambulance patients when the department is full

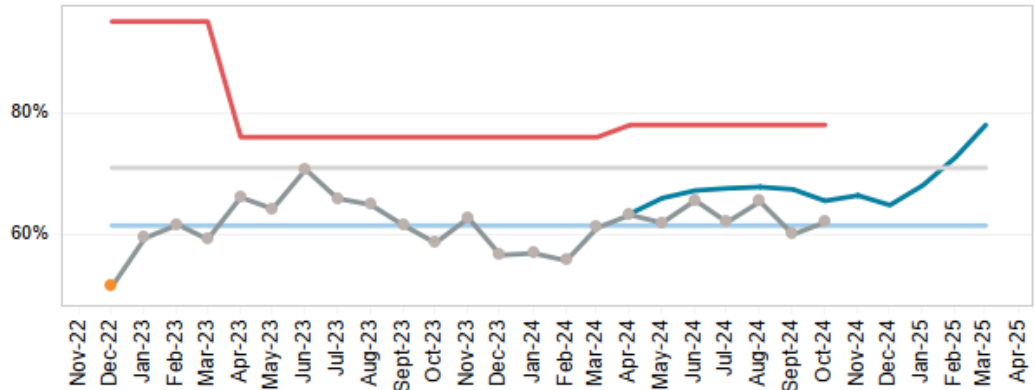
Actions and Mitigations

- ED medical workforce recruitment to ensure no rota gaps and avoid premium agency spend
- Weekly Trust 4hr clinical standards performance group is in place with full specialty representation with actions to improve position
- Transformation piece of work continues to focus on front door including streaming, triage, bookable NHS 111 slots for UTC & minors and deflection
- Senior Decision Maker at the front door to see and treat and reduce waiting times
- Streamlining diagnostic tests to support early decision making
- Partnership work with NWS to improve current handover process
- Frailty SDEC pathways now in place to be scaled when new estate ready
- Internal UTC model now in place
- CDU pathways using the MSDEC area have commenced
- Internal professional standards developed and implementation imminent

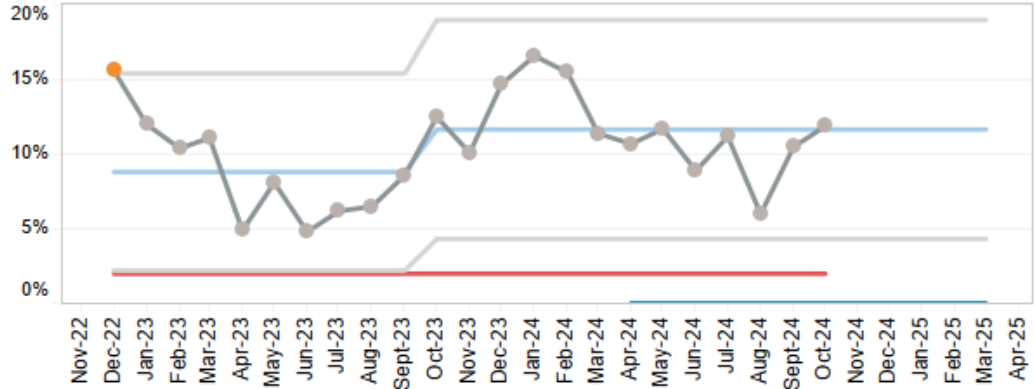
Target	Actual	6-month trend	Previous Performance						1-month Forecast
>= 78%	62%	➡	▲	▲	▲	▲	▲	▲	▲
<= 2%	11.9%	➡	▲	▲	▲	▲	▲	▲	▲

■ Performance ■ Average ■ Control Limits ■ Target ■ Trajectory

Performance for 4hr Standard



Performance for Patients in department over 12 hrs



Signed off by Ruth Sefton

Executive Lead Jackie McShane

Operations Patient Flow

No criteria to reside (NCTR)	Number of patients with "No Criteria to Reside". This metric is a mean average per day for each month.
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.

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 61	66	▲	▲	▲	▲	▲	▲	▲	▲
<= 92%	93.6%	▲	▲	▲	●	▲	▲	▲	▲

Performance Summary

- Adult G&A bed occupancy in October was 93.6%, which is lower than this time last year 96.2%, but is still above the 92% NHSE target. Medical bed occupancy, however, remains high at 95%.
- The average number of patients with a length of stay of 21+ days has reduced in October from 122 to 110 or 19% of occupied adult G&A beds. The national ambition is to get to 12%.
- The number of long stay patients has increased by 4% in the 12 months to Oct-24 at an average 127 per day compared to the same period the previous year at 122 per day.
- The number of patients recorded with a No Criteria to Reside has reduced in October to an average 66 per day or 11.7% of adult occupied beds. This still remains above the planned level of 61.

Risks and Issues

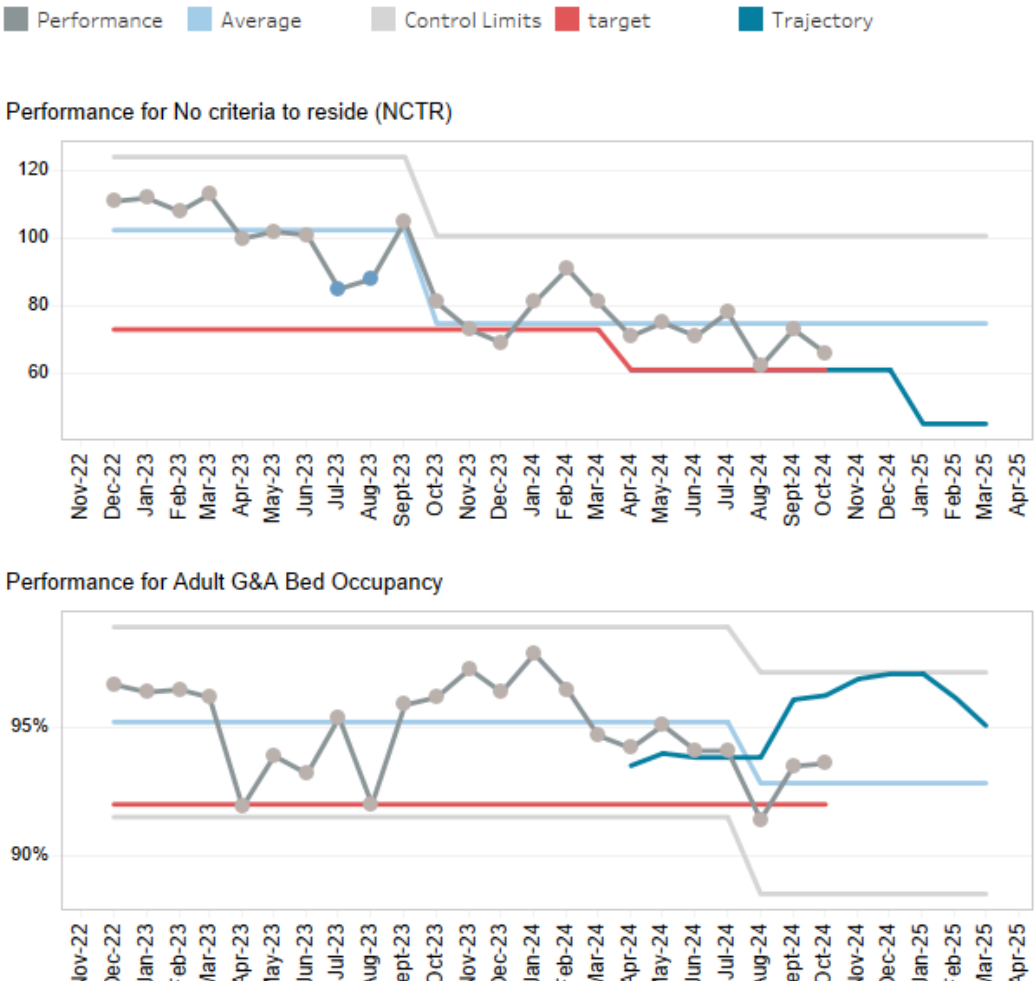
- Community capacity in Pathways 2 - 3, for Stockport.
- Community capacity in Pathways 1 - 3, for Derbyshire, Cheshire and other areas.
- Ambulance availability for patients who cannot return to the community any other way.
- HCRs completed too late in the patient's stay, which then impacts on medication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

Actions and Mitigations

Actions to support improvements in the above areas:

- NCTR System Wide Improvement plan in progress following the reviews of the Intermediate Care, Home First and Brokerage processes.
- Collaborating with our partners in other areas to reduce delays.
- System attendance at weekly Discharge Flow meetings to review delays, escalations.
- Twice weekly Failed Discharge meetings to review why patients did not leave, using Identified themes and trends to support improvements.
- Transport improvement plan underway.
- HCRs have been reviewed and changes made to the document to support streamlining.
- Working with Blue StARS wards in the Division of Medicine and Urgent Care to promote Criteria Led discharges at a weekend.
- Senior ITT presence at a weekend to work with Discharging medics and eTask Co-ordinators to facilitate increased complex discharges
- Greater ITT support to the LLoS Work Programme

Signed off by	Jane Ankrett
Executive Lead	Jackie McShane



Operations Diagnostics

Diagnostics: 6 Week Standard The percentage of patients referred for diagnostic tests who have been waiting for more than 6 weeks.

- Performance Summary**
- Echo - October predicted breaches is 333 which is a decrease in breaches by 118 compared to September (Not including In-Health (CDC) breaches)
 - Echo - Breach reduction has been driven by use of CDC capacity and 144 patients being seen in WLI slots via SHH substantive staff
 - Audiology - Declining DM01 position month on month for patient waiting diagnostic test above 6 Weeks - 606 patients for October backlog.
 - Audiology - Slight improvement in performance September due to summer holidays and reduced demand in new referrals. Demand has increased again in October.
 - MR – Increase in 6w+ patients to 4.1% due to a new scanner being installed at the hospital and training being undertaken by the staff affecting capacity. Remains within 5% target.

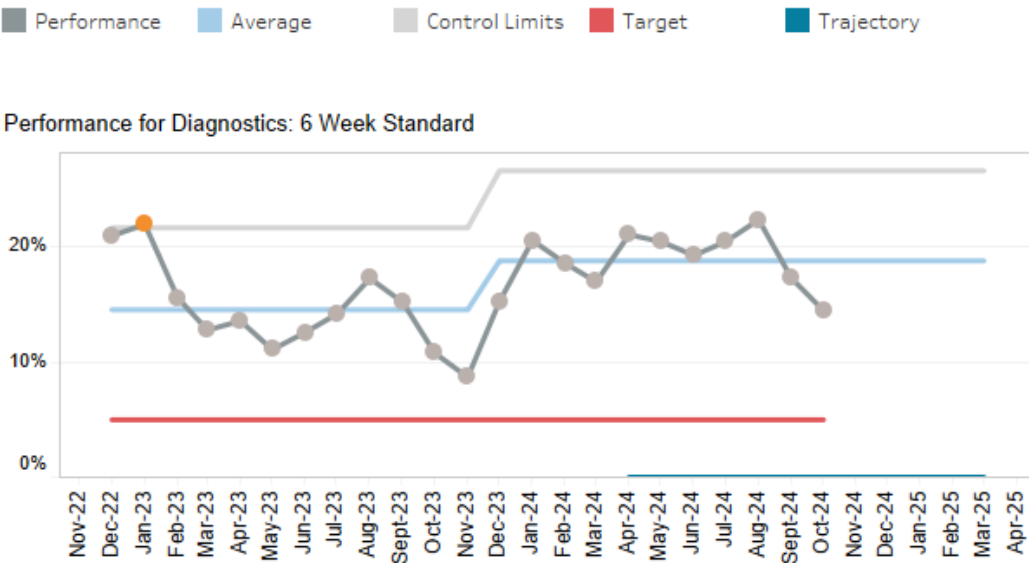
- Risks and Issues**
- Echo
- A decreased uptake in WLIs from substantive staff (average 200+, down to 140).
 - 65+ week position support, this takes priority over DM01.
- Audiology
- Look back has commenced in November - resulting in further lost capacity for patients within the backlog
 - Impact of look back on staff health and well being
- MR
- The CDC MR utilisation has been hampered by DNAs and unused cancelled appointments (through patient choice)

- Actions and Mitigations**
- Echo
- CDC capacity planning for November complete, SHH will receive 100% of the capacity as Tameside are not in a position yet to utilise CDC due to IT issues.
 - Stress Echo WLI/Outsourcing plan now approved and tentative plans in place to start lists end of November once PSR checks complete. This will give us an additional 140 slots over 5 weekends using out substantive consultant and nursing team and SET agency to provide Physiology
 - Review Job Plan of current locum in place to support additional lists for STRESS ECHO; one clinic per week agreed.
 - Internal pathway for CDC referrals now in place meaning we can now fill the capacity provided going forward.
- Audiology
- Insourcing bid underway for weekend support to support DM01 recovery
 - Audiology - Move to one stop model for ENT patients needing audiology support
 - Audiology - Adopt straight to audiology pathway for Tinnitus pathway
 - Audiology - Recruitment underway to replace band 6 leaver

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

Target	Actual	6-month trend	Previous Performance						1-month Forecast
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<= 5%	14.5%	↗	▲	▲	▲	▲	▲	▲	▲
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Operations Referral to Treatment (RTT)

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.
52-week breaches	Referral to treatment, the total number of patients whose pathway is still open and their clock period is greater than 52 weeks at month end.
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.

Target	Actual	6-month trend	Previous Performance						1-month Forecast
>= 92%	53.7%	▲	▲	▲	▲	▲	▲	▲	▲
<= 1566	1524	▲	●	●	●	▲	●	●	●
<= 0	62	▲	▲	▲	▲	▲	▲	▲	▲

Performance Summary

- The Trust reported a position of 5 patients waiting >78 weeks at the end of Oct-24 due to 4 patients be returned untreated from the independent sector in month & a further complex patient.
- For 65ww, the trust was above the target of zero patients and ended on 62 patients at the end of October, this included a total of 6 patients returned untreated from the independent sector in month. This was a reduction on the previous month (71). The Trust has now been taken out of the national tier 1 monitoring process.
- The Trust is forecasting 0 patients by the end of November, however there are a number of breach risk patients identified, Some further complexity and patient choice factors may lead to further delays for some patients and these will become more apparent as the month progresses.
- For 52ww, we had 1524 patients at the end of October, which is reduction from the previous month (1640) and the trust is below the trajectory for the end of October of 1566.
- The Trust 18-week performance improved in month from 52.50% to 53.7% and the overall waiting list size continued to reduce.
- The Trust forecast remains unchanged, and it is expected that 724 patients will be waiting over 52 weeks by the end of March 2025.

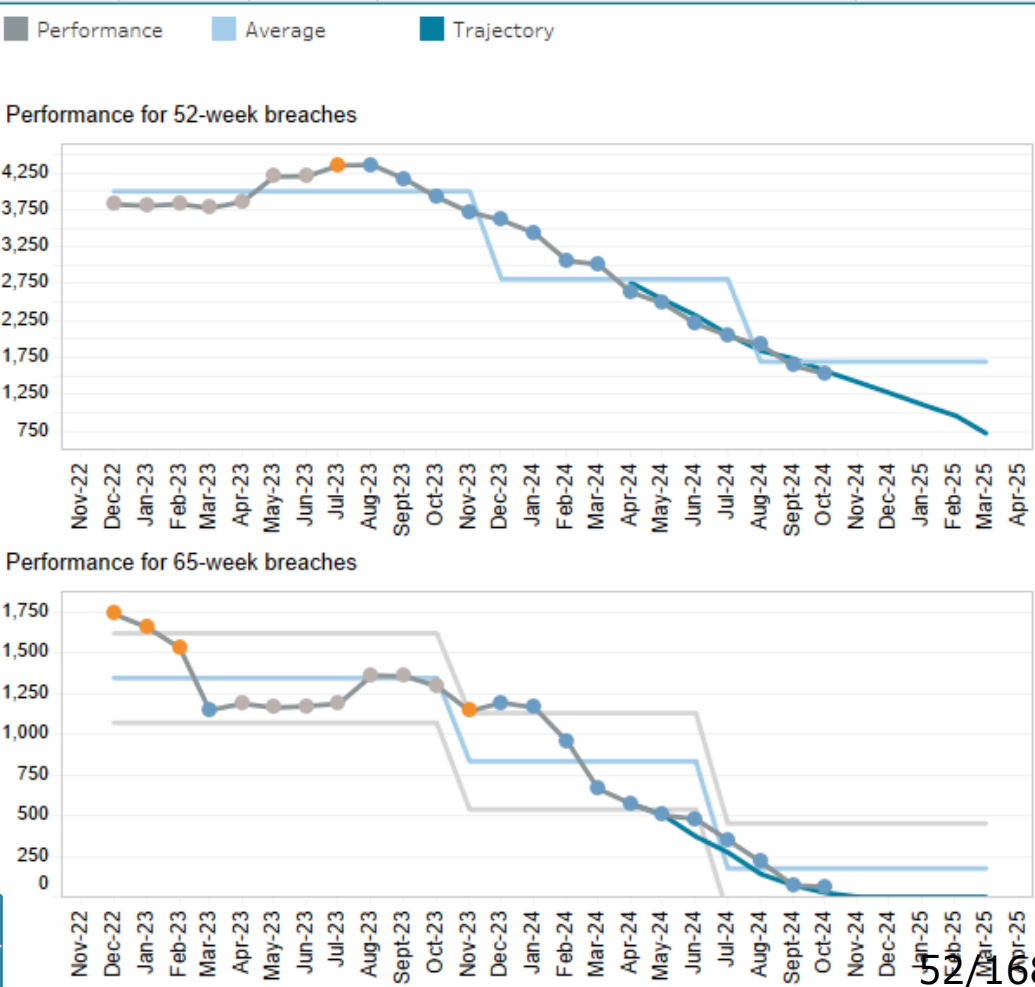
Risks and Issues

- Pathways delays due to complex diagnostic tests done at other trusts (Cardiology, Gastro & Surgery)
- Complex elective patients >65 weeks requiring surgery in month to avoid breaches for ENT, Gynaecology, Ophthalmology & Trauma & Orthopaedics.
- Long wait times for 1st appointments remain across several specialties
- Capacity and wait times for diagnostic echo and impact on cardiology long waits
- Adverse impact of EUCC construction work on theatre activity and cancelled operations
- Returns from the independent sector & data quality issues can lead to unexpected long waiter ‘pop ons’

Actions and Mitigations

- Multiple schemes to expand elective capacity across several specialties following additional funding within the 2024-25 contract. Includes additional locum consultants and use of outsourcing/insourcing
- Additional RTT performance PTLs remain in place to drive performance & aid in expediting pathways.
- Additional validation work to cleanse the waiting list and reduce the total waiting list size.
- Initiated escalation processes for diagnostics for long waiters for internal and external (MFT)
- Ongoing independent sector outsourcing support in ENT & Ophthalmology & the currently in the process of setting up further support for Gastroenterology from CHEC.
- The trust continue to pursue further independent sector outsourcing opportunities and we are currently in the process of agreeing mutual aid with WWL to support our ENT , General Surgery, Trauma & Orthopaedics & Urology services.

Update provided by	Andrew Tunnicliffe / Dan Riley
Lead	Jackie McShane



Operations Community

Target	Actual	6-month trend	Previous Performance						1-month Forecast
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Virtual Ward Utilisation	The number of occupied bed days in the virtual ward service, as a percentage of the available bed days in the virtual ward service.
Urgent Community Response	The total number of Urgent Community Response referrals assessed within 2 hours of referral acceptance, as a percentage of all Urgent Community Response referral..

>= 80%	58.5%	➡	▲	▲	▲	▲	▲	▲	▲
>= 70%	96.9%	➡	●	●	●	●	●	●	●

Performance Summary:

- VW - The average bed occupancy for the Virtual Ward was 29 (58.5%) still below the 40 bed / 80% target occupancy; an improvement from 47.2% in September 2024.
- VW – October 2024 saw an increase in admissions to 212 and an increase in ‘Step Down pathways’ at 22% with 78% ‘Step Up’ to support admission avoidance.
- UCR - Reporting of this metric is a month in arrears in line with the National data release.
- UCR - The Trust continues to perform well against the Urgent Community Response 2-hour target of 70%, achieving 96.9% in September 2024.

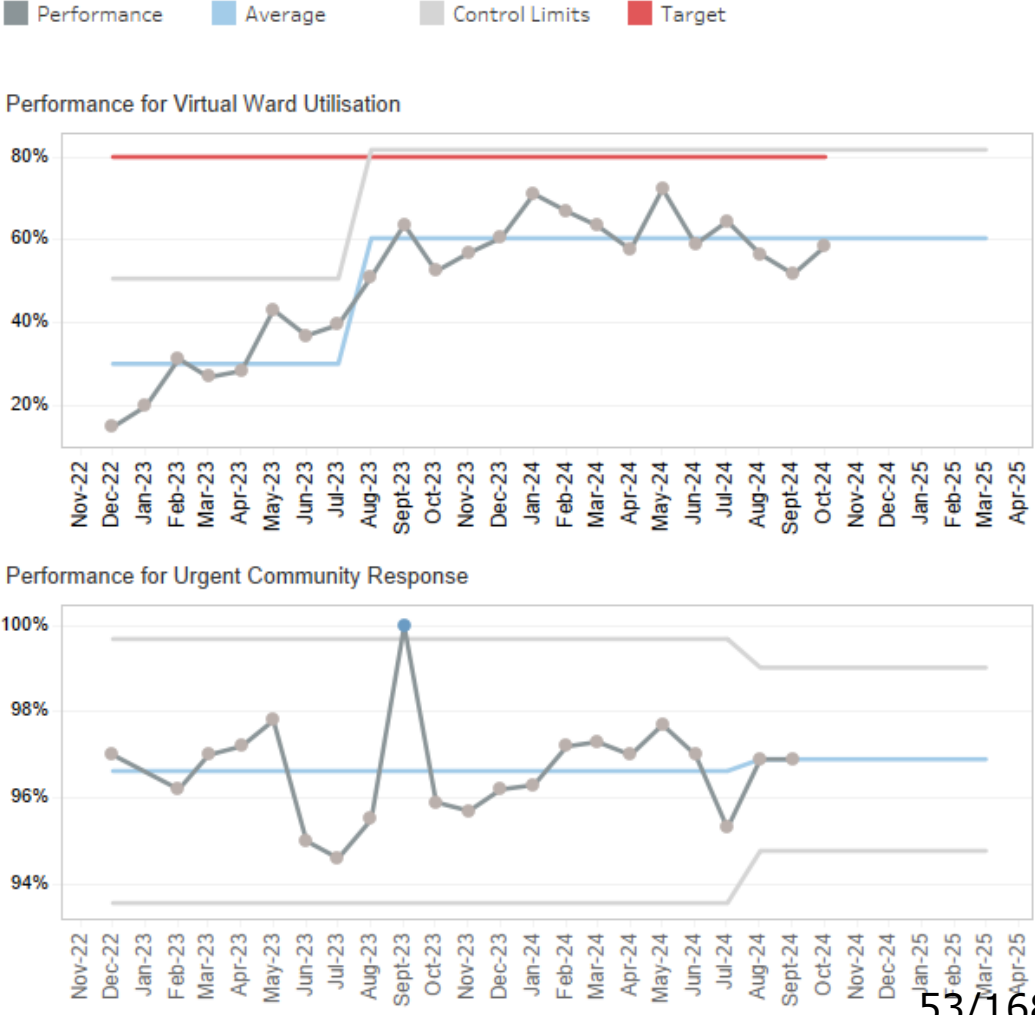
Risks and Issues

- VW - Currently not meeting the 80% trajectory
- VW - Lack of substantive medical cover 7/7 (weekend cover)
- VW - Financial uncertainty, funding non-recurrent 2024/25
- UCR - Only risks are associated with any unforeseen staffing challenges

Actions and Mitigations

- VW - Optimised communications to Primary Care with GP Extensivist attendance at PCN Leadership meetings to promote Step Up pathways
- VW - Self assessment against national Phase 2 Operating Framework (August 2024)
- VW - Clinical pathway evaluation underway alongside Winter planning identifying opportunities to enhance the Respiratory offer. Collaborative work with Respiratory Clinical Director scoping patients on low % O2 therapy for early discharge.
- VW – strengthened collaboration between VW ACPs and the Frailty SDEC ACPs
- VW – Clinical leads attending Blue StARS ward Whiteboard rounds to identify appropriate patient discharges within designated pathways.
- VW – new VTE pathway confirmed with MSDEC for housebound patients and patients in residential care.
- VW - Survey to commence at point of triage in ED identifying potential direct referrals to VW.
- VW - Tech providers pathway being scoped that will promote direct referrals into UCR/VW for falls patients
- VW - Direct bookable appointments via Adastra – CAS to commence October/November 2024
- Presentation at Primary Care Masterclass on 6 November 2024
- UCR - Continue to ensure best practice is followed in respect of sickness absence, recruitment and retention.

Signed off by	Jane Ankrett
Executive Lead	Jackie McShane



Operations Outpatient Efficiencies

Outpatient DNA rate	The number of appointments where the patient did not attend, as a percentage of all booked appointments.	<= 6.3%	7.9%	➡	▲▲▲▲▲▲▲	▲
Outpatient clinic utilisation	The number of outpatient appointment slots booked, as a percentage of all outpatient appointment slots planned. Excludes cancelled clinic templates.	>= 90%	93.3%	➡	●●●●●●●	●
Patient initiated follow up (PIFU)	The number of patients moved to a PIFU pathway as a result of an outpatient attendance, as a percentage of all outpatient attendances.	>= 5%	5.2%	⬆	▲▲▲▲●●	●

Utilisation overall was at 93% for October, with the Central Booking Team at 94% and the Non-Central Booking Team at 93%.

- Key actions taken:
- In month reporting and monitoring continues.
 - Booking Team processes reviewed and updated to support staff and the maintenance of the booking window.
 - Ongoing actions are in place to mitigate the effects of current vacancy levels

The DNA rate for October was 7.9%, which shows a slight decrease from September.

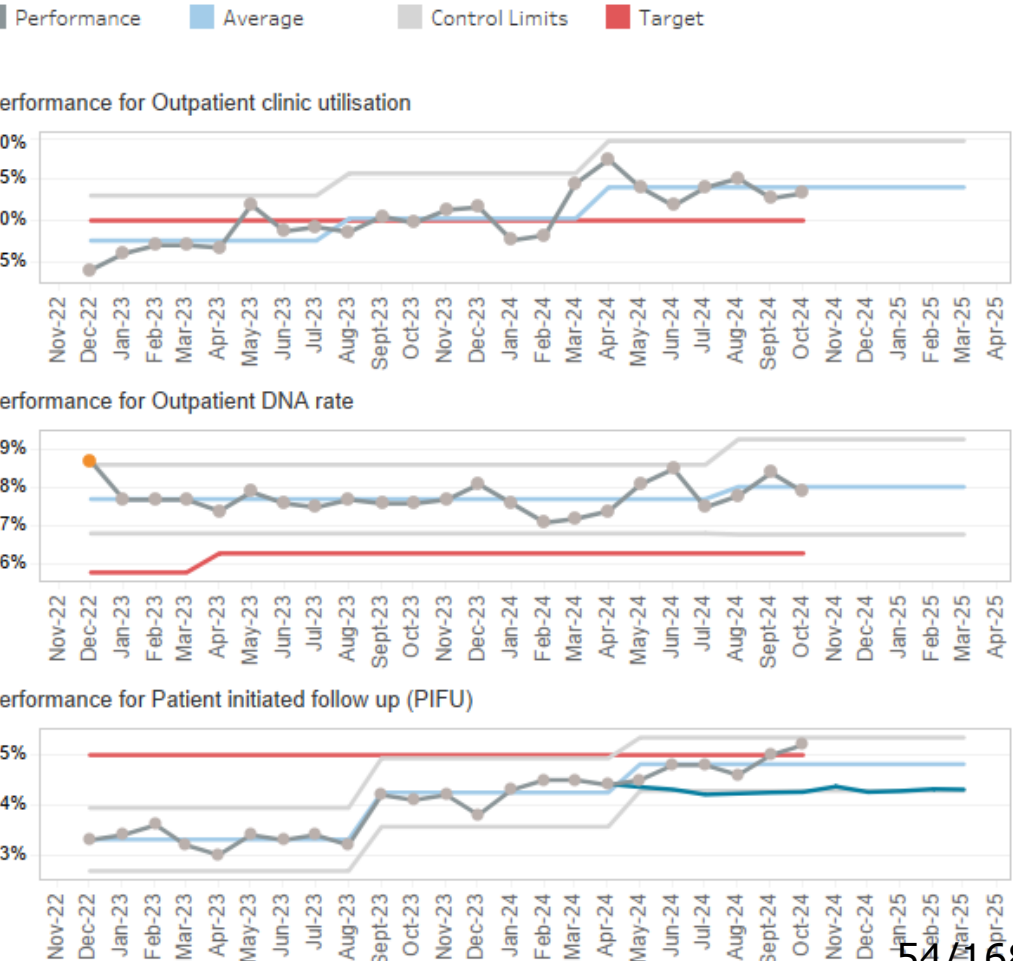
- Key actions taken:
- DNA deep dive to be presented to F&P is planned for November.
 - A review of the prevalent factors for DNA's. being undertaken.
 - A review of the mobile number extract has been completed, which will increase the overall numbers and be sent for reminders.
 - Telephone number audit completed from reminder service text failures. Findings shared with team.
 - T&F group established with Medicine & Paediatrics.
 - Monitoring of the in-month position continues.

The October PFIU rate improved to 5.2%, which exceeds the national target of 5% for the first time.

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

Signed off by	Mike Allison
Executive Lead	Jackie McShane

Target	Actual	6-month trend	Previous Performance						1-month Forecast
<= 6.3%	7.9%	➡	▲	▲	▲	▲	▲	▲	▲
>= 90%	93.3%	➡	●	●	●	●	●	●	●
>= 5%	5.2%	⬆	▲	▲	▲	▲	●	●	●



Operations Outpatient First and Procedures

Target	Actual	6-month trend	Previous Performance	1-month Forecast
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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.

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

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

Performance Summary

- The current year-to-date position has improved through validation work identifying activity being recorded on PAS as follow up when it should be new. The capture of outpatient procedures is also key to this metric and impacts on the income received under elective recovery funding. The year to-date position is now 42.9% with October being 43.2%.

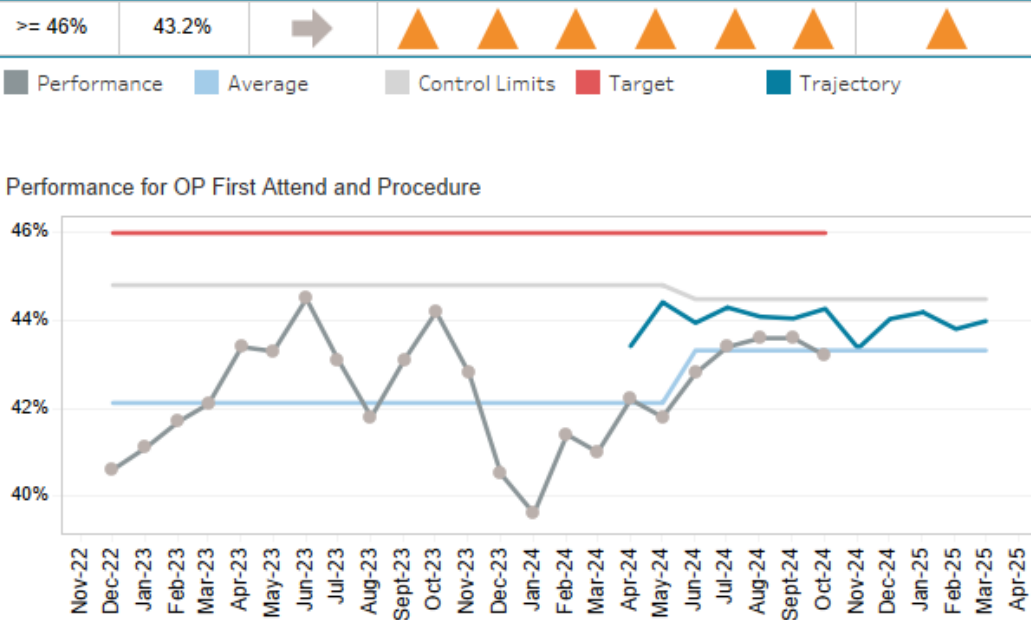
Risks and Issues

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

Actions and Mitigations

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

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Updated provided by	Debbie Hope
Executive Lead	Jackie McShane

Operations Theatres

Target

Actual

6-month
trend

Previous Performance

1-month
Forecast

Capped Touch Time Utilisation The overall time spent operating, calculated as a percentage of the overall planned session time. Session overrun time is excluded.

>= 85%

77.6%



Performance Summary

- The latest (28/10/24 refresh) Model Hospital capped elective theatre utilisation Trust performance data is 74.9% - below the Peer median of 77.9%.
- Trust capped elective theatre utilisation performance has slipped to 3rd best in GM.
 - General Surgery is 82.0%, above the 80.0% peer average.
 - T&O is 73.4%, below the 79.2% peer average.
 - Gynaecology is 85.5%, below the 85.7% peer average.
 - ENT is 71.5%, below the 78.4% peer average.
 - Ophthalmology is 69.4%, below the 78.4% peer average.
 - Oral Surgery is 56.7%, below the 71.1% peer average.
 - Urology is 79.3%, above the 76.2% peer average.
- There has been ongoing disruption to theatre sessions due to EUCC construction activities. This continues to be managed on a day-to-day basis, but it is a significant challenge which has direct and indirect impact on other theatres, specialties, theatre efficiency performance metrics, patient experience, patient safety, elective activity plan, 28 day rebooking standard and plans for long-wait reduction.
- NHS GM have commissioned an independent review of theatre performance by FourEyes with the output presented to teams

Risks and Issues

- Significant disruption due to EUCC construction activities – anticipated until February 2025.
- The above has contributed to a deteriorating activity plan and negatively impacted capped elective theatre utilisation.
- Sickness in the pre op team impacting on capacity for patients that are ready to be added to theatre lists.

Actions and Mitigations

- Mitigation plan in place to take 2 theatres out of use, to afford flexibility
- Daily theatre performance meetings to provide support and increase oversight and assurance; focus on poorly performing specialties
- Elective activity recovery planning
- Mutual aid – WWL for T&O
- Independent sector – Circle Group e.g. 60 cases of primary hip/knee replacements & 20 General Surgery cases per month
- Draft an assurance plan to understand the activities undertaken by clinical teams when activity is stood down
- Bolstering of the cancellation policy to ensure minimum authorisation by Divisional Director
- Refresh of risk assessment

Signed off by

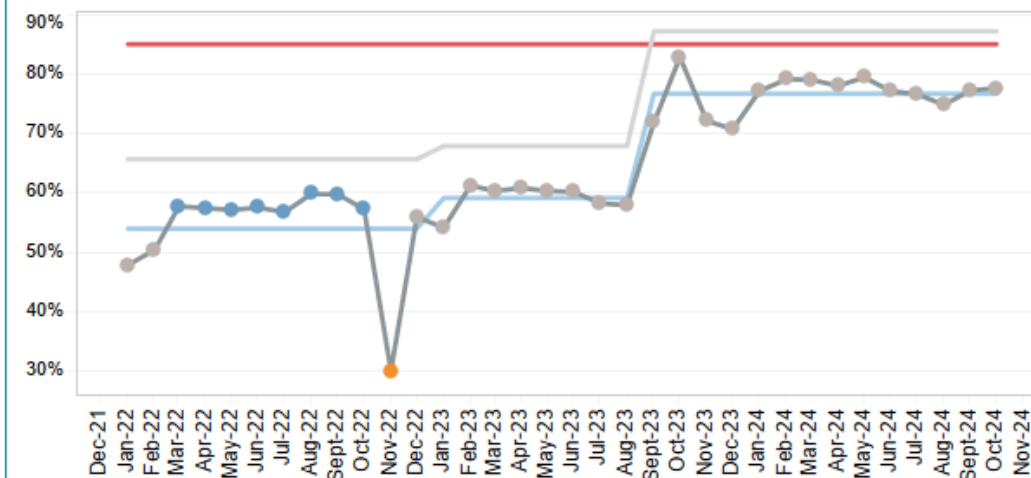
Karen Hatchell

Executive Lead

Jackie McShane

■ Performance ■ Average ■ Control Limits ■ Target

Performance for Capped Touch Time Utilisation



Workforce Sickness Absence

Target	Actual	6-month trend	Previous Performance	1-month Forecast
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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%	6.3%	↘	▲ ▲ ▲ ▲ ▲ ▲ ▲	▲
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Absence has increased in October by 0.68% to 6.28%. The increase is driven by a rise in short term absence for coughs and colds. This increase is a seasonal increase which we see every October.

The main reason for sickness remains Anxiety, stress and depression which accounts for 31.7% of the sickness. We continue to promote the services and support available which include, the SPAWS service, Occupational Health and Maximus. It will also be shared that NHS 111 now has a specific mental health option should people contact them.

Back/Musculoskeletal problems account for 16.2% of sickness absences. Divisions are encouraged to seek the provision of the Physiotherapy service available for staff via Occupational Health. Divisions are also encouraged to ensure manual handling training is completed by staff and that necessary risk assessments are completed

The menopause clinic continues to be well attended supporting staff who are in work but in need of some support. SPAWS continues to support staff who are struggling with their mental health. Divisions have also been reminded of Maximus, which is available to support staff to take care of their mental health and posters have been sent round to all divisions giving advice of how to manage General Anxiety Disorder in work.

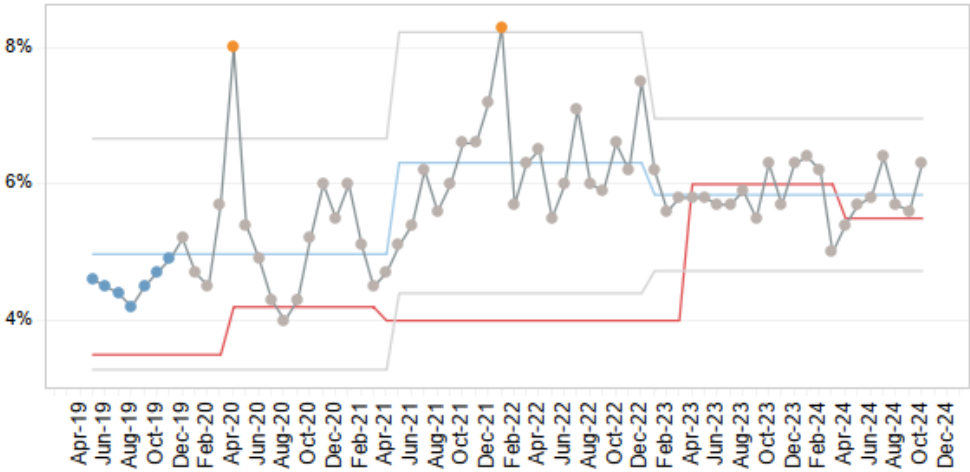
The Deputy Director of People and OD continues to chair sickness meetings with divisions to discuss their most challenging cases and to add support. These sessions not only focus on the long-term cases, but also look at opportunities for productive work for staff, being able to bring staff back to work as soon as possible, recognising that this may mean to an alternative role and/or duties and creative phased returns to work.

We have our lowest long-term sickness rate in last 12 months, with no absences over 12 months and a significant (75% reduction) reduction in those absent the longest.

We participated in a GM peer review process for attendance management, in October, which provides a ‘check and challenge’ opportunity and will identify learning from our ‘peer’ organisation.

Flu and COVID-19 vaccinations are offered by the Trust and are well publicised with take up rates monitored by the divisions weekly. Time is given to staff to be vaccinated should they so wish.

Performance for Sickness Absence: Monthly Rate



Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce Turnover

Target	Actual	6-month trend	Previous Performance	1-month Forecast
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Workforce Turnover

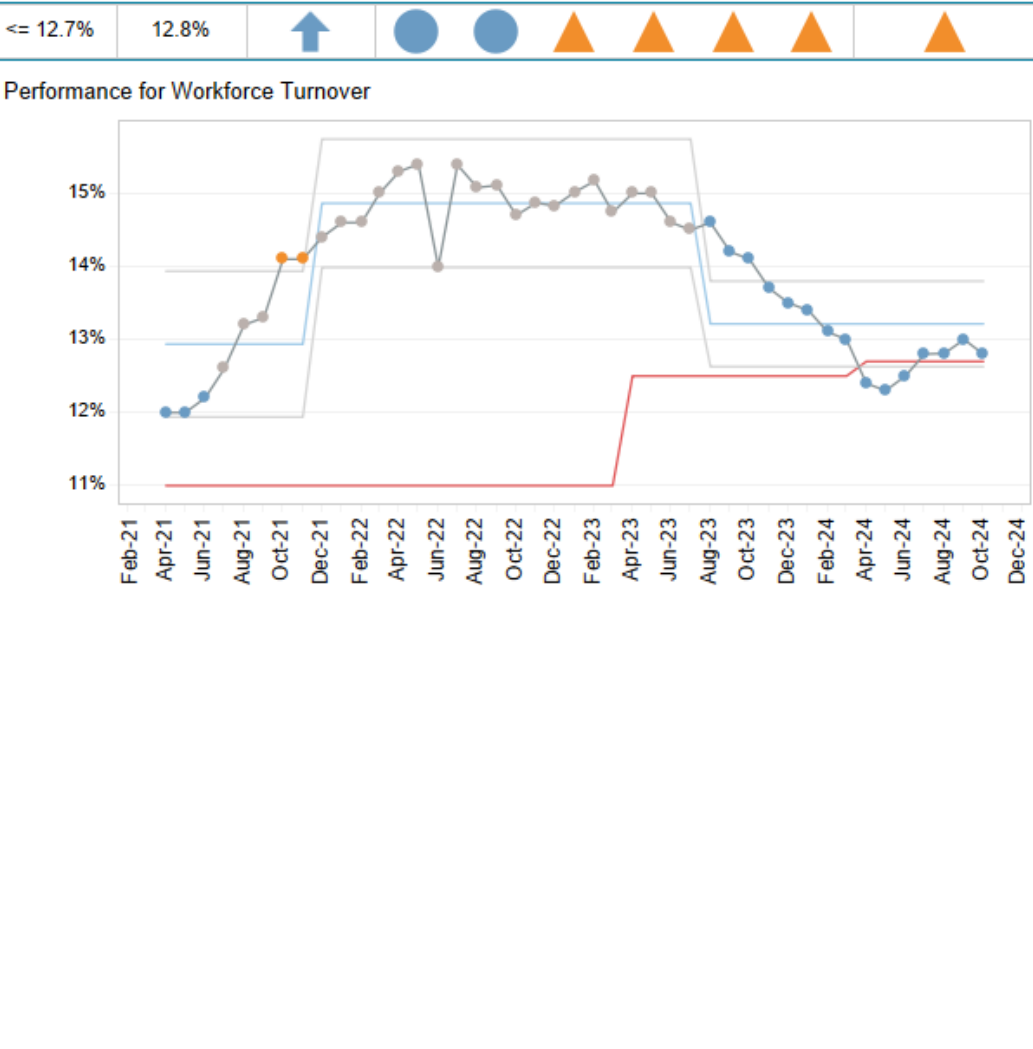
The percentage of employees leaving the Trust and being replaced by new employees.

The annualised unadjusted turnover rate to October 2024 was 12.8% and is a decrease of 0.2% compared to September 2024. This is also a reduction compared to October 2023 (14.06%). The adjusted turnover rate for October 2024 is 11.70%.

Integrated Care has the highest adjusted turnover rate of 14.94%, followed by Medicine & UC (13%). CSS has the lowest turnover rate (9.67%). The Additional Clinical Services staff group has the highest turnover rate with 15.52%, however, this has reduced from 15.88% compared to September. HCA numbers are expected to increase over the coming months following a successful recruitment day.

The top known leaving reasons for the 12 months to April 2024 was Voluntary Resignation:

- Relocation – 21.88%
- Work life Balance – 20.31%
- Promotion – 14.06%



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Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce Appraisal Rates

Target	Actual	6-month trend	Previous Performance	1-month Forecast
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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%

89.3%

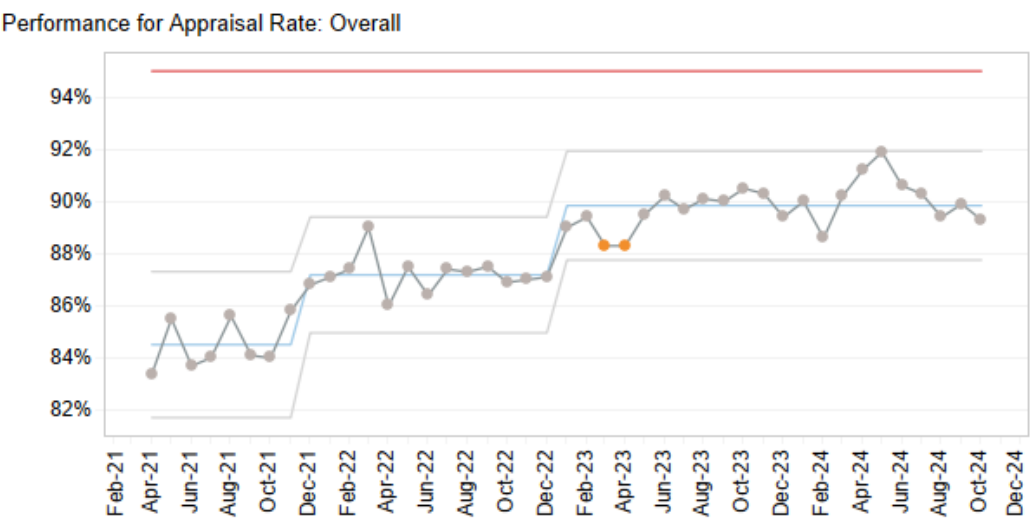
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▲

Based on October's data, the current Trust appraisal compliance rate stands at 89.3% against a target of 95%. To support and encourage managers and appraisers with:-

- Understanding the new Let's Talk appraisal conversation tool – the OD service continues to facilitate monthly online briefing sessions as well as providing bespoke sessions for individual departments and teams who have reached out for additional support.
- Recording appraisals – The availability of the Do It Online form has been extended until 31/3/25. In the meantime, managers/appraisers can record appraisal completion via this option as well as the use of ESR and have been reminded not to overlook this aspect of the whole process.
- An appraisal audit has been undertaken and proposals made to the process which will be initiated in the new Year.



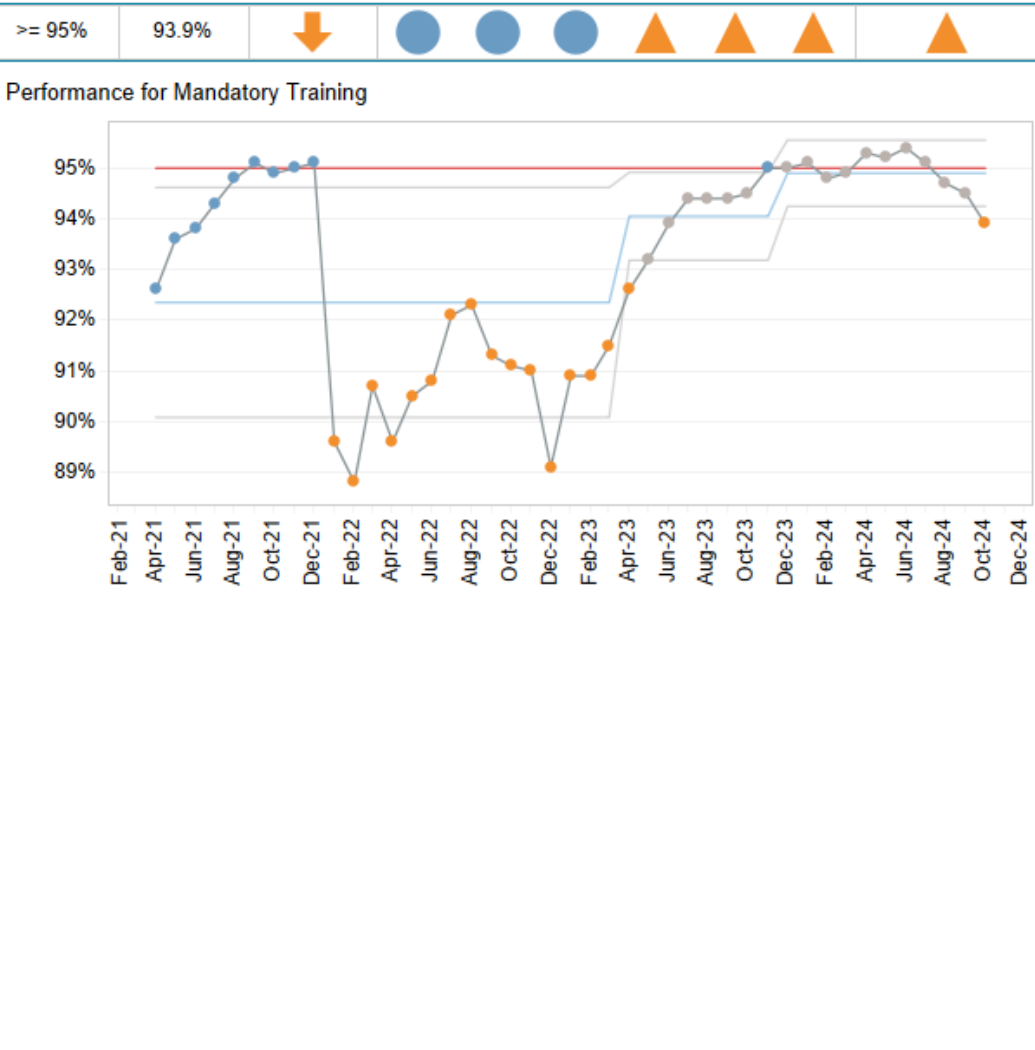
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Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Workforce Mandatory Training

Target	Actual	6-month trend	Previous Performance	1-month Forecast
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Mandatory Training	The percentage of statutory & mandatory training modules showing as compliant.
<p>Mandatory training has again seen a slight decline in compliance from September data and now stands at 93.9%. This downward trajectory reflects new starters in August, and September as well as low delegate numbers and an increase in withdrawals from training sessions.</p> <p>Going forward the auto withdrawal function will be restricted, and withdrawals will be addressed directly with individuals and their managers to reduce non-utilisation. The Learning & Education Team continue to work closely with managers to book colleagues onto required training and continue to work with educators in each division to support colleagues in completing their eLearning.</p> <p>A 'New Starters' tab is shared with the mandatory training performance report to make divisions aware of compliance as soon as colleagues arrive in the Trust. The Clinical Skills Team continue to provide bespoke sessions for resus and moving and handling for teams where there are challenges in releasing staff to attend sessions.</p>	



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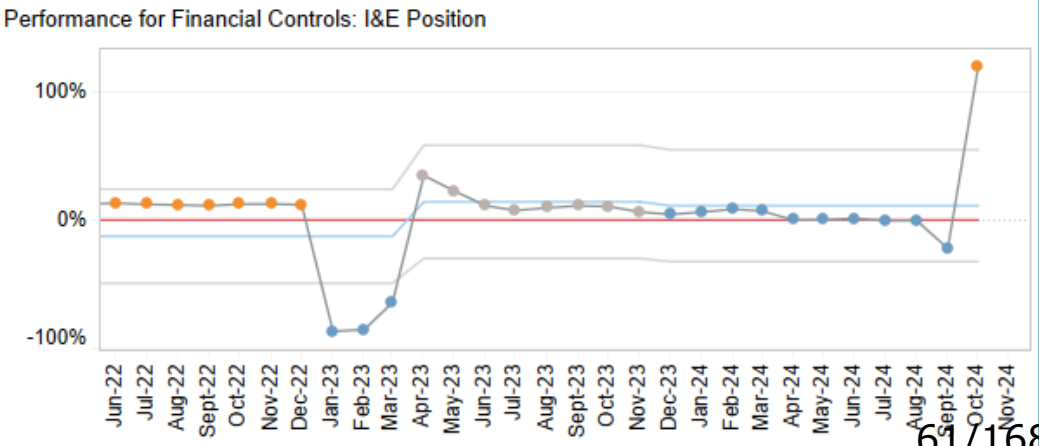
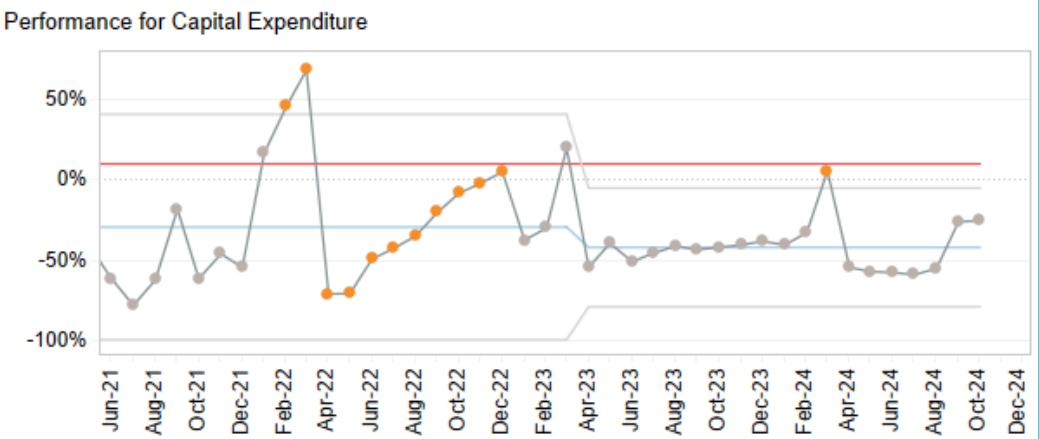
Signed off by	Emma Cain
Executive Lead	Amanda Bromley

Finance

Financial Controls: I&E Position	The actual financial position, displayed as a percentage variance from the planned financial position.
Cash Balance	The amount of cash balance in Trust accounts. Figures displayed are millions per month.
CIP Cumulative Achievement	The value of the actual CIP achievement, displayed as a percentage variance from the planned CIP achievement.
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.

Target	Actual	6-month trend	Previous Performance	1-month Forecast
<= 0%	118.4%	↓	● ▲ ● ● ● ▲	▲
	34.2	↑		
>= 0%	15.8%	↗	● ● ● ● ● ●	●
<= 10%	-25.5%	↓	● ● ● ● ● ●	●

- Risks**
- Elective Recovery Fund (ERF) - There is a continued risk that the activity recovery plan will not deliver in full, to achieve the ERF plan for the year. There are currently further disruptions to theatres caused by Emergency and Urgent Care Campus (EUCC) work which will adversely affect the position further. It has also now been clarified that the additional £5.8m independent sector money will be added in full to the target for ERF but this is being challenged.
 - Cash - In October, the Trust has received a total of £41.3m deficit support funding. As a result of the deficit support funding, discussions are required regarding the potential repayment of the £15.6m revenue support PDC received in 2024/25, with the forecast shown assuming repayment of £13m in March 2025. The cash balance risk is minimal at this stage in the year but will increase in line with the potential PDC repayment towards the end of the year.
 - Capital - Continuing to progress schemes that were part of the original non-compliant plan will now result in a gap of £15.1m between current available funding and expenditure. This will present further challenges with cash management. The limited availability of capital given the condition of the estate at Stockport presents a higher revenue risk from both an expenditure perspective and a loss of income.
 - The STEP target for 2024-25 has been set at 5% (£24.6m), with 50% recurrent. Delivery of this level of savings is challenging for the Trust in year and recurrently; however, all schemes considered continue to be assessed through the Quality and Equality Assessment process.



Curtis Soile
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				Agenda No.	10
Meeting date	5 th December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Financial Position Month 7 2024/25				
Director Lead	John Graham Chief Finance Officer	Author	Kay Wiss Director of Finance		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Board of Directors is asked to receive the Financial Position Report for Month 7 2024/25, to update on the current financial position in support of the Integrated Performance Report.					

This paper relates to the following Annual Corporate Objectives

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

The paper relates to the following CQC domains

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

This paper relates to the following Board Assurance Framework risks

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

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

Where issues are addressed in the paper

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

Executive Summary

The Trust has a deficit of £2.0m at Month 7 (October) 2024/25, which is an adverse variance of £1.3m to plan. Since the last finance report to the Board in Month 5, the Trust has received system support funding of £41.3m to revise the annual planned deficit from £43.8m to £2.5m. This funding is cash-backed and the Trust's overall cash position improved by £24m in relation to this in October 2024 and the cash risk has reduced on the significant risk register from a score of 25 to a current score of 10.

A detailed finance paper was presented to the Finance & Performance Committee on the 21st November 2024 and this paper is the summarised key extracts from that paper.

The first stage of the pay award including arrears has been transacted in October 2024, with the rest due to be paid in November 2024; there is a shortfall in funding of an estimated £0.5m reported as a variance for this.

The Trust had incurred £0.6m earlier in the year in unfunded industrial action costs and the Trust continues to be below plan for Elective Recovery Fund underperformance.

Temporary staffing costs via an agency have moved below the 3.2% target at 2.9% in October, after adjusting for the pay award arrears. This remains one of the key focus areas within the financial plan and is overseen by the Workforce Efficiency Group.

The Trust has delivered savings of £8.7m at Month 7 which is £1.2m ahead of profiled plan; the savings plan for the year is weighted towards the second half of the financial year and focus remains on delivering recurrent savings. The total plan for 2024/25 is £24.6m.

The forecast remains to deliver the financial plan for 2024/25 subject to risks highlighted within the paper

The Trust has spent £16.9m against a capital plan of £20.1m to date; costs have been incurred on the Emergency Care Campus, the MRI scheme and the essential network cabinet refresh. The current forecast is an overspend of £15.1m but a decision on the Targeted Investment Fund is expected shortly.

Curtis Soile
29/11/2024 10:46:10

Board of Directors

Financial Performance Month 07 (October)

John Graham
Chief Finance Officer



Curtis Soile
29/11/2024 10:46:10

1. Overall financial position	Slides 3 - 4
2. Key Risks	Slides 5 - 7
3. Cash	Slides 8 - 9
4. Key drivers of the financial position	
a. STEP	Slide 10
b. Staff & WTE	Slides 11 - 12
c. Temporary Staff	Slides 13 -15
5. Capital	Slide 16
6. Recommendations	Slide 17

Curtis Soile
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1. Overall Financial Position M7 2024-25

Income & expenditure Position	October 2024 (M07)			Year to Date			Forecast		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Total Income	46.3	47.2	0.9	289.9	291.0	1.0	487.2	489.1	1.9
Substantive Staff	(30.6)	(30.1)	0.5	(178.0)	(177.2)	0.8	(297.6)	(300.3)	(2.7)
Bank Staff	(3.1)	(3.5)	(0.4)	(20.7)	(20.6)	0.1	(35.9)	(34.3)	1.6
Agency Staff	(1.3)	(0.8)	0.5	(9.0)	(6.3)	2.7	(15.0)	(9.3)	5.6
Pay Costs	(35.0)	(34.3)	0.7	(207.7)	(204.2)	3.6	(348.5)	(343.9)	4.5
Drugs	(1.7)	(1.7)	0.0	(14.0)	(13.9)	0.1	(23.6)	(23.9)	(0.3)
Clinical Supplies & Services	(2.4)	(2.6)	(0.3)	(17.6)	(19.3)	(1.7)	(30.8)	(32.7)	(1.8)
Other Non Pay Costs	(5.4)	(7.7)	(2.3)	(35.3)	(39.5)	(4.2)	(58.9)	(63.4)	(4.5)
Below the Line	(2.3)	(2.2)	0.1	(16.2)	(16.0)	0.1	(28.1)	(27.6)	0.4
Total Expenditure	(46.7)	(48.5)	(1.8)	(290.8)	(292.9)	(2.1)	(489.9)	(491.6)	(1.7)
TRUST SURPLUS / (DEFICIT)	(0.4)	(1.3)	(0.9)	(0.9)	(1.9)	(1.0)	(2.8)	(2.5)	0.3
Add back Donations of cash for charitable assets	-	-	-	-	(0.3)	(0.3)	-	(0.3)	(0.3)
Remove capital donations/ grants/peppercorn lease I&E impact	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.2	0.0
Remove PFI revenue costs on an IFRS 16 basis	0.1	(0.0)	1.0	1.1	0.1	1.7	1.8	0.1	-
Add back PFI revenue costs on a UK GAAP basis	(0.1)	0.0	(1.0)	(1.0)	(0.0)	(1.7)	(1.7)	(0.1)	-
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	(0.4)	(1.3)	(0.9)	(0.7)	(2.0)	(1.3)	(2.5)	(2.5)	0.0
Stockport Trust Efficiency Programme (STEP)	2.8	2.5	(0.3)	7.5	8.7	1.2	24.6	24.6	-
Efficiencies as % of expenditure	6.1%	5.2%		2.6%	3.0%		5.0%	5.0%	
Capital expenditure	(2.4)	(2.5)	(0.1)	(20.1)	(16.9)	3.2	(30.1)	(45.2)	(15.1)

- **In month:** The Trust's deficit is £1.3m to date, which is £0.9m adverse to plan in month. The adverse variance from plan in month is due to a shortfall in income to cover pay award costs, additional enhanced care costs unmitigated and continued risk on the elective recovery fund (ERF) clawback.
- **Year to date:** In the seven months to date the total deficit is £2.0m, which is £1.3m adverse to plan. The variance from plan year to date is due to:
 - (£0.6m) cost of industrial action
 - (£1.2m) estimated ERF under performance
 - (£0.5m) pay award pressure
 - (£0.2m) enhanced care
 - £1.2m CIP ahead of the profiled plan
- **Forecast:** The Trust reported forecast out-turn position is in line with the revised planned deficit of (£2.5m).
- **Cost Improvement Programme (CIP):** The Trust has delivered £8.7m of savings after 7 months of the financial year against a Stockport Trust Efficiency Programme (STEP) target of £7.5m, so is £1.2m ahead of the profiled plan. In year £18.2m (74%) of the full year £24.6m CIP target has been delivered, however only £4.9m (39%) of the recurrent target. Delivery of recurrent CIP is the key financial focus for the Divisions.

2. Key Risks within the Financial Position

Pay award

- The latest position on pay award (including estimates for junior doctors, band 8+ additional incremental points, very senior managers and NHS Professionals bank staff) is a pressure of c.£0.5m.
- This has reduced as income values have been confirmed from Integrated Care Boards (ICBs) and Health Education England (HEE). No income has been assumed as this stage for pay award from the local authority c.£1.3m.
- Whilst the total risk to Greater Manchester (GM) is being collated this is not currently forecast in the overall plans for Trusts.

Elective Recovery Fund

- Section 5 of this report gives further detail on the latest ERF income and activity position.
- There is a continued risk that the recovery plan will not deliver in full, to deliver the ERF plan for the year.
- There are currently further disruptions to theatres caused by EUC work which will adversely affect the position further.
- It has also now been clarified that the additional £5.8m independent sector money will be added in full to the target for ERF but this is being challenged.

2. Key Risks within the Financial Position

Increased emergency demand and specialist patients

- The Trust continues to see high level of emergency attendances and high OPEL level scores, which relates to continued operational challenges on achieving targets. There is no additional funding to cover the winter period and increased costs of escalation.
- There is a patient requiring 24-hour specialist care who is likely to be with the Trust for a significant period. This is not a GM patient and therefore there needs to be funding resolution to this brokered via the systems. This is being pursued through the Provider Oversight Meeting. At this stage, costs are included in the position (c£240k year to date and c£700k forecast), but no additional income is assumed until discussions with commissioners has been finalised.

Capital

- The capital position remains challenging. The Trust has resubmitted the capital plan for 2024-25 and now has a compliant plan totalling £35.2m including £6.1m which has been received to support the purchase of the Meadows and £3.5m for IFRS16.
- Continuing to progress schemes that were part of the original non-compliant plan will now result in a gap of £15.1m between funding and expenditure.

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2. Key Risks within the Financial Position

Cash

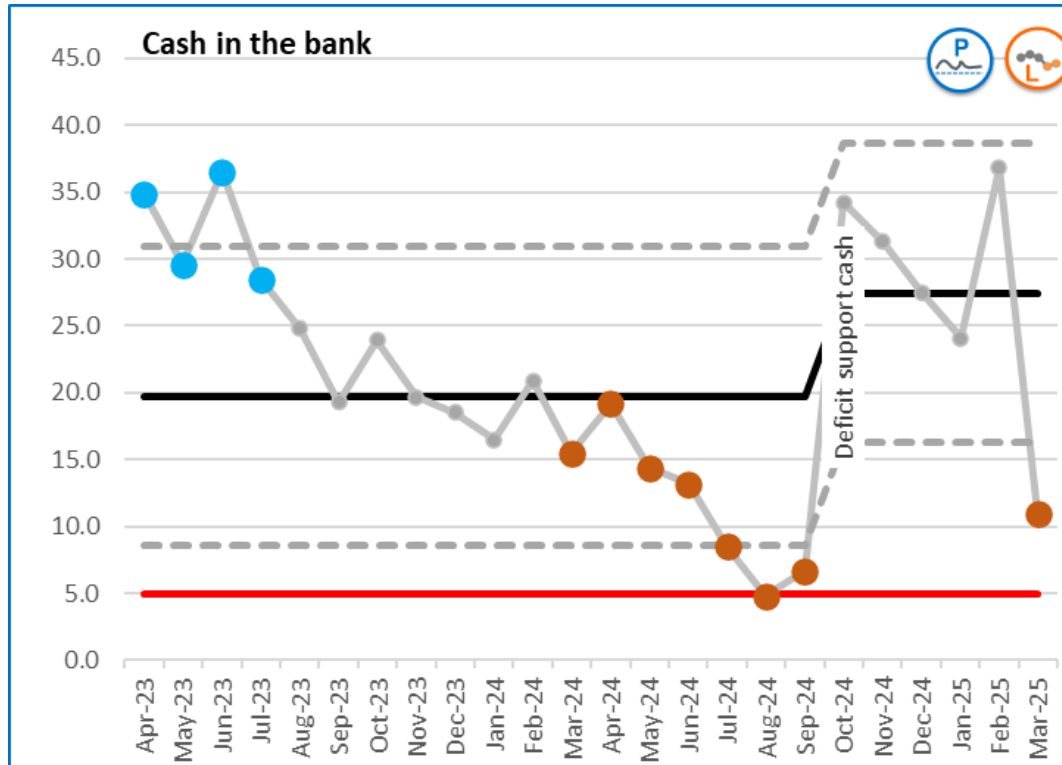
- In October, the Trust has received a total of £41.3m deficit support funding. As a result of the deficit support funding, discussions are required regarding the potential repayment of the £15.6m revenue support PDC received in 2024/25, with the forecast shown assuming repayment of £13m in March 2025.
- The cash balance risk is minimal at this stage in the year but will increase in line with the potential PDC repayment towards the end of the year.

Other

- Estate risk - The limited availability of capital given the condition of the estate at Stockport presents a higher revenue risk from both an expenditure perspective and a loss of income. Several critical infrastructure risks which were known when the plan was submitted but without investment are leading to a further deterioration in the site. This increases the risk to further failures of the estate potentially impacting on service delivery, activity and unplanned expenditure including temporary staffing costs.
- Industrial action - Additional costs and loss of activity due to industrial action was not included in the planning process. Whilst further action is not anticipated, the industrial action in June and July has impacted activity, expenditure and cash. As previously reported, this pressure must be covered by Trusts, additional ICS funding will not be made available.

3. Cash

a. Cash Position



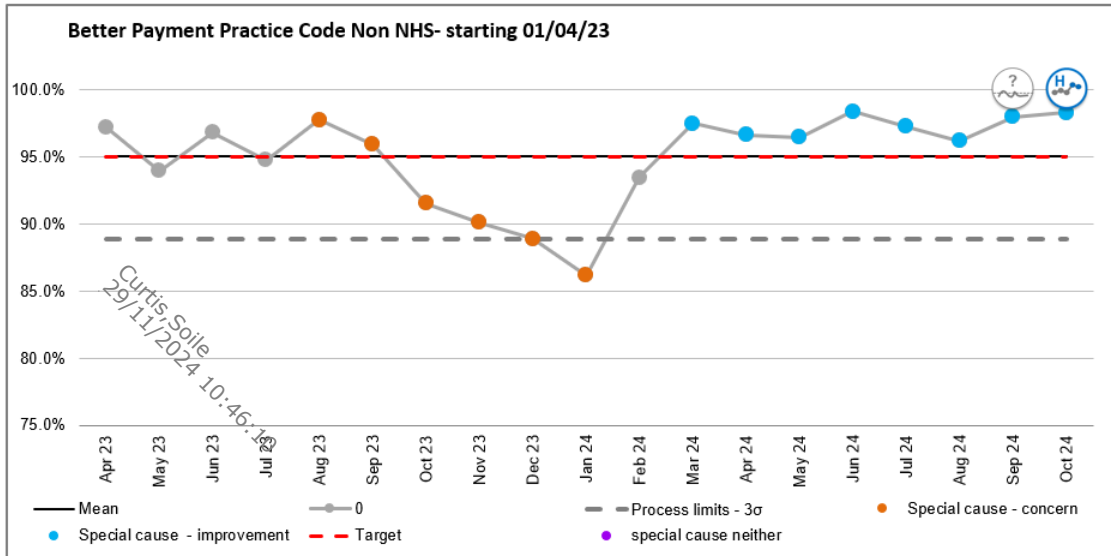
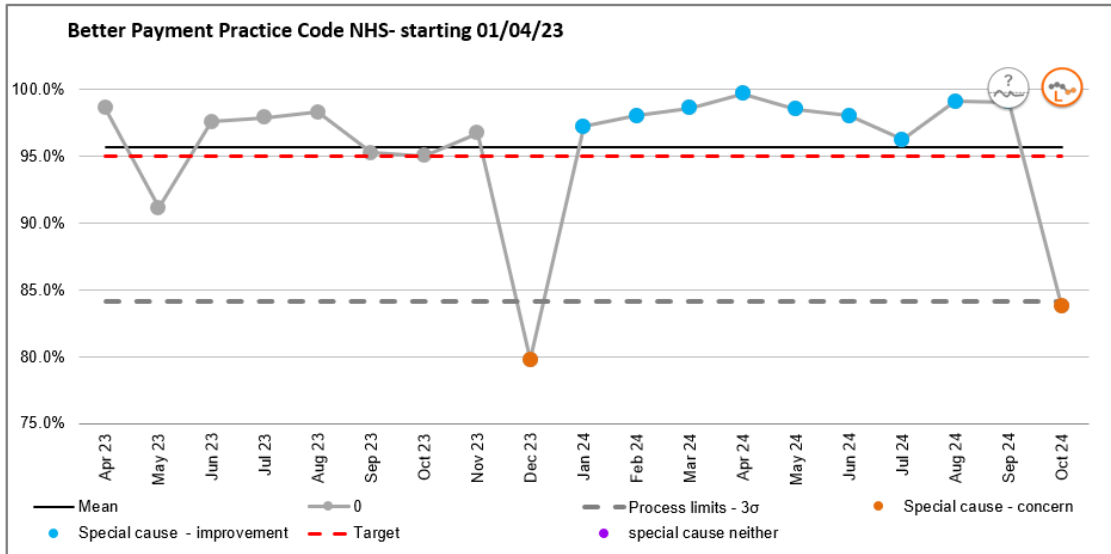
Cash at the end of October was £34.2m, an increase of £27.5m from September primarily due to the receipt of £24.0m deficit support funding and payments for the pay award.

As a result of the deficit support funding, discussions are required regarding the repayment of the revenue support PDC received in 2024/25 (total £15.6m), with the forecast shown assuming repayment of £13m in March 2025.

Cash balances are expected to fall back to the Trust minimum cash balance over the remainder of the year. Forecasting and updating of cash balances, including the impact of the deficit funding, pay award and capital expenditure will continue to be monitored closely by the Cash Monitoring Group.

3. Cash

b. Better Payment Practice Code



The Better Payment Practice Codes (BPPC) sets the target for 95% of all valid invoices to be paid within the agreed timeframe.

Performance against the standard is reported for both NHS and non-NHS invoices, as shown in the charts.

October performance:

- The reduction is due to the outcome of an exercise to review purchase and sales ledger balances across GM Trusts.
- The review has led to the payment of invoices that were previously on hold and not included in BPPC metrics, that have now been counted as overdue at time of payment.
- It relates to 35 invoices at a value of c£300k, paid to Northern Care Alliance.
- There is a potential for further future impact of invoice payments to Pennine Acute Hospitals and Tameside Hospital.
- Delays are partly related to agreements for inflation and Service Level agreements disputed

4. Key Drivers of the Financial Position

a. STEP (Stockport Trust Efficiency Programme)



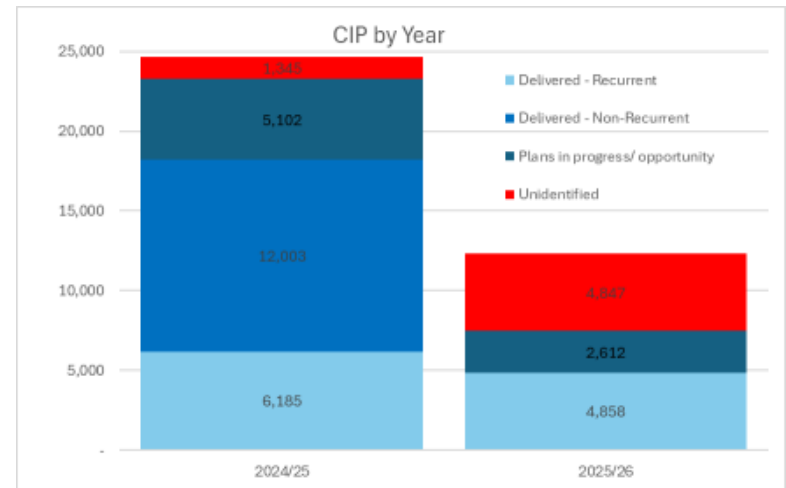
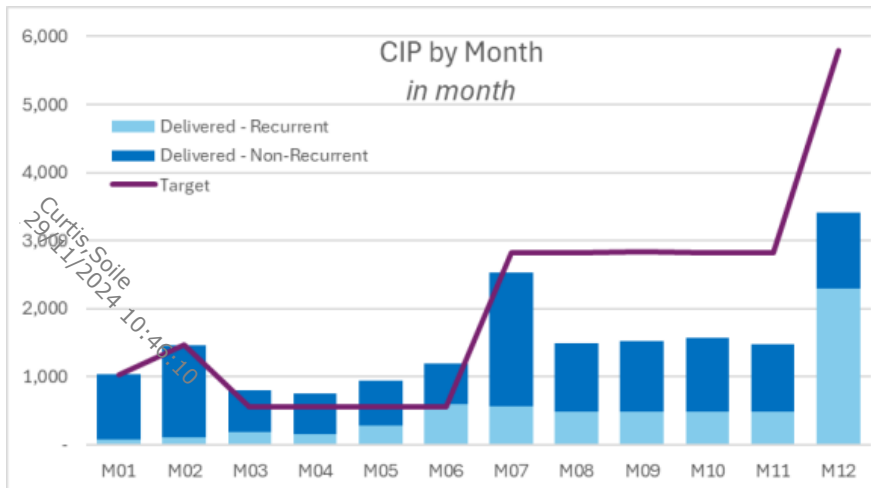
The Trust STEP target for 2024-25 is £24.6m, split evenly between recurrent and non-recurrent savings. The Trust has delivered £18.2m (74%) of the in-year target to date, but only £4.9m (39%) of the 2025/26 requirement.



The profile of savings required increased from £0.55m per month for Q2 to £2.8m per month for Q3 and Q4, with a final spike of £5.8m savings needed in March 2025. This is shown in the left-hand chart below.



Forecast technical CIP has already been included in plans, the shortfall in year delivery remains with the divisions. All previous unpalatable schemes are being revisited as well as divisional mitigation plans being in place. The Q3 deep dives will increasingly start to focus on developing plans to address the unidentified gap in 2025-26.



4. Key Drivers of the Financial Position

b. Staff and WTE reconciliation - WTE

Month	Substantive WTE	Bank WTE	Agency WTE	Total WTE	Bank %	Agency %
Oct-24	5,442	523	89	6,053	8.6%	1.5%
Sep-24	5,425	537	91	6,053	8.9%	1.5%
Aug-24	5,417	572	96	6,085	9.4%	1.6%
Jul-24	5,437	539	102	6,078	8.9%	1.7%
Jun-24	5,477	531	83	6,091	8.7%	1.4%
May-24	5,484	518	85	6,088	8.5%	1.4%
Apr-24	5,460	484	85	6,029	8.0%	1.4%
Mar-24	5,468	589	110	6,166	9.6%	1.8%
Feb-24	5,469	557	111	6,136	9.1%	1.8%
Jan-24	5,456	560	115	6,132	9.1%	1.9%
Dec-23	5,450	501	110	6,060	8.3%	1.8%
Nov-23	5,419	550	128	6,097	9.0%	2.1%
Oct-23	5,419	542	145	6,106	8.9%	2.4%
Sep-23	5,319	533	139	5,991	8.9%	2.3%
Mar-23	5,356	579	265	6,200	9.3%	4.3%



Total WTE static compared to September, and still represents a reduction from March 2024.



Agency has reduced again in month; however, this remains higher than trend at start of the year and remains a key focus particular the longer-term medical locums.

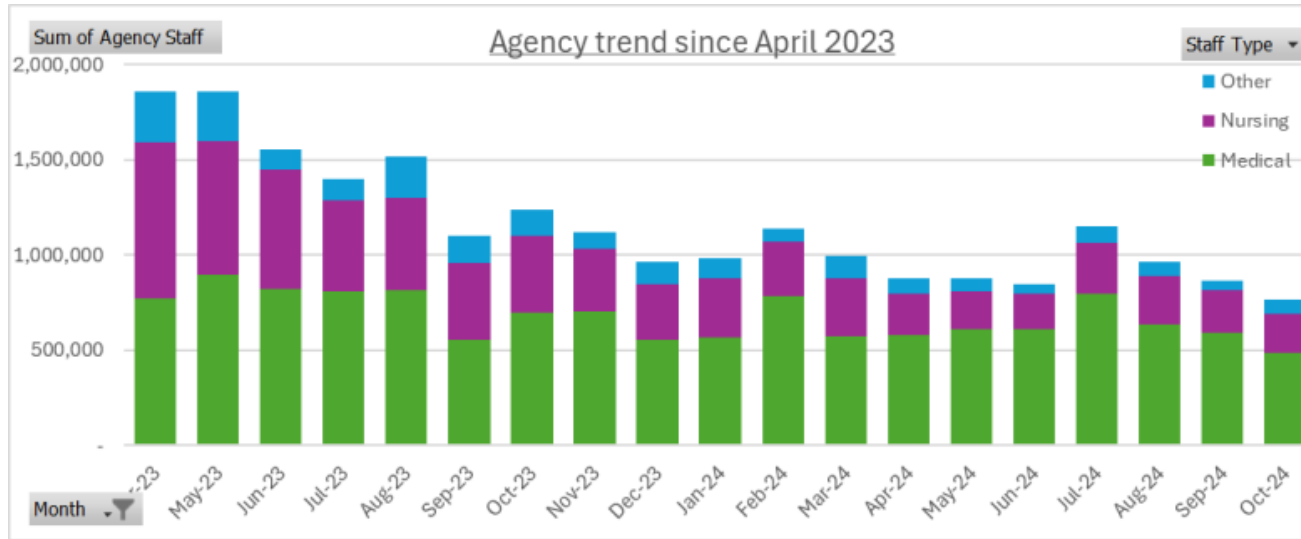
October has seen a small increase in substantive staffing and small reductions in both bank and agency, meaning that the position overall is static compared to September.

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

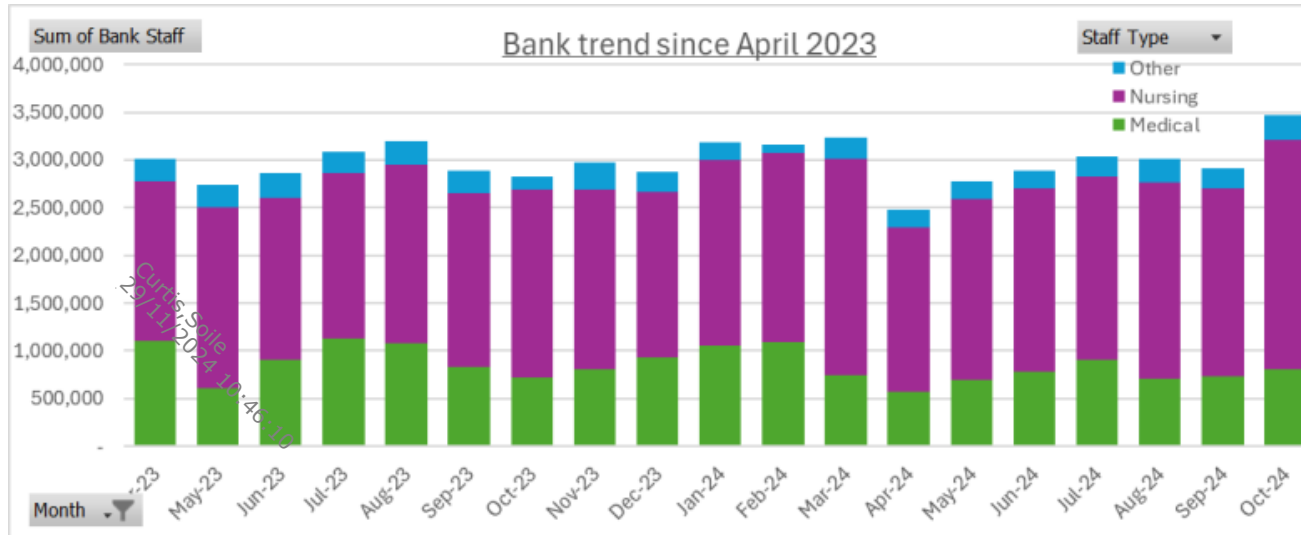
WEG continues to focus on bank and agency staffing and understanding the reasons for this and the forecast for the remainder of the year. Specific work is underway on a post-by-post basis for the remaining long-term agency medical staff which is being reviewed at the Workforce Efficiency Group.

4. Key Drivers of the Financial Position

b. Staff and WTE reconciliation - £



Agency costs remain relatively static in 2024/25, with the peak in July driven by strike cover costs. Focus remains on the post-by-post deep dive to explore how this can be reduced, which links to CIP delivery.



Bank costs for October include an accrual for NHS Professionals backpay costs for the pay award. This has been agreed for all staff paid standard rates linked to the appropriate band for the role covered. However pay award has not been agreed for those already paid enhanced rates.

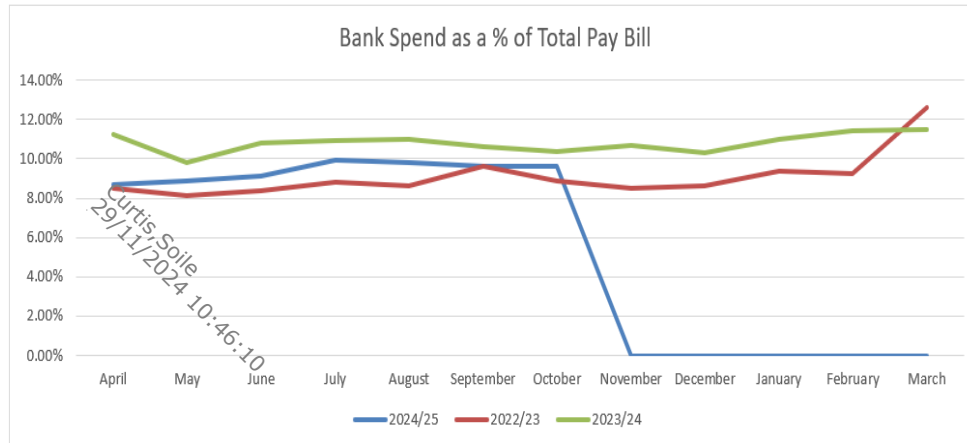
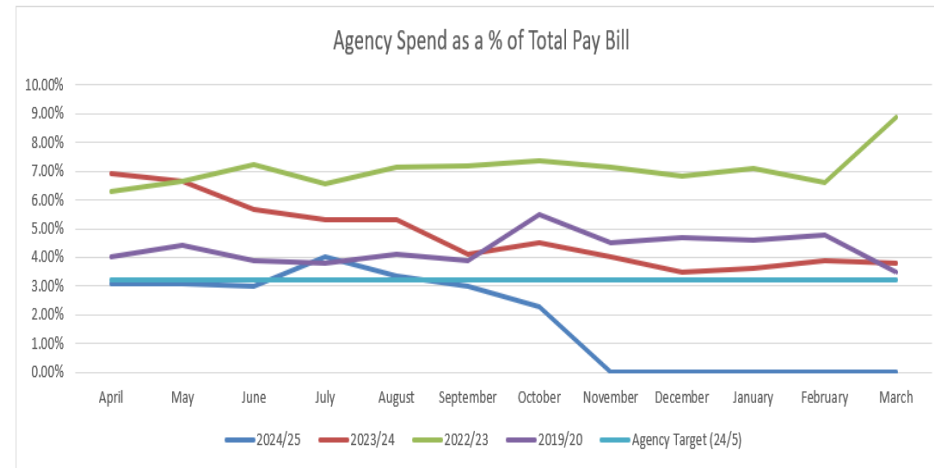
This supports the data shown in the SPC charts on the following slides.

5. Key Drivers of the Financial Position

c. Temporary Staffing

In October 2024, 2.3% of the total pay bill related to agency usage, below the 2024/25 target of 3.2%. This is a decrease of 0.7% compared to month 6. Please note that these figures are impacted by the pay award & arrears made to staff in October. By removing the pay award costs, the agency usage would be 2.9%, which is a decrease of 0.1% compared to last month.

As at Month 6, Bank and agency usage collectively accounts for 12.6% of total pay costs, a reduction from 12.7% in August.



Bank usage accounted for 85% of our overall temporary pay bill, against the GM target of 75%. The YTD position is 3.1% of the total pay bill related to agency usage which is an improved position in comparison the to the YTD position in October 2023, of 5.5%.

4. Key Drivers of the Financial Position

c. Temporary Staffing

Previously reported actions continued to be delivered and are now business as usual.

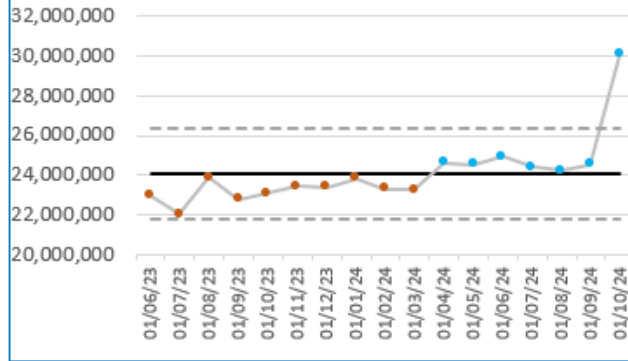
In addition to these the following work has continued and is currently underway to reduce agency and bank spend:

- Workforce Efficiency Group (WEG) is undertaking a review of agency workers who are non-compliant with the price cap and working with Divisions to drive improvements with compliance with the NHSE price cap. Engagement with ID Medical Agency is underway, with a regular schedule of meetings with Divisions in place to support recruiting to some of the longer standing hard to recruit to medical vacancies and to provide better competitive rates.
- We have completed our registration for NHS Emeritus and continue with implementation phase, scoping out opportunities. We have identified several long-term Consultants, and the Emeritus team are working with the relevant services to identify suitable placements to replace the agency workers, where possible. At month 6 there has been poor take up from the Emeritus registered clinicians and we are working with NHS Emeritus to look to improve this position.
- We are engaged collaboratively with Tameside Integrated Care NHS Foundation Trust and our direct engagement providers Liaison to undertake an exercise with agencies to reduce rates and agree a standardised approach to commission, which will also support our compliance with the price cap.

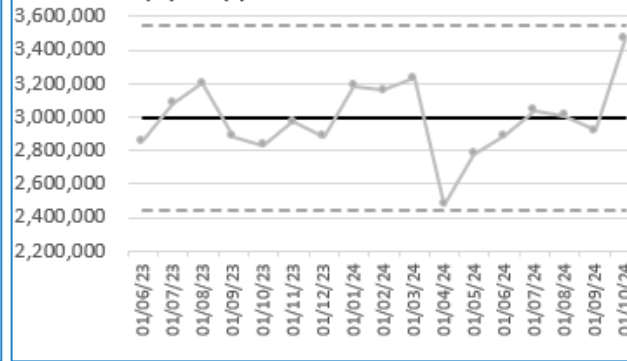
4. Key Drivers of the Financial Position

c. Temporary Staffing – All staff groups

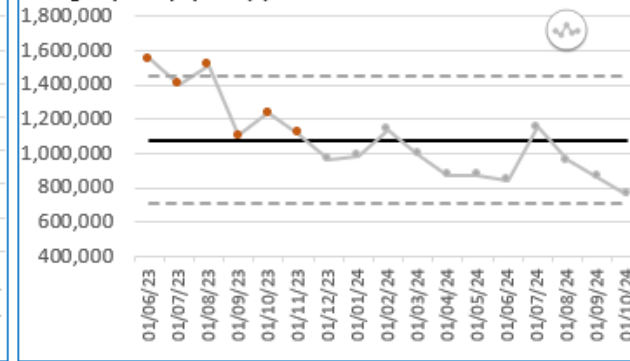
Permanent staff pay cost (£)



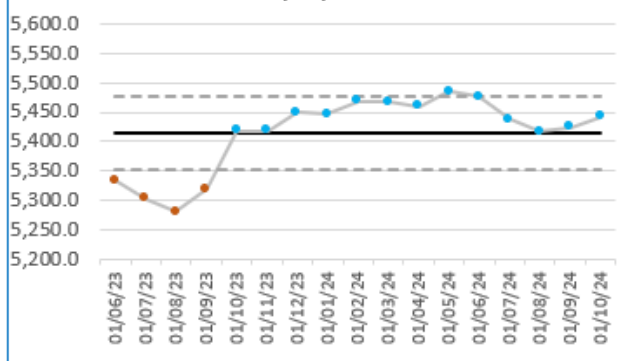
Bank staff pay cost (£)



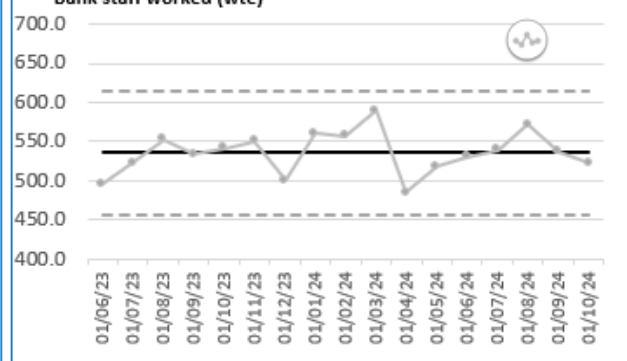
Agency staff pay cost (£)



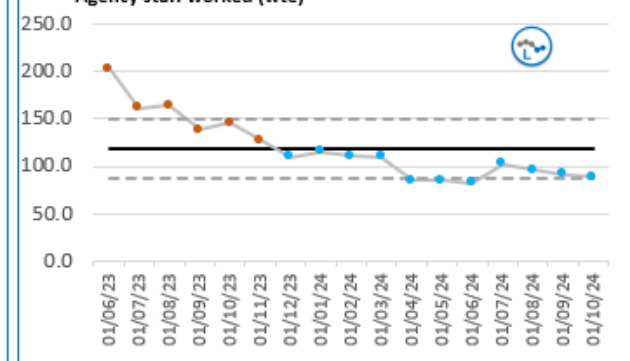
Permanent staff worked (wte)



Bank staff worked (wte)



Agency staff worked (wte)



- The Month 7 costs include the impact of the backdated 2024-24 pay award. This was actioned in line with the nationally agreed 5.5% uplift for Agenda for Change staff, Consultants and Speciality and Associate Specialist (SAS) doctors. Prior to this an accrual was included in positions in line with the 2% national guidance.
- There is a general downwards trend in the use of agency staff, but this needs to be viewed in the context of a zero-usage target.

5. Capital

Description	Month 7			Year To Date M7			2024-25		
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance
Estates	2.4	2.5	0.1	16.6	15.9	(0.7)	21.9	35.7	13.8
Equipment	-	-	-	-	-	-	-	-	-
IFRS16	-	-	-	3.5	-	(3.5)	3.5	3.5	-
Digital	-	-	-	-	1.0	1.0	4.7	6.0	1.3
Total	2.4	2.5	0.1	20.1	16.9	(3.2)	30.1	45.2	15.1

- The Emergency care campus, new modular build, MR development, and network cabinet refresh make up the majority of spend for the year to date.
- £5.0m of Aseptic PDC funding is no longer expected to be received in 2024/25, this has been removed from the forecast to NHSE at month 7.
- £6.1m of CDEL funding and cash has been received in respect of the purchase of the Meadows which took place on the 30th September 2024. This is reflected in the budget and actual above.
- IFRS16 variances are driven by:
 - Timing issues with the Blood Science £1.2m and Histopathology £0.2m contracts, which are due to be transacted in November.
 - £0.5m for Swanbourne Gardens and £0.5m for Fred Perry House, which are unlikely to be transacted in 2024/25 but remain under review.
 - £1.0m for community properties which the charges for rent for 2024/25 are under review
- Continuing to progress schemes that were part of the original non-compliant plan will result in a funding gap of £15.1m This will also present a cash challenge as the trusts cash is not sufficient to fund the additional expenditure.
- Forecasts continue to be monitored and reviewed closely and updated to the Capital Programme Management Group.

The Board of Directors are asked to:

- Note the financial position of the Trust to Month 7 and the key drivers within the position
- Acknowledge the cash and capital risks for 2024-25 and beyond
- Note the forward-looking emergent risks for 2024-25 with implications into 2025-26

Curtis Soile
29/11/2024 10:46:10

Meeting date	5 th December 2024	Public	X	Agenda Item No.	11
Meeting	Board of Directors				
Report Title	Safer Care (Staffing) Report				
Director Lead	Nic Firth, Chief Nurse Andrew Loughney, Medical Director	Author	Helen Howard Deputy Chief Nurse		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Board of Directors is asked to review the report and assurances regarding processes and actions in place to ensure safe staffing.					

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

<p>This paper provides the assurances and risks associated with safe staffing and the actions in progress to mitigate the risks associated with patient safety and quality, based on patients’ needs, acuity, dependency and risks, and Trusts should monitor it from ward to board.</p> <p>The Trust is assessed on the compliance with the ‘triangulated approach’ to deciding staffing requirements described in National Quality Boards’ guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time.</p> <p>We continue to experience high levels of operational demand within the acute and community services which we are aware is having an impact on both patient and staff experience.</p> <p>There has been an increased focus on the recruitment of health care assistants in preparation for the oncoming of winter pressures.</p>

1	Introduction
2	Safe Staffing
3	Workforce Safeguards
4	Guide for Safe Staffing
5	Healthroster
6	Vacancies
7	Temporary Staffing Spend
8	Agency Spend
9	Absences & Sickness
10	Risk Highlights
11	Retention
12	Reasons for Leaving
13	Recruitment
14	Training Pathways
15	Healthcare Scientists
16	Allied Health Professionals
17	Midwifery Update
18	Medical Staffing
19	Good News
20	Going Forward

Curtis Soile
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This report provides the Committee with an update on the following:

- Staffing assurances
- Current challenges regarding staffing levels and risk mitigations, and the actions being taken to mitigate risks and financial impacts identified
- Safer staffing governance monitoring led by evidence-based decision-making on safe and effective staffing is a requirement for all NHS organisations
- The NHS has produced a comprehensive long term workforce plan. This is a collective plan for the NHS and sets out a clear direction. The certainty of confirmed funding up to 2028 allows for actions locally, regionally and nationally to address the gaps in the current workforce and meet the challenge of a growing and ageing population
- The Trust strives to provide outstanding care whilst developing flexible approaches and innovative ways of working. This is a challenging time but brings significant opportunities for workforce development
- It is recognised that we are experiencing ongoing pressures require health systems and boards to make tough decisions to ensure services achieve the best outcomes at a time of financial challenge. Boards must ensure that this does not have an adverse impact on the quality of care, as well as patient, service user and staff experience

Curtis Soile
29/11/2024 10:10:10

2. Safe Staffing

Introduction

What is safe staffing?
What are the warnings signs of inadequate staffing?
What CQC standards are around safe staffing?

The National Quality Board (NQB) assess Trusts' compliance with the triangulated approach to decide staffing requirements. This combines evidence based tools, professional judgement & outcomes to ensure right staff & skills set, right place and right time.

1 Safe staffing levels How many staff do you need

- Decide how many staff you need
- Plan your staffing rota
- Put contingencies in place
- Review your staffing levels
- Use technology to support safe staffing

We use strategic staffing meetings and evidence from tools such as Datix, Harms, StARS, Safe Care , Healthroster compliance & Opel level escalation processes in place.

2 Safe recruitment practices Recruit the right staff to deliver safe care & support

- Plan your recruitment
- Attract the right people
- Review your recruitment & retention activities

All recruitment events are planned, organised with engagement from divisions.
Attend regular *Thrive* workshops improve retention procedures & strategies.

3 Safe & competent staff Ensure staff are competent to deliver safe care & support

- Give new staff a thorough induction
- Provide learning & development opportunities for staff
- Support your staff

Advertising for a Pastoral Care Lead. The Lead will support new staff throughout the recruitment process, on joining the Trust & induction. Robust training plans are in place for new starters. Speciality areas CPFs' provide bespoke training.

3. Workforce Safeguards

To ensure the welfare of nursing staff and patient's welfare, nurse to patient ratios were introduced :

Deploying staff effectively

This is to advise the Trust's Board of their responsibilities in ensuring staffing arrangements are safe, sustainable and productive. It also considers emerging roles such as nursing associates (NAs), physician associates and Advanced Clinical Practitioners (ACP) who are all integral to the future NHS workforce.

Useful guidance

The National Quality Board's (NQB) guidance explicitly requires the Trust meets the following expectations :

- deploying the right staff
- with the right skills
- at the right place and time

These set the foundations on which any workforce plan should be based while not ignoring other organisational development needs such as values and behaviours.

In addition, the Cavendish Report 4 highlights that well-performing organisations use their workforce as a strategic asset. This underlines the need to deploy the workforce effectively and efficiently.

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4. Guide for safe staffing

A good rota assists staff in planning their life, communicating with staff and people who need care and support, and provide evidence for the CQC inspection.

The rota is built and approved 12 weeks in advance which supports the work-life balance of staff and a preferred pattern of work can be used.

It is expected staff schedule non-emergency appointments on days off. Paper copies of rotas are no longer used, as an alternative staff can use the Trust app.

It is clear who is responsible for building a safe and efficient rota. Requests for annual leave, study days, teaching sessions, time off in lieu are requested via Healthroster.

The member of staff creating the rota needs requires an understanding of the financial impact and skillset of the workforce required.

Managers are expected to monitor the rota regularly and input changes such as sickness, annual leave, study days.

Healthroster is discussed at the ward/unit meetings, managers listen to and act on staff feedback in making improvements in the building of the roster.

The electronic system is simple to use with regular training for all staff groups.

The Trust uses Safecare Live at the twice daily staffing meetings to review staffing levels in conjunction with the acuity levels of patients.

The newly introduced Rostering dashboard provides trend data for the Key Performance Indicators (KPIs) which can be used as evidence in report/requests for data. From the information it has been reported :

The below data is based on a comparison of the last 3 months :

- Net hours have increased slightly month on month
- Additional duties have reduced from 16,312 to 11,565 hours
- Approval lead times have improved significantly across all areas
- Roster changes since approval have remained the same. Data to be reviewed & look at strategies in how to continue to make improvements
- Safecare compliance % has increased in the past 3 months

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6. Vacancies

Registered Nurses & Midwives	FTE Actual	Variance FTE	Post Recruited to in TRAC FTE & awaiting start dates
Clinical Support Services	59.67	2.68	5
Corporate Services	104.24	5.97	10
Integrated Care	250.46	-34.80	26
Medicine & Urgent Care	510.27	-82.01	39
Surgery	473.17	-32.21	29
Women & Children's	398.41	-23.77	44
Total	1,796.22	-164.14	153

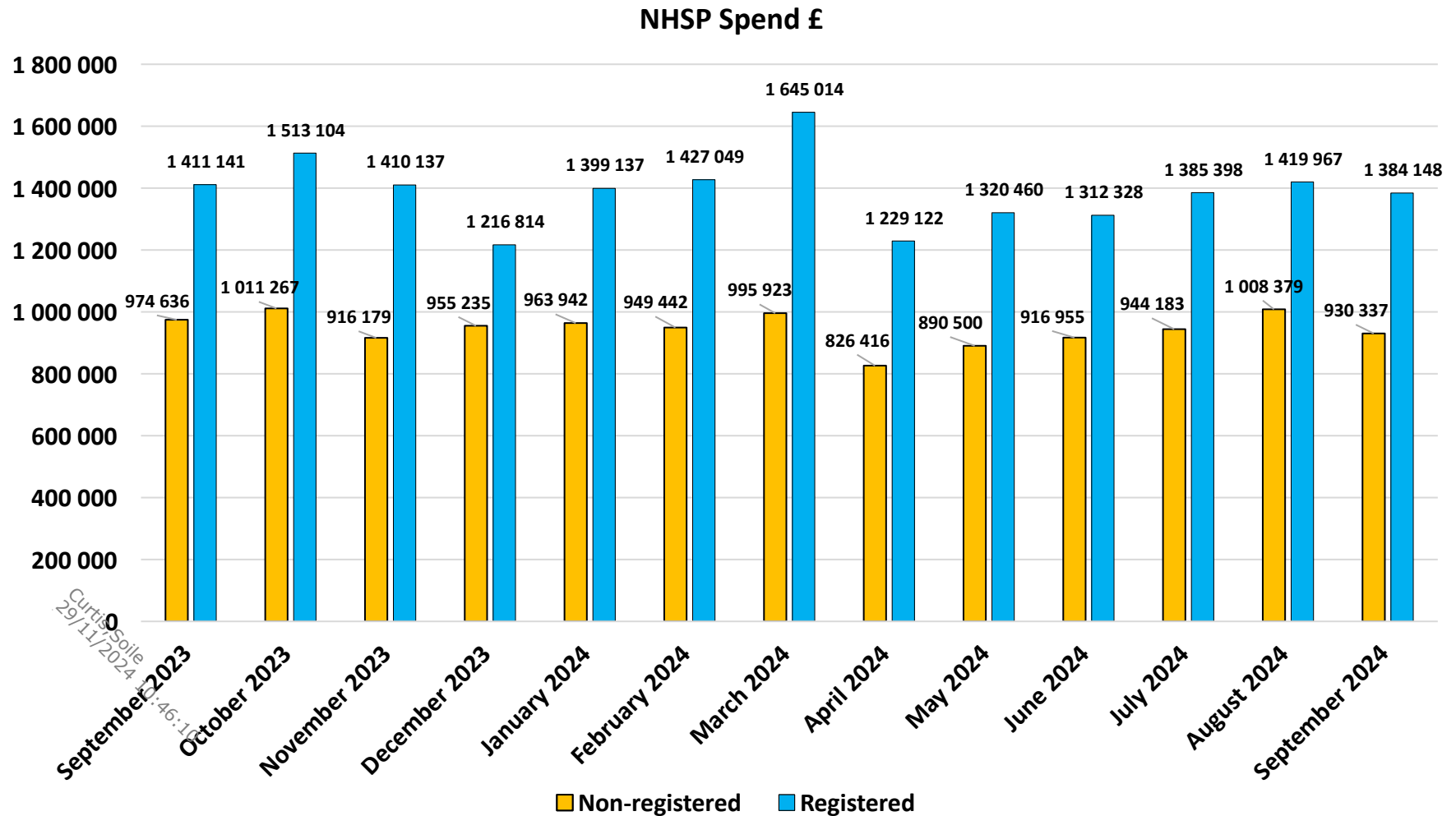
The above data covers the positions of registered nurses (RNs), registered midwives (RMs), nursing associates (NAs), newly registered nurses and midwives awaiting PINs.

In August there were 200 awaiting start dates. A large percentage of these were student nurses in the process of completing their training. In September this had reduced to 153 as the newly qualified nurses joined the Trust. In October 10 new midwives started in Midwifery.

The process for recruiting nursing students has been agreed by all the Divisional Nursing Directors (DNDs), Head of Learning & Education and Workforce, and is scheduled to be presented to the Nursing, Midwifery & AHP (Allied Health Professionals) Meeting in 2024 for final approval. The SOP aims to ensure nursing students are supported throughout their interview and appointment, HR recruitment process, induction and as they transfer from learner to practitioner. This process will be led by the Pastoral Care Lead & Matron for Workforce in collaboration with the Learning and Education Team.

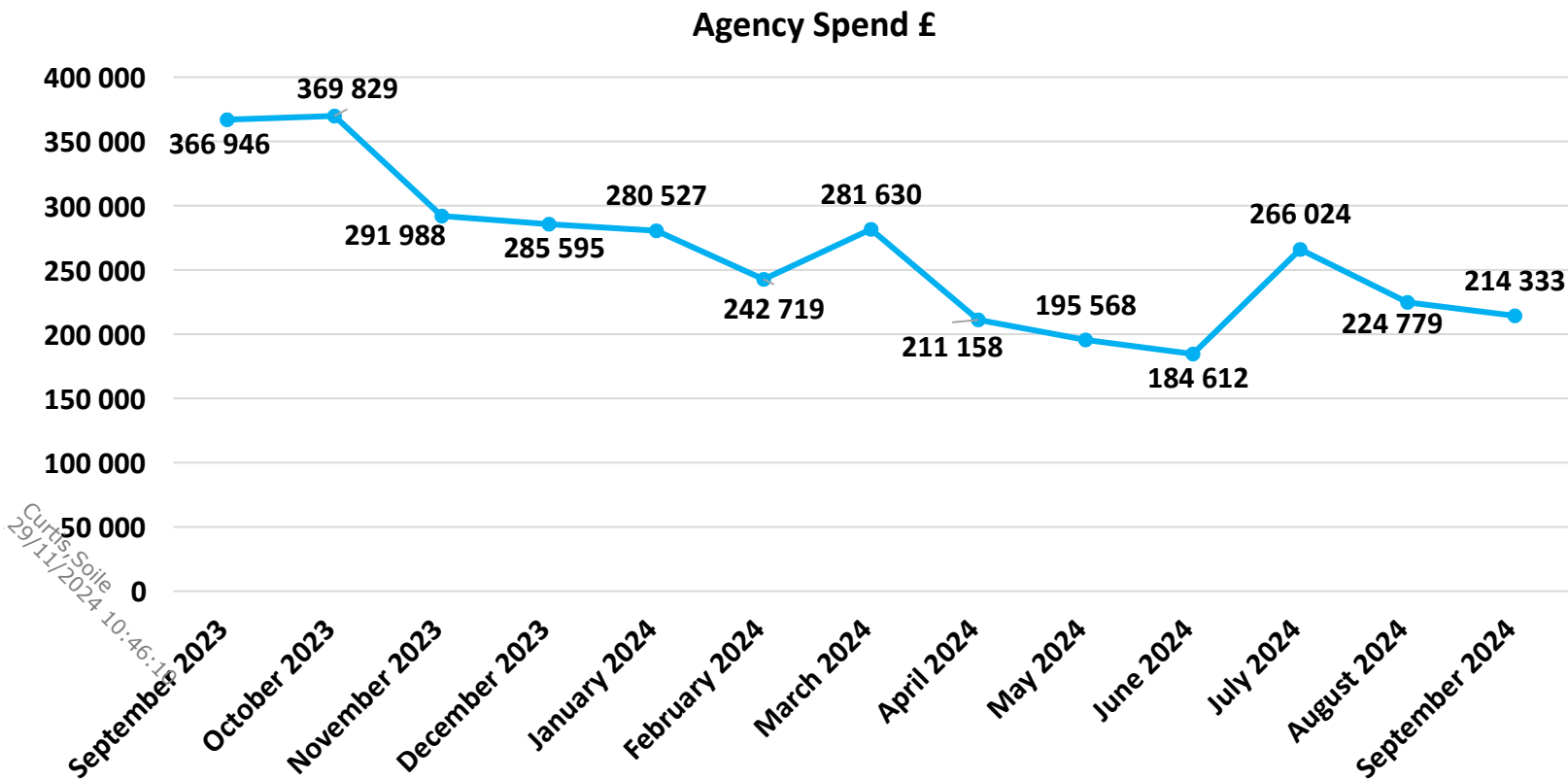
7. Temporary Staffing Spend

The table below illustrates the 'month on month' cost to the Trust of NHSP bank RNs, RMs and unregistered staff.



8. Agency Spend

The chart below illustrates the cost of agency usage month-on-month and shows the sharp increase from June to July. This may be a seasonal trend caused by more staff taking annual leave over the summer months/school holidays. Throughout the Trust there has been a focus on encouraging wards to put out bank shifts as soon as possible to ensure early pick-up. This has proved successful and there was a reduction in agency usage for August and September.



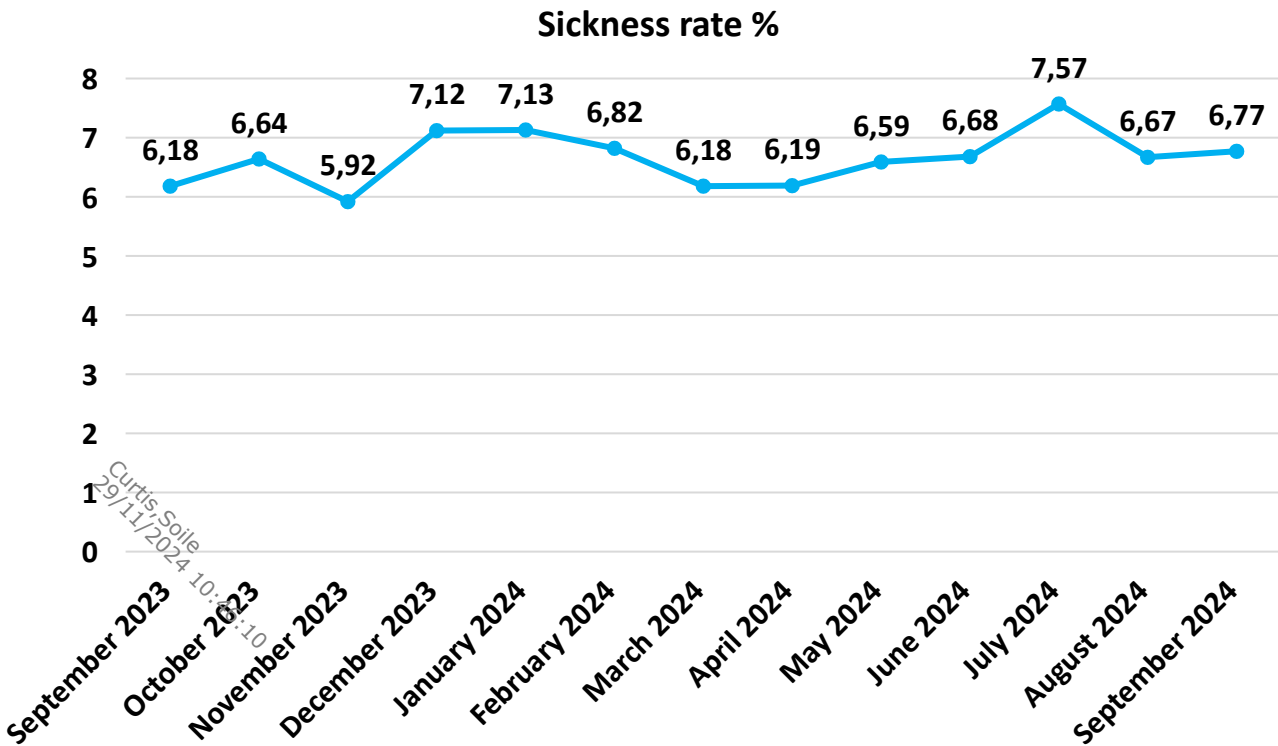
9. Absences/Sickness

The chart below illustrates the absence rates for registered nurses, registered midwives and AHPs.

An absence from work can be the result of many factors for example short-term sickness due to colds/virus, long term condition, carers leave and it is recognised that the highest absence rates are during school holidays. ‘Looking after our people’ **NHS People Plan**. The Trust absence target is set at 6%.

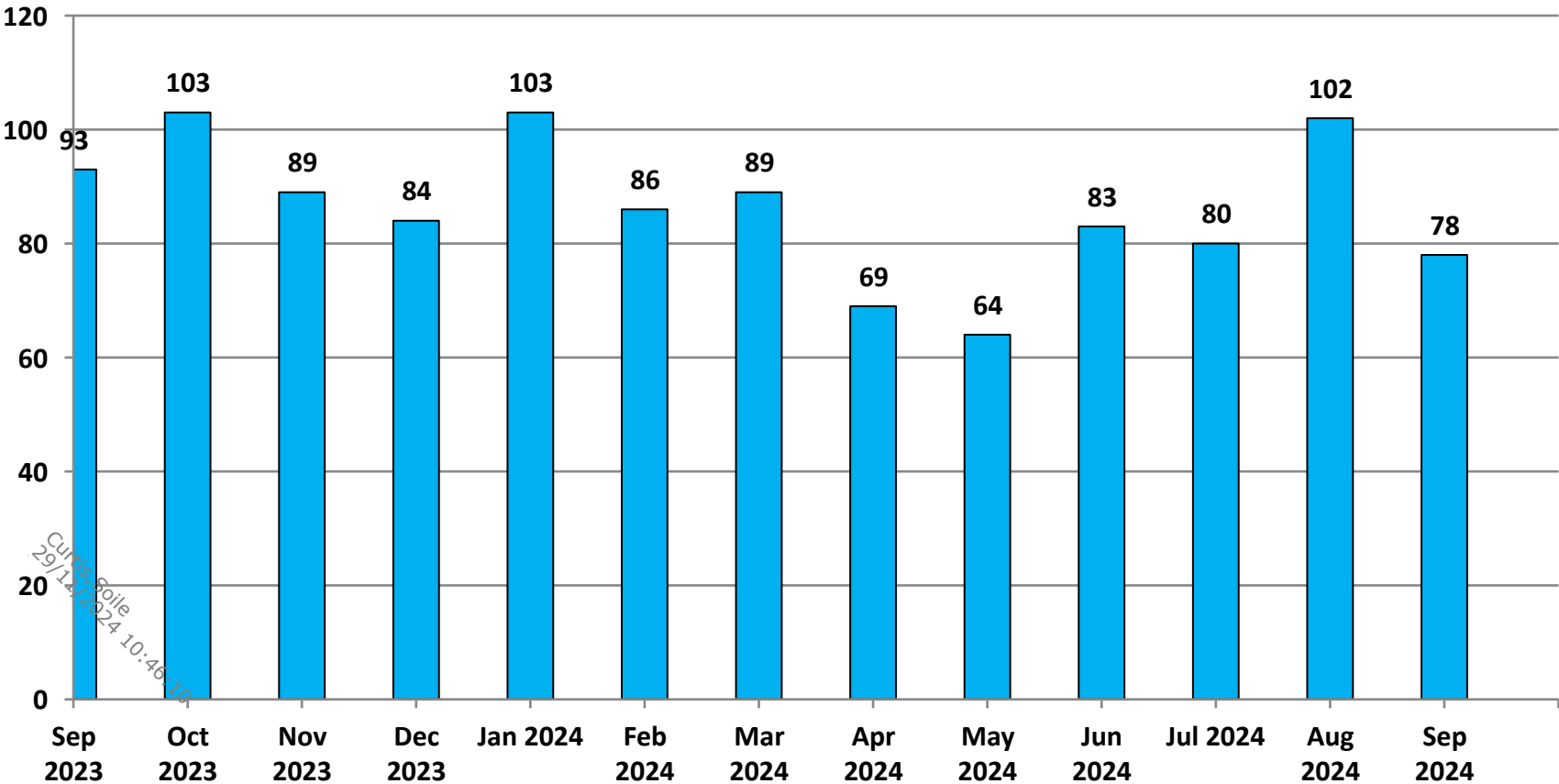
Role	Sickness %
AHPs	4.60%
RNs & RMs	6.59%

- The main reasons for absence are Anxiety, Stress and Depression
- There is a close working relationship with HR, Occupational Health, Professional Nurse Advocates (PNA) SPAWS & the Freedom to Speak Up Champion to support the work life balance of our employees



The Trust actively encourages all employees to report incidents of staffing shortfalls. There was a considerable decrease in recordings from August to September which may be due to a full staffing establishment as many workers had had time off with family during the summer months/school holidays and now returned to work.

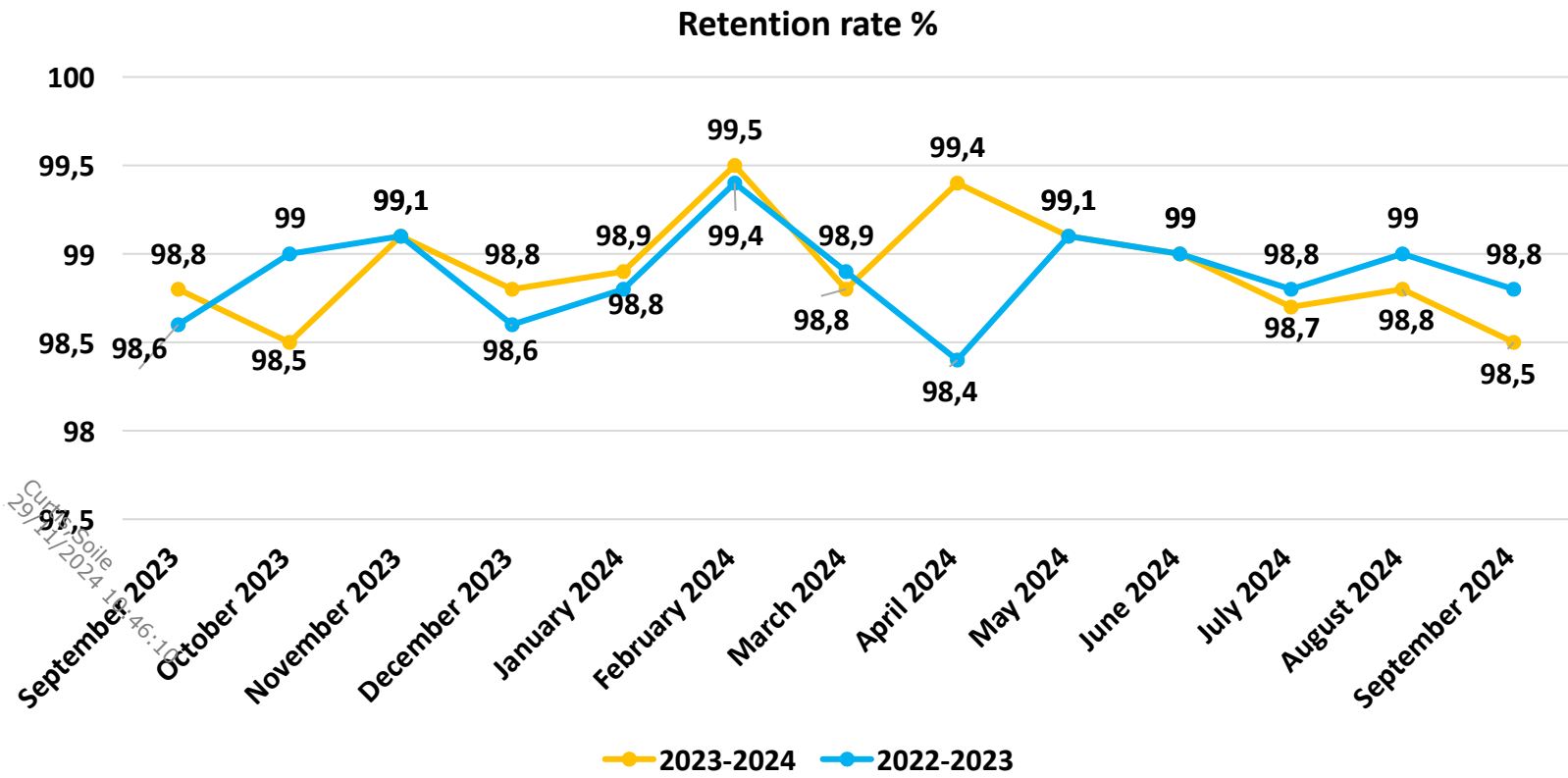
Reported number of staffing falls



11. Retention

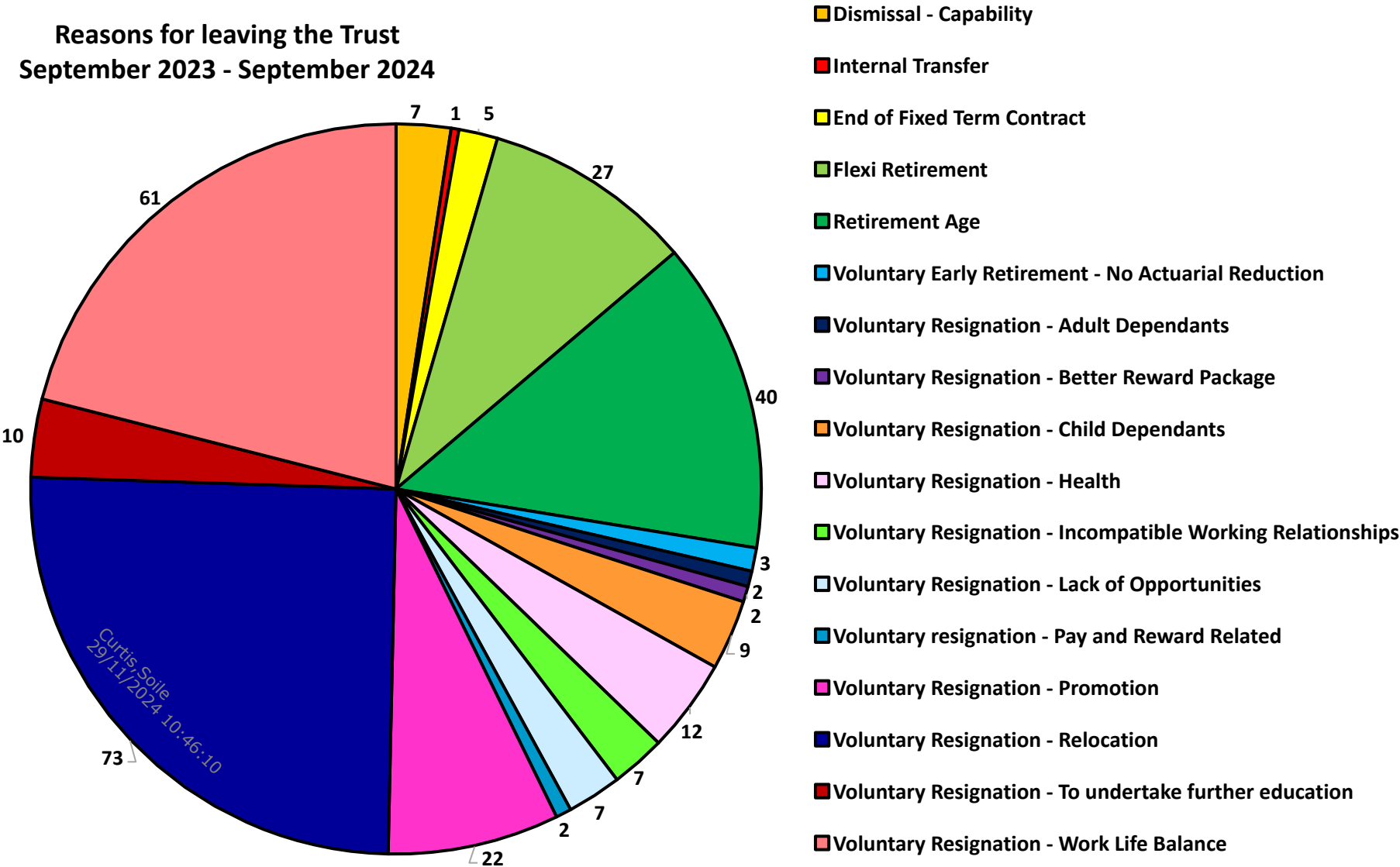
The chart below illustrates the Trust’s staff retention rate ‘month on month’ from September 2023 – September 2024.

There has been a slight increase in retention, and it is anticipated that this trend will continue to improve as the role of the Pastoral Care Lead will focus on supporting new starters from interview through the recruitment process, and their initiation on the wards. The Trust values career development and invests in staff by providing training opportunities and supporting secondments to enhance career development. This plan, builds on the valuable work in both the NHS People Plan and the NHS People Promise.



12. Reasons for Leaving

Reasons for leaving the Trust
September 2023 - September 2024



- The Emergency Department ran a recruitment event on the 12th October 2024 for Band 6s, 5s and 3s and successfully appointed 24 new staff.
- HCA Recruitment Event scheduled for the 9th November at Pinewood House
- The Medicine Division held a recruitment event on 26th October. Five Band 5 Registered Nurses and 15 HCAs were successfully appointed

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Multi-Professional Cadet Programme

We have successfully expanded the Cadet Programme for 2024/25

The following numbers are confirmed with Stockport and Cheadle Group :

- 20 2nd year cadets returning from last year
- 58 1st years – both groups do 1 day per week over 2 years
- 30 transitional year cadets from Cheadle site (these do one week placement x 3 per year)
- 20 transitional year cadets from the Marple site
- 6 cadets from Macclesfield College and an additional 8 in January 2025.



We are expecting 16 adult learners from UCEN who will be actively looking for employment as HCAs at the Trust (9 of these are attending the upcoming HCA Recruitment Event on the 9th November)

Manchester College are yet to confirm numbers.

In total, we are expecting around 190-200 cadets on placement this academic year.

Placement expansion and relationship building continues in Place-Based environments and we are liaising closely with the GM and ICB Workforce Development Lead, One Stockport and other external partners.

2 cadets from the last cohort have secured employment within two of the nursing homes recently opened for placements and we will be monitoring and reporting on cadet destinations (University, Employment)

15. Healthcare Scientists

Laboratory Medical

- **Microbiology** consultants remain the largest risk following 2 retirements without being able to recruit to the posts. Current mitigation is recruitment of 2.6 WTE speciality doctors and 1 locum consultant. Of the 2 substantive consultants one has been on sabbatical and is returning 4th November. Support from Manchester Foundation Trust (MFT) has been received to cover the on-call provision. There is pressure on the daily rota and on-call provision. Currently this is covered but will require close management.
- **Histopathology** consultant workforce is stable with 11 consultants all new starters now in post, the performance of the department has seen the benefit of this.
- **Blood sciences** there is an additional day to backfill consultant clinical scientist to provide capacity for the replacement LIMS project. There has been no additional resource for the significant increase in workload seen since Covid, with yearly increases above 10% growth. Growth continues at 6% year to date and no additional resource has been provided.

Histology Laboratory

- **Biomedical Scientists (BMS)** We remain 2 BMS short of the required staffing to match the workload coming to the lab, Locums have been required to match this however they are not a stable resource with repeated recruitment needed. Internal training to band 6 for 3 staff continues as the lack of Band 6 staff in the recruitment market remains.
- **Medical Laboratory Assistants (MLA)** – Cancer Tracker post is currently in the recruitment process. Staffing numbers are below that required as highlighted in the paper to executives and an increase in establishment is required.

15. Healthcare Scientists

Blood sciences

- **Biomedical Scientists (BMS), Bands 5-8s** Recruitment has been successful to the high level of turnover in Biochemistry for this staffing group and the induction and training of these staff is going well. There is a requirement to rely on overtime from the established staff to maintain the 24/7 service whilst new staff are trained to the lone worker competency level required, this will take 3-6 months dependent on the individual.
- **Medical Laboratory Assistants (MLA), Bands 2-4** Supervisor role in Pathology Reception has been job matched to a Band 4 by the AfC panel (increased from Band 3), once recruited to this will hopefully allow a greater level of stability in the role. Additional staffing will be required whilst the Blood Sciences Analysers and automation is replaced as there will be no automation support for this period. There is a historically a high turnover for the MLA staff in the Pathology Reception and this is seen to be continuing. This is due to it being a stepping stone entry position within laboratory services.

Microbiology Laboratory

- **Biomedical Scientists (BMS), Bands 5-8s** the Laboratory Technical Head is due to return from maternity leave in September. There is a lack of sufficient staff in this area, though recruited to establishment and this is a pressure point as microbiology remains a very manual process.
- **Medical Laboratory Assistants (MLA), Bands 2-4** Workload against staffing level is a significant pressure for this group.

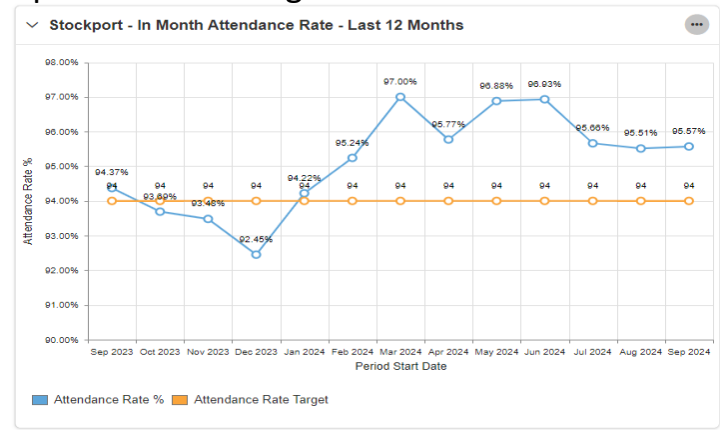
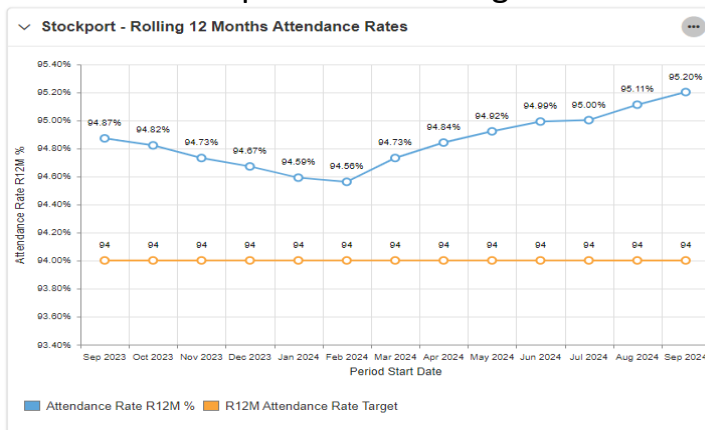
Summary

Pathology has seen a year-on-year workload increase between 6-10% across the disciplines far exceeding the annual growth prior to Covid & has past the point of saturation of the staffing resource. A business case has been submitted for an increase in staffing. This has been agreed in principle, but funding is yet to be sourced. Recruitment remains an obstacle for experienced BMS staff and in-house training has been required to bring people to qualification and through their specialist portfolios.

16. Allied Health Professionals (AHPs) – Integrated Therapies

Attendance Rates

Staff health & well-being continues to be a focus for our Directorate & there has been a stable positive trend on rolling 12-month attendance rates since February 2024 (see graph, below left). With the arrival of winter pressures, we will monitor whether we can maintain this given the anticipated seasonal variance, see graph (below right) for 'winter rates' alongside what the reasons for absence. Whilst anxiety/stress/depression is currently our highest category for sickness absence, intelligence shows this is not generally work related. Despite this & in recognition of the interdependency between work & personal life the Directorate are trialling a risk stratification tool for work-related burnout & which will provide data insight to be able to focus on & improve this moving forwards.



Patient Appliances (Acute Orthotics) & Speech and Language Therapy remain the 2 most significant areas of concern with regards to staffing.

Orthotics: Having celebrated the success of recruiting 3 bank Orthotists to support the acute Patient Appliances service, two have recently stop their shifts. The remaining bank Orthotist has kindly increased her hours but remain at less than 60% of our substantive WTE with the associated loss of capacity and increasing waiting lists.

Speech and Language Therapy (SLT): SLT remains a risk, predominantly due to the proportion of senior staff currently on maternity leave alongside a vacancy and unplanned absence. Community SLT is seeing the biggest impact in terms of increased waiting times, but action plans are in place to reduce this through Q3.

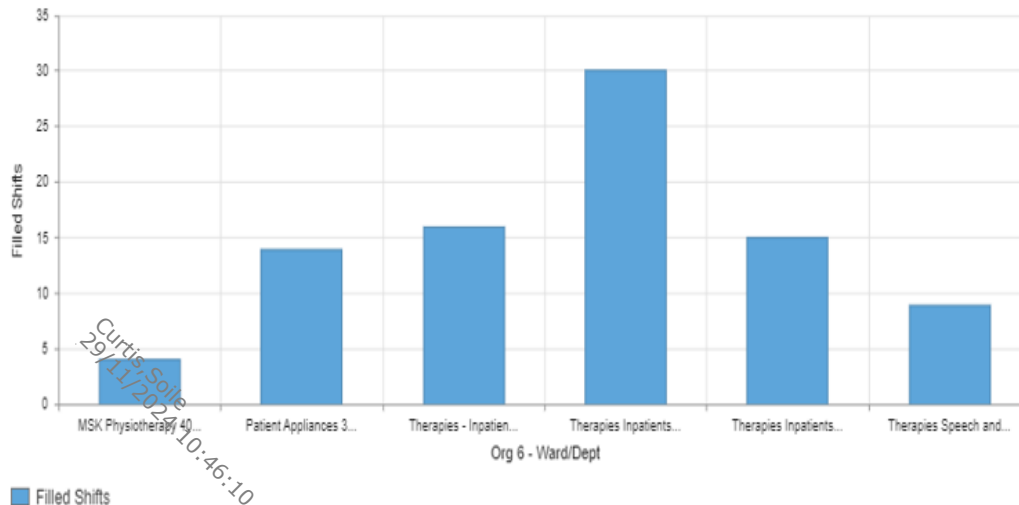
16. Allied Health Professionals (AHPs) – Integrated Therapies

Apprenticeships

We are currently in the process of supporting new applications for 1 x Level 3 Senior Support Worker and 3 x Level 5 AP apprenticeships to existing staff members, supported by NHS England (North West) funding. This will be a total of 14 AHP apprentices across Integrated Care (7 x Level 6 and 7 x Level 3/5).

Temporary Staffing

As guaranteed in the previous report agency usage has remained at 0 WTE with an expected and associated upturn in NHSP usage to manage vacancies, plus a maternity leave and the long-term sickness in Patient Appliances – Acute Orthotics). Inpatient Medicine and Surgery are also using bank staff to support the remaining 'escalation ward'. September 2024 had 109 filled shifts across Integrated Therapies, supporting the below services:



- MSK Physiotherapy – £383
- Patient Appliances – £3,396
- Inpatient Dietitians – £3,830
- Inpatient Medicine and Surgery – £7,798
- Inpatient Trauma & Orthopaedics – £2,537
- Speech & Language Therapy – £2,723

There is a piece of work ongoing to review therapy weekend rosters and overtime payments, to ensure robust processes are consistently adhered to and to reduce overtime hours where able whilst maintaining safe staffing.

17. Midwifery Update

The Maternity Unit is currently staffed in line with NICE guidance for Safe Midwifery Staffing for Maternity Settings (NICE 2015) and the latest Birth Rate plus (BR+) midwifery staffing review (March 2023).

Obstetrics cover

- 24/7 Consultant obstetric cover on delivery suite
- 2/day 7 day/week Consultant ward rounds in place
- Audit from February 2024 – August 2024 demonstrates compliance with RCOG certificate of eligibility guidance for short term locums
- Quarterly audits undertaken which demonstrate 100% compliance of consultant attendance for clinical situations listed in RCOG workforce document.

Challenges

- Current registered vacancy inclusive of Inpatient & outpatient areas is 5.88 WTE with a gap of 8 WTE on maternity leave. This equates to a total deficit of 13.88 WTE & 1.48 WTE of notices. At a total of 15.36 WTE.
- MSW (Maternity Support Worker) 5.65 WTE vacancy and Mat leave 0.88 WTE. This equates to 6.53 WTE.

Actions

- Weekly planned roster scrutiny meetings/E-Roster training sessions - continue
- Recruitment event on 20th April – 15.24 WTE offers made, 12.68 WTE accepted & onboarding in process.
- Awaiting external approval to send offers to midwives currently in Trac reserve.

Assurance

- All shift coordinators have supernumerary status & monitored daily by MOD, incorporated into monthly dashboard with 100% compliance September
- August showed 99.2% one-to-one care in labour (1 fully dilated on arrival)
- Fully engaged with MSW Framework Working Group
- We have commenced trust pre-employment programme for HCAs

Registered Midwives		
WTE Actual	WTE Vacancies	Post WTE Recruited to TRAC
165	5.88 Mat Leave 8	12.68 – NQM start dates tbc 1.8 Band 6 midwives 1.8 in reserve awaiting authorisation of hours

18. Medical Workforce

The Tiers below describe the directly employed Medical Workforce within the Trust:

Tier 3: Expert clinical decision makers. These are clinicians who have overall responsibility for patient care. In the Medical Workforce these are largely our Consultants.

Tier 2: Senior clinical decision makers. These are clinicians who are capable of making a prompt clinical diagnosis and deciding the need for specific investigations and treatment. For the medical grades this is largely SAS Doctors and Senior Clinical Fellows.

Tier 1: Competent clinical decision makers. These are clinicians who are capable of making an initial assessment of a patient. For the medical grades this is largely Foundation Doctors and Junior Clinical Fellows.

N.B. The Trust is also a host employer on behalf of the Lead Employer, St Helens and Knowsley NHS Trust, for specialty, core and general practice Trainees and we host a further 165 Trainee Doctors working at the Trust across our specialties.

The table below gives an overview of the directly employed Medical Workforce position within the Trust:

Medical Staff	FTE Budgeted	FTE Actual
Tier 3	257.01	234.65
Tier 2	150.21	115.9
Tier 1	139.18	154.2
Grand Total	546.40	504.75

Medical Workforce

The table below gives a summary overview of the Consultant Vacancies updating on the current NHS recruitment and pending starters position:

Costc	Costc (T)	Budget	Contracted	Worked	Vacant	Comments
25C10	Medical Staff - DMOP	5.35	2.00	2.00	3.35	Out to advert closing 11/11/24. Engaging with Doctors Relocate & ID Medical.
25A23	Medical Staff - General Medicine (A1 and D2)	2.00	-	-	2.00	Out to advert closing 18/11/24.Engaging with Doctors Relocate & ID Medical.
25B25	Medical Staff – General Medicine (B6)	1.00	-	-	1.00	Engaging with Doctors Relocate & ID Medical.
25K22	Medical Staff - General Medicine (C6)	1.00	-	-	1.00	Engaging with Doctors Relocate & ID Medical.
25B41	Medical Staff - Rheumatology	6.26	5.45	5.45	0.81	Out to advert closing 14/11/24.Engaging with Doctors Relocate & ID Medical.
25C11	Medical Staff - Stroke	9.00	7.95	7.89	1.05	Out to advert closing 11/11/24.Engaging with Doctors Relocate & ID Medical.
25K11	Medical Staff - Emergency Department	13.55	12.30	12.30	1.25	ST6 acting up
25K05	Medical Staff - Frailty	1.00	-	-	1.00	Covered with Trust Bank Locum. Will be in review with Gen Med & DMOP
34B12	Medical Staffing - Surgery	11.59	10.80	10.80	0.79	
32A13	Medical Staffing - Anaesthetic	30.01	28.14	28.14	1.87	New starter and 1 interviews 11/12/24
34D12	Medical Staff - Ophthalmology	7.71	6.32	6.32	1.39	Hold due to accommodation issues
21C10	Medical - Paediatrics	14.67	16.37	16.40	- 1.70	Over establishment due to recruitment of 2 part time consultants BAPM - awaiting job plan adjustments which should reduce this
27C10	OB&G medical staffing	14.61	12.69	12.69	1.92	New starters have been recruited.
65A11	Medical Services - Pathology	13.60	12.60	11.60	1.00	Microbiologist out to advert. Closing 14/11/24. Engaging with Doctors Relocate & ID Medical and NHSP Gateway for overseas recruitment
68A11	Medical Services - Radiology	20.27	18.04	18.24	2.23	1wte Head & Neck out to advert closing 20/11

N.B. Further breakdown and analysis can be provided as required.

Medical Workforce Group General Update

A) **Senior Medical Recruitment.** The group continues to monitor this so that it can seek to assist divisions with e.g. those difficult to fill specialties and ensure that all options are being explored. **N.B.** This is now a standing monthly agenda item.

B) **Senior Medical Locum Expenditure.** This is also being monitored by the group so that it can actively seek to assist divisions in reducing costs to the Trust, whilst also focusing on ensuring ensure safe staffing levels and patient safety. This exercise has already demonstrated significant financial savings and cost avoidance for the Trust.

C) **GMC Survey and Mandatory Training.** The group have placed great emphasis on improving the GMC Survey Results and the Mandatory Training compliance rates in 2024. The latest information shows that there have been improvements in both areas. This will help with attracting doctors to the Trust. **N.B.** Likewise, the Trust has now moved to the top 20% of regional Trusts for mandatory training compliance for Lead Employer doctors.

D) **Portfolio Pathway and Workforce Planning.** The group have undertaken research into what support can be provided to Doctors wanting to undertake CESR so that they can become eligible for Consultant posts to help with workforce planning, particularly in those difficult to fill areas. A revised paper will be put to the group in January for it to then take forward to the Trust Executives, giving recommendations on next steps.

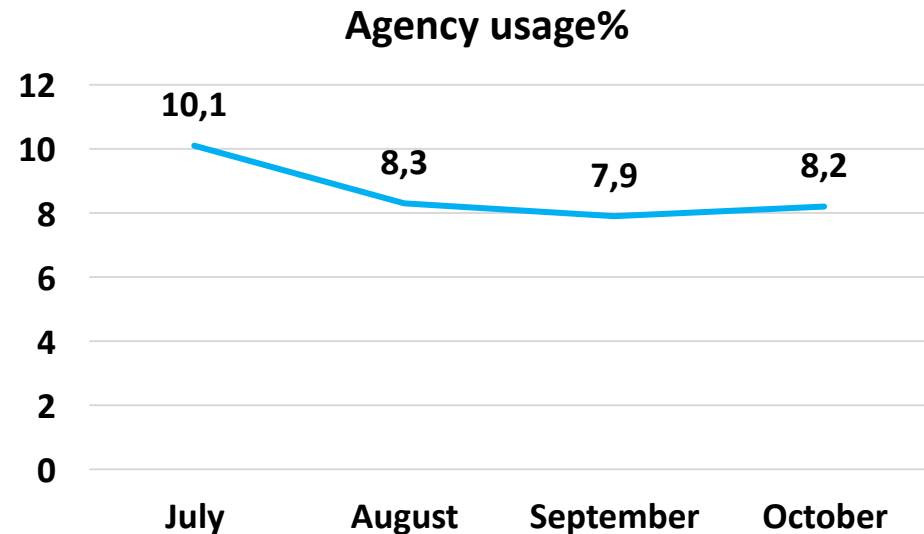


- Working with NHSP to create a pathway enabling NHSP HCAs to apply directly to vacancies within the Trust, this ensures a quicker more efficient recruitment process
- Four members of staff have started the PNA (Professional Nurse Advocate) programme & will be qualified by early 2025
- NHSE GIRFT Lead for Theatres to use Stockport's theatres as a pilot for developing Scrub Practitioners
- On the 12th October 2024 the Emergency Department and CDU held a recruitment event for Band 6s, 5s and 3s. They successfully appointed 24 new members of staff.
- The Medical Division held a recruitment event on the 28th October. Successfully recruiting 5 Band 5 RNs and 15 HCAs
- In October ten new midwives joined the Trust

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20. Going forward

- Agency usage continues to be static and new strategies need to be introduced to ensure improvement in the reduction of agency usage & cost savings :



- HCA Recruitment Event scheduled for the 9th November has been promoted on social media and now fully booked. 150 candidates are expected to attend. Prospective candidates will complete an assessment, have an interview and be appointed on the same day to ensure a quick and efficient recruitment process.
- The Emergency Department have created a Development Transformation Programme which will provide support & training for Band 5s career progression to a Band 6.

				Agenda No.	12
Meeting date	5 December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Trust Values and Behaviours				
Director Lead	Amanda Bromley, Director of People & OD	Author	Lisa Gammack, Deputy Director of OD		

Paper For:	Information		Assurance		Decision	X
Recommendation:	The Board of Directors is asked to discuss and endorse the refreshed values and behaviours that will be launched at Stockport FT and Tameside & Glossop ICFT in January 2025.					

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
	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
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
	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	n/a
Sustainability (including environmental impacts)	n/a

Executive Summary

As part of the Trust's Organisational Development Plan 2023-25 we committed to refresh the Trust's values and behaviours to ensure they are fit for purpose and drive the culture we are working hard to foster and reflect what is important to our workforce.

In March 2024 plans to undertake this work in collaboration with Tameside and Glossop ICFT were set out. The aim being to develop the same set of values and behaviours for both organisations that are powerful, aspirational, motivational, authentic, and help enhance performance and culture.

This report provides an update on the outcome of the staff listening and co-design exercise, and a set of refreshed values and behaviours and plans to communicate and embed them into everything we do.

The listening and co-design exercise included an online survey which gathered 577 responses (184 Tameside and 393 Stockport) plus a series of listening sessions and attendance at pre-planned meetings and training events.

Staff told us what values and behaviours are important to them, what behaviours they would like colleagues to display more and what behaviours they do not want to see. We distilled the feedback into a refreshed set of values and behaviours, designed around the acronym '**CARE: Compassion, Accountability, Respect, and Excellence**' – see appendix one.

We intend to launch the refreshed values and behaviours at both Trusts in January 2025. A comprehensive communications and engagement plan is in development and will be implemented.

Our refreshed values and behaviours will be embedded into every touchpoint of the employee lifecycle:

- Attraction & retention
- Onboarding
- 121 & appraisal discussions
- Development
- Recognition
- Offboarding

Introducing the refreshed values and behaviours will enable us to better hold individuals to account, reward great behaviour and tackle any that does not reflect the organisation we want to be through having courageous conversations.

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1. Purpose

- 1.1 As part of the Trust's Organisational Development Plan 2023-25 we committed to refresh the Trust's values and behaviours. In March 2024 plans to undertake this work in collaboration with Tameside and Glossop ICFT were agreed. The aim being to develop the same set of values and behaviours for both organisations that are powerful, aspirational, motivational, authentic, and help enhance performance and culture.
- 1.2 This report provides an update on the outcome of the staff listening and co-design exercise, the final set of refreshed values and behaviours and how they will be communicated and embedded into everything we do.

2. Background

- 2.1 Organisational values are a set of core beliefs held by an organisation. They act as guiding principles that provide our organisation with purpose and direction and set the tone for our interactions with our patients, service users, employees and other stakeholders.
- 2.2 Values function as guides to what is seen as good and important in our organisation and crucially they are the building blocks of our organisational culture and need to mean something to everyone.
- 2.3 The Trust's current set of values have been in place since 2019. A copy is attached at [appendix one](#). Given the changing context in which we are operating, it was timely to revisit the Trust's values to ensure they are fit for purpose and drive the culture we are working hard to foster and reflect what is important to our workforce.

3. What Staff Told Us

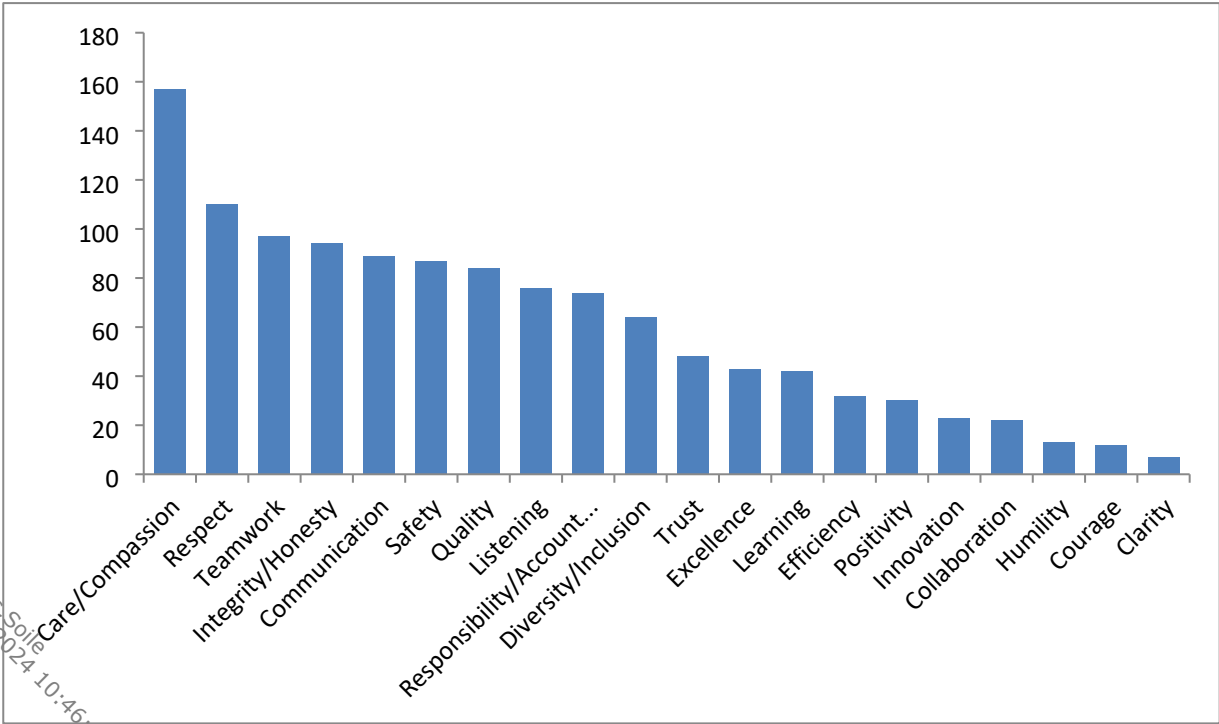
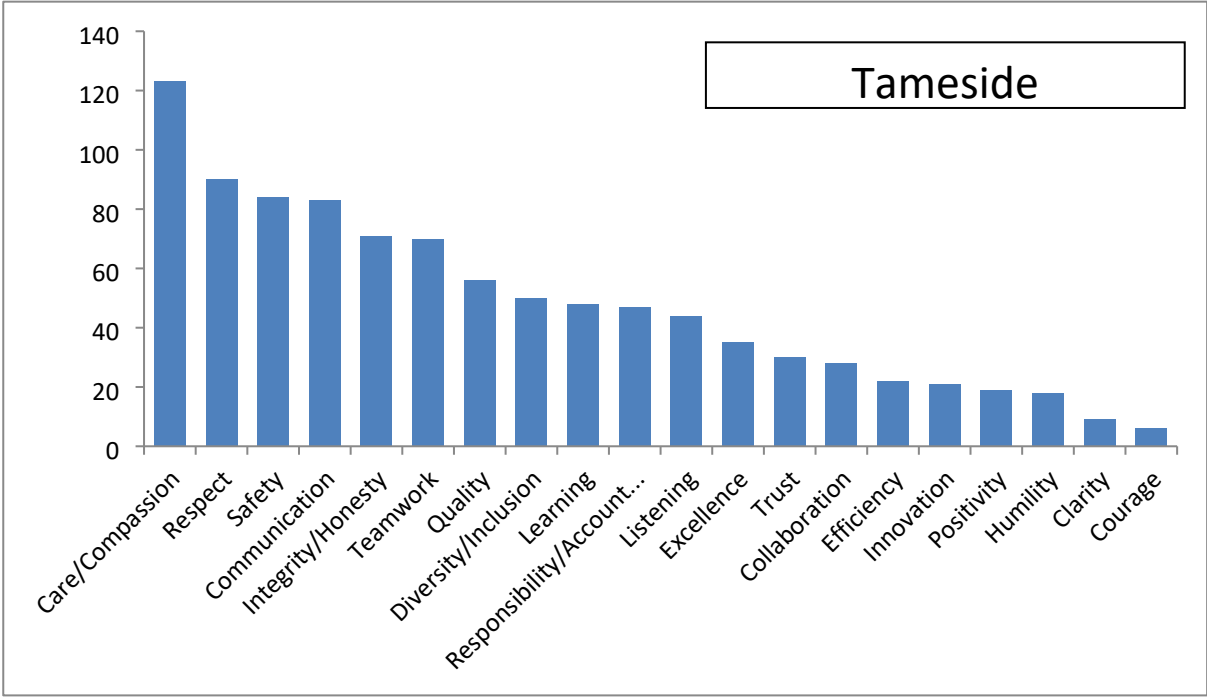
- 3.1 We have carried out a listening and co-design exercise with both organisations' workforces. This has involved an online survey which gathered 577 responses (184 Tameside and 393 Stockport) plus a series of listening sessions and attendance at pre-planned meetings and training events.
- 3.2 Staff told us what values and behaviours are important to them, what behaviours they would like colleagues to display more and what behaviours they do not want to see.
- 3.3 Below are the key findings from the survey responses.
 - 3.3.1 Individuals were asked to what extent they feel the Trust's current set of values and behaviours represent how we work, make decisions and treat each other and patients/service users. The table below shows that the majority of staff feel there is room for improvement.

Trust	Score				
	1 (do not represent us at all)	2	3	4	5 (represent us completely)
Stockport	4.5%	9.5%	35.0%	31.0%	20.0%
Tameside	11.0%	14.0%	34.0%	27.0%	14.0%
Combined	6.5%	11.0%	35.0%	30.0%	17.5%

- 3.3.2 Individuals were asked to indicate what value-based words they believe best represent what our organisation should stand for. Here are the top 7 words for each Trust. Interestingly they are the same but in a slightly different order. Also below are graphs showing all responses.

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Stockport	Tameside
1. Care/Compassion	1. Care/Compassion
2. Respect	2. Respect
3. Teamwork	3. Safety
4. Integrity/Honesty	4. Communication
5. Communication	5. Integrity/Honesty
6. Safety	6. Teamwork
7. Quality	7. Quality

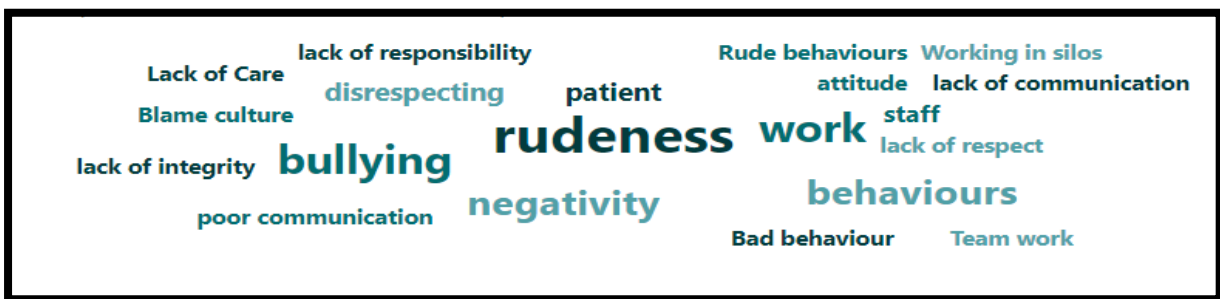


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- 3.3.3 Individuals were asked to describe the behaviours we should encourage colleagues to display more often. The most common words/phrases expressed across both organisations are show below.



- 3.3.4 Individuals were asked to describe the behaviours they want colleagues to avoid displaying. The most common words/phrases expressed across both organisations are show below.



- 3.3.5 Staff consistently told us that we need more managers and staff to treat others with respect, compassion and kindness. They were clear that as an organisation we should not tolerate rudeness, lack of responsibility and integrity, and silo working. We received a lot of feedback suggesting that leaders and managers do not always role model the Trust's values and that this dilutes the key messages of the Civility Saves Lives Programme. Some staff are concerned that managers' bad behaviour breeds bad behaviour from others colleagues and more should be done to tackle incivility and inappropriate behaviour regardless of the role or banding of the individual concerned. Staff also shared concerns about individuals having a lack of accountability for doing what they say will do and this does not demonstrate integrity.

4. Refreshed Values and Behaviours

- 4.1 The staff feedback has been distilled into a refreshed set of values and behaviours and designed around an acronym to help them become more memorable for staff. The reason for this is that it was clear from the listening exercise that some staff struggled to remember all the current organisational values and behaviours.
- 4.2 **Appendix two** outlines the refreshed values and behaviours – '**CARE: Compassion, Accountability, Respect, and Excellence**'. The creative design applied is aligned with the Trust's refreshed corporate branding.
- 4.3 We will formally launch the refreshed values and behaviours at both Trusts in early January 2025.

5. Embedding our Values and Behaviours

- 5.1 A comprehensive communications and engagement plan will be implemented to ensure that the values and behaviours are embedded into everything we do. This will include:

- A visual communication campaign that includes posters, email footers, screensavers, online meeting background template, etc.

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- Building our values and behaviours into our recruitment and selection process e.g. creating a bank of interview questions to check alignment with values and behaviours, job descriptions, adverts and candidate information packs – explaining why our values and behaviours are important to us.
- Explaining and discussing the values and behaviours with new employees, trainees and volunteers during Trust Welcome sessions.
- Including the values and behaviours in the new Let's Talk appraisal and 121 documentation and supporting guides and continuing to encourage line managers to provide regular feedback to individuals on 'how' they do things and not just 'what' they do.
- Aligning our recognition approaches, including award schemes, to reward employees that go above and beyond to demonstrate the values and behaviours.
- Highlighting and celebrating via our internal communication channels examples of how our values are being put into practice e.g. stories, soundbites, case studies etc.
- Introducing a behaviours toolkit that includes activities that individuals and teams can complete to help bring the values and behaviours to life and develop themselves further.
- Aligning our learning and development offer to help individuals to excel into putting the values and behaviours into practice.
- Building on our Civility Saves Lives Programme to help highlight the importance of how people behave at work and how to call-out unhelpful behaviours using our new framework as a language and expected standard.

6. Conclusion

- 6.1 Our organisational values say who we are and what we stand for. They also help our people to deliver the commitments that we make to our patients, service users and each other. It is therefore important that our organisational values are simple to grasp, motivational, aspirational and authentic all at the same time.
- 6.2 Our behaviour framework is the practical application of our values and what we expect of our people. Refreshing our values and behaviours enables us to better hold individuals to account, reward great behaviour and tackle any that does not reflect the organisation we want to be through having courageous conversations.

7. Recommendation

- 7.1 The Board is asked to discuss and endorse the refreshed values and behaviours that will be launched at Stockport FT and Tameside & Glossop ICFT in January 2025.

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How we live our values

Behaviour Framework

These are the behaviours that we all expect from each other; they are how we bring our values to life and how we make a difference everyday.

We care

The behaviour we expect from everyone...

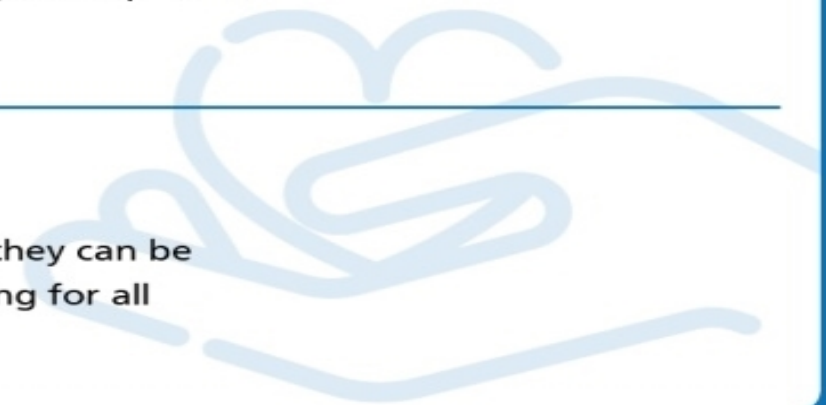
- Always seek to support colleagues, peers, patients and their families through being kind, helpful and patient
- Make patients and their families feel welcome & safe even in difficult circumstances
- Keep promises and deliver on the commitments we make to others, do what you say you will do
- Be open and honest straight away about mistakes
- Offer help when someone is struggling or has too much to do
- Speak up and speak out about concerns when you notice them

What we don't expect from anyone...

- Ignoring or failing to tackle those who do not demonstrate the caring approach we would expect for our own family
- Belittling, undermining our colleagues, peers or patients
- Failing to take responsibility for your actions, admitting you are wrong or recognising how your actions affect others
- Ignoring poor performance or unprofessional behaviour; including being uncooperative

As a manager or leader, we make a difference everyday by...

- Role modelling our values and behaviours
- Creating an environment where everyone feels supported to develop and be the best they can be
- Creating a culture that encourages self-care of physical and mental health and well-being for all
- Encouraging positivity and co-operation across teams and specialities
- Using clear and open communication



Making a difference every day

How we live our values

Behaviour Framework

We respect

The behaviour we expect from everyone...

- Seek to understand the behaviour of others and adapt our approach to build effective and trusting relationships
- Value all colleagues for their skills, experience & perspectives
- Say thank you, be kind, helpful and receptive
- Be friendly, approachable and professional
- Uphold patient rights, privacy, dignity and independence by considering their individual needs
- Do what is right for the patient not what is convenient

What we don't expect from anyone...

- Being judgemental, making assumptions or being insensitive to the needs of others from different cultures and backgrounds
- Failing to engage in meetings when others are talking, being distracted by telephones or responding to emails
- Failure to acknowledge contributions and ideas from others
- Ignoring or tolerating discriminatory or disrespectful behaviour
- Allowing colleagues to talk over others

As a manager or leader, we make a difference everyday by...

- Leading and motivating diverse teams, ensuring everyone feels equally respected
- Getting to know the skills of team members and valuing the contribution everyone brings
- Creating a culture where disrespectful or discriminatory behaviour is challenged at all levels
- Resolving concerns, conflicts and disagreements promptly, never turning a blind eye or avoiding a difficult conversation

Making a difference every day

How we live our values

Behaviour Framework

We listen

The behaviour we expect from everyone...

- Take time to listen to patients and their families to understand what matters to them;
- Actively and inclusively listen to others, share ideas and seek solutions to learn, develop and transform
- Provide timely feedback when things go well and constructive feedback when things don't go so well
- Engage with System partners to improve outcomes for patients

What we don't expect from anyone...

- Blocking or ignoring ideas and views from others that could lead to improvements and innovation
- Interrupting when others are talking
- Failing to take on board and act on constructive feedback
- Failing to engage with Partners and external agencies

As a manager or leader, we make a difference everyday by...

- Creating a culture of learning, quality improvement and transformation, listening to ideas and acting on them for the benefit of our services
- Creating a culture where everyone feels that they can speak up and speak out; acting on any concerns as they are raised
- Seeking knowledge from the national and international healthcare system in order to ensure best practice and leading the way
- Promptly and purposefully acting on staff feedback to make Stockport a fantastic place to work

Making a difference every day

Our Values



Stockport
NHS Foundation Trust

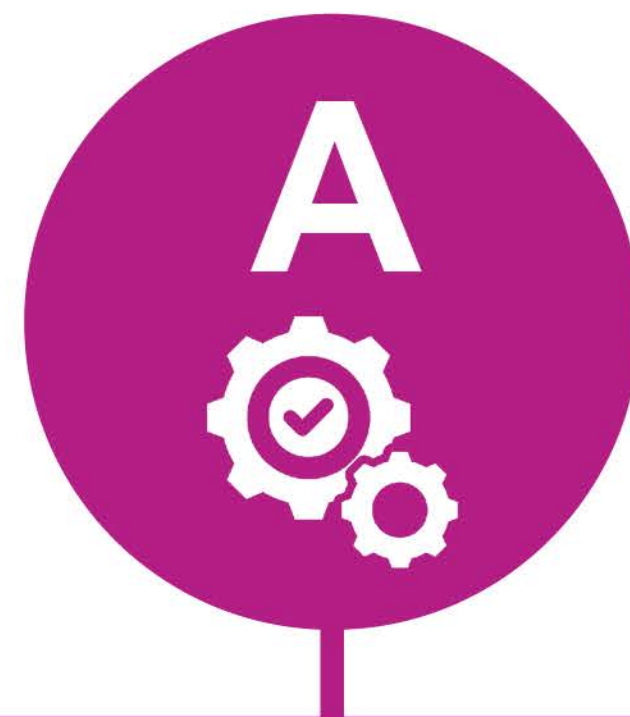


Tameside and Glossop
Integrated Care
NHS Foundation Trust



Compassion

We show kindness, caring and willingness to help others.



Accountability

We take responsibility for our actions, behaviours, performance and decisions.



Respect

We value people's lived experience, feelings, qualities and views.



Excellence

We support innovation, improvement and learning.



Our Values and Behaviours



Compassion

We show kindness, caring and willingness to help others.

- Show empathy towards other people.
- Consider other people's emotions, thoughts and experiences and take action when I see someone struggling.
- Show kindness and understanding to ourselves.



Accountability

We take responsibility for our actions, behaviours, performance and decisions.

- Take ownership for doing what is expected of us and deliver outstanding care and services.
- Always ensure that public money is spent in the most effective and appropriate way.
- Speak up and report concerns, near misses and risks.



Respect

We value people's lived experience, feelings, qualities and views.

- Treat others with fairness, civility and dignity.
- Take time to listen to, understand and respond to people with respect.
- Speak up if we witness unwanted, inappropriate and/or harmful behaviour.



Excellence

We support innovation, improvement and learning.

- Commit to achieving the highest possible standards in all aspects of our work.
- Take a person-centred approach by considering other people's needs, preferences and values.
- Effectively manage our time to ensure that we meet my objectives and deliver first-class care and services.

YOU WILL SEE THAT WE:

YOU WILL SEE THAT WE DO NOT:

- Fail to listen to others to understand their lived experience, views, concerns and ideas.
- Blame others and act in a selfish or uncaring way.
- Avoid dealing with emotional situations.

- Set unrealistic expectations and not do what we say we will do.
- Choose not to call-out individuals that are rude, uncivil or unkind to other people.
- Ignore how our words, body language, tone and energy may negatively impact on others.

- Act in a rude, abrupt, unhelpful or disrespectful way.
- Make assumptions and judgements about other people.
- Treat people differently because of their background or identity.

- Compromise quality and safety in the things that we do.
- Carry on doing what we always do without challenging existing norms where appropriate.
- Act in an inflexible way, block innovation or fail to embrace new technologies.

Our Vision

Our vision is to improve health outcomes for our population and influence the wider determinants of health, through collaboration with the people of Stockport, Tameside and Glossop and our health and care partners.

Our Values

By living our values and behaviours throughout the organisation, we are able to demonstrate that everybody really does matter.



				Agenda No.	13
Meeting date	5 th December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Annual Report, Emergency Preparedness, Resilience and Response (EPRR) December 2023-2024				
Director Lead	John Graham Deputy Chief Executive Accountable Emergency Officer (AEO)	Author	Anthony Dempsey EPRR Manager		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Board of Directors is asked to review and confirm the Annual EPRR Report.					

This paper relates to the following Annual Corporate Objectives

X	1	Deliver personalised, safe and caring services
X	2	Support the health and wellbeing needs of our community and colleagues
	3	Develop effective partnerships to address health and wellbeing inequalities
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

X	Safe	X	Effective
	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
	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	All
Sustainability (including environmental impacts)	n/a

Executive Summary

This report provides an overview of the trust's Emergency Preparedness, Resilience and Response (EPRR) related activities that have been carried out during December 2023 to December 2024.

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Stockport
NHS Foundation Trust

ANNUAL REPORT

Emergency Preparedness,
Resilience and Response (EPRR)

December 2023 – December 2024

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**Stockport NHS Foundation Trust is committed to ensuring
that services are resilient, minimising the risk of disruption to services.**

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Foreword from the Accountable Emergency Officer

It has been a very challenging time for Stockport NHS Foundation Trust during recent years with regard to resilience and business continuity. We will all be cognisant of the impact of COVID-19 and how much the quality of preparedness can impact on how well we as an NHS provider and an employer can respond to incidents that threaten to disrupt our services.

An internal audit conducted in 2022 highlighted gaps existed in our arrangements and advised us that we had not been dedicating enough resource to ensuring that we are resilient. With that in mind the trust appointed an interim Head of EPRR who led the improvement plan for resilience until the end of March 2024. In February 2024 we welcomed our new EPRR Manager into a shared role with Tameside and Glossop Integrated Care Foundation Trust. The aim of this appointment is to ensure that our progress remains steady and we are as prepared as we can be for major incidents or business disruptions.

Our responsibilities under the Civil Contingencies Act, the Health and Social Care Act and a number of other pieces of legislation remain unchanged and we are working towards being fully compliant with these. In addition, we also must ensure that we are compliant with our NHS Standard Contract and Core Standards with this year's assessment process seeing further evolution from previous years. We have welcomed the opportunity to assess once more how much progress we have made, and this has also informed our work plan going forward.

Whilst we recognise that we have had a lot of work to do, it has been gratifying to see the commitment from our Divisions to contribute to the EPRR Group which was refreshed late last year to steer and support the improvement work. This has clearly worked well, resulting in the development and ratification of several guidance documents which have been developed to describe and develop our response arrangements to a range of contingencies. These can be found on the EPRR microsite and in the Major Incident Control Room resource packs.

Due to the continued recovery phase of COVID-19 and industrial action periods that have taken place this year, it has not been appropriate or possible for us to have a Trust wide live exercise or command post exercise. However, we have used the opportunity to learn in formal and informal ways from the incident responses carried out over the year.

Our Command and Control structures are well established and we have been able to demonstrate effective response to these incidents.

We will always have to maintain a state of preparedness for major incidents and crises that could affect our ability to deliver services. I would therefore like to take this opportunity to thank our staff from every division who have worked tirelessly through recent very challenging times to ensure that we continue to deliver safe services. It is clear that there is consistent and excellent effort across the Trust to rise to the challenges, for which we at Stockport FT are very grateful. I would also like to thank the members of the EPRR Group for their support, expertise and effort in achieving the very significant progress that we have made over the past 12 months in our EPRR arrangements.



John Graham
Accountable Emergency Officer
Stockport NHS Foundation Trust

December 2024

Executive Summary

Stockport NHS Foundation Trust aspires to full compliance with our NHSE Core Standards for EPRR, as this will demonstrate our resilience and ability to respond to emergency situations.

This report outlines our compliance journey, indicating how much we have progressed and highlighting our priorities for the coming year with regard to resilience.

We have focused on compliance with the core standards as these provide a comprehensive framework for us to monitor our own actions and set our priorities.

For the 2023/24 Core Standards Framework, there are 62 standards applicable to the Trust across 10 domains and our self assessment shows that we are partially compliant. Key areas for improvement are training, exercising and business continuity.

Domain	Number of Standards	Full Compliance
1. Governance	6	6
2. Duty to Assess Risk	2	2
3. Duty to Maintain Plans	11	10
4. Command and Control	2	1
5. Training and Exercising	4	0
6. Response	7	7
7. Warning and Informing	4	4
8. Cooperation	4	4
9. Business Continuity	10	6
10. CBRN	12	8
Total	62	48

In addition to an overall assessment of our resilience and response capability across these domains, we are also required to undertake a deep dive into a specific area. For the 2023/24 assessment year the deep dive subject was cyber security and IT related incident response.

Overall, we are pleased to be able to report significant progress in our resilience and the assurance we are able to produce to demonstrate our arrangements. We are keen to ensure that this progress continues into next year and beyond so that we are able to maintain our aspiration to provide the safest and highest quality services despite disruptive challenges.

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Introduction

EPRR is an essential part of ensuring that our services are safe and well-led. In order to assess our capabilities, we have undertaken an assessment of our compliance with the NHSE Core Standards for EPRR.

At Stockport NHS Foundation Trust, we are committed to ensuring that we can respond effectively to a disruptive incident. This includes both arrangements for the response itself, as well as ensuring the continuity of our core business while we are responding to the situation.

The self-assessment process is an in-depth enquiry into the arrangements that we have in place across several domains which examine every part of our operations.

The Core Standards Self-Assessment is a useful process that helps us examine our arrangements and identify any gaps that exist so we can work on improving our overall level of resilience.



We do this as part of our compliance with legislation. We are a Category 1 responder under the Civil Contingencies Act 2004, which sets out a number of duties with which we must comply.

These include our duty to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place robust Business Continuity Management arrangements
- Put in place arrangements to warn and inform the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Cooperate with other local responders to enhance coordination and efficiency.

We carry out these duties as part of the Greater Manchester health economy by taking part in the Local Health Resilience Partnership, which is a network of local providers feeding into a single point of contact facilitated by our local NHSE colleagues.

Working with other local partner organisations in this way means that, should there be a major incident that affects the health economy, resources can be made available and managed across the community and our resilience therefore increased when we experience challenging situations.

This means that, not only are we more likely to be able to manage situations better by drawing on a wider pool of resources, but we are also able to recover faster by distributing demand across the wider economy too.

We can also participate in community planning, risk assessment and resilience preparedness, ensuring that our arrangements are current and aligned with other organisations.

It is important that all organisations in the area respond in a way that is coordinated with other organisations so that partners such as ambulance, police and fire and rescue services are able to work effectively and collaboratively between providers.

We continue to focus on joint priorities such as information sharing, safeguarding, mass casualty management, CBRN (Chemical, Biological, Radiological and Nuclear) management and mass fatalities. We can also share training and exercising, and, where appropriate, procure resources collectively.

EPRR Overview

Stockport NHS Foundation Trust previously managed EPRR as part of compliance responsibilities within the Estates and Facilities Team. It became clear as a result of last year's Core Standards Self Assessment, and a comprehensive internal audit, that the function required more robust resource than was possible.

An interim Head of EPRR was appointed to transform the resilience function within the year with a view to having robust arrangements in place to hand over at the point of substantive recruitment into an EPRR Manager role. Recruitment for the role proved challenging, however, with several rounds of advertisement and interview not resulting in appointment. The trust is pleased to confirm that in late 2023 a successful appointment was made.

We are pleased to note that progress throughout 2023 and 2024 has been steady and effective. This year's Core Standards assurance process has been more balanced than 2023/2024 which saw a requirement for evidence to be submitted for against Core Standard. We welcome the opportunity to identify any gaps in the arrangements that we have and aspire to achieve continually improving levels of compliance as progress is made.

We have drafted, developed and ratified a number of new documents including

- Countermeasures
- Lockdown Plan
- High Profile Visitors and VIP Patients Plan
- Mass Fatalities Plan

We have identified as part of our self-assessment that we have gaps in our formalization of training arrangements and we will be seeking to address these to ensure that the quality of our training offer to staff can be formally demonstrated.

We have also reinvigorated our EPRR Group, which has representation from all Divisions and has been well supported through the year. This commitment from all Divisions has made the progress we have made possible, for which we thank all involved.

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EPRR Leads

The only way we can deliver our responsibilities in EPRR is with the strong engagement and commitment of all of our Divisions at a senior level.

We have been supported well through the year by our corporate and operational colleagues, which has meant that we have been able to deliver significant progress in EPRR for which we are very grateful.

The EPRR Divisional Leads contributing to the EPRR Group for 2023/24 have been consulted on the work undertaken through the year, and have been generous with their expertise, support and guidance.

This has enabled us to ensure that the documents we have produced to describe our resilience arrangements are fit for purpose.

Speciality	EPRR Lead
Chair	John Graham
EPRR Manager	Anthony Dempsey
Clinical Support Services	Glenn Ellis
	Mike Allison
Contracts	Susan Rigby
Emergency Department	Ash Challinor
	Joanne Lax
	Rebecca Ford
	Sara Louise Wells
Estates and Facilities (Matron)	Claire Gibson
Estates and Facilities	Jennifer Kilheaney
	Maggie Thwaites
Finance	Angie Gunn
Human Resources	Tracey Etchells
Infection Prevention and Control	Nesta Featherstone
	Penny Cotterill
Information and IT	Helen Bennett
	Rebecca Mayers
Integrated Care	Beverley Burnett
	Jane Ankrett
	Lisa Lainton
IT	Khaja Hussain
	Peter Hughes
	Rebecca Mayers
Learning & Education	Kaymo Jammeh
Medicine and Clinical Support	Suzanne Woolridge
Nursing	Carol Sparks
	Helen Howard
Operational Support Team	Cathy Lloyd
Pathology	Mark Gordon
Pharmacy	Paul Buckley
Procurement	Susan Rigby
	Tracy Stockwell
Radiology and Endoscopy	Stuart Cooper
Surgical, GI and Critical Care	Andrew Tunnicliffe
	Christopher O'Loughlin
	Colin Piatt
	Bob Unwin
	James Thomson
	Karen Hatchell
	Kerry Byrne
Women, Children and Diagnostics	Kelly Curtis
	Zoe Turner

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Training and Exercising

Training and exercising is a vital part of ensuring that we are prepared for emergency situations. Without fully exercising our arrangements, it is not possible to identify any planning gaps or incorrect assumptions.

We have trained a number of major incident loggists throughout the year and we now have 19 major incident loggists who have been recently trained. We will be offering training again to ensure that we can increase the number of available loggists, as well as update people who were previously trained. The focus for training going forward will align with our training needs analysis with a shift towards e-learning to facilitate ease of accessibility for delegates and efficient delivery for EPRR staff.

Staff within the Emergency Department have attended CBRN 'train the trainer' sessions delivered by North West Ambulance Service which has enabled local sessions to be delivered within the trust. As part of this locally delivered training a desktop exercise is carried out to ensure that learning is embedded. In conjunction with this training the trust's CBRN equipment undergoes a preventative programme of maintenance to ensure readiness should a CBRN or hazardous materials incident occur.

In line with NHS England requirements the trust carries out a regular test of communications arrangements to ensure that should the need arise, incident communications are robust and well rehearsed.

The trust is fully engaged in fostering and enhancing relationships with other Category 1 and 2 responders and participates willingly in borough, Greater Manchester and national level exercises. These exercises have been attended by trust representatives to further our own response arrangements and understand the collaborative nature of multiagency response.

We have held debriefs following incidents, exercises and training, which have helped us to identify:

- Improvements to business continuity arrangements.
- Processes mapped out clearly through the use of infographics and flow charts to aid operational activity during business-critical incidents.
- Further consideration of recovery arrangements and how these can be enhanced.
- How internal communication channels can be made more robust.
- Establishing agreed processes for contacting external partners during an incident.
- Further promoting awareness within the trust's response structure of where resources are located following a refresh.
- Consideration of how on-call staff can access all areas of the estate during response due to differing means of access.
- Enhancing departmental communication by inputting into existing communication pathways.
- Consideration of areas of overlap between business continuity plans.
- Formulating shared understanding of risks where they are identified.

Resilience Risk Assessment

The Civil Contingencies Act (2004) places a legal duty on responders to undertake risk assessments and publish risks. We do this through our partnership in the Local Resilience Forum (LRF). Our Trust Risk Register is required to reflect the risks to resilience that could impact on our staff and services and there is a Community Risk Register which assesses national risks at the local level which is reviewed annually by the LRF for us to consider.

The Greater Manchester Community Risk Register reassures the community that the risk of potential hazards has been assessed and that preparation arrangements are undertaken. The Trust's EPRR risk register mirrors the risks identified on the Community Risk Register that could impact our services or our staff.

The major risks that have been identified in the Greater Manchester Community Risk Register include:

- Widespread flooding
- Emerging infections or pandemic
- Largescale industrial accident
- Pollution
- Adverse weather
- Loss of essential infrastructure
- Terrorism
- Transport emergencies
- Cybersecurity issues
- Antimicrobial resistance

We have assessed these risks and where analysis shows that there may be an impact on the Trust, we have included them and our mitigations in our Trust risk register. We are committed to ensuring that our services are of as safe and high quality as possible, and managing risk is an essential part of horizon scanning and preparedness for disruptive incidents.

The risks that were identified as being relevant to our Trust Risk Register were:

- Risk that services will be disrupted due to loss of infrastructure or essential services such as power, water or heating.
- Risk of emerging or pandemic infection affecting large numbers of people, therefore causing pressure on services and absence among staff

- Risk of a mass casualty incident as a result of malicious threat, largescale accident or deliberate or accidental release of hazardous material
- Risk of disruption due to adverse weather
- Risk of cyber-attack leading to denial of IT service, loss of data and disruption to patient care

The EPRR Risk Register will be managed in the same way as all Trust risk registers. Oversight of the risks and associated actions will be through the EPRR Group, who will track progress and escalate risks where these have the potential to become more challenging.

Some risks will be more pertinent at different times of the year or under different circumstances. For instance, risk of heat wave increases and decreases with summer weather.

The risk of adverse weather increases the risk of disruption due to hazardous travelling conditions, increased staff absence due to winter illness, planned holiday absence and outbreaks of winter illness leading to increased demand for services.

As with all our emergency preparedness work, we should approach risk identification and mitigation as a collaborative health economy. Using command and control structures both internally as our Trust manages incidents and as part of the Greater Manchester Local Health Resilience Partnership means that resources and risks are managed across the whole locality.

Of course, we must still maintain preparedness for incidents that have a very high impact, but with a low likelihood of occurring. The Manchester Arena incident is an example of this kind of scenario and we have looked at the public enquiry following the incident, as well as our own response, to ensure that we incorporate identified learning into our risk actions. This activity aims to ensure that we are as prepared as we can be for such an unprecedented occurrence.

We have plans in place to mitigate our EPRR risks and we will monitor the effectiveness of our plans and procedures through regular review by the EPRR Group.

Core Standards Self Assessment and Assurance

This year, we have been required to gather evidence of our self-assessment for our Core Standards for EPRR. This is a change from previous years prior to 2023 and has offered us the opportunity to examine the plans we had in place and ensure that they are in line with current best practice and reflect updated arrangements within the Trust.

Although we have made significant progress, we have assessed ourselves as partially compliant and we have an action plan in place to ensure that we continue to work towards full compliance.

FULLY COMPLIANT The organisation is 100% compliant with all core standards they are expected to achieve.	SUBSTANTIALLY COMPLIANT The organisation is 89-99% compliant with the core standards and there is a Board approved action plan to meet compliance within the next 12 months
PARTIALLY COMPLIANT The organisation is 77-88% compliant with core standards and there is a Board approved action plan to meet compliance within 12 months.	NON-COMPLIANT The organisation is 76% or less compliant with core standards.

For our 2023/24 Core Standards, our self-assessment was as follows:

Domain	Full	Partial	Non-Compliant
Governance (6)	6	0	0
Duty to Assess Risk (2)	2	0	0
Duty to Maintain Plans (11)	10	1	0
Command and Control (2)	1	1	0
Training and Exercising (4)	0	4	0
Response (7)	7	0	0
Warning and Informing (4)	4	0	0
Cooperation (4)	4	4	0
Business Continuity (10)	6	4	0
CBRN (12)	8	0	0
Total No of Standards (62)	48	14	0

Following the core standards assessment this has identified opportunities for improvement which will feed into the EPRR Work Programme with a view to improving our overall level of compliance over the next 12 months. Our Work Programme has identified areas of focus that include, business continuity, exercising and training.

We also need to ensure that we are represented and contribute to the Local Health Resilience Partnership so that we can make sure that our priorities are considered within the context of the Greater Manchester health economy with regard to resilience.

Specific Contingency Plans

There are some specific contingency plans that we are required to have in place under our "Maintaining plans" duty. These include generic plans such as the Major Incident Plan, Business Continuity Plan and Evacuation and Shelter Plan.

Some more specific plans have been developed to cover other contingencies in line with our risk assessments and the Greater Manchester Community Risk Register.

- Countermeasures
- Lockdown Plan
- High Profile Visitors and VIP Patients Plan
- Mass Fatalities Plan

Countermeasures Plan

This plan sets out the arrangements for a response including how the process for administration, reception and distribution of mass prophylaxis and mass vaccination. The plan considers that there may be a requirement for specialist providers, community service providers, mental health and primary care services to support the mass distribution of countermeasures. This could include the commissioning of new services to support mass countermeasures at the local level dependent on the incident.

Lockdown Plan

The Lockdown Plan considers current guidance, regulation and legislation as well as the arrangements the trust has in place to control access and egress for patients, staff and visitors to and from trust sites during an incident that necessitates lockdown.

High Profile Visitors and Patients Plan

The presence of protected individuals within the trust can bring added considerations which this plan aims to address.

Mass Fatalities Plan

This plan sets out the arrangements we would carry out both as a receiving hospital, and also as a business continuity response. In other words, while we would need to maintain preparedness to accept a sudden large influx of casualties, we would also have to, at the same time, continue to provide services for people we are already treating. This sort of incident causes severe pressure and the Mass Casualty Plan therefore outlines important initial actions that are designed to relieve the pressure as much as possible. It is important to note that all of these specific contingency plans must be used in conjunction with the arrangements set out in the Major Incident Plan.

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Core Standards Assurance Process Outcome

The 2023 assurance process brought about a change in approach which saw the departure from the self-assessment model that had become a familiar component of the NHSE Core Standards review. During the years prior to 2023 the trust was expected to assess its preparedness and then submit a spreadsheet outlining findings including a statement of compliance which provided an overall rating against EPRR standards. This self-assessment would then form the basis for an action plan for the following year to help identify areas which required improvement.

In 2023 a significant change in the process meant the trust had to submit evidence against every core standard via an online portal. Those submissions were assessed by the national NHSE EPRR team with regard to fitness for purpose and current best practice.

In 2024 the process underwent further evolution with a requirement to gather evidence and hold it locally, with the Integrated Care Board (ICB) then scheduling a visit to the trust to assess the evidence for 6 separate standards. The standards assessed were those that had seen significant change to their level of compliance, i.e. where the trust had previously rated a standard as 'non-compliant' and this had moved to 'compliant'.

In 2022/23, we undertook the self-assessment process and found ourselves to be substantially compliant with some gaps. An internal audit highlighted a number of areas that required improvement and it was determined that a lack of resource dedicated to EPRR was at the root of the gaps in compliance. The consensus was that it would not be possible to close those gaps without additional resources. An interim Head of EPRR was appointed and remained in post until March 2024 to create a work plan and implement measures to improve while a substantive recruitment process was undertaken to appoint to a permanent EPRR resource. In February 2024 an EPRR Manager took up employment with the trust in a shared post with Tameside and Glossop Integrated Care Foundation Trust.

Significant progress has been made this year, which includes the development and review of a number of EPRR documents, continued reinvigoration of the EPRR Group, strengthening our collaborative relationships including the Local Health Resilience Partnership, whilst we have also had to respond to the various incidents that have challenged the trust during the course of general trust operations.

For the 2024 assurance process we rated the trust as Partially Compliant and we have a plan in place for improving that level of compliance over the course of the next year. The gaps identified include the need for the implementation of a business continuity management system, staff training and exercising. Following discussion with the ICB these areas appear to be common themes within Greater Manchester trusts.

The ICB visited the trust on 8th October 2024 and were satisfied with the evidence presented for the 6 core standards that were selected and at the time of writing the Partially Compliant rating for Stockport NHS Trust remains in place.

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Abbreviations and Glossary

EPRR- Emergency Preparedness, Resilience and Response

The formal set of arrangements, frameworks and command and control structures developed to manage major incidents.

CBRN – Chemical, Biological, Radiological and Nuclear

'CBRN' is the abbreviation commonly used to describe the malicious use of Chemical, Biological, Radiological and Nuclear materials or weapons with the intention to cause significant harm or disruption.

CCA – Civil Contingencies Act

The primary Act of Law that governs response to major incidents and sets out our responsibilities. It also defines NHS Acute Provider Trusts as Category 1 responders, which places a set of 6 duties on us. These duties are the focus of our EPRR activities.

LRF – Local Resilience Forum

The collective name for Category 1 and 2 responders under the Civil Contingencies Act coming together to work cooperatively to plan for and respond to incidents.

LHRP – Local Health Resilience Partnership

The LRF has many subgroups to manage specific areas of planning, such as flooding, terrorism, civil unrest and so forth. The LHRP is the subgroup that represents the interests, risks and priorities of NHS and other health care providers within the LRF.

SFT – Stockport Foundation Trust

NHS Foundation Trust which runs Stepping Hill Hospital and other specialist centres as well as community health services for Stockport.

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Stockport
NHS Foundation Trust

EPRR Department

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				Agenda No.	14
Meeting date	5 th December 2024	Public	X	Confidential	
Meeting	Board of Directors				
Report Title	Board Committee Assurance – Key Issues Reports				
Director Lead	Committee Chairs	Author	Soile Curtis, Deputy Company Secretary Rebecca McCarthy, Trust Secretary		

Paper For:	Information		Assurance	X	Decision	
Recommendation:	The Board of Directors is asked to: <ul style="list-style-type: none"> – Review the key issues and matters for escalation provided via the Board Committees 					

This paper relates to the following Annual Corporate Objectives

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

This paper relates to the following CQC domains

	Safe		Effective
	Caring		Responsive
X	Well-Led		Use of Resources

This paper relates to the following Board Assurance Framework risks

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

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

Where issues are addressed in the paper

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

Executive Summary

<p>The Board of Directors has established the following Committees:</p> <ul style="list-style-type: none">- People Performance- Finance & Performance- Quality- Audit Committee <p>The Committees have no executive powers, other than those specifically delegated within their Terms of Reference, but they can make recommendations to the Board of Directors for approval. The Committees are to report to the Board of Directors by means of a Key Issues Report summarising business conducted by the Committee together with key actions and/or risks.</p> <p>A summary is provided for the Board of Directors of the key matters and decisions from the meetings of the Finance & Performance Committee, People Performance Committee, Quality Committee and Audit Committee held during October & November 2024.</p>
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KEY ISSUES REPORT	
Name of Committee/Group	People Performance Committee
Chair of Committee/Group	Mrs Beatrice Fraenkel, Non-Executive Director
Date of Meeting	14 November 2024
Quorate	Yes
The People Performance Committee draws the following key issues and matters to the Board of Directors' attention:	

Item	Key issues and matters to be escalated
People Integrated Performance Report	<p>The Committee received the People Integrated Performance Report, which provided an update on appraisals, time to hire, statutory & mandatory training compliance, agency expenditure and attendance.</p> <p>The Committee confirmed performance in relation to sickness absence and mandatory training was not within target, with all other metrics within target.</p> <p>The Committee received and noted the report, current performance and the actions being taken to continue to drive improvement.</p>
Equality, Diversity & Inclusion Strategy	<p>The Committee received a report providing progress update against each of the Equality, Diversity & Inclusion (EDI) targets set out within the EDI Strategy 2022-25 relating to workforce, culture, assurance & compliance and health inequalities.</p> <p>The Committee confirmed overall positive progress made against the delivery of the EDI Strategy, as supported by the latest EDI performance metrics, albeit acknowledging that that culture change would take some time to embed. The Committee heard that the EDI performance metrics were triangulated with staff survey results, other staff feedback and people management metrics to inform priority areas for action.</p> <p>The Committee received and noted the update on the Trust's EDI Strategy 2022-25 and associated consolidated action plan.</p>
Staff Facilities Update	<p>The Committee received a report providing an update on the assessment of WC facilities across the Trust site.</p> <p>The Committee acknowledged progress made, albeit recognising this was limited in some areas given resourcing challenges and capital constraints.</p>
Health & Wellbeing Plan	<p>The Committee received a report providing a progress update against delivery of the seven priorities of the Trust's Health & Wellbeing Plan.</p> <p>The Committee acknowledged good progress made and noted the continued delivery of wellbeing and occupational health initiatives to support staff with their health and wellbeing needs. The Committee heard that work was ongoing to explore sustainable funding options for the Staff Psychology & Wellbeing Service (SPAWS) for 2025/26 and beyond.</p>

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Item	Key issues and matters to be escalated
Guardian of Safe Working Report	The Committee received a Guardian of Safe Working Report. The Committee confirmed that no immediate safety concerns or patient harm had been identified during the reporting period and noted a focus of the Guardian of Safe Working on raising the profile of exception reporting, including providing training for supervisors in this area.
Widening Participation	<p>The Committee received a report which provided an update on widening participation and vocational learning offer, providing career opportunities for communities across Stockport, particularly from underrepresented and deprived areas.</p> <p>The Committee acknowledged good progress made in this area.</p>
Staff Survey	<p>The Committee received a verbal update regarding current Staff Survey completion rates, noting that the survey would remain open until the end of November 2024. The Committee heard about actions in place to encourage participation, including Trust-wide incentives, targeted approach with divisions and staff groups, alongside a comprehensive communications campaign.</p> <p>It was noted that the initial results would be received in the New Year, with the full report embargoed until March 2025.</p>
Safer Care (Staffing) Report	<p>The Committee received a report providing assurances and risks associated with safe staffing, alongside actions to mitigate the risks to patient safety and quality, based on patients' needs, acuity, dependency and risks.</p> <p>The Committee acknowledged the ongoing high levels of operational demand within the acute and community services, which was having an impact on patient and staff experience. It was noted that demands within the Emergency Department remained significant, impacted by large numbers of patients who no longer require a hospital bed, and that this demand and consequent adverse impact on patient flow was being operationally managed by senior teams and on-call colleagues with continual dynamic risk assessments conducted.</p> <p>The Committee heard that robust staffing has been implemented ensuring that the Trust is safely staffed and able to provide high quality patient care throughout the industrial action.</p>
Standing Committees	<p>The Committee received and noted the following key issues reports:</p> <ul style="list-style-type: none"> • People, Engagement & Leadership Group • Equality, Diversity & Inclusion Group • Educational Governance Group

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KEY ISSUES REPORT	
Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Mr Anthony Bell, Non-Executive Director
Date of Meeting	17 October 2024
Quorate	Yes
The Finance & Performance Committee draws the following key issues and matters to the Board's attention:	

Item	Key issues and matters to be escalated
Cost Improvement Plan Deep Dive	<p>The Committee considered a Cost Improvement Plan (CIP) Deep Dive report, providing progress update to month 6, year-end forecast, schemes in pipeline to deliver in the next 6 months, and planning for 2025/26. The Committee noted progress with the CIP Plan for 2024/25 and risks for delivery.</p> <p>The Committee acknowledged the risk to the CIP Plan delivery for 2024/25 and heard that recovery plans had been requested by all divisions and corporate areas to ensure full Financial Plan delivery and address the current gap around recurrent CIP. It was confirmed that delivery of amber and red rated CIP schemes was being prioritised, whilst ensuring any risk to delivery was understood and the Committee reaffirmed the importance of ensuring that safety and quality were not adversely impacted.</p> <p>The Committee acknowledged that CIP delivery was a team effort and Non-Executive Director members offered support to the Executive Directors on the process.</p>
Finance Report – Month 6 Position	<p>The Committee received the Finance Report for Month 6 2024/25. The Committee heard that overall, the Trust position at Month 6 was a deficit of £0.6m which was £0.3m adverse to plan. It was noted that at this point the forecast for year-end was a deficit of £2.5m, which was in line with the annual plan for 2024/25 following the receipt of the non-recurrent system funding from Greater Manchester (GM). The Committee heard that the adverse variance to date related to Elective Recovery Funding (ERF) underperformance, unfunded industrial action costs offset by overachievement of the Stockport Trust Efficiency Programme (STEP).</p> <p>It was noted that the STEP plan for 2024/25 was £24.6m (£12.3m recurrent) and that £6.2m had been actioned to Month 6 (mainly non-recurrent), which was £1.5m favourable against plan.</p> <p>The Committee heard that the Trust had maintained sufficient cash to operate during September. It was noted that revenue support had been received in September and the Committee noted increased scrutiny and challenges regarding the cash position.</p> <p>It was noted that the revised Capital Plan for 2024/25 was £35.2m, which was now compliant. The Committee noted risks in this area due to the significant gap between funding and expenditure.</p> <p>The Committee noted the following key risks to the financial position:</p> <ul style="list-style-type: none"> Pay award ERF

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	<ul style="list-style-type: none"> • Increased emergency demand and specialist patients • Capital • Cash • Other <ul style="list-style-type: none"> - Estate risk - Industrial action <p>The Committee received the report and noted the challenges and mitigating actions regarding the financial position.</p>
PWC Report	<p>It was noted that as part of NHS England oversight of financial plans for Integrated Care Systems (ICSs), GM had commissioned PWC to complete a review as part of the Investigation and Intervention Programme. The Committee received a report providing a summary of the Stockport NHSFT report included within the PWC Financial Improvement Support Phase 1 Report.</p> <p>It was noted that an associated action plan was under review by the Executive Team covering:</p> <ul style="list-style-type: none"> • Delivery of CIP Plan 2024/25 and recurrently • Grip and control actions • Communications <p>The Committee noted the key theme of recurrent and non-recurrent CIP delivery and heard that as part of Phase 2 of the process, PWC was offering additional support to a number of organisations, including Stockport locality.</p> <p>The Committee noted that the CIP action plan and review of grip and control effectiveness would be presented to the Board.</p>
Annual Review of Treasury Management Procedures	<p>The Committee received a report including an updated Treasury Management Policy to reflect the financial regime in 2024/25 and current arrangements in place to manage the cash position.</p> <p>The Committee heard that updates to the policy included:</p> <ul style="list-style-type: none"> • Amendments to the Revenue Support application regime to a monthly approval process. • Inclusion of the process for Intra ICS Cash Transfers. • Approval process for repayment of public dividend capital. <p>The Committee received and noted the report and approved the Treasury Management Policy.</p>
Operational Performance Report – Month 6	<p>The Committee received the Operational Performance Report, including performance against the strategic core operating standards, performance against the four key standards (A&E) 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment (RTT) standard, and Diagnostic 6-week wait standard), and key Productivity, Efficiency & Transformation programmes. The Committee acknowledged the continued operational pressures and action being taken to improve performance.</p> <p>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.</p>

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	<p>The Committee noted performance as follows:</p> <ul style="list-style-type: none"> • An increase in attendances by circa 300 patients has meant performance against the ED 4-hour standard has seen a decrease compared to the previous month, but performance has not changed significantly. • Cancer 62-day performance had achieved the national target for the third consecutive month and was well above trajectory. • Faster Diagnostic Standard 28-day performance had been challenged this month, but was still performing above trajectory and benchmarked well nationally. • RTT standards with significant improvements to overall wait times and 52- and 65-week breaches. The Trust had delivered treatment to all but 27 of the 65-week wait patients by the end of September in line with the requirements of the operational planning guidance (second best performance in GM). It was also expected that the Trust would formally exit the current Tier 1 monitoring in Q3 2024/25 as it was no longer an outlier for treatment waiting times. • With regard to diagnostics, MR had seen significant improvement, however echo demand continued to be a challenge, with mitigating actions underway. • With regard to community metrics, the Trust performed well on urgent response, however improvement opportunities remained regarding the virtual ward and potential impact to bed occupancy. • Outpatient efficiencies flagged an issue with DNA rates, however the deep dive review completed had not provided any real insight. • GM have commissioned an independent review of theatre performance which has been reviewed at the Trust Performance Meeting and by the Executive Team. The data supports the picture of improving performance and good benchmarking against GM Trusts.
MR Scanning Service Transfer Business Case	<p>The Committee received and noted the MR Scanning Service Transfer Business Case. It was agreed that an updated report providing further context to questions raised in the meeting would be shared with Committee members for comment prior to presentation to the Private Board in November.</p>
Standing Committees	<p>The Committee received and noted the following key issues report:</p> <ul style="list-style-type: none"> • Capital Programmes Management Group

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KEY ISSUES REPORT	
Name of Committee/Group	Finance & Performance Committee
Chair of Committee/Group	Mr Anthony Bell, Non-Executive Director
Date of Meeting	21 November 2024
Quorate	Yes
The Finance & Performance Committee draws the following key issues and matters to the Board's attention:	

Item	Key issues and matters to be escalated
Operational Performance Report – Month 7	<p>The Committee received the Operational Performance Report, including performance against the strategic core operating standards, performance against the four key standards (A&E) 4-hour standard, Cancer 62-day standard, 18-week Referral to Treatment (RTT) standard, and Diagnostic 6-week wait standard), and key Productivity, Efficiency & Transformation programmes. The Committee acknowledged the continued operational pressures and action being taken to improve performance.</p> <p>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.</p> <p>The Committee noted performance as follows:</p> <ul style="list-style-type: none"> • Performance against the Emergency Department (ED) trajectory has shown a further improvement but is behind the trajectory and does not benchmark well against GM peers. The Committee noted support provided by the Emergency Care Intensive Support Team (ECIST). • Cancer 62-day performance has achieved the national target and is well above trajectory. • Faster Diagnostic Standard 28-day performance is still performing above trajectory and benchmarks well nationally. • RTT standards continue to improve with significant improvement in overall wait times and 52- and 65-week breaches. The Trust has now formally exited the Tier 1 monitoring in Q3 2024-25 as it is no longer an outlier for treatment waiting times. • With regard to diagnostic performance, MR and echo have seen significant improvement, however audiology is an emerging challenge, with mitigating actions underway. • With regard to the community metrics, the Trust performs well on urgent response, however opportunities remain regarding the virtual ward and potential impact to bed occupancy. • Outpatient efficiencies flagged an issue with DNA rates, the deep dive review has now informed an action plan. • Theatre performance continues to incrementally improve with cases per list benchmarking as one of the highest nationally.
Elective Tiering De-Escalation	<p>The Committee received a report confirming that the Trust has been stood down from NHS England Elective Tier 1 monitoring from Q3 2024/25, following significant work undertaken to reduce elective waiting times.</p>

	<p>The Committee welcomed the improved position and thanked all staff for their hard work in this area.</p>
<p>Outpatient DNAs Deep Dive</p>	<p>The Committee received a report providing an update on:</p> <ul style="list-style-type: none"> • The performance of the Trust's outpatient services regarding the 'Did Not Attend' (DNA) rate. • A summary of why patients do not attend and the drivers of the Trust's performance. • Actions taken to date to reduce DNAs, including socio-demographic, hospital and patient factors. • Further steps to be taken to address the DNA rate with the aim of achieving a target of 6.3%, freeing up an additional 4,750 appointments per annum. <p>The Committee noted that the work to reduce DNAs linked with the Health Inequalities and Get It Right First Time (GIRFT) work.</p> <p>It was noted that the outcome of the DNAs deep dive and a broader update on the quality of patient communication would be presented to the Council of Governors in December 2024.</p>
<p>Finance Report – Month 7 Position</p>	<p>The Committee received the Finance Report for Month 7 2024/25. The Committee heard that overall, the Trust position at Month 7 was a deficit of £1.3m, which was £0.9m adverse to plan. It was noted that at this point the forecast for year-end was a deficit of £2.5m, which was in line with the annual plan for 2024/25 following the receipt of the non-recurrent system funding from Greater Manchester (GM). The Committee heard that the adverse variance to date related to Elective Recovery Funding (ERF) underperformance, unfunded industrial action costs and the pay award pressure, offset by overachievement of the Stockport Trust Efficiency Programme (STEP).</p> <p>It was noted that the STEP plan for 2024/25 was £24.6m (£12.3m recurrent) and that £8.7m had been actioned to Month 7 (mainly non-recurrent), which was £1.2m favourable against plan.</p> <p>The Committee heard that the Trust had maintained sufficient cash to operate during October. The Committee noted increased scrutiny and challenges regarding the cash position.</p> <p>It was noted that the revised Capital Plan for 2024/25 was £35.2m, which was now compliant. The Committee noted risks in this area due to the significant gap between funding and expenditure.</p> <p>The Committee noted the following key risks to the financial position:</p> <ul style="list-style-type: none"> • Pay award • ERF • Increased emergency demand and specialist patients • Capital • Cash • Other <ul style="list-style-type: none"> - Estate risk - Industrial action <p>The Committee received the report and noted the challenges and mitigating actions</p>

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	regarding the financial position.
PWC Drivers of the Deficit – Stockport Review	The Committee received a verbal update regarding the PWC Drivers of the Deficit – Stockport Review, noting that the Trust was in the process of reviewing the draft report for factual accuracy.
PWC – GM Review: <ul style="list-style-type: none"> • Stockport Action Plan • Grip & Control Effectiveness 	<p>As previously reported to the Committee, it was noted that as part of NHS England oversight of financial plans for Integrated Care Systems (ICSs), GM had commissioned PWC to complete a review as part of the Investigation and Intervention Programme. The Committee received a report providing an update on the actions taken in response to the PWC report and how this links to the delivery of the Financial Plan 2024/25.</p> <p>The Committee acknowledged the risk around the Financial Plan 2024/25 delivery and the report outlined the risks related to the increased pay award, reduced activity under ERF and the condition and challenges of the Trust's estate.</p> <p>The Committee noted that while progress was being made with CIP, recurrent delivery remained a key challenge.</p> <p>It was noted that the report would be presented to the Private Board meeting in December 2024.</p>
Annual Costing Submission	<p>The Committee received a report providing an overview of the patient care costing submission to NHS England (NHSE), detailing the validation process undertaken and confirming compliance with costing standards. It was noted that the 2023/24 submission, which had been reviewed by the Chief Finance Officer and Director of Finance prior to submission, had been made on 19 June 2024 as per the national deadline.</p> <p>The Finance & Performance Committee approved the Costing Submission 2023/24 submitted to NHSE on 19 June 2024, as delegated by the Board of Directors, and confirmed it has been prepared and submitted in line with Approved Costing Guidance and NHSE submission and sign-off processes.</p>
Annual Review of Finance Skills Development	<p>The Committee received a report on the review of skills development of the Finance Team staff, provided as part of the re-accreditation for the Finance Team at the highest level.</p> <p>The Committee welcomed the report and the continued development opportunities available for the Finance Team. It was also noted that the Finance Team had been shortlisted for a national Healthcare Financial Management Association (HFMA) award in the governance category.</p>
Operational Planning 2025/26 <div>Curtis Soile 29/11/2024 10:46:20</div>	<p>The Committee received a report providing an update on the first high level 2025/26 operational planning submission which had been submitted on 8 November 2024, covering finance, performance and workforce.</p> <p>It was noted that further submissions would be required over the coming months following receipt of feedback and awaited national planning guidance.</p>
Mid-Implementation	The Committee received a report providing a progress update regarding the Emergency & Urgent Care Centre (EUCC) project. The report detailed progress to

Review of Significant Business Cases: Emergency & Urgent Care Centre	date, current projected completion date, current financial position and risks to delivery.
St Thomas' Update	The Committee received a report providing an update on the St Thomas' Development. The Committee noted progress made against the workstreams supporting the project.
Productivity Overview	<p>The Committee received a report providing an update against a range of operational metrics contained within the Model Health System. It was noted that the metrics provided benchmarking information against a refined set of organisations with the most similar attributes and context, as selected by NHS England.</p> <p>The Committee heard that the metrics were reviewed at the GIRFT – Further Faster meetings chaired by the Medical Director, which reported to the Quality Committee via the Clinical Effectiveness Group.</p> <p>Committee members were invited to provide feedback on the content of the report, including metrics selected, to inform future iterations of the report.</p>
Winter Resilience Planning	<p>The Committee received a report providing an update on support being provided both internally and through the locality to support winter resilience. The Committee heard about key actions and approach to managing winter demand, whilst maintaining patient safety, meeting clinical quality indicators and ensuring the key deliverables for recovery are achieved.</p> <p>The Committee noted the challenges in the context of continued increase in demand for urgent care services, pressure on the non-elective bed base and the need to continually improve urgent care performance throughout the year.</p> <p>It was agreed that the report would also be presented to the Quality Committee for consideration.</p>
Standing Committees	<p>The Committee received and noted the following key issues report:</p> <ul style="list-style-type: none"> Capital Programmes Management Group

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KEY ISSUES REPORT	
Name of Committee/Group	Quality Committee
Chair of Committee/Group	Mary Susan Moore
	October & November 2024
Quorate	Yes
The Quality Committee draws the following key issues and matters to the Board's attention:	

Item	Key issues and matters to be escalated
Learning from Deaths Report Q1 2024/25 October and November 2024	<p>The Deputy Medical Director presented the report and highlighted identification of the following themes and associated mitigating actions:</p> <ul style="list-style-type: none"> ➤ Some instances of poor documentation were noted in a variety of clinical records, albeit not directly apparently affecting patient care. ➤ There is evidence that patients approaching the end of their life are not always being fully involved in the decision-making about their own care. ➤ More specific medical issues were highlighted relating to, for example, the management of hypertension and the need to be aware of a patient's renal function when prescribing opiates. ➤ Deputy Medical Director agreed to present ➤ the outcome of the stroke-related mortality deep dive undertaken by the Patient Safety Group to the Quality Committee in November 2024. <p>The Committee followed a line of enquiry, regarding stroke-related mortality. The Deputy Medical Director agreed to present the outcome of the stroke-related mortality deep dive undertaken by the Patient Safety Group to the Quality Committee in November 2024. This has been delayed to January 2025 due to current operational pressures.</p> <p>Deputy Medical Director agreed to explore including a liaison psychiatrist in the Mortality Review Group membership to provide mental health expertise.</p> <p>The Quality Committee confirmed the processes that the Trust has in place that allow it to learn from deaths, considered the themes identified from the process and confirmed action being taken was appropriate in response</p>
Maintaining focus and oversight on quality of care and experience in pressurised Services. Oct 2024	<p>Chief Nurse presented this report to the Committee.</p> <p>Context: Following adverse TV media footage at another NHS Trust, NHS England (NHSE) had written to all NHS providers seeking assurance that they were working with system partners to:</p> <ul style="list-style-type: none"> • <i>Provide alternatives to ED attendance and admission, especially for those frail older people who are better served with a community response in their usual place of residence.</i> • <i>Maximise in-hospital flow with appropriate streaming, senior decision-making and Board and ward rounds regularly throughout the day, and timely discharge,</i>

	<p><i>regardless of the pathway a patient is leaving hospital or a community bedded facility.</i></p> <p>The Committee heard that these interventions were set out in the Urgent & Emergency Care (UEC) recovery plan year 2 document.</p> <p>The Chief Nurse presented a report providing evidence of compliance and assurance against the measures outlined within the letter.</p> <p>The comprehensive report briefed the Committee on the substantial amount of work being undertaken internally and within the locality.</p> <p>The Committee was advised that the Trust continued to review harm as a consequence of delays, noting that while the reviews had not highlighted patient harm to date, delays and operational pressures did have an adverse impact on patient and staff experience. This triangulates with Patient Experience Group metrics and those for staff in People Committee. Ongoing feedback will be gathered through the next MADE event.</p>
<p>CQC Update Report November 2024</p>	<p>Deputy Director of Quality Governance presented the report containing details of all CQC activity in respect of the Trust. There have been no unannounced or announced CQC visits in this reporting period.</p> <p>The committee received assurance and progress and update on:</p> <ul style="list-style-type: none"> ➤ CQC Enquiries received ➤ Update relating to open CQC action plans. ➤ Update relating to the ED & Maternity Inspection action plans
<p>Patient Safety Incident Quarterly Report: Quarter 2, 2024/25 (July 2024 to September 2024)</p>	<p>Deputy Director of Quality Governance presented the report to provide members with assurance that lessons are learned and improvements to practice are implemented, as a result of incidents, inquests, claims and complaints reported via the Trust's incident reporting system (Datix) for Quarter 2 2024/25.</p> <p>The Committee welcomed the new style report and gave feedback on its presentation and content.</p> <p>To Note:</p> <ul style="list-style-type: none"> ➤ There were 6,192 incidents reported at a rate of 109.8 incidents reported per 1000 bed days. ➤ There were 5,064 patient incidents reported at a rate of 89.8 incidents reported per 1000 bed days. ➤ <u>There were 7 Patient Safety Incident Investigations (PSIIs) declared.</u> ➤ 'Pressure ulcers and skin conditions', 'Administrative Processes (Excluding Documentation)', and ➤ Patient 'Behaviour' were the three most common type of incident reported. ➤ There were 50 new inquests opened, which was a 4.17% increase compared to Q1 2023/24, (48). ➤ <u>There were 2 Prevention of Future Death Reports received from HM Coroner during Q2 2024/25.</u> ➤ Communication remains the top theme regarding formal complaints. ➤ The PHSO contacted the Trust in relation to 3 new requests for

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	<p>information.</p> <ul style="list-style-type: none"> ➤ The PHSO concluded 6 cases in Q2 2024/25. <p>The Committee noted that there were two Prevention of Future Deaths Notices (PFD's) issued by HM Coroner in this reporting period. Historically the Trust has only received Two in the last Three years. The committee had a detailed discussion to understand the context of both PFD's.</p> <p>There were 7 Patient Safety Incident Investigations (PSIIs) declared which when completed are currently received and approved by Quality Committee. Please see next item in this report.</p>
Patient Safety Incident Investigation Approval	<p>Deputy Director of Quality Governance presented two Patient Safety Incident (PSSI's) Investigations for October and four for November.</p> <p>There has been a month on month increase number Patient Safety Incident Investigation (PSII) presented to Quality Committee</p> <p>The Patient Safety Incident Response Framework (PSIRF) supporting guidance in relation to oversight identifies that the responsibility of quality assurance of all PSII learning responses sits with the Board or leadership team of the organisation involved. At Stockport NHS Foundation Trust the Quality Committee has been delegated this responsibility.</p> <p>Quality Committee endorsed the final approvals; the Trust will share final versions with family members.</p> <p>The individual Investigations were given due scrutiny and in some instances follow on actions and clarification was required.</p> <p>The Committee recognised that the level of independent scrutiny of this first PSSI took a significant amount of time and concentration, which could potentially impact on the Quality Committees agenda.</p> <p>There is no clear guidance as to the requirement of sub-board approval. The Deputy Director of Quality Governance has therefore reached out to peers to identify learning in relation to this. GM peers utilize various approaches to sign off – however in all cases this sits outside of Quality Committee and within a group such as PSIRG/ PSG with a quarterly update report provided to Quality Committee. #</p> <p>It is therefore proposed that the approach to approval is amended at Stockport in line with peers. The Committee were assured that external scrutiny has been secured at PSIRG, by a suitably experienced officer from Stockport's ICB locality.</p>
Maternity Services Report	<p>The Chief Nurse presented the report.</p> <p>The Maternity services highlight report incorporates an update on several of the elements the service is currently working towards, including:</p> <ul style="list-style-type: none"> • CNST Year 6 • Saving Babies Lives Care Bundle V3 • Midwifery Continuity of Carer pathway (MCOC) • Three year delivery plan for maternity and neonatal services (2023) • LMNS/ICB Assurance visit – Progress against recommendations

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<p>Maternity Workforce Bi-Annual staffing report</p>	<ul style="list-style-type: none"> • Pregnancy Loss review (July 2023) • Perinatal quality surveillance dashboard highlight reports <p>The update also includes an overview of Stockport's performance across GMEC using the Quality surveillance toolkit, ongoing work with the MNVP, Midwifery staffing, overview of incidents, Harm and risk, Equality and Equity plan, Perinatal mental health, StARS and maternity and perinatal safety champions.</p> <p>There is a requirement that the reports/evidence relating to safety actions from CNST Year 6 are reported to Trust board monthly/ or subcommittee, bi-monthly, Quarterly, or once during the MIS reporting period.</p> <p>These reports are on the Public Board Agenda.</p> <p>Of note:</p> <p>A Maternity Neonatal Staffing Business Case has been with the GM ICB for some time awaiting sign off, in order for the Trust to be compliant with and recruit to neonatal staffing requirements.</p> <p>The Trust is required to demonstrate an effective system is in place for midwifery workforce planning and safer staffing. The paper provides assurance against the following requirements as outlined in CNST Year 6 Safety action 5.</p> <p>Recruitments in Midwifery is now in line with turnover and the incidence of diverts has reduced.</p> <p>It is recognised that there are midwifery staffing challenges nationally. The service is working to reduce vacancies and become an employer of choice focusing on opportunities for career development and maximising recruitment opportunities.</p>
<p>Quality Strategy – 2024/2025 Quarter 2 Update November 2024</p>	<p>Presented by Chief Nurse, this report provided the Quality Committee with the progress made at the end of Q2 for quality objectives set for 2024/2025 against the Trust Quality Strategy (2021-2024).</p> <p>The strategy outlines how the Trust will be driving change on our improvement journey to deliver on our ambition to:</p> <ul style="list-style-type: none"> • Start well – Improve the first 1,000 days of life • Live well – Reduce avoidable harm • Age well – Reduce avoidable harm • Die well with dignity – Improve the last 1,000 days of life <p>There have been objective measures set with tangible outcomes for certain elements of the strategy, e.g. there have been new annual targets set for reduction of Falls/Infection Prevention Control/Sepsis and Pressure Ulcers.</p> <p>For other metrics, it is recognised that a longer programme of work is required to enable achievement of the desired outcome; this may include achievement of national standards or programmes of work, or implementation of a revised care pathway for example.</p> <p>The Committee plans to undertake a refresh of the Strategy in conjunction with</p>

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<p>Quality & Safety Integrated Performance Report</p> <p>October & November</p>	<p>Tameside and Glossop in the new year.</p> <p>Quality & Safety Integrated Performance Report (IPR) was presented by the Medical Director and Chief Nurse.</p> <p>Quality Committee reviewed the Integrated Performance Report, which included specific update on quality and safety metrics that were not achieving target, alongside areas of sustained improvement and that were not covered elsewhere on the agenda.</p> <p>The management of Sepsis continues to be a challenge; administration of antibiotics (abx) has not shown any significant improvement, further detail can be reviewed in the IPR presented to Board.</p> <p>Themes identified were:</p> <ul style="list-style-type: none"> ➤ Delayed nurse administration in 6 incidents ➤ A need to re-cannulate ➤ Unavailability abx and abx prescribed as scheduled dose were factors in 3 of these incidents ➤ Delayed prescribing occurred in 2 incidents, both on admission to ward from ED, one of these incidents involved a patient who was a transfer from another trust <p>The committee noted the positive improvement in mortality measures, (Hospital Standard Mortality rate and Summary Hospital level Mortality Indicators) which are both well within control limits.</p> <p>SFT are no longer an outlier in GM for HSMR and agreed with the HSMR reporting being stood down from December 2024.</p>
<p>Key Issues Reports</p> <p>October & November 2024</p>	<p>Regular key issues reports were received, reviewed, discussed and confirmed/noted.</p> <p>Many of the exceptions from the subcommittees are explored in detail during the main agenda of the Quality Committee.</p> <p>October:</p> <ul style="list-style-type: none"> ➤ Patient Experience Group Key Issues Report ➤ Patient Safety Group Key Issues Report <p>November</p> <ul style="list-style-type: none"> ➤ Patient Safety Group Key Issues Report ➤ Health & Safety Joint Consultative Group ➤ Integrated Safeguarding Group Key Issues <p>Quality Committee reviewed and confirmed the Key Issues Reports.</p> <p>Of Concern:</p> <p>Right Care Right Person was implemented on 30th September 2024. by Greater Manchester Police (GMP) The main objective relevant to SFT, is to protect police time in respect of attendance, supervising at risk Mental Health patients in ED. Often for extended periods of time.</p>

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	There have been challenges with advice to nurses to attend the absconded patient's home to look for them. Our nurses are not lone workers. GMP, Head of Safeguarding and Divisional Nurse Director are to meet to address some the challenges being faced.
Escalation to Board	Right Care Right Person was implemented on 30th September 2024 and is presenting challenges for Safeguarding Team and potentially introducing increased risk for patients with Mental Health patients requiring extended lengths of stay in ED
Triangulation and Risk to Audit Committee	Audit Committee oversight for potential audits in relation to Medical Devices. Overview of risk in relation to Pennine Care staffing in ED for Mental Health Patients.

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KEY ISSUES REPORT	
Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell
Date of Meeting	17th September 2024
Quorate	Yes
The Audit Committee draws the following key issues and matters to the Board of Directors' attention:	

Item	Key issues and matters to be escalated
Risk Management Committee Report – July 2024	<p>The Committee received:</p> <ul style="list-style-type: none"> • a report on the work of the Risk Committee • a list of significant risks at July 2024. <p>The Committee received an update on the deep dive of risks that was performed for Surgery, Estates and Facilities, Integrated Care and People divisions/departments. It was noted that Estates and Facilities were working with the Deputy Director of Quality Governance and Trust Secretary to ensure standardisation of risk and ensure processes were in place to consider the impact on services of critical infrastructure risk.</p> <p>The Committee requested that further narrative be given for reasons why risk scores have decreased following a review. It was assured that this will be implemented for the November report.</p> <p>The Committee were asked to note that the Board Assurance Framework also includes an overarching risk of not achieving its annual financial plan by not meeting its CIP target and maintaining internal controls.</p>
Feedback from Board Committees.	<p>The Committee received verbal reports on the key risks from the Chairs of the:</p> <ul style="list-style-type: none"> • Finance and Performance Committees • Quality Committee • People Committee <p>It was acknowledged that the financial risk for cash and capital may have a broader impact on both quality and people, with both committees to remain alert to this in review of assurances.</p>
Limited Assurance Report Updates	<p>The Committee received updates on two previously reported Limited Assurance Reports:</p> <ul style="list-style-type: none"> • Quality Spot Check Review • Stock Management Review <p><u>Quality Spot Check Review</u></p> <p>The Committee received an update specifically in relation to Infection Prevention</p>

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	<p>Control (IPC) and Controlled Drugs issues in the report. The Committee were given assurance that there was a full response to all issues addressed with full evidence and reports provided to MIAA and more broadly discussed the importance of continual focus on fundamentals of care. It was noted that the areas of limited assurance corresponded to areas of improvement identified within StARS, and that a deep dive will be undertaken as part of the next StARS Report to Quality Committee.</p> <p><u>Stock Management Update</u></p> <p>The Committee were presented with draft Standard Operating Procedures to address the governance weaknesses identified in the report and, specifically, on the reporting of losses to the Audit Committee. It received clarification what stocks were included in this guidance (excluding personal IT staff equipment). It received an update on the business case for a Theatre Stock Management system which will address issues in the report. The Audit Committee will receive further updates once this is introduced.</p> <p>The Committee were assured progress had been made on both reports and that the actions outstanding could now be closed and revert to the normal monitoring process.</p>
<p>Internal Audit 2024/25 Plan Progress Report 2024/25 Annual Plan</p>	<p>The Committee received:</p> <ul style="list-style-type: none"> • Internal Audit Plan Progress Report July - September 2024 • Internal Audit Reports • Follow up Tracker Update <p>The Committee received the final reports for:</p> <ul style="list-style-type: none"> • EDI Strategy – Substantial <p>The Committee were assured that there was clear governance and reporting arrangements in place for the EDI Strategy from EDI Steering Group to People Performance Committee (PPC) and then to Trust Board. MIAA reported good engagement with the review, and this was evidenced with all recommendations implemented.</p> <p>The Follow Up Tracker for Recommendations was presented in its updated format with overdue recommendations separate. There are no concerns with regards to the recommendation tracking process and no critical priority actions outstanding.</p> <p>MIAA provided an update on the 3 Year Strategic Plan and given assurance that it was a balanced Plan. In the development of the next Planning period a risk assessment will be carried out to reflect current risks and relevancy. The Committee were assured that presentation of the MIAA Plan was presented to each Audit Committee to discuss if any changes needed to be made to reflect changing circumstances.</p> <p>The Committee were asked to start to consider possible areas for inclusion in the next Plan. Suggested areas were:</p> <ul style="list-style-type: none"> • Estates and Facilities – Re-visit of previous Limited Assurance reports

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	<ul style="list-style-type: none"> • Grip and Control Self - Assessment – considering additional scrutiny and oversight of GM organisations were the Audit Committee still assured of the self-assessment scores. • Waivers/SFI Breaches • Reporting into Board/Committees from Audit Committee • Changes to Well Led Framework <p>The Committee asked MIAA to look at the benefits of joint audits with Tameside and Glossop Integrated Care NHS Trust where relevant.</p>
Anti-Fraud Progress Report September 2024	<p>The Committee received the Anti-Fraud Report for September 24 and an update on the status of current investigations.</p> <p>The Committee were given assurance that the Trust had not incurred any financial losses on Fraud Prevention notices issued during August and September 24 to date.</p> <p>The Committee were assured that there were no significant issues arising from the pro-active review of pre-employment checks.</p>
External Audit	<p>The Committee received an External Audit Progress Report for September 2024.</p> <p>The Committee were updated that the External Audit Strategy Memorandum for 2024-25 will be presented to the February 2025 meeting.</p> <p>The Committee received assurance that the Charity Independent Examination -was scheduled for completion in October/November 2024.</p> <p>The Committee also noted the update from Mazars on national publications issued for advice.</p>
Arrangements by which Staff Can Raise Issues	<p>The Committee received report on the mechanisms by which staff can raise concerns.</p> <p>It was assured of the Trust's compliance with the National Raising Concerns reporting policy and the work of the Freedom to Speak Up Guardian to develop further support in the organisation. It was highlighted that Freedom to Speak Up Champions had been trained to support the work of the Freedom to Speak Up Guardian and that weekly meetings were held with the Executive Director for People & OD.</p> <p>The Committee were assured that, whilst the Guardian role was a joint role with Tameside, the hours were flexibly managed to demand in the individual organisations, and this had proved sufficient capacity.</p>

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KEY ISSUES REPORT	
Name of Committee/Group	Audit Committee
Chair of Committee/Group	David Hopewell
Date of Meeting	19th November 2024
Quorate	Yes
The Audit Committee draws the following key issues and matters to the Board of Directors' attention:	

Item	Key issues and matters to be escalated
Risk Management Committee Report – September 2024	<p>The Committee received:</p> <ul style="list-style-type: none"> • a report on the work of the Risk Committee • a list of significant risks at September 2024. <p>The Committee received an update on the risks registers for the Divisions of Medicine and Urgent Care and Women and Children in September. The Committee received an update on the risks registers for the Divisions of Surgery and Clinical Support in October.</p> <p>The Committee were updated that cash risk score had since been decreased to a 10 following the receipt of non-recurrent deficit funding.</p> <p>In the context of the change in cash risk score, the Committee requested again that further narrative be given within the Risk Management Report for reasons why risk scores have decreased following a review. It was assured that this will be re-iterated by the Trust Secretary to the Committee for the next report.</p> <p>The Committee have asked for assurance on how the operational risk is captured for the Trust not meeting its annual financial plan and not meeting its overall Cost Improvement Plans; highlighting that the individual risk of CIP plans was moderate but aggregated are a significant risk to the Trust position if not met.</p> <p>The Committee were assured that the external and internal factors behind the reasons for individual risk were captured at the initial documenting of each individual reported risk. The Board Assurance Framework mid-year review also reviews both factors.</p>
Feedback from Board Committees.	<p>The Committee received verbal reports on the key risks from the Chairs of the:</p> <ul style="list-style-type: none"> • Finance and Performance Committees • Quality Committee • People Committee <p>Feedback from the F&P Committee highlighted that the risks on cash, capital, Trust estates and ED capacity were discussed whilst noting that the risk of CIP delivery was not.</p> <p>Risks discussed at Quality Committee included pressures in the ED department from the lack of availability of mental health staffing. The Audit Committee asked for assurance where this was monitored. This is on the risk register and an action was</p>

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	<p>taken to request the Risk Management Committee to review this risk.</p> <p>People Committee – assurance was sought how data quality is checked for ongoing and updated information and how planning and strategy was taken account of operational risks. The Committee was assured that these were addressed at the different Board Committees when annual plans are drawn – for example the F&P Committee will receive reports on the capital planning process and also is receiving updates on the financial sustainability work undertaken by PWC. This addresses the deficit between operational, strategic and system based.</p>
<p>Internal Audit 2024/25 Plan Progress Report 2024/25 Annual Plan</p>	<p>The Committee received:</p> <ul style="list-style-type: none"> • Internal Audit Plan Progress Report November 24 • Internal Audit Reports • Follow up Tracker Update <p>The Committee received the final reports for:</p> <ul style="list-style-type: none"> • Mandatory Training – Substantial <p>The Committee were assured that there was clear responsibilities and process in place for staffing groups and good communication of the requirements which aligned with the national Core Skills Training Framework. There was one medium and one low recommendation to ensure new starters completed mandatory training within one month of starting and updating of the role-specific training matrix.</p> <p>The Committee received a briefing report for:</p> <ul style="list-style-type: none"> • IM&T – Service Continuity/Data Resilience <p>The report gave a detailed review of the issues facing the Trust regarding its data centres at Beech House and Aspen House which will be used to facilitate an internal action plan. The Committee discussed how continuing oversight of these issues was maintained. The Risk Management Committee cover specific risks highlighted and it was agreed to share the MIAA Report here. The Trust Digital Group meets quarterly and addresses all the matters raised and reports into the Finance and Performance Committee. It was also agreed to share the MIAA Report to the F&P Committee.</p> <p>An update was given on the draft Cost Improvement Report – the Committee have sought early assurance of the findings to address any training needs and lessons learned. MIAA agreed to share the report early to Audit Committee and not wait until February Committee.</p> <p>The Follow Up Tracker for Recommendations was presented in its updated format with overdue recommendations separate. A large number of recommendations have been cleared since the last report. There are no concerns with regards to the recommendation tracking process and no critical priority actions outstanding.</p> <p>MIAA provided an update on the 3 Year Strategic Plan and given assurance that it was a balanced Plan. They agreed to add the 26/27 financial year to the Plan for the February 25 report.</p> <p>In the development of the next Planning period, it was agreed to include a review of Estates and Facilities governance (joint review with Tameside FT).</p> <p>The Committee discussed a change of focus for the 24/25 Key Financial Systems</p>

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	<p>audit and the Committee welcomed a change in priorities and ensuring areas of recent substantial assurance reports were not over audited. were assured that presentation of the MIAA Plan was presented to each Audit Committee to discuss if any changes needed to be made to reflect changing circumstances.</p>
Anti-Fraud Progress Report November 2024	<p>The Committee received the Anti-Fraud Report for November 24 and an update on the status of current investigations.</p> <p>The Committee were given assurance that the Trust had not incurred any financial losses on Fraud Prevention notices issued during October and November 24 to date.</p> <p>The Committee were assured that the National Fraud Initiative return was completed to deadline in October 24 as was the National Procurement Exercise in November 24. Specific mention was noted of the help and engagement of the Trust's Procurement department with this exercise.</p> <p>An update was given to the Committee that a meeting had been held with Natalie Davies, Deputy Director of Quality Governance, on fraud risk and how this is incorporated into the corporate risk register and Risk Management Committee assessments.</p> <p>No new referrals for fraud since the last Audit Committee were received in this report.</p>
External Audit	<p>The Committee received an External Audit Progress Report for November 2024.</p> <p>The Committee received assurance that the Charity Independent Examination was underway for completion and working towards Corporate Trustee approval in December for submission to the Charity Commission by the 31st January 2025.</p> <p>The Committee also noted the update from Mazars on national publications issued for advice.</p>
Board Assurance Framework Mid-Year Review 2024-25	<p>The Committee received report to consider the mid-year review of the Board Assurance Framework (BAF) to determine if any further action was required to strengthen assurances. The paper highlighted ongoing compliance with the risk management systems in place.</p> <p>The Committee referred back to the issues raised on the Risk Management Committee report and where the operational risk of the Trust not meeting its annual financial plan was reported. The Committee were assured that a quarterly meeting was held between the Chief Finance Officer, Director of Finance and Trust Secretary to discuss financial risk. Further discussion will be had to consider future reporting.</p>
Waiver Report	<p>The Committee received a report of waivers for the period April 2024 to September 2024. It was highlighted that this was the first report now capturing waivers under a new reporting system that highlighted where process was or was not followed.</p> <p>The Committee noted the assurance from the additional analysis of waivers and requested further narrative where orders were placed off framework on why tenders were not sought.</p>
SFI Breach Report	<p>The Audit Committee received a new report to capture all breaches of Standing Financial Instructions from procurement activities for the period April to September 2024. This has been introduced as part of a review of financial governance. The Committee was assured that this new process will investigate all breaches, capture lessons learned and address training issues to avoid future breaches.</p> <p>This report will be introduced to the Audit Committee workplan alongside the Waiver</p>

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	Report.
Trials and Loan Standard Operating Procedure	<p>The Committee received an update on a specific loss of falls equipment that was previously reported within the Losses and Special Payments Report in July 2024.</p> <p>The Committee received assurance that a Standard Operating Procedure had now been produced for medical equipment and point of care testing trials and loans to avoid a recurrence of this loss. It was also assured that the EBME department had now undertaken a review to capture all such equipment at the Trust.</p>

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Board of Directors 2024/25 Annual Work Plan

Report	Presenter	Format	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Standing Items														
Welcome and Apologies	Chair	Oral	✓		✓		✓		✓		✓		✓	
Patient / Staff Story	Chief Nurse	Film	✓		✓		✓		✓		✓		✓	
Declarations of Interest	All	Oral	✓		✓		✓		✓		✓		✓	
Minutes of the Previous Meeting	Chair	Paper	✓		✓		✓		✓		✓		✓	
Matters Arising	Chair	Paper	✓		✓		✓		✓		✓		✓	
Action Tracker	Chair	Paper	✓		✓		✓		✓		✓		✓	
Chairs Report	Chair	Paper	✓		✓		✓		✓		✓		✓	
Chief Executive Report	Chief Executive	Paper	✓		✓		✓		✓		✓		✓	
Board Committee Key Issues Reports - People Performance - Finance & Performance - Quality Committee - Audit Committee	Chairs of Committee	Paper	✓		✓		✓		✓		✓		✓	
Trust Planning														
Operational Plan (Draft / Final) • Activity • Workforce • Finance including Capital • Self Certification	Director of Strategy & Partnerships	Paper	✓				✓						✓	✓
Opening Budgets Approval	Chief Finance Officer	Paper	✓ (2025)				✓							
Annual Corporate Objectives & Outcome Measures (Approval and Mid-Year Review)	Director of Strategy & Partnerships	Paper	✓		✓						✓			
Strategy														
SFT Strategy Refresh	Director of Strategy & Partnerships	Paper												✓
GM Provider Collaboration	Director of Strategy & Partnerships	Paper	✓ (2025)						✓					
SFT & T&G Collaboration	Director of Strategy & Partnerships	Paper					✓						✓	

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

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

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

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

Curtis Soile
29/11/2024 10:46:10

Board of Directors 2024/25 Annual Attendance

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